



**SUMMIT ON**  
**BETTER SERVING STUDENTS WITH EMOTIONAL DISABILITIES**  
**SPONSORED BY**  
**THE VIRGINIA DEPARTMENT OF EDUCATION**  
**CHARLOTTESVILLE, VA**  
**AUGUST 23, 2010**

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# FOREWORD

We chose to hold a Summit on Better Serving Students with Emotional Disabilities because we at the Virginia Department of Education recognize the numerous challenges associated with serving students with emotional disabilities (ED). We wanted to share information on current efforts and to obtain the input of various professionals and parents regarding ways to improve the educational outcomes for students with ED. We also invited leaders in the field of emotional disabilities from around the country to share their perspectives on current and future programs and practices for students with emotional disabilities.

The Virginia Department of Education recently partnered with faculty from Old Dominion University to conduct a comprehensive investigation of general education teachers, special education teachers, and directors of special education knowledge of evidence-based classroom practices. We conducted a survey of parents of students with emotional disabilities as well. Lastly, we surveyed state department directors of special education and experts in the field of emotional disabilities.

We organized the Summit in such a way as to bring together representatives of a number of professional disciplines; we also invited the parents of students with emotional disabilities so that their voices would be heard. Our goal was to share the results of our survey of current classroom practices and to hear from our stakeholders thoughts about ways to better serve students with emotional disabilities. This monograph includes the highlights of the Summit.

H. Douglas Cox  
Assistant Superintendent  
Division of Special Education and Student Services  
Virginia Department of Education

Patricia Abrams, EdD  
Director, Office of Special Education Instructional  
Services  
Virginia Department of Education

# SUMMIT AGENDA

9:00 – 9:30 a.m. **Check-in**  
Ballroom Pre-Function Area

9:30 – 9:45 a.m. – **Welcome**  
Irene Walker-Bolton  
Education Specialist, Emotional Disabilities and Behavior Disorders  
Virginia Department of Education

**Introduction**  
Patricia Abrams  
Director  
Special Education Instructional Services  
Ballroom

9:45 – 10:45 a.m. - **Keynote Speaker**  
Rick Van Acker  
University of Illinois at Chicago  
Ballroom

10:45 – 11:30 a.m. - **Presentation of Results**  
Robert A. Gable  
Project Coordinator

Stephen W. Tonelson  
Research Coordinator  
Ballroom

11:45 am. – 12:30 p.m. - **Discussion of Results**  
Breakout Rooms

12:45 – 2:00 p.m. - **Lunch**  
Ballroom

2:15 – 3:00 p.m. - **Summary of Breakout Sessions**  
Robert A. Gable  
Ballroom

3:00 – 3:30 p.m. - **Closing Remarks**  
Doug Cox  
Assistant Superintendent  
Division of Special Education and Student Services  
Virginia Department of Education  
Ballroom

## **SUMMIT BREAKOUT ROOM DISCUSSION GROUPS**

**11:45 – 12:30 P.M.**

Room #1  
James Monroe Room  
Mike George  
Centennial School, Bethlehem, PA

Room #2  
Ashlawn Room  
Bill Evans  
University of West Florida

Room #3  
Highlands Room  
Rick Van Acker  
University of Illinois at Chicago

Room #4  
Lewis Room  
L. Juane Heflin  
Georgia State University

Room #5  
Clark Room  
Gwen Cartledge  
Ohio State

Room #6  
Preston Room  
Marci Rock  
University of North Carolina, Greensboro

Room #7  
Montpelier Room  
Maureen Conroy  
University of Florida, Gainesville

Room #8  
Madison Room  
Rick Brigham  
George Mason University

# STUDENTS WITH EMOTIONAL DISABILITIES: PAST AS PROLOGUE

**ROBERT A. GABLE, PhD**  
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**VIRGINIA DEPARTMENT OF EDUCATION**

According to the United States Department of Education (2006), more than 416,000 teachers provide instruction to almost 6.5 million students with disabilities between the ages of three and 21. These students are classified according to 13 different disability categories. Among the most challenging group of students are the 475,000 that comprise the category identified by the United States Department of Education as emotional disturbance (ED). Of the 186,000 students with disabilities in Virginia, about 11,000 have emotional disability (ED). During the 1970s and 1980s, we witnessed an increase in the number of students receiving special education services under the disability label emotional disturbance (Kauffman & Landrum, 2009). Notwithstanding the fact that the overall number of students with disabilities has nearly doubled since 1975, there has been relatively little change in the percentage of students with emotional disabilities. Consequently, many students who desperately need programs of specialized instruction still are not being identified or served (Landrum, Tankersley, & Kauffman, 2003).

According to the federal definition, *emotional disturbance* (ED) is a condition in which a student exhibits one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (c) Inappropriate types of behavior 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 problems.

[Code of Federal Regulations, Title 34, Section 300.8(c) (4) (i)]

However, the term does not apply to children who are socially maladjusted unless it is determined that they have emotional disturbance. Co-morbidity or two disability labels is not uncommon for this category of exceptionality; in fact, 25-35% of students with ED also evidence characteristics of students with learning disabilities and over 80% have academic and behavior problems (Webber & Plotts, 2008).

By virtually any measure, children and youth who are variously referred to as children and youth with "emotional disabilities", "emotional handicaps", "behavior disorders", "emotional disturbance", or "emotional behavioral disorders" are among the less successful students (Landrum et al., 2003). They receive a disproportionately greater number of office disciplinary

referrals, are retained, suspended, and expelled in greater numbers, and are more likely to drop out of school than students in other disability categories. Not surprisingly, figures compiled by the United States Department of Education (2006) show that students with ED have the lowest high school completion rate among the 13 categories of disability.

Historically, students with emotional disabilities have been educated along a continuum of service delivery options. Across time, nearly half of the ED population has been served in more restrictive educational settings (e.g., self-contained classrooms, separate or alternative schools, residential facilities; Webber & Plotts, 2008). More recently, there have been a growing number of students with ED placed alongside their peers without disabilities in general education classrooms. Even so, students with ED are included less often than students in other disability categories (Wagner et al., 2006). Only about 25% of students with ED spend 79% or more of the day in a general education classroom (Wagner et al., 2006). However, there is good reason to believe that this number will change. With the widespread implementation of Positive Behavioral Interventions and Supports (PBIS) and Effective School-wide Discipline in Virginia (ESD), the number of students with ED in inclusive settings is likely to increase. There is mounting sentiment among school personnel that more students with ED should be serviced in the least restrictive environment through the use of this evidence-based approach, especially with the budgetary constraints confronting school divisions across the country.

Regardless of the educational setting, outcome data on students with emotional disabilities is not especially encouraging (Landrum et al., 2003; Simpson, Peterson, & Smith 2010). Unfortunately, when intervention efforts do not succeed, the trajectory of problem behavior is highly predictable—it multiplies, diversifies, and intensifies, and ultimately, adversely impacts post-secondary adjustment and youth employment. The all too common plight of students with emotional disabilities is of concern to policy makers, educators, as well as to students' parents, at the national, state, and the local level. The magnitude of the problem has been exacerbated by recent federal legislation. No Child Left Behind (2001) and IDEA (2004) have put tremendous pressure on school personnel to improve outcomes for all students, including those with emotional disabilities. Thus, current attention is less on accessibility than on accountability and improved outcomes in the general education curriculum. Across categories of disability, emphasis is on quality service delivery options and classroom application of scientifically-based instructional practices (e.g., Landrum et al., 2003; Odom et al., 2005).

Authorities long have contended that we must improve significantly the quality of education afforded students with emotional disabilities (e.g., Knitzer, Steinberg, & Fleisch, 1990). One way is to ensure that teachers of students identified as ED possess the knowledge and skills required to address the myriad challenges associated with this population of students. Indeed, Simpson et al. (2010) assert that well-trained and competent teachers are the most important part of successful programs for students with ED. A number of authors have identified specific evidence-based practices that are applicable to this population of students (e.g., Dunlap et al., 2006; Landrum et al., 2003; Lane, 2004; Lewis, Hudson, Richter, & Johnson, 2004; Ryan, Pierce, & Mooney 2008; Rutherford, Quinn, & Mathur, 2004; Simonsen, Fairbanks, Briech, Myers, & Sugai 2008; Simpson et al., 2010; Yell, Meadows, Drasgow, & Shiner, 2009). Even so, the gap between research and practice continues to be an obstacle to better serving students with disabilities, including students with emotional disabilities (Yell et al., 2009).

In sum, the challenge to better serve students with ED is both longstanding and national in scope. While there has been progress made in some important areas (e.g., academic

intervention, least restrictive environment, identification for services) there is little question that much more needs to be done on behalf of students with ED and their families.

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## Authors' Note

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# **PERSPECTIVES ON SERVICES FOR STUDENTS WITH EMOTIONAL DISABILITIES: A CAUSE FOR CONCERN**

**RICHARD VAN ACKER, EDD  
UNIVERSITY OF ILLINOIS AT CHICAGO**

Students who engage in various kinds of non-compliant or acting out behavior, are socially withdrawn, and/or exhibit mental health needs are among the most challenging students to serve in our schools. Not surprisingly, these students post some of the poorest outcomes of any subgroup of students, with or without disabilities (e.g., Landrum, Tankersley, & Kauffman, 2003). A number of factors appear to contribute to this state of affairs, ranging from our reluctance to identify students at an early age to the limited use of empirically-validated strategies to address the complex academic, behavioral, and social/emotional needs of students with emotional disabilities (ED). Another challenge facing educators responsible for teaching students with ED relates to their own behavior and the way they interact with students with ED. In what follows, I will discuss these and other concerns related to better serving students with emotional disabilities.

According to the National Association of School Psychologists (2005), students with emotional and behavioral disorders display behavioral or emotional responses that are significantly different from generally accepted, age appropriate, ethnic or cultural norms. There is a substantial body of research to show that their behavior adversely affects performance in such areas as: self care, academic progress, classroom conduct, social/interpersonal relationships, and post-secondary adjustment. These challenging behaviors are more than a transient response to stressors in the person's environment. Moreover, these problems must be displayed in more than one setting, one of which must be the school setting. The Individuals with Disabilities Education Act (2004) identifies emotional disturbance as ". . . a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance—

- (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (c) Inappropriate types of behavior 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 problems." [Code of Federal Regulations, Title 34, Section 300.7(c) (4) (i)]

As defined by the IDEA, emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. [Code of Federal Regulation, Title 34, Section 300.7(c) (4) (ii)]

Given the ever-increasing demand on schools for educational accountability and recent events that have dramatically increased stressors in homes, communities, and schools, one would

anticipate a significant growth in the number of children and youth identified as displaying emotional disabilities. It is estimated that as many as one in five children and adolescents may have a mental health disorder that is of sufficient magnitude to require treatment (U. S. Department of Health and Human Services, 2007). This is twice the number of children thought to display mental health concerns just a decade ago (U. S. Department of Health and Human Services, 2007). Notwithstanding these facts, the number of children and youth identified as qualifying for special education services under the category of emotional disabilities has not changed appreciably in the years following 1976 when the Office of Special Education Programs (OSEP) first started collecting these data (Oswald & Coutinho, 1995). Approximately 0.9% of children are currently identified as displaying emotional disabilities (Walker, Nishioka, Zeller, Severson, & Fell, 2000); a number significantly lower than the 2% the United States Department of Education feels adequately reflects the true prevalence (U.S. Department of Education, 1980). Experts in the field estimate that 3-6% of all youth should qualify for special education services under this category (Kauffman & Landrum, 2009). A number of factors contribute to the under-identification and failure to properly serve children and youth with ED, including fear surrounding the stigma of the label, flawed assessment practices, and the desire to withhold the protection given children with special needs to students who display challenging behaviors. As Landrum et al. (2003) assert, those students who do receive services likely evidence the most “severe problems and the intense needs” (p. 148).

Many parents do not wish to have their children labeled as emotionally disturbed and often refuse services under this designation. Unfortunately, the stigma of having received services for a mental health concern is too high a price to pay for some individuals. Remember in 1972, Thomas Eagleton, the Democratic candidate for vice-president of the United States, had to remove himself from the ticket when it was discovered that he had been treated for a mental health concern. Once an individual is identified as having an emotional disability it appears that many Americans feel he or she will always be unstable. Not surprisingly, general education teachers are often reluctant to have a child who has been identified as emotionally disturbed in their classrooms.

School psychologists also report a reluctance to identify a student as emotionally disturbed (Kelley, 2004). In part, this may be a reflection of the high co-morbidity of emotional disabilities with other disorders. Emotional disabilities are often found to be co-morbid with learning disabilities, ADHD, anxiety disorders, mood disorders, social maladjustment, and substance abuse (Rock, Fessler, & Church, 1997). In addition, some school psychologists feel ill-prepared to administer, score, and interpret the results of many of the assessment tools typically used to identify a student with emotional disabilities (Rees, Farrel, & Rees, 2003).

Perhaps the biggest issue regarding the identification and referral of students with emotional disabilities is the reluctance to provide special education services to those students who so often are disruptive in school (Walker et al., 2000). Special education law provides protection to students with special needs and mandates increased care when attempting to discipline these children and youth. Students whose behavior impacts their learning or the learning of others must be provided a Behavior Intervention Plan (BIP) that is developed based on a Functional Behavioral Assessment (FBA) of their target behaviors. Thus, the BIP must take into consideration how the behavior may serve the student in getting his or her needs met. Moreover, the BIP must address factors in the context (e.g., classroom, hallway, and cafeteria) that may serve to occasion and/or to reinforce the undesired behavior (this includes teacher or peer behavior that may trigger negative responses on the part of the child). The BIP must then be

implemented with fidelity by all teachers and staff working with the student. Lastly, students may not be denied an education or special education services for behavior related to their disability.

The net effect is that many children and youth with emotional disabilities are denied services or are mis-identified and provided services under a different category that may not adequately address their needs. While the under-identification of students needing special education for ED is a significant problem, some students, specifically students from economically disadvantaged and minority cultures, are at risk for being over-identified as being emotionally disabled. Indeed, the disproportionate level of identification of African American and Native American males as emotionally disabled is troubling, to say the least. In attempting to identify students who are in need of special services, it is essential to take into account the cultural norms and behavioral expectations of the family and community.

In 2004, the federal government identified 20 Performance Indicators for which schools must report each year (IDEA, 2004). Should a school district evidence problems across one or more of these indicators, they must file an improvement plan to address the area of concern. Many of these performance indicators are particularly relevant for students with emotional disabilities. One indicator is disproportionality or the inappropriate identification of racial and ethnic groups in special education and/or inappropriate identification of racial and ethnic groups in specific disability categories. As I suggested, many schools identify a disproportionate number of poor and minority children as emotionally disabled. In fact, African American males are almost twice as likely to be identified as emotionally disturbed than their Caucasian peers (Parrish, 2002).

Other key performance indicators explore the nature of the educational placement and graduation rates. Educational placement relates to the percent of students who are removed from their regular classroom at rates greater than 20% or 60% of the day respectively or who receive their education in special schools, day treatment or hospital settings. Graduation rate refers to the percent of youth who graduate from high school with a regular diploma. As a sub-group, students with emotional disabilities have abysmal school outcomes (e.g., Nelson, Benner, Lane, & Smith, 2004). Students with ED receive lower grades, fail more classes, are more likely to be retained, are absent more often from school, fail more minimum competency exams, are educated in more restrictive settings, and are more likely to fail to graduate from high school than any other group of students (Landrum et al., 2003). Performance indicators such as drop out rate and rate of suspension also show that students with emotional disabilities lead all other groups (Landrum et al., 2003). In fact, it has been estimated that between 43-56% of adolescents with emotional disabilities either drop out or are expelled from school (Landrum et al., 2003; Webber & Plotts, 2008).

The poor outcomes students with emotional disabilities post in school appear to accrue as they transition to post-secondary educational programs or to the work place in the community as adults. Few students with emotional disabilities pursue a post-secondary education (Kauffman & Landrum, 2009; Webber & Plotts, 2008). Only students with multiple disabilities post lower rates of post-secondary education. Furthermore, youth and young adults with emotional disabilities exhibit the highest rate of unemployment of any disability category. In fact, three to five years after leaving high school, approximately half are unemployed (Rosenberg, Westling, & McLeskey, 2008). Those who do have jobs are employed in relatively low status and high turn-over jobs (Rosenberg et al., 2008) and do not live independently (Webber & Plotts, 2008). Young women with emotional disabilities are six times more likely than their peers to have had multiple pregnancies at a young age and to have lost custody of their babies (Clark & Davis,

2000). In sum, given the extremely poor post-secondary adjustment of most students with emotional disabilities, there is ample reason for concern within the educational community.

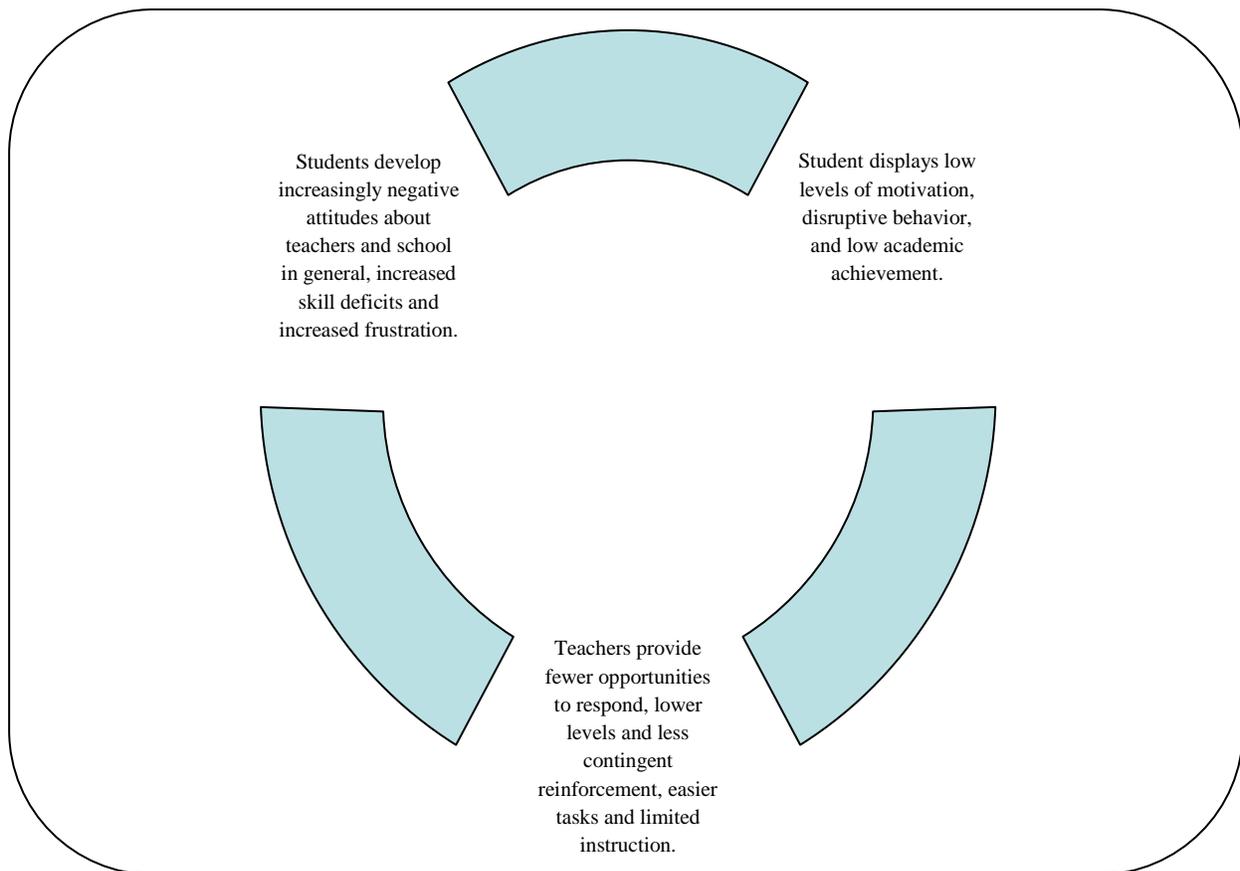
What factors appear to contribute to these poor outcomes for students with emotional disabilities? Children and youth with emotional disabilities typically display a number of problems that relate to both academics and behavior. Students with emotional disabilities are likely to display high levels of non-compliance, aggression, poor social problem solving skills, a tendency toward negative interactions with teachers and peers, and a lack of academic motivation (Walker, Ramsey, & Gresham, 2004). Academically, these students frequently demonstrate below grade achievement, especially in reading (Lane, 2004; Kauffman & Landrum, 2009). Furthermore, students with emotional disabilities fail to progress academically at a rate equal to their non-disabled peers (Anderson, Kutash, & Duchnowski, 2001). Viewed together, this pervasive pattern of failure represents a major challenge to school personnel (Reid, Gonzalez, Nordness, Trout, & Epstein, 2004).

Efforts to identify the directionality of students learning and behavioral problems have proven elusive. Most authorities agree that the two go hand-in-hand. As Reid and colleagues pointed out, poor academic achievement and high rates of maladaptive behavior patterns are highly correlated, although the exact nature of that relationship is unknown. Whatever the etiology, it is becoming increasingly clear that effective intervention for students with emotional disabilities requires that behavioral and academic deficits be addressed simultaneously (Farmer, Quinn, Hussey, & Holohan, 2001; Simpson, Peterson, & Smith, 2010). We cannot address one deficit area and ignore the other and expect a positive outcome.

With the passage of the No Child Left Behind legislation, educators are required to employ empirically-validated interventions to meet the diverse academic and behavioral needs of all students, including students with disabilities. Unfortunately, the bulk of the intervention research related to students with emotional disabilities has focused on interventions designed to address their challenging behaviors. Significantly fewer studies have been conducted on the academic needs of students with ED (Wehby, Lane, & Falk, 2003; Vannest, Harrison, Temple-Harvey, Ramsey, & Parker, 2010). In light of the dearth of empirical research, educators have frequently adopted instructional strategies found to be effective for students with other high incidence disabilities (e.g., learning disabilities) and implemented them with students displaying ED. While there is a high co-morbidity of learning disabilities with emotional disabilities, there is little empirical evidence to support this practice.

In recent years, a number of researchers have begun to identify instructional practices that are effective with students with ED (Lane, 2004). Reading (Coleman & Vaughn, 2000; Nelson, Benner, & Mooney, 2008; Wehby, Falk, Barton-Arwood, Cooley & Lane, 2003), writing (Mastropieri et al., 2008), and math strategies proven effective with students with ED (Templeton, Neel, & Blood, 2008) are becoming more readily available. Finally, some researchers are attempting to identify interventions that address both academic and behavior problems (e.g., Kern & Clemens, 2007; Sutherland & Snyder, 2007). Unfortunately, too few evidence-based practices have found their way to our classrooms and when they do, they are not always correctly implemented (Landrum et al., 2003).

Having evidence-based strategies and effective materials is only part of successful instruction. Another and perhaps greater impediment to providing a quality education to students with ED relates to the social context of the school. As we know, students with ED pose a significant challenge to their teachers; displaying a lack of motivation, low academic skills, poor



*Figure 1. Cycle of Increasing Failure for Students with Emotional Disabilities*

social/interpersonal skills, and negative behavior that often disrupts teaching and learning. Teachers often respond by lowering their expectations, providing easier work with fewer opportunities to respond, deliver lower rates and less contingent praise and positive reinforcement, or divert their attention to other students (e.g., Sutherland, Conroy, Abrams, & Vo, 2010; Walker et al., 1995; Wehby, Symons, Canale, & Go, 1998). At the same time, classroom exchanges between students with ED and their teachers often are decidedly negative or punitive in nature (Sutherland & Oswald, 2005; Van Acker, Grant, & Henry, 1996). In some cases, the end result is a ‘curriculum of non instruction’. Across time, students fall further behind academically which only serves to strengthen their negative attitudes toward their teachers and school in general. Figure 1 depicts what appears to be a cycle of increasing failure experienced by many students with emotional disabilities.

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## Conclusions

With the growing number of evidence-based practices, we now have the knowledge and skills to better serve students with emotional disabilities (Landrum et al, 2003). To do so, we must find a way to bring our current knowledge to bear on the problem, Teacher preparation programs must provide teachers-in-training the knowledge and skills required to adopt and implement intervention strategies that have been shown to be effective with students with ED and to do so with fidelity. In-service professional development programs must also focus attention on evidence-based practices. Both general education and special education teachers must not only be adequately prepared, but also have strong administrative and collegial support in their efforts

to provide a quality education to all students. Effective systems of peer feedback need to be introduced into our schools to facilitate teacher-pupil interactions that promote both academic and social emotional success. Finally, we must increase our efforts to employ strength-based interventions that build upon the positive attributes of the student (Reid, Epstein, Pastor, & Ryser, 2000).

There is much more work to be done in other areas as well. For example, we must identify more effective assessment tools and assessment practices to increase our ability to identify students with emotional disabilities. We must commit ourselves to early screening and to early prevention/intervention programs. The earlier we identify a student and intervene the more likely it is that we will achieve successful outcomes (Landrum et al., 2003). Researchers must continue to identify empirically-based interventions to address both the academic and behavioral problems of students with ED. In addition, we must work to identify classroom variables that might serve to either add to or detract from the effectiveness of various interventions. Finally, we must find ways to create a classroom environment that is conducive to successful teaching and learning. Landrum et al. (2003) questioned whether or not special education is special for students with emotional disabilities. They concluded that if we “take full advantage of the available technology of behavioral and instructional interventions . . . it has the potential to be extraordinary” (p. 154). That should be our commitment to students with emotional disabilities in Virginia and across the country.

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# **A SURVEY OF CLASSROOM SKILLS OF SPECIAL EDUCATION TEACHERS, GENERAL EDUCATION TEACHERS, AND STATE DIRECTORS OF SPECIAL EDUCATION FOR STUDENTS WITH EMOTIONAL DISABILITIES IN VIRGINIA**

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Today, a growing number of students with emotional disabilities (ED) receive all or some of their instruction in general education classrooms (Wagner et al., 2006; Webber & Plotts, 2008). Accordingly, both special education and general education teachers must be prepared to address the diverse academic and non-academic needs of students with ED. Furthermore, recent federal legislation, namely No Child Left Behind (2001) and IDEA (2004), has put tremendous pressure on schools to improve educational outcomes for all students, including those with emotional disabilities. That same legislation called on both general and special education teachers to rely on evidence-based instructional practices (e.g., Kauffman & Landrum, 2009; Landrum, Tankersley, & Kauffman, 2003; Odom et al., 2005).

In order to assess the current status of the knowledge/skill of education professionals with regard to evidence-based practices, we conducted a review of the accumulated literature. That review produced limited information on the knowledge/skill level of special educators regarding evidence-based practices and limited current information that related specifically to general educators who work with students with ED in regular classroom settings. Finally, we found little information on parent perspectives regarding the education and treatment of their sons or daughters.

Motivated by the desire to learn more about current classroom practices on behalf of students with emotional disabilities, the Virginia Department of Education partnered with faculty of Old Dominion University to conduct a state-wide survey to assess the knowledge/skill level of special education teachers, general education teachers, and state directors of special education professionals who work with students with ED. The assumption was that such a survey might yield information useful to pre-service special education teacher educators in colleges and universities and to in-service professional development specialists within the public school sector. That is, results of such a study might inform decision-making with regard to the content of teacher preparation for both special education teachers and general education teachers. Last, results might be useful to state department officials with policy making responsibility.

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## Methods

*Participants.* The Virginia Department of Education provided a list of over 9,600 Virginia teachers licensed to teach students with emotional disabilities and 132 Virginia division directors of special education. Additionally, we conducted a web-based search to obtain the names and school addresses of 1,979 Virginia public school principals who were likely to have students with ED enrolled in their school. Also included were the state directors of special education in each of the 50 states, and experts in the field of emotional disability, selected from the membership of the Council for Children with Behavioral Disorders (CCBD).

*Materials and Instrument.* We developed a multidimensional survey to determine respondent opinions regarding current classroom practices on behalf of students with emotional disabilities. The survey contained two parts. The first part of the survey consisted of questions related to the respondent or site demographics including level of school; type of program; geographic setting; type of service delivery system; position of person completing the survey; numbers of years in position; type of license, and areas of endorsement. Part two of the survey contained the actual survey items addressing evidence-based practices drawn from the research literature in the area of emotional disabilities (see Table 1).

Table 1

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### *List of Evidence-based Practices Surveyed*

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1. A climate that supports successful teaching and learning
2. A program of peer-mediated intervention to promote positive behavior skills
3. A conflict resolution program
4. An anger management program
5. Social skills instruction taught as part of regular class instruction
6. Mental health services as appropriate
7. A behavior support/management plan as appropriate
8. A system of positive behavior support
9. Academic supports and curricular/instructional modifications
10. Specialized instruction to promote learning and study skills
11. A crisis intervention plan for emergency situations
12. Materials that reflect gender, cultural, and linguistic differences among students
13. The use of peer-reinforcement to promote appropriate student behavior
14. Instruction in self-monitoring of student academic performance
15. Instruction in self-monitoring of non-academic behavior
16. A systematic approach to cooperative learning
17. Choice making opportunities for students
18. A formal procedure to develop function-based intervention
19. A systematic approach to data collection, graphing, and analysis for intervention plans
20. Behavior contracts
21. Group-oriented contingency management
22. Peer-assisted learning
23. Clear rules/expectations

24. Pre-correction instructional strategies
25. A program to transition students from preschool to elementary school, from elementary to middle, from middle to high, or from high to post secondary education and/or employment

Note: The list also included the use of physical restraint and seclusion.

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In completing part two of the survey, respondents were asked to circle the most appropriate answer on a 5-point likert scale response system (i.e., most = 5; least = 1) regarding (a) perceived importance, (b) usage, and (c) perceived level of preparedness. We also developed another version of the survey for parents and a separate version for the state directors of special education. We distributed both an English and Spanish version of the parent survey.

*Procedures.* The authors conducted a critical and integrated review of the accumulated literature on students with emotional disabilities, using a list of search items (e.g., emotional disturbance, emotional disorders, behavioral disorders, emotional/behavioral disorders, effective practices, evidence-based practices, empirically-supported practices, effective classroom interventions). In all, we identified approximately 20 peer-refereed journal articles, textbooks, and government documents that pertained to evidence-based strategies and procedures for teaching students with ED published from 1998-2010. For a practice to be accepted as “evidence-based,” it must have been empirically validated and based on multiple studies that reflect sound experimental design and methodology. It must have been proven effective in different settings. And, there must have been evidence that the practice can be sustained across time (e.g., Kerr & Nelson, 2010; Simonsen, Fairbanks, Briech, Myers, & Sugai, 2008; What Works: Clearinghouse, U.S. Department of Education). A cross-referencing of practices identified in multiple sources led to the identification of 25 discrete evidence-based practices (Clarke, Dunlap & Stichter, 2002; Dunlap et al., 2006; Kerr & Nelson, 2010; Landrum et al., 2003; Lewis, Hudson, Richter, & Johnson, 2004; Rutherford, Quinn, & Mathur, 2004; Simonsen, Fairbanks, Briech, Myers & Sugai, 2008; Simpson, Peterson, & Smith, 2010; Yell, Meadows, Drasgow, & Shiner, 2009). There were two additional questions added to the survey, one addressing physical restraint and the other addressing seclusion, for a total of 27 items. Next, we solicited input from three national experts in the field of emotional disabilities regarding both the construction of our survey and its content. Based on the expert feedback, we made minor adjustments in the organization and wording of the survey instrument.

Prior to distribution, building principals, special education directors, and division superintendents were sent a pre-notification letter informing them of the survey. The survey and cover letter were mailed within two weeks of the pre-notification letter. Each of the surveys had an identification number for tracking non-respondents and for the purpose of disseminating a second survey to non-responding special education teachers of students with ED and special education directors. The principals were sent reminder postcards if no general education teacher surveys were submitted from their school. Reminder letters also were sent to special education directors. A postage paid business reply envelope was provided to all participants. In every instance, responses remained anonymous and data were analyzed only in the aggregate.

In addition, we contacted state directors of special education and five experts in the field of emotional disabilities to obtain information on emergent best practice initiatives on behalf of students with ED. Sixteen state special education directors completed some or the entire version

of the survey that we sent them. Finally, we distributed the parent version of the survey to various parent organizations throughout Virginia.

*Data analysis.* To analyze survey responses, we quantified each of the responses to the 27 items, as follows: very important = 5 to very unimportant = 1; always used = 5 to never used = 1; very well prepared = 5 to not at all prepared = 1. The scores were summed across the responses for each of the groups (i.e., special education teachers, general education teachers, directors of special education). We also examined the frequencies or percentages (as appropriate) to calculate how many or what percentage of special education teachers and general education teachers who responded “usually use” or “always use” each of the 27 practices. A criterion score of 80% regarding use was chosen because it corresponded most closely with a standard of best practices for students with emotional disabilities. That same standard has been applied to define effective implementation of school-based interventions (Horner et al., 2004). Last, a criterion score of 40% or less for “usually use” or “always use” was chosen to identify strategies not in common practice. Similar analyses were conducted for importance and preparedness.

In addition to the preceding analyses, we developed a matrix for recording the number of responses for each group of professionals and conducted 3 crosstabulation procedures for each of the 27 practices (importance versus usage, importance versus preparedness, usage versus preparedness). These crosstabs were used to identify possible discrepancies. For example, among special education teachers with regard to importance versus usage for “a program of peer-mediated intervention to promote positive behavior skills,” each cell represented the number of special education teachers who responded to that combination of importance and usage. The practices that were along the diagonal of the matrix were considered consistent. Practices that were not along the diagonal were considered discrepancies. Thus, if special education teachers indicated that the practice of peer-mediated intervention to promote positive behavior skills was “important” or “very important”, but “never used” or “seldom used” a discrepancy would be recorded (Agresti, 2002).

With regard to parent responses, we summed scores for each of the 11 items and converted those scores to percentages. We did the same when analyzing responses from state directors of special education.

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## Results

In all, we received 1,588 completed surveys from general education teachers of students with ED, 1,472 surveys from special education teachers of students with ED, and 139 responses from directors of special education and special education administrators. In each of these categories, the number and percentage of completed surveys we received was sufficient to conduct an analysis (Levy & Lemeshow, 1999). We received responses from 185 parents and 16 state directors of special education.

For 20 of the 25 evidence-based practices, at least 80% of the special education teachers chose “important” or “very important,” while their general education counterparts chose 15 of 27 practices as “important” or “very important”. Special education teachers and general education teachers were essentially in agreement with regard to the most important practices and their respective level of preparation. These practices included: clear rules/expectations and a climate that supports successful teaching and learning. Both groups of professionals acknowledged the importance of a behavior support/management plan as appropriate and academic supports and curricular and instructional modifications. Discrepancies across importance, usage, and/or

preparedness between special and general education teachers related to use of peer-mediated interventions, peer-assisted learning, and student self-monitoring of both academic and non-academic behavior. Additionally, a number of special education teachers indicated that they were “not well prepared” to develop function-based interventions. Both special and general education teachers attached relatively little importance to the use of materials that reflect gender, cultural, and linguistic differences among students and indicated that they were not well prepared in this area. Neither special educators nor general educators attached much importance to nor did they feel very adequately prepared to make use of group-oriented contingency management strategies. Finally, fewer than 40% of the special education teachers and general education teachers indicated they used cooperative learning, peer-assisted learning, peer-reinforcement to promote appropriate student behavior, or conflict resolution strategies.

For directors of special education, 19 of 25 evidence-based practices were chosen as “important” or “very important,” with clear rules/expectations, a climate that supports successful teaching/learning, and academic supports and curricular/instructional modifications receiving the highest ratings. Academic supports and curricular/ instructional modifications were identified as most important, most used, and a skill area in which they were well prepared. By comparison, directors of special education indicated that peer-mediated intervention and a systematic approach to data collection and analysis were “important” or “very important” but “never used” or “seldom used”. Overall, between 15% and 40% of the directors of special education reported that they were “well prepared” or “very well prepared” regarding 10 of the 25 practices. Practices for which many directors reported a lack adequate preparation included: peer-mediated intervention; conflict resolution; social skills instruction; programs of self-monitoring of academic and non-academic behavior; cooperative learning; data collection and analysis; group-oriented contingency management; and, peer-assisted learning.

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## Discussion

The assertion that evidence-based practices “must become the standard in schools seems irrefutable” (Landrum et al., 2003, p. 152). However, the results of the present survey suggest that there are a number of critical areas in which both general and special education teachers may be deficient. More students with emotional disabilities are being taught in the general education classroom (Webber & Plotts, 2008); many split their school day between special and general education settings (Wagner et al., 2006). For that reason, the distinction between what general education teachers need to know and what special education teachers need to know has diminished. Even so, as Cook (2002) reported, most general education teachers have not been prepared adequately to work with students with ED. In fact, national survey data suggest that only 24% of elementary teachers, 30% middle school teachers, and 31% of high school teachers feel qualified to work with students with ED (Wagner et al., 2006).

Some differences in knowledge/skills among general education versus special education teachers are more understandable than others. For example, it was not surprising that few general education teachers indicated that neither physical restraint nor seclusion are important or in widespread use since general educators seldom use these interventions. In fact, a number of states are enacting legislation that prohibits the use of seclusion in schools and imposes strict guidelines regarding the use of restraint. In contrast, in that the school age population is becoming increasingly more culturally and linguistically diverse, there should be concern regarding the limited importance attached to and limited preparation in the area of cultural

responsiveness, as reflected by the responses of both special and general education teachers (i.e., use of materials that reflect gender, cultural, and linguistic differences among students). By definition, students with ED evidence deficiencies in the area of social skills. These students have an undeniable need for explicit instruction and support in this area (Simpson et al., 2010). Results of the present study suggest that greater attention should be given to preparation in social skills instruction for both special and general education teachers.

Many students with emotional disabilities engage in bouts of negative behavior (e.g., acting-out, disruptive, aggressive behavior; e.g., Kerr & Nelson, 2010; Kauffman & Landrum, 2009; Simpson et al., 2010). In many instances, the magnitude of the problem necessitates a formal Functional Behavioral Assessment (FBA) and positive plan of intervention and support (Yell et al., 2009). Further, with nationwide attention on Response to Intervention (RtI) and Positive Behavioral Interventions and Supports (PBIS) in place in over 10,000 schools, more and more importance will be attached to function-based academic and non-academic intervention. The fact that some teachers indicated that they lacked adequate preparation in formal procedures to develop function-based interventions is disconcerting. The same can be said about peer-mediated intervention, conflict resolution, and peer-assisted learning, each of which represents an evidence-based practice (Kerr & Nelson, 2010; Yell et al., 2009). Finally, most general education teachers indicated that they seldom give students choice-making opportunities and neither special educators nor general educators attached much importance to or made much use of group-oriented contingency management strategies. Both of these strategies are relatively easy to implement and have strong empirical support (e.g., Kerr & Nelson, 2010; Landrum et al., 2003). The analysis of the responses of directors of special education suggests a similar knowledge/skill gap with regard to the research literature on a number of evidence-based practices in programs of students with ED.

State directors of special education (n =16) indicated that Positive Behavioral Interventions and Supports (PBIS) and Response to Intervention (RtI) had been implemented to some degree in a growing number of their respective schools. In contrast, mirroring findings in Virginia, mental health services were integrated into only a limited number of school settings. Finally, state directors reported that a modest number of schools had established service learning programs.

A significant number of students with emotional disabilities (ED) evidence significant mental health problems (Simpson et al., 2010). It was reassuring to find concurrence among special education teachers, general education teachers, and directors of special education regarding the importance of services in this area. Although it is beyond the purview of education professionals, students with ED have a well-documented need for mental health services and supports (Simpson et al., 2010). In that students with ED do not generally receive school-based mental health services (Wagner et al., 2006); more attention should be given to a collaborative effort among school and community mental health personnel to improve diagnosis and treatment of mental health problems of children and adolescents. As reported by state directors of special education, there are limited mental health services in schools across the country. However, we know that screening of young children at risk of mental health problems would facilitate establishment of early prevention/intervention efforts (see Feeney-Kettler, Kratochwill, Kaiser, Hemmeter, & Kettler, 2010) that would decrease the number of students identified as ED.

Parents were generally satisfied with the extent to which they were able to participate in developing an Individualized Education Program (IEP) and/or Behavioral Intervention Plan

(BIP). Parents were less satisfied with the extent to which school personnel shared information about the academic and behavioral progress of their son(s) or daughter(s).

There are several limitations to the present study. First, as is the case with most surveys, the study was based on self-report data. Second, biased responses to the survey or misunderstanding of specific questions can contribute to inaccuracies in the data. Finally, responses of participants in the present study may or may not be representative of teachers and administrators across the country.

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## **Implications**

Assuming the results are reasonably representative, there are several major implications that we can draw from the present study. Both special education teachers and general education teachers reported using evidence-based practices (e.g., clear rules/ expectations, academic supports, a climate that supports successful teaching and learning). However, it would appear that there continues to be a gap in research-to-practice with regard to special education teachers, general education teachers, and directors of special education. The present study showed that some evidence-based practices are finding their way into the classroom (e.g., clear rules and expectations). But overall, the results of the present study seem to substantiate the fact that too few students with ED receive an education based on proven effective methods and that too few teachers who work with these students are adequately prepared to use strategies that will produce the most positive outcomes (Simpson et al., 2010).

In that students with emotional disabilities pose tremendous challenges for all school personnel, we must increase our efforts at both the pre-service level and in-service level to prepare teachers and school personnel to address the academic, social, and behavioral needs of this population of students. Rhetoric aside, we must evaluate critically the status of pre-service and in-service teacher preparation in the area of emotional disabilities (Bullock & Gable, 2004). Results of the present study should contribute to that process. In addition, we must find ways to make what we know about evidence-based practices more acceptable, more transportable, and more likely to be incorporated into the classroom repertoire of both general education and special education teachers (Cook, Landrum, Tankersley, & Kauffman, 2003). Simply exposing school personnel to various practices is not enough; these personnel must be instructed directly and systematically to a mastery level on each specific skill. A related issue is the fact that many research based strategies do not meet the criterion of acceptability voiced by many general education teachers, namely, the strategy must be: easy to implement, not time intensive, viewed as effective, and compatible with current practices (Gable, Hendrickson, & Van Acker, 2001; Gresham, 1989). Viewed together, it seems clear that we face a number of formidable challenges with regard to serving students with ED more effectively.

As Sugai (1998) suggests, time is unforgiving. For that reason, we must take all necessary steps to ensure that school personnel make appropriate use of a burgeoning number of evidence-based practices to improve the quality of education and the overall “life chances” for students with emotional disabilities. Finally, we must establish a “contextual fit” (Detrich, 2007), so that proven effective practices become a part of the evidence-based culture of every school in Virginia.

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# **BETTER SERVING STUDENTS WITH EMOTIONAL DISABILITIES IN VIRGINIA**

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene across the Nation**

The national and state-wide data on children and youth with emotional disabilities clearly elicited strong reactions from Summit participants. According to most participants, what is happening in Virginia is consistent with the rest of the nation in terms of outcomes for children and youth with emotional disabilities. A number of participants characterized the outcomes for this group of students with disabilities as “shocking” and one participant wondered aloud whether everything we are presently doing as a field to serve these children shouldn't be seriously questioned. Alternatively, as most participants argued, perhaps it is the things we know we should be doing but that we are not doing (or not doing well enough) that has resulted in such poor outcomes. Such things include too few certificated teachers, resulting in a lack of highly qualified and effective teachers and a subsequent under-utilization of best practices. Also cited was the lack of skills of general education teachers to work effectively with children with emotional disabilities as well as the current de-emphasis on vocational training at a time when greater emphasis appears to be needed, especially for many students with emotional disabilities who are on a non-college bound track in schools. Other concerns mentioned were shrinking mental health services due to budgetary issues and the poor quality and coordination of mental health services within schools.

Some participants expressed concern that the immediate future portends to be even bleaker in terms of student outcomes than the statistics of the past decade and pointed to the enormous societal stressors that are burdening American families as a result of the recent economic

downturn. Increasing numbers of families suffering job losses, foreclosures, poverty, and homelessness will undoubtedly enlarge the size of the group of children and families who will need future services--a group that is already recognized as under-identified and under-served even by today's standards--further exacerbating the burden on special education and mental health services.

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## **Perspectives on Students with Emotional Disabilities – Personal Reflections**

Work has begun in some Virginia school divisions to develop site-based support programs for students with emotional disabilities and on the development of new models to support students and their families in the community. Nonetheless, the lack of meaningful collaborative relationships in most districts was echoed throughout the group session as a serious unmet need. Participants cited problems with the quality of collaboration among personnel (e.g., general teachers, special educators, paraprofessionals, administrators, etc.) working within schools, as well as a lack of collaboration among personnel who provide support services external to the school (e.g., mental health services, psychologists, juvenile justice, etc.). With regard to juvenile justice in particular, one participant said that some judges within the juvenile justice system do not seem to understand special education and what it hopes to achieve with troubled youth. The collaboration between schools and juvenile justice would appear to be an area in which meaningful cooperation could impact positively on children and their families. Unfortunately, the two systems seem to be at odds with one another or work separately from one another with little communication between them. Finally, there is a need for schools to establish better working relationships with families and communities.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene in Virginia**

When asked to share their reactions to the state-wide data on children having emotional disabilities, there was a sense of disappointment and dismay among many of the participants. Disappointment that nearly a decade has gone by and few schools have adopted Positive Behavioral Interventions and Supports (PBIS) and dismay that teachers working in the fields of general and special education employ so few evidence-based practices. On the issue of evidence-based practices, one participant, noting from the survey results that the three evidence-based practices used by general and special education teachers were the same, mused, "If that's the case, then what's so special about special education?"

Some participants expressed resignation at the dismal outcome data, indicating that the survey results simply confirmed conditions they observe daily on their jobs in the schools. A few voiced anger, asserting that "We are failing these students. We need better teachers using better practices in our schools. Failing to implement evidence-based practices is failing these children".

There was a general sense of frustration with the level of collaboration among various professionals in the schools. Collaboration is widely recognized as a valued commodity, perhaps more than ever, given the societal stressors afflicting families and the spillover effects these stressors have on teachers and other school staffs. Participants voiced general dissatisfaction with the quality of collaborative relationships within the schools and with community systems in general, especially, it seems, with providers of mental health services. On one hand, participants pointed to shrinking fiscal resources for mental health services, implying that more funding was

needed to increase the present level of services. Others, however, argued differently, and asked, “What are school-based mental health services, anyway?” One participant questioned the quality of school-based mental health personnel in the schools, saying, “It is distressing when you find the person you dismissed earlier for incompetence shows up the next week as the newly hired mental health worker who is assigned to work with some of the most challenging students in your special education program.” Others agreed, saying that behavior specialists retained through mental health services are expensive additions to the school setting but not always a good return on the money that is being spent due to the poor training they receive.

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## **Perspectives on Better Serving Students with Emotional Disabilities**

As one participant noted, there is much work to be done. Group members offered many suggestions for school officials. Most resounding among these was the clear need for additional training and professional development of classroom teachers. More training is needed for administrators, general education teachers, mental health workers, and teachers dedicated to the provision of services for children with emotional disabilities. The two-box system of training, one for general education and one special education, is no longer sustainable and has produced demonstrably poor outcomes for children with emotional disabilities. Schools can no longer rely on Institutions of Higher Education alone to “fix” the problem of teacher-training at the pre-service level. The problem is too big and too important. Partnerships among stakeholders are needed to move the issue of teacher-training forward.

New models of professional development also are needed. The one-shot, episodic, presentations that teachers typically receive during the year do not work. We need new models of professional development that involve Institutions of Higher Education in meaningful collaboration with state education agencies and local divisions to bring teachers from awareness to mastery of evidence-based practices. The new training models should promote acquisition of new skills, support implementation of evidence-based strategies within classrooms, and when needed, include follow-up instruction with additional training and support. According to participants, the need for more and improved professional development is urgent.

Areas in which more and better training is needed include: system-wide interventions, such as Positive Behavioral Interventions and Supports (PBIS) and Response to Intervention (RtI); classroom-wide interventions such as social skills instruction and other evidence-based strategies, as well as training on individual interventions, such as functional behavior assessments and positive behavior support plans; the use of data to make instructional decisions; and the writing and sound implementation of better Individualized Education Programs (IEPs).

Complementing the call for a new collaborative model of more intensive professional development for teachers and school staffs was support for the evolving role of school psychologists. The increased use of school psychologists as interventionists as opposed to diagnosticians was lauded as a positive and promising organizational shift within schools.

Developing models for delivering training within schools in an ongoing, timely, and fiscally responsive manner remains one of the great challenges facing schools. Without strong commitment and resources from superintendents and state department officials for changing the status quo, schools are destined to repeat the past and, in the case of students with emotional disabilities, the litany of past outcomes is not acceptable.

To better meet the needs of all students, including those with emotional disabilities, there needs to be an expanded breadth of curriculum within the schools. The development and

implementation of such curriculum will call upon the energies of all faculties and not just the faculty in special education working in isolation. As one participant suggested, perhaps as a field we should concentrate on early intervention for the prevention and remediation of emotional disabilities with younger children and focus on the development of pre-vocational and vocational curricular options for improving post-secondary outcomes for adolescents and older students.

Working together was a theme sounded over and over by the participants. We simply must find ways to support one another in schools. Administrators, general education teachers, special education teachers, mental health workers, and juvenile justice officials need to improve the ways they do business together on behalf of all students, but especially for our most challenging students. One suggestion was to adopt school-wide interventions throughout all schools in Virginia. School-wide interventions like PBIS (known as Effective School-wide Discipline in Virginia) emphasize data-based decision making and team facilitated processes for implementing and supporting evidence-based practices such as clearly defined and explicitly taught expectations for students and adults. Establishing a shared understanding and approach, with open communication and clear decision-making rules for supporting diverse student needs, might prove a beneficial first step for improving working relationships among professionals.

Another suggestion from the group called for hiring a community liaison or wrap-around professional in the schools whose role it would be to help coordinate services from the various providers. This person could benefit parents by helping them to navigate the often complicated and sometimes confusing eligibility requirements of services providers. Teachers too could benefit through a better understanding of the types of services that are available and the conditions under which those services can be accessed on behalf of children and families.

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## **Conclusions**

Working more efficiently and effectively together on behalf of students with emotional disabilities represents a potentially powerful way to strengthen service delivery. Improving the working relationships with service agencies outside the school is another way to improve overall service delivery. This is especially true for mental health and juvenile justice services external to the school environment that were viewed as working at odds with one another and having little awareness or understanding of how teachers worked on behalf of troubled youth. Sadly, in some cases, the agencies have little to no communication with the schools, even when required (e.g., schools are required to send on Individualized Education Programs (IEPs) for students who are incarcerated). In all, improving the working relationships among service providers and aligning efforts on behalf of children and youth with emotional disabilities remains a formidable challenge for the future.

There appeared to be a strong consensus among participants that today's Summit represented a courageous and necessary first step toward fulfilling the Commonwealth's promise of meaningful and effective service delivery for Virginia's students with emotional disabilities and their families. Group members viewed the Summit as a tremendous opportunity to create awareness and clarity among stakeholders around what needs to be accomplished in the future. Now the hard work can begin.

# IMPROVING OUTCOMES FOR STUDENTS WITH EMOTIONAL DISABILITIES

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene Across the Nation**

An initial and uniform group reaction to discussion on students with emotional disabilities (ED) was that there tends to be an emphasis on a “deficit model,” stressing what the learner cannot do and employing largely punitive and controlling approaches in programs for students with emotional disabilities. The deficit model is considered to be part of the culture. It is evident in the “consequence-based” systems observed in many schools, which are reactive and designed to apply consequences (generally negative) following some misstep by the student. Too often schools fail to see the student's strengths. Several members of our group suggested that, under these circumstances, students do not feel safe or supported. They are inclined to disengage psychologically and become less invested in school and the potential rewards associated with school success.

How we perceive the child greatly influences the way in which the child will be served. Participants supported this position by referring to the Harlem Children's Zone (HCZ) project run by Geoffrey Canada. This “social experiment” combined community investments with rigorous instruction to mitigate the effects of poverty on some of the highest risk children in Harlem (Dobbie & Fryer, 2009). The researchers observed that these procedures to dramatically reduce the black–white achievement gap in math and English Language Arts. There also is evidence of minimizing the effects of disabilities. The importance of investing in the very young, as advocated by James Heckman, 2000 Nobel Laureate (Ounce of Prevention, n.d.), in the form of early intervention is quite promising. From an economic standpoint, Dobbie and Fryer (2009)

advise that the returns are much greater than the costs if society invests in very young rather than older individuals. The HCZ invests in very young children with programs such as their “Baby College,” where they work with young mothers who have babies in the womb or up to three years of age. The work by Barr and Parrett (1995), whose book, *Hope at Last for At-Risk Youth*, provides evidence and action plans geared to the learning success of students considered to be at risk for academic and school failure. Another example was the work by Kellam, Rebok, Ialongo, and Mayer (1994), showing the positive behavioral returns for children taught in first grade by highly structured, effective teachers compared to those taught in first-grade chaotic classrooms.

Another dominant theme throughout our discussion related to teacher preparation. Most would agree that teachers are not adequately prepared, especially in evidence-based practices such as peer-mediated strategies, anger management, teaching social skills, and so forth. There is reason to believe that teachers of students with ED often are left to find their own way, without the necessary training or support--especially for pupil behavior. As noted by one participant, “Teachers have pre-conceived beliefs about behavior and are given a lot of autonomy.” Under these conditions, teachers often feel isolated in their effort to find the best way to teach their students for the maximum gain. To mitigate this problem, there is a need for a building-wide approach with a school community where there are common rules and approaches for all the classrooms. Teachers of students with ED and their students need to feel integrated into the fabric of the larger school community. Students with ED need to feel that the same expectations for behavior and success apply to them that exist for their general education peers.

Many of the students with emotional disabilities have not been identified and are being served in general education classes by teachers with little or no skill in teaching students with significant behavioral concerns. General education teachers therefore become the front line of intervention at a critical period when behavior disorders could possibly be moderated or minimized. Not surprisingly, behavior problems are exacerbated when teacher preparation and supports are inadequate. Most students at risk for learning and behavior problems cannot afford even one year with a poorly prepared teacher. For many vulnerable students, consecutive years of below par instruction are a prescription for school failure and later life marginality.

Inadequate teacher preparation has long been linked to teacher turnover (i.e., poorly trained special education teachers leads to a lot of career switches). In a one-year study of first-time special education teachers, for example, Boe and colleagues found that only 46% of the teachers had been extensively prepared in special education; the others either had general education backgrounds or were poorly prepared (Boe, Cook, & Sunderland, 2008). Teacher turnover is costly both financially and in terms of student achievement. The effects are particularly disastrous for students with ED.

There was general agreement among group members that the state of parent involvement in ED programs is unsatisfactory. Parent involvement is essential and there needs to be a commitment on the part of schools to more actively engage parents in the education of their children. Viewing parents as patients or as the cause of their children’s problems is counterproductive. Fortunately, there are good, creative models of effective parent involvement. Schools need to focus on building relationships, rather than blaming parents or assuming that parents do not care.

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## **Perspectives on Students with Emotional Disabilities – Personal Reflections**

Participants agreed that the Summit presentations were informative and useful, “whetting” appetites for more information and training. Key points that emerged were: 1) greater emphasis on evidence-based practices, 2) need for improved school climates, 3) more attention to developing Behavior Intervention Plans (BIPs) and Functional Behavioral Assessment (FBA) plans, 4) more emphasis on developing students’ strengths, and 5) more information on mental health services and residential facilities.

Group members were pleased that teachers reported knowing the importance of and employing 1) clear rules/expectations, 2) academic supports, and 3) positive school culture/climate. There is an obvious need for pre-service and in-service personnel to place more emphasis on evidence-based practices. Teachers need more initial and ongoing training in those evidence-based practices that are currently underemployed (e.g., peer-mediated interventions, conflict resolution, anger management, and group-oriented contingency management). It is important to recognize that both survey data collected in Virginia and research reported in the professional literature show teachers do not feel adequately prepared to implement these strategies. More of these data need to be gathered periodically, with training, coaching, and monitoring provided accordingly.

There is ample evidence that a positive school climate is linked to pre-service training and professional development, for example, “. . . the need [for] a positive tone . . . good teacher mentoring, [helping] teachers to learn and implement best practices.” This positive attitude, rather than the previously mentioned “deficit model” needs to be extended to the community and larger society. The change in the school culture starts with the school leadership and focuses on changing the climate throughout the building. Positive Behavioral Interventions and Supports (PBIS; Effective School-wide Discipline in Virginia) is viewed as one viable means for attaining a more positive climate.

An obvious impact of Summit information on our group was the importance of FBA and related BIPs. These plans are not employed universally in ED programs and well prepared plans are rare, possibly due to lack of skill or difficulty in developing them. More professional attention is needed to make FBA more teacher/user friendly to promote more widespread application. Even if the behavior plans are basic, professionals need to get in the habit of writing them for everyone. Accordingly, teachers and other school personnel need to become more skilled in collecting data and in using the data effectively. We need to know what the students are doing, we need to have realistic expectations of the student’s performance, and we need to be able to communicate this information to significant others, such as other professionals, parents, and to the students. We also need to be able to help general education teachers use simple data collection procedures to obtain and use student data effectively.

We discussed the fact that a need exists to build on the child’s strengths, rather than simply focus on problem behaviors. Likewise, there is a need to communicate strengths to others and begin conversations with positive instead of negative characteristics of a child. There is some evidence that school reports that include information about the child’s strengths can lead to improved perceptions of the child with ED (Donovan & Nickerson, 2007). Professionals who develop reports of students are likely to have a more positive influence if the student’s strengths, as well as areas of need, are included.

Only 31% of Virginia survey respondents indicated that there is involvement of mental health agencies. Mental health services and supports need to be expanded with more attention on how to use and how to prepare professionals to work in residential facilities. Linkages between school based resources and community based resources need to be developed. These links would help parents access medical and other community supports. Community agencies also could help strengthen services provided in the schools.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene in Virginia**

Generally, responses to the survey confirmed expectations--practically no surprises. However, one surprise was that FBA and BIPs are expected for all students in programs for ED, again, pointing to communication and training needs. The scope, depth, and analysis of the survey data reported at the Summit were impressive with particular emphasis on the culture of the school and parents. Although parents did respond to the survey, some questioned if a greater effort might have produced even more parent responses. Participants universally commented that the results were what they expected; one attendee expressed relief that “special and general education teachers recognize the importance of clear rules/expectations, academic supports, and modifications to create climates that support successful teaching/learning.”

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## **Perspectives on Better Serving Students with Emotional Disabilities**

Many of our recommendations for better ways to serve students with ED are implied or given in previous discussion. We did agree on seven distinct suggestions: 1) increase parent involvement and assistance to parents, 2) better prepare and support teachers, 3) emphasize student strengths, 4) stress teacher-pupil relationships, 5) build linkages between community mental health agencies and schools, 6) increase administrative support of special education, and 7) include general education professionals in meetings/summits to address issues of educating students with disabilities.

**Increase parent involvement and assistance to parents.** It is generally acknowledged that parents are essential to the education of their children. Parental involvement is mandated in the 2004 special education legislation of Individuals with Disabilities Education Act (IDEA). Yet many school professionals report little or no formal coursework on working with parents. School personnel would benefit greatly from the work of professionals who provide in depth information of the characteristics, history, and advocacy of parents of students with disabilities (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2010) or very specific strategies for involving parents of students with special needs (Dardig, 2008). Increasing understandings from the perspective of parents might be achieved with books written by parents such as, *Let Me Hear Your Voice: A Family's Triumph Over Autism*, by Catherine Maurice (1994) or *Melanie – Bird with a Broken Wing: A Mother's Story*, by Beth Harry (2008). Schools need information from these kinds of sources to develop plans of action to involve parents (e.g., ways to communicate with parents on an ongoing basis). Teachers also need to be more aware of successful actions currently being taken by schools, such as using “movie nights” where parents bring their children to the school for movies and school personnel have the opportunity to meet with the parents about their child's program. It is also important for schools to help parents get needed assistance such as learning how to provide home-based instruction for their children or how to access

community agencies that would address the financial, social, and mental health needs of the family.

**Better prepare and support teachers.** A recurring theme in our discussion as well as the professional literature and national policies/legislation (e.g., No Child Left Behind; NCLB) is the need for more qualified or better prepared teachers. Many persons assigned to special education classrooms have no previous teaching experience or have only a general education background. Pre-service student teaching, for example, can have a positive effect on the retention of special education teachers (Connelly & Graham, 2009) and the extent to which teachers believe in their ability to teach students with special needs appears to relate to job satisfaction (Viel-Ruma, Houchins, Jolivette, & Benson, 2010). The onus appears to be on pre-service institutions of higher education for initial training and then on school systems for professional development. Teachers of students with behavior disabilities need regular guidance and support to program effectively for the academic and social development of their students. Comparable attention needs to be given to the preparation and professional development of general education teachers. The special class placement of many students with ED could be avoided or these students could be successfully returned to general education placements, if the general education teachers received the requisite training and supports.

The preparation for general and special educators is often so disparate and contradictory that it greatly hinders collaboration. Instead, general and special educators need to share pre-service coursework and need to participate together in professional development sessions focused on teaching students with ED and other special needs. Notwithstanding, the need for a continuum of services, all educators need to assume responsibility for educating all children. Improved preparation and support for teachers means that building and central administration personnel need increased knowledge and skill development relative to this population. They need to be able to train, coach, and encourage teachers, as needed.

**Emphasize student strengths.** We teach students according to our perceptions of them --a position supported empirically and theoretically in some of the expectancy literature (Good & Nichols, 2001). Students with ED have many intellectual and personal strengths that need to be tapped as part of their educational programs. It is important for teachers to communicate these strengths and the high expectations they have for their students. One example is a study by Cochran, Feng, Cartledge, and Hamilton (1993). Low-performing fifth-grade students with ED were trained to serve as tutors for low-performing second-grade students with ED. Findings revealed improvements in reading and social interactions for both groups of students. Additionally, based on their self-reports, the fifth-grade students evidenced a heightened sense of self-efficacy, consistently expressing pleasure over being able to help their younger peers. For an excellent practitioner's example of raising expectations and helping students realize their promise, educators are encouraged to read books such as *Freedom Writers Diary* (Gruwell, 1999) and *Teaching Hope* (Gruwell, 2009). The first book uses the writings of low-performing high-school students to tell how their teacher helped 150 students evolve from despair to great expectations and educational accomplishments. The second book relates how teachers nationwide used similar strategies to achieve success with students who evidenced a variety of risk markers.

A somewhat related point is the disproportionate representation of students of color and the male gender, which is so pronounced in programs for students with ED. The attraction of the books written by Gruwell (1999, 2009) and other similar books is that many of the students who made remarkable and unexpected gains were from culturally-diverse backgrounds. Culturally-

responsive approaches paired with sound (evidence-based) teaching practices can help to minimize disproportionate representation and improve overall school success (Cartledge & Kourea, 2008).

**Stress teacher-pupil relationships.** Teacher-pupil relationships are considered to be critical to the teaching process and are especially important for teaching students at risk for school failure. The importance of caring teachers appears extensively in the professional and research literature, noting that caring teachers are concerned about the student's total well-being; they display respect and positive affect to their students (Cartledge & Kourea, 2008). Punitive, exclusionary strategies are probably the least effective way to promote the academic, social, and emotional growth of students with special needs. Such practices appear to be directly related to what Nicholson-Crotty and colleagues characterized as the school to prison pipeline (Nicholson-Crotty, Birchmeier, & Valentine, 2009). In contrast, Positive Behavior Interventions and Supports (PBIS) is a highly viable, evidence-based alternative to many of the traditional approaches to behavior control and development. School personnel need to remain cognizant that their mission is to help students continue to "get better." PBIS is designed to reinforce existing desired behaviors and to teach replacements for undesired behaviors. Positive student behaviors and adult interventions are emphasized. It is most effective when implemented within a unified school displaying a school-wide commitment to better serving students.

**Increase administrative support of special education.** Many administrators do not have an educational or professional background in special education. Administrators, like general education teachers, need to assume responsibility for all of the students in the school and work to create a positive school climate that embraces the entire population. Neither students with disabilities nor their teachers should feel like aliens in the school. Those holding leadership positions in the school need to set an inclusive tone and make this an explicit expectation of all school members, including nonprofessional staff. Professionals in the area of ED are questioning if local, state, and national educational departments are giving more guidance and attention to professionals of students with autism at the expense of students with ED.

**Build linkages between community mental health agencies and schools.** Schools need better collaboration and communication with existing mental health and community agencies that serve students with emotional disabilities. In some cases, these agencies could provide the schools with useful information such as facilitating transition to post-secondary environments. Along the same line, these agencies could provide valuable resources to families of children with emotional disabilities. Indeed, one group member speculated that many families would benefit greatly from assistance they might receive from parental advocacy groups, from mental health agencies, social service agencies, or the Bureau of Vocational Rehabilitation.

**Include general educators to address issues of educating students with emotional disabilities.** Many children with special needs are in general education classes on either a full-time or part-time basis. General educators can offer helpful insights regarding the education of students with ED as well as receive useful information to enhance their ability to serve these students in their classrooms. This would also contribute to the much-needed educational unity and help all educators take ownership for all students.

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## Conclusions

We all agreed that the education of students with emotional disabilities is one of the most persistent and somewhat intractable problems faced by educators today. These youth consistently

show some of the poorest profiles relative to academic achievement, social behaviors, school, and later life success. Contributing factors are varied and numerous but perhaps a most salient consideration is the lack of advocacy. Parents for this population tend to be under involved and school personnel often lack the skill, resources, and sometimes the will to engage parents and other stakeholders who might serve in this capacity. There is a need for greater and continuous recognition of this problem.

Summits of this nature are laudatory. They should be repeated and then evolve into action plans that are subsequently implemented and serve as models for other states to emulate. We already have empirical information on how to attack many of the educational problems we encounter with students with ED. Our greatest challenges appear to be the thorough preparation of *all* educators in this knowledge and the systematic application of these practices in the schools. In the end, success is predicated on a collective will to better serve all students.

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# **BLURRING THE LINES IN EDUCATION AND SERVICE AGENCIES FOR STUDENTS WITH EMOTIONAL DISABILITIES**

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene Across the Nation**

Discussion among professionals working for public school systems, the Department of Corrections, Vocational Rehabilitation, and private schools (including a college) in the Commonwealth of Virginia resulted in the identification of number of specific actions that could be taken to strengthen support provided to students with emotional disabilities (ED) and their families. The group included teachers, supervisors, coordinators, principals, and directors from special education, as well as school psychologists, directors of pupil personnel and student services, policy analysts, a sociologist directing student services at a college, and a Vocational Rehabilitation transition coordinator. Members openly articulated their concerns about and their ideas for enhancing programming for the most challenging population of individuals with disabilities. In addition to brainstorming problems and solutions, the group also celebrated some of the state's innovative accomplishments in educating this challenging population of students.

Group members decried the presence of 16–19 year old youth with ED, primarily unidentified, in the corrections system, on a third-grade academic level, and with normal intelligence, but largely lacking basic skills for living. Although multiple systems are involved in supporting children and families in need, it is only the schools which have a captive audience and are guaranteed access to all children and youth. Unfortunately, Departments of Vocational

Rehabilitation, Mental Health and Medicaid are ill-equipped and too poorly funded to provide adequate services in schools, services that could proactively address child and family issues before they become intractable. A representative from one school system mentioned successful involvement with a Medicaid Day Treatment program and credited having a single-point-of-service (one person acting as liaison) as the secret behind the success.

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## **Perspectives on Students with Emotional Disabilities – Personal Reflections**

Participants in the group were quick to expand and elaborate on the pivotal role that schools play in supporting students with ED and their families. However, when the clarion call is "inclusion!" but necessary infrastructure is missing, and "general education" initiatives (e.g., Response to Intervention) are being implemented by special educators, the "two box" system is woefully outdated and inadequate. The study revealed that only three out of 25 evidence-based practices are shared between special and general educators is not easy to interpret. For example, peer mediation can be a highly effective evidence-based practice in general education settings. However, special educators in the discussion group indicated that their students do not want to engage in peer mediation, particularly if they are in high school and have had copious negative experiences with typical peers. For youth with ED, anecdotal reports suggested that peer mediation is more beneficial as individuals matured into adulthood (i.e., ages 22 years or older).

Similarly, the fact that a social or instructional strategy is evidence-based does not guarantee success with all students. One attendee mentioned a no-cost level system being used in Colorado that is based on returning students with ED to full-time general education placement. The level system appears to work because there are safeguards built in that rely on pedagogy from special education and typical school resources. Alternately, offering vocational programs and hands-on work experiences starting in elementary school may enable students an opportunity to be recognized for their strengths instead of identified by their deficits. One discussant reflected that a school system in Texas provides a "guarantee" so that students are supported, even after they graduate, in order to ensure employment. A representative of Randolph Macon College mentioned a pilot program that provided mental health services to freshmen who self-identify their need. In blurring or erasing the line between general and special education, students who have a separate identity as being "special ed" may struggle with self-concepts when they graduate/exit high school and move into a world in which the "two boxes" are no longer available at college or work. Co-teaching, particularly at the secondary level, was seen as a viable solution for blurring the general and special education distinction; however, to be effective, training and administrative support for co-planning is critical. Serious concern was raised that more expectations are being placed on schools and school personnel, without removing other demands or providing vital resources to address existing or additional expectations.

Conversations about family support naturally lead to questions about the expanding roles of schools. Yes, schools are the only service agency with access to all children and youth and the personnel who are most likely to have insight into the status of family health and functioning. However, schools cannot be the only agency to bear this responsibility. The "System" is not working because there is more than one system involved; expanding the role of the school will require an expansion and integration of multiple service agencies. The participants in the discussion group were more than willing to tackle this challenge because of the potential for meaningful benefit for preventing and addressing ED. More voices need to be heard before

improvements will occur. Perhaps the Virginia Department of Education (VDOE) can reach out to Vocational Rehabilitation, Mental Health, Medicaid, and other service providers to solicit their perceptions regarding provision of school-based services. Tensions between what various agencies believe should happen in schools to benefit students and legislative constraints placed on the educational system need to be identified and resolved. Meanwhile, resources that are available need to be shared. Some of the participants in the group knew exactly how to access mental health services for students in need, while others had not been given that information. A compilation of resources could enable the much-needed services to be delivered in a timely manner and make the process to get services more transparent.

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## **Perspectives on Better Serving Students with Emotional Disabilities**

Given the enormous challenges associated with strengthening service provision to students with ED, discussion returned to what school personnel, in conjunction with the Virginia Department of Education, can do to identify and address the needs of this population. The following points encapsulate our main ideas:

1. "Social maladjustment" needs to be clearly defined by the VDOE. At issue is not a way to decide which children should be served in the educational systems in the state and which should not, but the identification of the supports that are needed to promote school achievement before youth with unidentified ED enact their pain and inadvertently eliminate the option of getting help from school personnel. For example, if a child with bipolar disorder has not been identified as needing educational support in school and s/he ends up in court, a label of social maladjustment will be applied and the child's inability to benefit from instruction will continue unabated. This 'crack' through which we lose students needs to be recognized and addressed.
2. The line between the parallel, but separate, "two-box" system of general education and special education needs to be blurred or even erased. From the moment they enter school, children should experience a combined and synergistic system that addresses learning and behavioral issues as a failure to acquire skills. Unfortunately, schools often segregate failure to learn as an indicator for additional instruction, while failure to behave is seen as an intentional strategy to disrupt the educational environment. Some of the schools represented reported that innovative strategies such as Universal Design for Learning (UDL) and conscientious implementation of Response to Intervention (RtI) practices were already producing enhanced skill acquisition among all students, including those who are at risk for ED. Earlier identification of significant learning/behavioral issues will reduce the number of students who are later found to be eligible for special education services as having an ED, as well as reduce the number of students with unidentified ED who encounter the legal system.
3. Even while integrating the best of general and special education in order to improve learning for all students, we need to work to maintain the availability and integrity of a continuum of service options for children and youth who will not respond to concerted efforts for improving instruction and achievement. We all recognize that general education placement will not be the least restrictive environment for all students. And yet, the rush to embrace full inclusion appears to have all but eliminated a mandated continuum of service options. Maintaining awareness of specialized pedagogy is almost as critical as demanding the availability of a continuum of placement options.

4. Parents and caregivers of children with ED need to be recognized for their devotion to their children and supported so they can remain tenacious in their ongoing struggle to raise their children in what is often less than optimal conditions. Rick Van Acker, Bob Gable, and Steve Tonelson presented concrete data about services being provided to students with ED that will greatly facilitate participants' efforts to advocate for students with ED (e.g., quality programs based on evidence-based practices); the next step is to detail the demographics of the families in which these children and youth live. School representatives recounted stories of parents who struggle with very real issues and are less available to support their children. As the media continues to espouse dysfunctional families as the new "norm", students are less likely to come to school prepared to learn. School and/or work become low priorities for youth who experience constant conflict at home, sleep in their cars, and do not have enough to eat. A representative from one school mentioned that they obtained funds to provide food for some families over the weekend in the hopes of alleviating stressors that affect students' learning.

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## **Conclusions**

The professionals who participated in this group discussion are genuinely committed to promoting successful educational experiences for students with ED in Virginia. They believed that more work needs to be done so that young students stay in general education placements while receiving the assistance necessary to prevent their emerging emotional issues from inhibiting their learning. There was consensus that the most sane and reasonable approach to supporting students with ED is to identify their learning/behavioral challenges as early as possible. Finally, there was a strong commitment to ensuring that all students acquire skills and habits that promote independence, productivity, and satisfaction in their post-school lives.

Our commitment is to the future and so we are open to new ideas and opportunities to explore cutting-edge programs around the US. Given the lack of cohesion across the nation in terms of service provision to students with ED, professionals from Virginia were proud of what has been accomplished to date and commended the leadership at the VDOE for taking the initiative to promote continued scrutiny of what yet needs to be done. One of the participants commented, "Good job, Virginia! But gosh, there is so much work to be done!"

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## **Authors' Note:**

We greatly appreciate the enthusiastic participation of the following professionals to generate these reflections and suggestions: Amy Aussiker, Sara Bright, Leah Hamaker, Scott Hand, Marian Harper, Amy Hartswick, Kristi Lockhart, Ronald Mankins, Thelma Massie, Ann Mendez, Vanessa Thomas, Audrie Trammell, Jack Trammell, Sharon Trimmer, Maggie Van Huss, and John Van Wyck.

# **OPTIMISTIC DISSATISFACTION: A SUMMARY OF GROUP DISCUSSION ON WAYS TO BETTER SERVE STUDENTS WITH EMOTIONAL DISABILITIES**

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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## **Optimistic Dissatisfaction: A Summary of the Group Discussion**

Our group was comprised of representatives from a number of backgrounds, including teaching, parent advocacy/training, school psychology, building level administration, and district administration. All of the 12 participants were primarily associated with providing services to students with emotional disabilities (ED) in some way as opposed to general education service providers who may also serve individuals with ED.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene Across the Nation**

**Inconsistency.** If there is any single word that characterizes services for students with ED across the nation, it is inconsistency. The funding, resources, community, and teachers present in a school make a tremendous difference in what is done for students with ED and how well it happens. Schools located in areas characterized as having higher socio-economic status (SES) are often able to attract and retain more highly trained educators to work with their children. Further, communities with more adequate resources are more likely to intervene on behavioral issues earlier than communities with more limited resources.

When resources are limited, it is difficult to direct attention away from problems that have already attained crisis proportions to problems that, while alarming, are still manageable. The problem with this approach is that one is always running from crisis to crisis and never actually intervening to prevent the crises in the first place, comparable to an emergency room mentality.

This may be a reason why schools with more limited resources often seem to have more serious behavior problems. They are simply unable to get to the emerging problems because they are so overwhelmed with the well-established problems that require immediate management.

The socio-economic characteristics of a given community not only affects the likelihood that students will have ED and other behavioral issues, but also predict academic achievement and also the kinds of behavior problems that are identified within the schools (e.g., Wiley, Siperstein, Forness, & Brigham, 2010; Wiley, Siperstein, Bountress, Forness, & Brigham, 2009). It has long been noted that communities with higher SES tend to have schools with higher achievement. Wiley et al. (2009) found this to be the case for standardized measures of academic achievement with students with ED as well. Achievement-SES correlations are well-publicized, but the relation of SES to the kinds of problems that school-identified populations of students with ED exhibit has received little attention. Wiley et al. (2010) found that low SES schools tended to identify highly aggressive, externalizing students as having ED, while high SES schools were far more likely to identify students who were characterized by depressed or internalizing behaviors as having ED. The reasons for this finding are as yet unclear as is the generality of the finding; however, inconsistency of identification practices is an issue facing the entire field.

**Interface between Mental Health and Education System.** Another element of inconsistency that affects services for students with ED is the interface between the education and the mental health systems. In many cases, the education and mental health systems are independent of each other and have little or no contact. In other cases, the mental health system provides professional services within the education setting. While this may seem a logical and fruitful uniting of services in pursuit of the same goals, several issues arose in our discussion. Among these were (a) the control and supervision of staff between agencies, (b) difficulties in integrating mental health services with IEP requirements, particularly relative to No Child Left Behind (Forness, 2003), and (c) questionable effectiveness of some mental health services provided to students. As with education services, our group noted that the quality of mental health services provided to any individual child varies greatly according to the individual service provider.

**Under-identification and under-service.** Additional concerns that emerged in our discussion included an observation that students with ED are under-identified, under-served, and too-often served in isolated settings that amount to little more than holding loops to give individuals with ED a place to spend time until they age-out, drop-out, or complete their education programs in some way. We were concerned that the under-identification and absence of adequate services may actually reflect a withdrawal of pro-active support for students with ED in the face of other demands (Moynihan, 1993).

**Teacher pre-service and in-service training.** Concerns were raised about the quality of teacher education and in-service training programs in support of students with ED. It seemed to the people in our discussion group that teacher education for students with ED too often amounted to a class or two in behavior management and the suggestion to teach them as if they had no disability (inclusive model) or as if they had learning disabilities (special education model). The suggestion that all students can benefit from or be adequately supported in the same educational environment remains undemonstrated. Teacher training programs must reflect the diversity of placement options needed to support students with ED (Kauffman & Brigham, 2009).

**Chronic personnel shortages.** Finally, we noted that there is a tremendous deficit in trained ED teachers. Too few teachers are trained at the pre-service level in this area and many of those

who are trained have very short careers, either moving to a different area of special education or out of education altogether (Brownell, 2005).

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## **Perspectives on Students with Emotional Disabilities – Personal Reflections**

**Definitional issues.** Several elements of the keynote presentation rang true to our group. Of particular interest to us was the discussion of issues in definition and problems in identification. The definition problems have been with us throughout our careers, as have issues in definition. One of our group members noted that even though we are charged with identifying all students with disabilities, “too many students with ED are identified through the discipline system in schools or the juvenile justice system in the community.”

**Instructional issues.** We were pleased with Dr. Van Acker’s observation that the assumption that students with ED learn in a manner typical of students with learning disabilities (LD) remains un-validated. While learning problems are clearly a characteristic in both conditions, students with LD are presumed to manifest learning problems because of processing disorders, a characteristic that is not a part of the definition for ED. It is clear that students with ED are frequently characterized by a number of co-morbid conditions, including processing disorders that are associated with LD, but assuming that *all* students with ED *also* have LD is unjustified.

**Economic realities.** The impact of the economy on educational services is another issue from the keynote address that caught our attention. It is convenient to attack special education for problems like disproportional identification or increasing numbers of students in disability categories such as LD or OHI with individuals with ADHD (Osher et al., 2004). But, that ignores the fact that children who are able to prosper in general education programs are rarely referred for evaluation for special education eligibility assessments. Further, they are rarely found eligible and placed in special education programs when general education performance is adequate. As class sizes increase and resources are stretched thin, it is likely that more students who are presently successful, albeit marginally successful in general education, will continue to function in an adequate manner.

**Implementing evidence-based practices.** Dr. Van Acker pointed out that practices associated with sound empirical evidence are likely to have positive effects on school populations (e.g., fewer suspensions, higher graduation rates). We are skeptical that even the best evidence-based practices (EBPs) will be implemented unless the conditions in the schools support their validity (Allinder & Oats, 1997; Chafouleas, Riley-Tillman, & Eckert, 2003). Even if teachers do report that EBPs are being implemented, treatment fidelity remains an ongoing issue (Kovaleski, Gickling, Morrow, & Swank, 1999; O'Donnell, 2008). Current special education regulations focus on procedural elements (the due process aspect of IEP development) and controversies seem to focus more often on placement (where a student sits) rather than intervention (what happens to the student; Brigham, 2009; Brigham, 2008). A more rational approach would focus on the provision of high-quality treatments first and location of treatments as a secondary element.

**Iatrogenic influences.** One of the points Dr. Van Acker raised in the keynote especially bothered the people in our group. He mentioned the development of iatrogenic (literally, “induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures,” according to the Merriam Webster Dictionary). While it is commonly claimed that grouping students with behavior problems together encourages students to learn inappropriate behaviors from each other, less is said about the effects of having students with severe behavior

problems in general education settings. Some evidence exists that introducing students with severe behavior problems into general education settings actually promotes development of anti-social behavior among students who may have been exhibiting marginally acceptable, but nevertheless acceptable behavior in the past (Farmer, 2000; Farmer & Hollowell, 1994).

One of the problems that Farmer and Hollowell (1994) noted was that pro-social leadership opportunities for students with ED were often blocked because they were occupied by individuals without disabilities who were more adept at pro-social behavior. Thus, it is possible that a student with ED who desires acceptance and pro-social status with the peer group may experience a high number of punitive responses in general education settings without clear and unobtrusive social supports (Hallenbeck & Kauffman, 1995). The ability of general education settings to provide adequate support to students with ED while ensuring that other students avoid the inappropriate influences of students with serious behavior problems remains an elusive and undemonstrated goal (Kauffman & Brigham, 2009). A far better approach is to maintain a variety of treatment options and consider them in a deliberative and data-based manner when developing programs for any student (Brigham & Crockett, in press).

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## **Perspectives on Students with Emotional Disabilities – The Current Scene in Virginia**

We were surprised that the results of the parent survey were so positive and reflective of recommended practices in the field. Parents of students with ED appeared to be generally satisfied with the services that their children receive. Nevertheless, the members of our discussion group were convinced that a large number of parents of children with ED are dissatisfied and that schools in general are falling short of their responsibilities to students with ED.

We were also concerned that self-report data on the prevalence of desirable practices in schools may reflect a social expectancy rather than actual implementation. For example, it is relatively unlikely that anyone working in a professional capacity in schools serving students with ED would respond to questions about having “clear and explicit rules” in anything other than a positive manner. The question becomes one of fidelity of the rules with characteristics of effective rule-making. That element is not captured in the survey. As one of our group members stated, “Sit down and shut up is clear and explicit, but it really isn’t a very good rule for making a classroom more productive.”

Another concern expressed in our group was the representativeness of the sample. Surveys are increasingly difficult to carry out with sufficient a response rate to justify strong generalizations in educational settings (Creswell, 2008). Accordingly, the conclusions drawn from any survey should be viewed with caution. Nevertheless, the present results clearly indicate that schools within the Commonwealth have much strength and probably some aspects of true excellence in serving students with ED.

Our group was pleased that the Department of Education had taken this important step in the right direction and expressed the hope that it can promote the identification and dissemination of educational programs where the union of positive teacher and parent statements is justified. The power of these good examples should not go unrecognized. It is far easier to complain about the short falls of our educational efforts than to celebrate the victories. We suspect that educators and parents are likely to respond to reinforcement as do the children they serve.

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## Perspectives on Better Serving Students with Emotional Disabilities

**Training--the key to success.** The greatest unanimity in our discussion was in regard to this topic. Our group agreed with the statement that better teacher preparation and staff development would go a long way toward improving services for students with ED. Given the pressing needs of personnel in the field and the pressures on schools and education agencies to provide alternative and streamlined teacher training programs, we are concerned that this is a far more difficult thing to do than to wish for. For example, mentoring programs for new teachers appear to have salutary effects on teacher longevity and effectiveness (Britner & Krammer-Rickaby, 2009; Zellers, Howard, & Barcic, 2008). Given the inconsistency of educational programming for students with ED, it is unclear whether simply providing mentoring programs with local resources will fill the need for this challenging population of students.

**Vocational/Technical education.** Our group was nearly unanimous that revitalizing vocational and technical education would be a substantial step in the right direction for students with ED as well as many other students with and without disabilities presently attending Virginia's schools. Our participants viewed students with ED as responding best to concrete examples of accomplishment and believed that learning skilled trades as a part of their educational programs might go a long way toward encouraging more active participation in their schooling.

**Parent and school supports.** During our discussion of parent training, one member noted that parents and school personnel often are pitted against each other by students with ED. Perhaps a fruitful approach to integrating the mental health and education fields can be found in employing mental health professionals to build and reinforce partnerships between parents, educators, and more importantly, the students who are our shared concern.

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## Conclusions

Each participant in this discussion was well aware that the promise of special education programming for students with ED remains unfulfilled in Virginia and across the country. While the challenges are monumental and our responses incremental, we remain committed to supporting the educational programs of these students. We found the effort by the Virginia Department of Education to be substantially aligned with our goals and desires and look forward to the next steps in improving services for this population. As the day concluded we remained dissatisfied with the current state of affairs in the education of students with ED, but optimistic that the activities in which we participated represented a substantial commitment by the Commonwealth of Virginia to improve services for this population. A state of optimistic dissatisfaction may be what is needed to keep our efforts focused and productive.

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# A DISCUSSION ON WAYS TO BETTER SERVE STUDENTS WITH EMOTIONAL DISABILITIES

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene Across the Nation**

With regard to what is happening around the country, our group discussed many of the points brought up in Dr. Van Acker's presentation and agreed with the majority of issues he raised. Children and youth with emotional disabilities (ED) are an "unclaimed" group that is often *underserved* and *inappropriately* served. Addressing the diverse needs of students with ED is a challenge in Virginia as well as around the nation. Historically, students with ED lack the necessary supports and services to ameliorate their behavioral deficits. Additionally, many of these students also have academic deficits, which further interfere with their abilities to successfully learn. In addition to these learning and behavioral deficits, other co-morbid disorders, such as ADHD, conduct disorders, and anxiety are quite often present. Although, a growing number of effective interventions are available, there is a research to practice gap--that is, the knowledge about quality services and the services actually provided to these students is incongruent. Since the needs of these students are complicated, services to address these needs should be multi-faceted. One promising approach is Positive Behavioral Interventions and Supports (PBIS). Group members discussed the trend toward a more positive and preventive approach toward early identification and intervention, as opposed to reactive interventions and punitive strategies, such as seclusion and restraints. However, there was consensus that more indepth training is needed to help educators learn alternative, more effective interventions. There also was agreement that in order to ameliorate these students' problems, as a nation, we need to increase mental health and community services in our schools. Simply put, we are not adequately

addressing the needs of these children and youth. These are the students who are often not identified and treated at an early age or are not provided sufficient and appropriate services. The lack of national attention to address these students' needs has serious negative implications for them and for our nation. Many of these students end up with substance abuse problems, drop out of school, and are unable to successfully transition into adulthood. As available data suggests, they are the least likely students to succeed in school and the coercive cycle they live is passed down among generations. This is not just a problem for our schools; a problem that our nation needs to more proactively address.

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## **Perspectives on Students with Emotional Disabilities – Personal Reflections**

The group commented that the presentations helped to validate and reinforce many of the issues that they have realized for a long time. The following is an overview of several issues that were discussed in more detail.

**Identification of emotional disabilities.** The group expressed concern that students with emotional disabilities are under-identified. Yet, state guidelines regarding eligibility appear to be in conflict with efforts to identify additional students. As a result, several group members felt like the incongruence between prevalence of students with emotional needs and state eligibility requirements make it difficult to address these students' needs.

**Academic and behavioral learning needs.** The connection between emotional disabilities and academic learning problems is a serious educational programming concern. In order to maximally address the needs of these students, their educational program needs to address *both* their behavioral and academic learning needs. Focusing our intervention efforts primarily on their behavioral needs is necessary, but not sufficient. To address this issue, group members firmly believed both general and special educators require more intensive training in practices to manage successfully problem behaviors in classrooms, so that instruction can also focus on their academic needs.

**Need for comprehensive wrap-around services.** The group discussed the need for a more comprehensive approach to intervention for students with emotional disabilities, with an emphasis on partnering with mental health service providers that includes clinicians in the schools. Furthermore, there is a general lack of parent participation in dealing with behavioral issues, including participation in behavioral intervention plans. Our group thought that this lack of parental participation may in part be due to parents' limited knowledge and training about behavioral issues.

**Punitive and aversive interventions.** Another issue discussed by the group related to restraint and seclusion and the need for further training in this area, including parental training.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene in Virginia**

Due to time restraints, the group had a limited discussion regarding the following question, “What is your reaction to the survey results reported this morning?”. In short, group members said that they were not surprised by the survey results and believed that the current and projected outcomes for students with emotional disabilities are dismal. Several participants were surprised at the similarity between the classroom practices of special and general education teachers.

Several group members were interested in examining the data further and discussed the need to change the trajectory of these findings in order to better serve students with ED.

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## **Perspectives on Better Serving Students with Emotional Disabilities**

The group spent the majority of the time discussing their thoughts about ways to better serve students with ED. Group members had many ideas about how to better serve students with ED. Below is a brief description of each of the points discussed.

**Training and technical assistance.** There was agreement that further training and support for teachers is critically needed. In general, both general and special education teachers are not prepared with skills necessary to develop or implement proactive behavioral intervention plans. Although this training should begin at the university level, school divisions also need to provide more in-depth training about behavior challenges and effective intervention strategies that address these individuals' needs. Often times, the strategy employed to train teachers is to conduct one-day workshops. Although these types of trainings can provide global information, in order for teachers to develop competence in the effective strategies, technical assistance is essential. There is a need to have coaches and mentors in the classrooms that can further train teachers. Loudon County's coaching program was discussed as a model that has proven effective in helping struggling teachers.

**Increasing teachers' use of effective instructional strategies.** There was also consensus among group members that a high quality instructional program and use of effective classroom management practices at the universal classroom level will further minimize the display of problem behaviors demonstrated by students with ED. In essence, if students are actively engaged, they are less likely to engage in problem behaviors. A more comprehensive instructional approach that targets both academic capabilities and behavioral concerns should be a primary component of the classroom curriculum.

**Increasing school based wrap-around services.** In order to address the complex and varied needs of students with ED, schools need to expand their existing services. There is further need for interagency collaboration with mental health agencies and schools. For instance, mental health services should be an integral part of the intervention package for students with ED, such as the availability of day treatment through mental health services within the school rather than after the school day. Additionally, the use of behavioral specialists, including Board Certified Behavior Analyst (BCBA) professionals, need to be a part of the educational team. Finally, parents and or guardians should be an integral part of the services. Similar to all other disabilities, emotional disabilities impacts the entire family. Accordingly, family members need the knowledge and skills to interact with their children to help facilitate their learning and growth.

**Changing our view of students with ED.** The group discussed the stigma associated with the label of ED. There was consensus that a compelling need exists to advocate for further services for these students and to change the intervention model to a strength-based approach.

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## **Conclusions**

The group lamented the lack of comprehensive services that truly address the diverse needs of students with ED. These students' behaviors are challenging for teachers and school division staff to handle, primarily because many of the professionals who work with them lack sufficient

training and skills in strategies that can be used to prevent and ameliorate their problem behaviors. Additionally, the services offered by school divisions are necessary, but not sufficient. There needs to be a more comprehensive approach toward educating these students--that is, an approach that maximizes their strengths and supports their behavioral needs. This approach will necessitate early, quality programs, identification, and interagency collaboration to include a host of wrap-around services, and more indepth training and technical assistance.

# **A CONVERSATION ABOUT BETTER SERVING STUDENTS WITH EMOTIONAL DISABILITIES**

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene Across the Nation**

As a group, we explored a number of issues--ranging from the availability of services to the effectiveness of the programs provided for those students who are found eligible for those services. There was a general consensus that services for students with emotional disabilities (ED) are far from acceptable in this nation. One member commented that, in spite of the fact that this population of students typically displays average or only slightly below average intelligence, school and post-school outcomes are deplorable. Indeed, we have a long history of intervention with this group of students; nevertheless, they fail academically and socially at a level greater than other groups of students with disabilities (many with far more serious ability deficits).

In part, our group felt that the general lack of mental health services and supports for children and youth (especially outside of large urban centers) contributes to the problem. The nature of the needs displayed by students with ED far exceeds the purview of the public schools. Students with ED often require intervention across multiple social contexts (family, school, peer group, community resources such as supported employment opportunities, etc.). School personnel cannot, nor should they, be responsible for providing services across these multiple domains. While wrap-around services are available in some areas of Virginia, many areas of the Commonwealth lack any true infrastructure that facilitates such comprehensive services. The problem is exacerbated by the fact that no service provider has either the mandate or the

resources to do so. The net result is that many children and youth are simply overlooked or are actively denied much needed services and supports.

Given the economic realities facing most schools and communities, the group was somewhat pessimistic about what was on the horizon for students with ED. The failure of states and local communities to provide the needed funding for schools and human services will only compound the existing problems. Moreover, the economic hardships confronting a growing number of families will only increase the number of children and youth at risk.

One participant, a court judge, expressed frustration about a number of issues. Many times youth are sent before her with obvious emotional disorders, yet these students have never been provided services. When she orders a special education evaluation, often these youth are found eligible for services they had previously been denied. She indicated that there are limited options available to the judicial system to intervene in a positive manner. A judge can order an evaluation, family therapy and, in limited cases, some types of short-term treatment. However, far too often, these youth are simply incarcerated--where they learn even more challenging behaviors through exposure to more hardened individuals ('deviancy training').

Participants voiced considerable frustration at not being able to identify and/or access services for families in need. One participant indicated that it was actually easier for students whose families qualify for Medicaid to access services (if they are available in the community). The public sector (public schools and mental health providers) limits critical services to others and most family health insurance plans do not offer enough coverage to provide the needed care for this population.

Many group members felt that the national mandates to provide all students with access to the general curriculum has been harmful to the population of students with emotional disabilities. Often, these students have such a longstanding history of failure within the general curriculum that they have little motivation to engage in these courses. Furthermore, many students lack the basic skills needed (math and literacy skills) to allow success. Unfortunately, alternative programs that, in the past, provided vocational and hands-on work options have almost entirely disappeared from public school educational programs. This makes it even more difficult for many students with ED to find any value in what is being taught in the public school(s).

Some participants felt that the movement to a Response to Intervention (RtI) model may hold real promise for students with ED. At least in theory, students would be identified early when academic and or behavioral problems begin to surface. Most experts agree that, if treated early, many of these problems should be more amenable to successful intervention. While many participants felt their schools were making adequate efforts to enact RtI procedures, others felt there were too few resources available to allow this model to be implemented in their school. Some indicated that even a base level of intervention was not being provided to all students with fidelity. Another problem is the fact there are no adequate screening assessments available to identify students displaying early warning signs of problems. Even if we move away from a 'wait to fail' approach and students are identified early, there were no personnel available to provide level two and level three interventions. Finally, finding time to provide these services in ways that do not supplant the delivery of basic instruction has proven especially problematic. One middle school solved this problem by shaving 6 minutes off each period of the day. This provided an "open period" to provide supplemental services to students in need. All teachers were assigned a class during this open period. Students who did not need these supplemental services were provided enrichment classes (e.g., Spanish, Environmental Science).

Overall, participants voiced considerable concern among the group regarding the current state of affairs related to students with emotional disabilities. Obviously, increased efforts and additional resources need to be directed toward better serving this population of youth.

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## **Perspectives on Students with Emotional Disabilities – Personal Reflections**

The information from a state-wide survey related to the current practices in Virginia on behalf of students with emotional disabilities appears to mirror that of the nation as a whole. While it is disappointing that services for these youth are not any better, it is somewhat comforting to realize that the problems we face in Virginia are the same problems confronting educators across the country.

Most participants felt that teacher education programs (both for general educators and special educators) need to be significantly improved to help these teachers understand how to identify and serve a growing challenging population of students with ED. A body of knowledge is emerging to help direct empirically-validated approaches to meet the needs of students with ED. Unfortunately, teacher education programs often fail to provide this information to prospective teachers and/or to provide sufficient practice opportunities for these strategies to become an integral part of a teacher's repertoire of skills. Moreover, school administrators need to be better informed of these strategies and they must accept responsibility for ensuring that their teachers implement them with fidelity. In large measure, we know what needs to be done; we simply are not doing it.

There is little question that the role of the teacher is absolutely critical in promoting student success. Participants felt strongly that teacher education programs and school administrators need to direct greater attention toward the relationships teachers develop with their students. Within the school setting, there often is a lack of active teacher supervision and teacher support to help ensure that teachers receive the feedback needed to work with this challenging population. Many of these students display challenging behaviors that make it difficult for teachers to remain focused on a positive approach aimed to promote student success. Despite best efforts to be reflective of their practice, teachers are in a difficult position to identify their effective and/or ineffective use of 'self' as they teach. The demands of teaching an academically-diverse group of students and managing their classroom behavior can quickly overwhelm any teacher. Accordingly, we felt that systems to provide teacher feedback to help support the delivery of empirically-validated instruction within a positive classroom climate are sorely needed.

We also felt that researchers need to be more cognizant of the realities of the school setting and the demands that teachers grapple with in the design of intervention programs. Many of the empirically-based programs described in the accumulated literature lack a 'goodness of fit' with regard to resources available in many public schools (especially those in low income, high risk areas). We discussed the fact that often federally or state-funded research efforts provide support for personnel to conduct the interventions during the actual study. While the interventions may be effective, once the research team leaves, there are too few resources (e.g., personnel, time) to 'institutionalize' the intervention; that is, to incorporate a set of proven effective practices into the culture of the school.

The number of youth who display mental health concerns and/or emotional disabilities appears to be growing within the public school. Regrettably, many of these students fail to receive the services they so desperately need. Efforts to manage the behavior of these students

often rely heavily upon external supports and punitive consequences. Furthermore, students often are clustered together with other ‘problem students,’ the result is an increased display of challenging behavior as students support one another’s beliefs that aggression and problem behavior is appropriate. We agreed that teachers and school administrators must adopt more positive approaches to student discipline, and whenever possible, implement instructional rather than punitive consequences in an effort to teach and support increased displays of appropriate student behavior rather than simply attempting to suppress undesired behavior.

As the results of the Virginia survey document, teachers seldom are provided instruction in strategies designed to promote a student’s self-monitoring and/or self-regulation. As a result, even when students are successful in highly structured special education settings, they fail to generalize positive behavior changes from one setting to the next. It is past time that school personnel move beyond the ‘curriculum of control.’ A growing body of research supports the use of cognitive behavioral interventions to help students learn to regulate their own behavior with greater success (e.g., self-talk and self-reinforcement).

The need to understand the cultural implications of emotional disability also is critical. There is clearly an over-representation of some ethnic/racial groups in programs designed to address emotional disabilities. In some cases, students from diverse backgrounds are more likely to be identified; whereas, others are more likely to be overlooked (African-American youth versus Asian youth). Given the rapidly changing demographics of our schools, teachers and other key school personnel must become more cognizant of the cultural aspects of behavior. Intervention programs must be sensitive to cultural norms and beliefs and respond to the cultural needs of the students involved.

There needs to be greater collaboration between the schools, family services providers, and community mental health programs. These agencies must have a means to coordinate appropriately funded efforts to provide the wrap-around services so desperately needed by most children and youth with emotional disabilities. Funding initiatives should be structured to facilitate ‘coordinated efforts’ rather than support ‘turf wars.’

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## **Perspectives on Students with Emotional Disabilities – The Current Scene in Virginia**

Most participants were disappointed by the fact that so few empirically-validated practices were currently being adopted by 80% or more of those working with students who display emotional disabilities. There also was concern that the three procedures identified were basic approaches that few teachers or school administrators likely would admit were not being implemented. What teacher is going to report they do not have ‘clear rules and expectations?’ There also was some question as to the possible veracity of the information provided on the survey and that the reality may be even more bleak than the results suggested. That is, teachers and administrators believing (or at least reporting) that they have practices in place when in reality they do not. The response rate of some sub-groups was somewhat disappointing and led some group participants to question if the respondents actually represented a fair sample of the group being studied (e.g., less than 200 family members responded to the survey).

Some participants felt that many teachers and school personnel are aware of and wish to implement additional services; however, they may lack the resources to do so. The desire and knowledge is present--the resources to act are not. Again, the issue of “goodness of fit” for many of the empirically-validated procedures came into play. The identification of programs

and procedures that do not fit within the existing fiscal realities and available resources may be of little practical use to teachers and school administrators.

There was strong feeling that beliefs and attitudes of teachers and administrators must also be addressed. Although it is consistent with the research, the fact that many general education teachers refuse to make instructional accommodations for students with disabilities--including students with emotional disabilities and that school administrators allow this state of affairs poses a significant problem. One group member acknowledged that high-stakes testing likely influences teacher behavior. We have to get beyond the belief that these kids are 'bad' and simply need 'severe consequences to straighten them out.' The continued use of punitive approaches by many school administrators led some participants to question if many schools actually support the use of positive interventions.

Participants wanted to see a list of the empirically-validated procedures presented on the survey and many wanted access to the survey. The fact that the Summit presentations and a listing of the evidence-based practices will be made available on the Virginia Department of Education website ([http://www.doe.virginia.gov/special\\_ed/disabilities/emotion\\_disability/index.shtml](http://www.doe.virginia.gov/special_ed/disabilities/emotion_disability/index.shtml)) was greatly appreciated. There was a general feeling that the Virginia leadership is committed to doing something to change the current state of affairs and that such a commitment represented a very positive development.

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## **Perspectives on Better Serving Students with Emotional Disabilities**

Teacher education programs, state- and school-based professional development efforts must play a greater role in providing teachers and other school personnel the knowledge and skills to meet the diverse needs of this growing population of children and youth. Moreover, efforts to shift beliefs and attitudes that greatly influence the school climate must become targets for intervention. Children do not leave their behavioral or mental health needs at the school house door; they enter the classroom with the child. Accordingly, teachers must be better prepared to meet the realities of emotional disabilities.

Simply introducing teachers and others to the knowledge and skills, however, will not be sufficient. School administrators must develop systems of support for teachers and others working with these challenging youth. Peer-coaching models may need to be identified and implemented to allow teachers to gain a greater understanding of their interaction with all students. Efforts to develop a positive classroom climate and school-wide culture that encourages and supports student success will take considerable effort along with honest formative and evaluative assessment data.

There was a general consensus regarding the need for school-wide systems for early identification and early intervention. Response to Intervention is 'resource intensive' and, while it holds promise, it will not be effective without additional funds and a strong commitment by all involved in its day-to-day implementation. Both general education teachers and special education teachers must possess the knowledge and skill to address the increasing number of students in their classrooms who evidence learning and/or behavior problems. Furthermore, administrators must possess the skills necessary to support the implementation of these strategies and provide supervision to ensure that they 'map on' to the culture of the school. All faculty and staff should routinely recognize and positively reinforce the display of desired behaviors in ways that are meaningful to students. Likewise, undesired behavior (teacher and student) must be

addressed in a manner that is likely to produce positive change and individual growth across time.

We acknowledge that it is important that teachers become better able and more willing to implement data collection procedures that will support emergent data-driven programs, such as Response to Intervention and Effective School-wide Discipline. Unfortunately, cumbersome data collection procedures and increased assessment requirements are not likely to be readily adopted. More streamlined screening and curriculum-based measurement strategies need to be identified and supported in the classroom. Teachers must be better able to collect objective data. These data must be readily interpretable and yield timely information so that teachers are better able to design a curriculum and choose from among various evidence-based instructional strategies ways to promote positive student outcomes.

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## **Conclusions**

There was some discussion that perhaps students labeled emotionally disabled might benefit from a change in the name used to identify the group. No family wants their child to be identified as ‘emotionally disabled.’ A more politically correct term might increase the probability that parents would be more accepting and students, in turn, might receive the services and support so urgently needed. Mirroring parent efforts to have the category of mentally retarded changed to cognitively impaired, perhaps emotionally disturbed could be changed to something like behaviorally challenged.

In the end, members of the group expressed appreciation to the Virginia Department of Education for the opportunity to participate in this Summit. The information and the opportunity to interact with one another, experts in the field of emotional disabilities, and with state department officials, was greatly appreciated by everyone.

# THE CHALLENGE OF BETTER SERVING STUDENTS WITH EMOTIONAL DISABILITIES

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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Our group was composed of special education and reading teachers, administrators, correctional educators, university teacher trainers, staff development personnel, and psychologists. They represented a cross sample of professionals who deal with program development and implementation for students identified with emotional disabilities. This group identified a number of concerns/issues that they believed needed to be addressed in Virginia and beyond. Their suggestions were well reasoned and reflected a diversity of thought, knowledge of their profession, and a very real commitment to providing effective and innovative services for students with ED. In succeeding sections are the most consistently agreed upon needs. The order of these needs does not necessarily reflect their relative importance but their inclusion does indicate that they are critically important. Additionally, these needs are not discrete suggestions. Rather, they are interrelated and point to the need for carefully designed and implemented program development interventions.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene Across the Nation**

There is a critical need for a comprehensive and ongoing program for the collection of data related to the needs of pre and in-service teachers and on variables that affect effective program development and implementation. These kinds of data allow professionals across the country to discern needs and judge program and teacher effectiveness, measure student learning, and the effect of program changes on student outcomes.

These data can assist professionals in identifying where resources need to be applied related to pre and in-service training and also critical needs related to program development for students identified with ED. Without this information, there is no way to discern needs or monitor

performance. In such cases where data are not judiciously collected and used, improvement in service delivery becomes an event controlled solely by chance rather than professional competence.

Both the population and the educational needs of students with ED are constantly changing. As a result, educational programs and teacher skills also have to change to meet ever changing realities. An ongoing data collection system to identify these needs would be of great assistance to all professionals struggling to make well-reasoned decisions about effective educational programming.

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## **Perspectives on Students with Emotional Disabilities – The Current Scene in Virginia**

Consideration should be given to a statewide effort to identify and eliminate systemic issues that impede progress in implementing effective programs for students identified with emotional disabilities. This is a very broad need that is somewhat complex because it involves school practices, organizational structures, and a host of other issues.

First, there is a need for a speedy system for the dissemination of information related to effective practices in dealing with students who are ED to the pre and in-service special and regular educators as well as administrators who work with those students. This dissemination of information is a critical and necessary first step in increasing professional knowledge of empirically-supported practices. This first step, however, has to be accompanied by systematic pre and in-service programs that will result in the implementation of such practices by classroom teachers and administrators so that students have access to a broader range of interventions that have been proven effective.

The data presented at the Summit suggested that only a small number of practices that have empirical support are widely used by general and special education professionals (Gable & Tonelson, 2010). This may indicate a need for more robust systems of information sharing and the development of a system that translates this information into teacher behavior.

Perhaps a strategy could be developed to reward Virginia schools for being innovative in the development and implementation of effective practices. Such a program might induce administrators and school personnel to embrace a broader range of empirically proven educational practices that are effective and inventive and become beacons of innovation.

Students with ED have a variety of needs that cut across agencies and settings. It is difficult, in many cases, to effectively deliver these services given the host of professionals who are involved with these students. As a result, there is a critical need to eliminate territorial issues associated with program implementation for students with ED. Instead, we must establish more effective mechanisms for collaborations across disciplines and agencies. A program designed to share best practices related to professional collaboration might be extremely useful to schools struggling to discover ways for faculty to work well together.

We also recognized institutional inertia as a major roadblock to the implementation of effective practices in some schools. It was noted that school leadership and teachers in these schools seem reluctant to “buy in” to the idea of differential programming for students in ED programs and appear more interested in maintaining the status quo in which there is only one school-wide instructional program for all students. Others in the group pointed out that some administrators are innovative and supportive of prudent teacher risk taking to create educational programs that address the needs of all students.

It would be tempting to suggest current problems are solely a personnel issue – and, in some ways, it clearly is the case. However, leadership and carefully applied contingencies can sometimes help to encourage the transformation of recalcitrant administrators and teachers into professionals who are fully engaged.

**Dissemination of information.** The dissemination of information related to effective school-based practices such as PBIS (Positive Behavioral Interventions and Supports; Effective School-wide Discipline in Virginia), RtI (Response to Intervention), and reading intervention programs is an immediate and pressing need. There is a wealth of information that suggests that these programs are effective in addressing the very real needs of students identified as ED (Bradley, Doolittle, & Bartolotta, 2008; Cheney, Flower, & Templeton, 2008; Lewis, Jones, Horner, & Sugai, 2010). As one group member pointed out, these programs can be used to intervene in timely ways without labeling a student or intervening later in more intrusive ways.

**Educational options.** There was consensus that the need exists for a broader array of vocationally-based programs for students who are at risk or identified as ED. As the data illustrate, students identified as ED have very real and unique vocational training needs (Bullis & Cheney, 1999; Cheney et al., 2008; Rylance, 1998). In many cases, vocational training is supplanted by mandated college prep curricula. While these college prep programs may meet the needs of many students, they do little for those students in ED programs who will enter the world of work immediately after leaving school. For these students, there is a compelling need for programs that effectively teach social skills as well as specific job-related skills. Failure to do so increases the probability that these students will not possess the skills necessary to become well-integrated and functioning members of society.

We discussed the fact that options should be explored to create more fully dedicated vocational programs and a greater integration of vocational education into the regular education program. Programs that stress vocational education must also allow students to receive high school diplomas that are fully recognized by colleges that engage in post-secondary job training, the military, and employers.

**Teacher preparation.** The content and methods of pre- and in-service teacher training that prepare adults to work with students with emotional disabilities should also be examined. The issue of teacher preparation is extremely complex and is not easily addressed. Clearly, there is a need for most certified teachers to work with students with ED. Colleges and universities training programs have not been able to meet this need; the result often is that schools hire teachers who hold an emergency/provisional credential. Often, these teachers do not possess the skills required to deliver effective programs to students in ED programs. Further, these teachers may have a very short professional life span and need a significant amount of basic training that consumes a significant amount of increasingly diminishing in-service training resources. Clearly, this dilemma underscores the need to explore creative ways to offer relevant and ongoing teacher training for those in need of initial certification. One participant pointed out that Old Dominion University does offer an outstanding distance learning program that addresses this issue.

Colleges and universities may also need to critically examine teacher training programs to ensure that relevant skills in assessment and empirically-based classroom interventions are being taught. Additionally, teacher training programs may want to carefully examine their programs to ensure that there are adequate amounts of practicum and student teaching to ensure that their students can put theory into practice.

Colleges and universities often have teacher training programs that meet the sometimes conflicting requirements of state statutory mandates and accreditation agencies. These competing

requirements often create an environment in which it is difficult to add critical content to teacher training programs or offer programs that are innovative in terms of delivery.

We discussed that there may also be a need to provide a more seamless transition of training between pre- and in-service programs. Once hired, teachers need to have an ongoing educational program that is relevant and meets the ever-changing needs of students and schools. The same training opportunities need to be available to veteran teachers who have a wealth of practical experience and knowledge. This would allow veteran teachers to share valuable information with those teachers who have been newly employed and would allow those veteran teachers to update their knowledge on the latest empirically-based interventions.

**Identification of students with ED.** There was general agreement that the way in which students with ED are identified may need to be examined. Problems associated with identification of ED are of long standing (Cheney et al., 2008; Rees, Farrell, & Rees, 2003; Walker, Nishioka, Zeller, Severson, & Fell, 2000). Historically, the issue of ED assessment has related partly to the nature of the disorder. In most areas of special education, normative based cut-off scores have been used to make eligibility decisions about students. For example, if a student's IQ and score on an adaptive behavior index fall below the prescribed cut off scores, then the student may be eligible for placement in a program for students with intellectual disabilities. In such cases, professionals seem to be comforted with the use of a norm-referenced assessment device to provide what appears to be a definitive score that is separate from any biased interpretation. Critics note, however, that these instruments are not without bias and are less than perfect assessment instruments (Osher et al., 2004; Reynolds, Lowe, & Saenz, 1999).

In the area of ED, the assessment process cannot rely solely on such instruments as the issue becomes one of measurement of the effect that the child's behavior has on the child's life and environment and/or the extent to which the child's behavior matches the setting demands. There are some normative types of rating scales, but they provide only a limited view of the rater's opinion of the child's behavior which can be affected by a host of factors. As a result, the assessment process in ED is often one that is focused on gathering data from multiple sources over time, such as through observation, rating scales, an examination of the child's environments, and a good deal of analysis as to the effect that the child's behavior has on his or her environment.

For this assessment process to be effective, it must involve various professionals, a careful examination of a multitude of settings, and an examination of the history and cultural context of the behavior. However, there is no cut off score that professionals can use to determine program eligibility. Rather, the process is one that relies on careful data collection that essentially paints a mosaic of the child's life and needs. Everyone agreed that the problem is that this assessment process is by its very nature laborious and demands highly sophisticated decision-making around a host of questions. Comparisons of student scores on assessment instruments to a criterion cut off score for program eligibility simply can't work in the area of emotional disabilities and we might be the better off for it.

As a result of a flawed assessment process, professionals are seeking ongoing clarification, guidance, and support as they work to accurately identify students with emotional disabilities. This necessitates that there be a clear definition of what constitutes emotional disability, an unambiguous statement of the manner in which the child will be assessed, and a clear description of the way in which the examination of the child's environments will be conducted. Further, the process requires careful articulation of the multiple safeguards that will be used to address cultural factors and how transient behavior problems will be differentiated from pervasive

behavior problems. One participant suggested that it may be helpful to reexamine the definition of ED and best practices for conducting these assessments. Once this is done, then there might be a need for in-service training related to the implementation and articulation of the assessment process.

**Social skills instruction.** There was agreement among members of our group regarding the importance of social skills training and the necessity for sharing effective practices. The data associated with social skills training suggests that there is some concern over efficacy (Kavale, Mathur, & Mostert, 2004). Other authorities suggest that social skills training is an extremely useful intervention with children and youth identified as ED when implemented well (e.g., Landrum, Tankersley, & Kauffman, 2003). Quality social skills training teaches prosocial skills that can be used across settings, yet a good portion of the training must focus on the situational context and teach students how to respond to the unique requirements of each setting and set of interactions. Accordingly, it is not a simple process to teach students or teachers how to engage in this process. Interestingly, university and in-service trainers recognize the complexity of teaching reading methods to pre-service teachers and usually demand several courses in order to adequately teach the concepts. But, rarely does social skills training--which is one of the most complex set of skills to teach--get that same level of attention. As a result, most social skills training is ineffective due to the fact that the teacher is inadequately trained in how to deliver instruction in this area. Additionally, teachers may also find that they do not have the necessary resources to implement an effective social skills training program. If social skills training is a priority, then it might be wise to ensure that teachers have good and effective curricula, training in how to systematically teach social skills, and knowledge of how to measure the effects of such training.

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## Conclusions

The level of training and knowledge of those in the group was impressive by any measure. They clearly reflected that which is best about those who work with students who are coping with emotional disabilities. A central theme to their concerns was the need for schools in which personnel are led by well-trained administrators who recognize the importance of using empirically proven strategies with all children. They recognized the need for flexibility and fully including parents and professionals from other disciplines. Further, they recognized the prime importance of all personnel in the school sharing the same goal of providing effective instruction to students. There was a recognized need for good training of pre and in-service teachers and a clear understanding that the current financial realities dictate that training be focused, targeted, and integrative, as well as reflective of the best empirical practices.

Members of the group noted that the education of students with emotional disabilities is best thought of as a shared responsibility. Administrators, professionals from various disciplines, parents, and school board members play a vital role in the development and implementation of educational programs. We are all well served when all of these people have the common goal of providing excellent and inclusive services to students in ED programs. But, most importantly, when students with emotional disabilities receive high quality services there is an increased probability that they will become productive and self-sufficient members of society.

As stated in the group's discussions, the needs presented here represent the very real challenges facing those involved with providing services to students identified with emotional

disabilities. It is incumbent upon us all to work collaboratively to develop and implement fidelity programs that are relevant, innovative, and effective in addressing the diverse needs of students with emotional disabilities.

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# **A CALL TO ACTION: PARENT AND CAREGIVER FOCUS GROUP FINDINGS ABOUT SPECIAL EDUCATION SERVICES FOR STUDENTS WITH EMOTIONAL DISABILITIES**

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On August 23, 2010, Virginia educators and representatives from other stakeholder groups, including parents of students with disabilities, attended a summit sponsored by the Virginia Department of Education. The audience heard from a national expert about the current status of services for children and adolescents with emotional disabilities across the country. Attendees also learned about the results of a survey on the use of evidence-based classroom practices in Virginia. As part of the summit, participants broke into smaller groups to discuss critically four guiding questions: (a) What are your thoughts regarding what is happening around the country? (b) In your role, what meaning does the content of today's presentations have for you? (c) What is your reaction to the results of the survey conducted in Virginia? and (d) What are your thoughts about ways to better serve students with ED? Each breakout group was led by a national authority in the area of emotional disabilities. The following is a summary of the responses from one of those groups.

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*"We find comfort among those who agree with us –growth among those who don't."*

--Frank A. Clark

Previously excluded from the assurance of a free appropriate public education and denied joint decision-making rights, the passage of the Education for All Handicapped Children's Act (EHA) in 1975, now known as the Individuals with Disabilities Act (IDEA), was a monumental triumph for parents and families of students with disabilities (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011). The victory, however, was short lived. Over three decades later, students with disabilities are more likely than their nondisabled peers to experience a wide array of undesirable and often debilitating educational and quality of life outcomes that include illiteracy, school dropout, unemployed or underemployed, chemical dependency, and incarceration (Wittenburg & Maag, 2002).

Eight adults participated in our group discussion. Although all were parents or caregivers of students with emotional disabilities, they were heterogeneous in gender, ethnicity, age,

socioeconomic status, and education. Diversity was also evidenced by family configuration. Some parents were biological, while others were adoptive; specialized foster care guardians and blended family members also participated. All parent and caregiver participants were Virginia residents who came from urban communities, suburban towns, or rural communities. Throughout our session, we encouraged parents and caregivers to share their personal stories and to speak openly.

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## **Focus Group Findings: What Was Said, How It Was Said, and What Was Not Said**

Emphasizing that our goal was to learn through their experiences, we invited each member to introduce him or herself and to share personal stories. Throughout the conversation, parents and caregivers appeared to share thoughts and opinions freely, without reservation. Although some spoke more than others, all joined in the discussion. In what follows, we share participants' responses to the specific questions posed (i.e., what was said), the feelings that were conveyed by group members (i.e., how it was said), and the topics or issues that were not raised (i.e., what was not said). Parent quotes are presented in italics.

### ***What Was Said - Q1 Parent and Caregiver Thoughts About the National Scene***

The majority of our participants stated they found the national information important and sobering, but not surprising. Many said the “numbers” represented their experiences as parents or caregivers of children with emotional disabilities. In fact, several stated that they found Dr. Van Acker’s presentation personally validating. A few were concerned that the high percentages of parental satisfaction reflected in the Virginia survey data might mislead not only state and local school personnel, public citizens, and policy makers, but also those at the national level. When asked why they were not surprised, parents and caregivers pointed out the information shared revealed nothing new. In other words, they thought the content reflected many known, but persistently unresolved problems.

*Parent: Sad and frustrating.*

*Parent: Formal settings, school systems, and mental health are not communicating.*

### ***What Was Said - Q2 Meaning of the Keynote Presentation and Survey Results***

Throughout the conversation, the majority of participants acknowledged that others (i.e., school personnel and researchers) could clearly benefit from the information provided, but said the presentation and survey results meant little to them as parents and caregivers. Why? Collective notions communicated by the group indicated that the “statistics” or “numbers” did not capture or adequately depict the overwhelming difficulties parents and caregivers faced each day. Also, they stated the information presented did not provide the solutions they desperately needed. Most confessed they were hoping for more. Nonetheless, many participants pointed out that through the information their commitment to advocacy was renewed. A few thought the content could be used as a vehicle for engendering much needed conversations between key stakeholders and service providers. One or two participants expressed skepticism. They questioned the relatively small number of parents or caregivers who responded to the state survey.

*Parent: Not much.*

*Parent: The keynote was a tearjerker because it was a reality check that my two bipolar children are statistically more likely to fail on so many levels if I don't continue to fight for them every day.*

*Parent: How to help facilitate all three [formal settings, school systems, and mental health] together.*

### **What Was Said - Q3 Reaction to the Survey Results**

Most parents and caregivers in our group reacted with concern to the survey results. None of them wanted their son or daughter to be reduced to a number. Believing their personal stories would not only inspire other parents and caregivers of students with ED to continue in their crusade, but also inform education professionals about the absence of much needed supports, more than a few were willing to publicly disclose their private struggles. In other words, they thought they could do a better job than the numbers.

*Parent: As a parent the information was great for teachers and professionals. How can parents access services and supports?*

*Parent: Boring and not helpful.*

*Parent: The numbers look good. What the problem is it is not happening everywhere--78% is great but what about the other 22%? No percentage of failure should be acceptable.*

*Parent: Conferences need to be held regularly with teachers being more involved.*

*Parent: We need to go straight to the top and fix everything starting with the college education of teachers.*

Because the participants felt strongly that the content presented did not accurately portray their side of the story, we listened. As each parent and caregiver spoke, the stories they shared revealed a common theme of frustration. Below are the barriers and challenges about which they expressed concern.

**Insufficient access to information.** One parent who volunteered in her child's school stated that although her daughter was identified for special education services at age seven, it was another four years before she discovered the supports that were available through the Parent Resource Center. Another expressed dismay that she was not informed about the various service options that existed until the day of her child's IEP meeting. Collectively, parents confirmed they were upset not only about the lack of basic information, but also by the poor timing (i.e., too little, too late) of the information they did receive from school personnel.

**Inadequate mental health services.** Participants agreed that there were too few mental health services available for students with emotional disabilities and their families. Discouraged by the lack of care options and defeated by the many dead-end alleys they faced, the majority reported a critical need for more mental health services. Lack of interface and poor coordination of services was also identified as a common problem. Several parents confessed they were shocked when they learned their children had to threaten or attempt suicide before they were eligible for mental health services.

**Stressors from multiple sources.** An overwhelming concern voiced by the majority of the group was how exhausting it was, on a day-to-day basis, to deal with their child's emotional disability. Finding their own reserves often depleted, they felt extremely vulnerable and somewhat incapable of coping effectively with the life challenges other families appeared to face

with ease. For example, one parent expressed frustration because he had been laid off last year and had been unsuccessful in securing another position not only because of the recent economic down turn, but also because of his adolescent daughter's emotional disability. Recently divorced, he felt enormous pressure to provide continuous support to his daughter, so he could distract her from "cutting" and prevent her from taking her own life. He went on to describe how overwhelmed he was by these emotional and financial challenges. Others in the group concurred.

Also, many of the parents and caregivers explained they were frustrated because educational personnel frequently failed to recognize the role school triggers, such as bullying, standardized testing, and inappropriate classroom placement, played in exacerbating problems at home. Several parents stated that year after year their children were bullied, which led to heightened anxiety and increased displays or threats of aggression. One parent told us her son drew a picture illustrating how he was going to "kill" a student who had repeatedly bullied him. Because she had worked closely with school personnel over the years, they did not take the threat seriously and he was not expelled. Another parent was quick to mention that her son would have quite possibly fallen prey to 'zero tolerance' policies had he received services in another district. Another parent described how the anxiety her daughter experienced during standardized testing often led to suicide attempts and hospitalizations. A few more described how their son's or daughter's school placement served as an added source of stress. Parents whose children received services in inclusive classrooms reported that bullying was a constant problem. By contrast, parents of students in segregated settings reported mixed challenges. One parent, whose son was placed in a resource classroom felt that the small class size coupled with the counseling and social work services he received yielded benefits that outweighed the stigma of segregation. Another parent, whose daughter was a teenager, expressed outrage because she had been the victim of repeated incidents of sexual abuse and harassment. His repeated attempts to change her placement failed. She was the only girl served in that setting.

In sum, the message these parents and caregivers wished to share was that school stressors often served as a tipping point, triggering crisis episodes, and adding unnecessary strain to an already fragile family structure.

### **What Was Said - Q4 Thoughts About How to Strengthen Services for Students with Emotional Disabilities**

Parents and caregivers in our group were unanimous in stressing that one way to strengthen existing services was to provide more of them. When asked to describe in greater detail how they thought services could be improved for students with ED, most pointed out the need for a pragmatic approach to do what works. Below are the self-explanatory themes that emerged from the ideas they shared, which again are not listed in any order of importance.

#### **Increase Communication with Families and Caregivers.**

*Parent: Think outside the box to find ways to reach all families. Poor communication hurts us all.*

#### **Coordinate Overlapping Educational and Mental Health Services.**

*Parent: We need a case manager for our children with skills that acts as our in-home therapist does now--our daily advocate, our parent student teacher liaison. The existing case managers are overwhelmed with too many students and are*

*uncomfortable being true advocates for our child. They are under pressure to appease the administration more so than the student.*

**Support Consistent Collaboration.**

*Parent: Create a unified response to help with a team.*

**Empower Others Through Education.**

*Parent: Provide more information so children can access services/support needed. Use a variety of methods to get information to parents--including guidelines that are simple and clear to understand.*

*Parent: Provide information to parents about services, disability, and interventions.*

**Act with Urgency.**

*Parent: It's time to get to work.*

As professionals and parents, what we found especially interesting is that abovementioned suggestions are not only consistent with the professional literature, but also that the call for action has gone unanswered for so long (see Cohen, Linker, & Stutts, 2006; Cheyney & Osher, 1997; Cheyney, Osher, & Caeser, 2002; Kramer et al., 2006; Osher, 2002).

**How It Was Said**

Important to consider is not only what parents and caregivers said, but also how they said it. All participants were polite and respectful. During the conversation, most parents shared their personal sagas with raw emotion, strong opinion, and great conviction. Many admitted profound exasperation. One parent remarked more than once that she and her family had considered relocation.

*Parent: I am ready to move to another state.*

In 2006, Hess, Molina, and Kozleski conducted focus groups with parents of students receiving special education services. Some of the affective themes we unveiled mirror theirs, most notably how the words exchanged during the conversation conveyed participants' feelings of isolation, hopelessness, disempowerment, and confusion. Here are descriptions of our findings.

**Endless struggle and overwhelming isolation.** All the parents and caregivers shared stories that revealed patterns of seemingly endless struggle. Whether they were working with school and community service providers, trying to find solutions and information, connecting with other families, parenting their children who were nondisabled, or constantly managing heightened levels of familial stress, it was clear that nothing they did was easy. Parents also eluded to the ongoing isolation they felt while grappling to come to terms and to deal effectively with their child's emotional disability.

**Deep frustration and outright anger.** The majority of parents expressed anger over not being able to obtain the services that would better meet their children's multiple needs. Many were angered because they thought their children's right to receive a free, appropriate, public education had been violated. For example, several parents described repeated incidents in which school officials either contacted them to pick up their child or informed them that their child was placed on homebound instruction because of misbehavior. Interestingly, however, one parent raised a different concern. He dared to wonder aloud whether his adopted daughter was receiving too many services. Unlike the others in the group, his frustration and fear stemmed from the possibility that his daughter might not learn the skills she would need as an adult to function interdependently in society.

**Profound gratitude and some relief.** On a brighter note, others expressed more positive feelings about the services their children with ED received and hoped that their experiences could be used to benefit other families. One mother with an in-home therapist said she could not imagine life without her. A father, who worked as a truck driver and was on the road most of the time, said he was unaware of his child's emotional disability until members of the school-based team helped him to recognize it. Another parent shared her son's success story, emphasizing the most valuable lesson she learned was to refrain from adversarial interactions with school personnel. She further explained how she and her son benefitted from a willingness to work with the system and to ask questions. He is now a successful high school junior.

**Passionate advocacy and concern for others.** Participants were unanimous in voicing their commitment to advocacy. While parents expressed strong devotion to their own children, many were concerned about others –namely, those they perceived to be less fortunate than them. Several parents stated specifically they were worried about how parents and caregivers who were elderly, did not have access to computers, did not speak English, and so forth were getting the help they needed for their children with ED.

### **What Was *Not* Said**

Group participants talked only about the profound affect their child's emotional disability had on them and other family members (e.g., siblings). They made no mention of the stressors they or their children imposed on school personnel, peers, or community agency providers. The absence of such conversation might reveal something about how overwhelmed this group of parents and caregivers felt. Alternatively, it might point to the need for more outreach and advocacy between schools, community service providers, and families that includes empathy training (i.e., considering multiple points of view). That said, this silence is understandable given the tendency for parents and caregivers to feel blamed by school personnel (Early & Poertner, 1993; Johnson & Renaud, 1997).

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### **Conclusions**

Parents and caregivers of students with emotional disabilities who participated in our group expressed gratitude for the opportunity to share their experiences. Overall, they were concerned that the parent survey findings, taken literally, might mislead policy makers to believe that the public educational system in Virginia is serving students with ED well. However, from their point of view, that was clearly not the case. During our conversations, parents and caregivers repeatedly voiced concern that their children's needs were not being met. The resulting stresses seemed to take an enormous toll on those in this group. These findings mirror those in the professional literature (see Taylor-Richardson, Heflinger, & Brown, 2006; Rosenzweig, Brennan, & Ogilvie, 2002). In a recent study, Corliss, Lawrence, and Nelson (2008), found that families of children with ED experienced significantly higher levels of stress than those without children with ED.

We hope that this and the other small group discussions inform the efforts of the Virginia Department of Education personnel in ways the survey data alone cannot. Also, we hope others can learn from these parents' experiences and take the steps needed to improve educational services for students with emotional disabilities. The magnitude of the problems facing both

children and adolescents with ED and their families underscore how urgent it is to take actions designed to better service students with ED in Virginia and beyond.

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## CLOSING REMARKS

I always maintain a “to-do” list of initiatives that I think are important. For some time, that list has included taking a look at our current service delivery to students with emotional disabilities (ED). This year, the time and other forces came together and we were able to accomplish this goal. Because of the myriad non-education issues that students with ED bring to the school setting and because services to students with ED constitute one of our oldest categorical programs, I have been especially interested in learning more about how we are doing.

We know that students with ED are among the least likely to experience school success (e.g., they receive a disproportionately greater number of disciplinary actions, suspensions and expulsions, and show a disproportionately higher drop-out rate). Not surprisingly, most students with ED experience very poor post-secondary outcomes and adjustment to the adult world. So, needless to say, I am very pleased that we have been able to complete this important study under the very competent leadership of Old Dominion University.

I think this has been a great day. We presented the results of our statewide survey of school personnel and parents of students with emotional disabilities. We also shared with you a brief look at what is taking place across the country on behalf of students with ED and, probably most importantly, we listened to and discussed with you the implications of the present study.

From my perspective, we face both challenges and opportunities regarding ways to better serve this population of students. Really, they are the same – we should never fail to exploit challenges and see them as opportunities to learn or to do our collective work better. Based on the results of the present study and participant recommendations, we at the Virginia Department of Education will be exploring ways to respond to the needs of those who serve students with ED in Virginia. The present study, coupled with your input, has revealed several broad areas of need that we can and will address soon.

The findings of this study reinforce the work we have been doing with our Effective School-wide Discipline (ESD) project. At present, there are about 150 schools involved in the ESD project and that number will increase this coming year. We can incorporate knowledge of specific evidence-based skills into the classroom-level training being carried out through this initiative.

As we look toward revising guidelines for serving students with ED, we need to help teachers make better use of proven effective practices such as: peer interventions, social skills instruction, teaching students to self-monitor their own behavior, and group-oriented contingency management strategies – and, as with all effective teaching – better use of data and data analysis skills.

It is also of critical importance that these competencies are built into our pre-service programs that are preparing our next generation of teachers. So, we will share survey results and deliberations with Virginia colleges and universities that prepare teachers in both general

education and special education. We will also distribute study results and proceedings to school personnel responsible for ongoing professional development in Virginia's schools.

In Virginia, we have a sound beginning to a statewide Response to Intervention approach to instructional organization, but, admittedly, we have emphasized more the academic side of the equation than the behavioral side. Accordingly, we must not lose sight of the importance of behavioral prevention/intervention as we strive to improve our service delivery to students with ED.

We will meet with members of the mental health profession to explore ways to be more collaborative with regard to serving students with emotional disabilities and their families. And, we will look for ways to improve our communication and our partnering with parents of students with ED.

I want to thank you for the suggestions that came from the various breakout sessions. I also want to acknowledge the contributions of the expert facilitators who helped to make that process so successful. In closing, we at the Virginia Department of Education are grateful to all of you who took time to not only complete the survey, but also to attend today's summit.

I always leave events such as this with renewed energy and with a revitalized sense of the importance of the work that we do. I hope each of you had a similar response. Again, thank you for being here and for all you do every day for "our children."

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