

EMOTIONAL BEHAVIORAL DISORDER STUDENTS
AND THE NEED FOR PSYCHOLOGICAL (MENTAL HEALTH) SERVICES

By
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A Dissertation Presented in Partial Fulfillment
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Doctor of Philosophy

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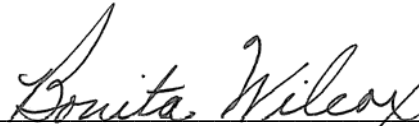
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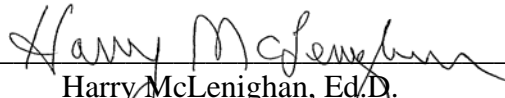
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Abstract

Over the years, concern has often been expressed about the rights of children with disabilities to have a free and appropriate public education. The right to this education and related services is grounded in the Individuals with Disabilities Education Act (IDEA). States receiving funds because of IDEA must follow the mandate concerning the education of children with disabilities. This mandate calls for school age children with disabilities to receive an education with related services necessary to their education at no expense to their parents. Children with emotional and behavioral difficulties (EBD) present special challenges to parents, teachers and other professionals. With these challenges present, this dissertation investigated to see if the needs of Emotional Behavior Disorder students were being met in an interrelated classroom setting. It was the intent of this research to question the Free Appropriate Education (FAPE) that is afforded these students through IDEA. It brings into focus the significance of providing psychological or mental health services within the schools. Teachers and parents see a need for EBD students to receive mental health services. Directors believe that EBD students need further assistance. According to the data collected, EBD students are not receiving the related services mandated by IDEA.

Dedication

To Timothy, I am so very sorry that I was unable to provide you with the assistance that you needed.

To my family, thank you so much for the time with me that you had to sacrifice in order for me to accomplish this goal. I can not give it back to you, but I hope that the experiences that you have gained from watching me go through this process will shed light on your own personal pathways.

To Alethia C. Price, my mother and life time coach. Thank you for all the love and guidance that you have given over the years. You taught me the importance of pushing forward and no matter what the adversities you never quit. You instilled that I must be ready for opportunity when it presents itself, that if I had to stop and get ready for the opportunity, I would miss it. I would not have had the will to complete this task without your lessons of perseverance. I love you dearly!

Acknowledgments

No task of monumental size is accomplished alone. This is certainly the case with the completion of my final degree. Many hands have touched my path and have helped to make my vision a reality. I am truly thankful for all assistance, every word of encouragement and every prayer.

To each of my professors at Capella University, you have added to my repertoire of thoughts, ideas, and overall knowledge base. I thank each of you very much. To the staff of Capella University, thank you for all of your assistance over the last four years. To my Dissertation Committee, Dr. Corinne Dickey, Dr. Roland Bernard Welmaker and Dr. Bonita Wilcox, thank you very much for your expertise, support and guidance. I appreciate your commitment and all the time you have spent helping me shape this study. Your unique talents molded different phases of my dissertation and me. To Dr. Wilcox, you had to step in after the work was underway, but your presence has made a tremendous difference. To you, a special thank you. I appreciate your keen sense that has directed me to so much insight. Together, you have been a great team!

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CHAPTER 1. INTRODUCTION

It is becoming very common for Emotional Behavioral Disorder (EBD) students to disrupt class with extremely inappropriate behavior. The EBD population now attending public schools is inclusive of students with diagnoses of mental disorders and those that have exhibited characteristics of emotional behaviors over a period of time. Addressing this disruptive behavior has become increasingly difficult. Often, the response to this behavior results in some type of isolation. Many times this isolation is implemented as a time out session in another location within the special education department. Although this takes care of the immediate situation, isolation of the EBD student does not provide opportunities that support an appropriate education. Emotional Behavior Disorder students need help with the development of skills that are necessary for their participation in a classroom setting. It is not enough for the teacher to respond to a particular situation. There needs to be a consistent response that addresses the needs of the child that will curtail or prevent inappropriate behaviors.

According to a report published in 1986 by the United States Office of Technology Assessment, Emotional Behavioral Students do not receive appropriate care. Kauffman (2002) firmly expresses that Emotional Behavioral Students have to have access to academic and social skills instruction in order for their education to be appropriate. Research indicates that the best way to serve Emotional Behavioral Students is for the school setting to provide means to alter their behavior. To successfully alter the behavior of these students there has to be an incorporation of programs that address student behavior (Kendall, 1986, Lockhart & Hay, 1995). Cartledge and Johnson (1996) explain that an effective program for Emotional Behavioral Students should have within

its content the use of formal sessions several times per week on a continuous basis, implying the need for mental health or psychological services.

Students with EBD eligibility are considered to be more at risk than any other student population. They receive most of their educational services in an interrelated or self-contained classroom. An interrelated classroom, an educational setting provided as a school-based intervention to help EBD students curb their impulses to act out and to increase their academic skills, supports students that are eligible for special education services under the following eligibilities: Other Health Impaired, Specific Learning Disabled, Mildly Intellectually Disabled and Emotional Behavior Disorder. Recent legislation has indicated that students with disabilities should be taught the regular education curriculum as much as possible, so the general education curriculum is the focus of the interrelated classroom (Gunter, Denny & Venn, 2000).

The self-contained classroom focuses on the regular education curriculum as well as working with strategies and techniques that decrease barriers to student learning. The structure of the interrelated class provides a smaller group learning environment and yet, these students miss more school days (18 days per year, on an average), and have the highest dropout rate (about 55% leave school before graduating) compared to any other disability group (U.S. Department of Education, 2000). Also, about 20% of these students find themselves in situations of a legal nature at least once before leaving school and about 58% are arrested within 5 years of leaving school (Wagner, Blackorby, Cameto, & Newman, 2003). These percentages plainly indicate that there is room to question the services that EBD students are currently receiving in the public school setting.

A combined effort by the University of Missouri and the University of Florida identifies dealing with the pre-conditions or causes of emotional problems as having a definite affect on a change in behavior (Sticher, J., & Boyd, B. 2004). Yet, in many states methods of how to address the cause of emotional problems are not factors that are considered in the students IEP (Individualized Education Plan, an education plan designed to meet of the individual needs of the students needing services, including objectives and placement). Many interpretations of IDEA seem to imply that the purpose of Special Education is to teach students with disabilities, without providing assistance for their disability.

Each EBD student has within his or her IEP a Behavioral Intervention Plan. This plan is to help handle inappropriate behaviors and to give teachers some guidance for these students throughout each school year. This plan has three components, target behaviors, intervention strategies, and behavior consequences. A target behavior could be to build and maintain interpersonal relationships with peers. Intervention strategies may include, verbal warning, discussing situation or telephoning parents. Behavior consequences may include warnings, detention, or an office referral. Even though behavior intervention plans are used with all EBD students, it appears that students are receiving varying types of services within the Public school system. This Behavior Intervention Plan, could be more useful if it contained information on how to help a student build and maintain interpersonal relationships. Why is this child having trouble with interpersonal relationships? What is an interpersonal relationship? How do you form interpersonal relationships? An entire school year can come and go and this student will not have answers to these questions. He may understand that if he pushes someone

down, he will get detention; but, he pushes the child down anyway. Why is his solution an inappropriate behavior? It has been said that a psychologist or another mental health provider could help the student find his way to these answers giving him a desire to change his behaviors. This is because in order to teach the child you have to provide assistance for the disability. On the other hand, Swize (1993), identifies the importance as not the disability itself, but in uncovering the barriers that prevent learning from taking place. According to his theory, understanding of the barriers can allow the creation of methods that can reduce or eliminate the impact that a mental disorder has on an educational setting.

Statement of the Problem

Over the years, concern has often been expressed about the right of children with disabilities to have a free and appropriate public education. So much so that public law (PL 94-142) was created. Congress passed Public Law 94-142 in 1975. States had to develop and implement policies that assure a free appropriate public education (FAPE) to all children with disabilities in order to receive federal funds. The term free appropriate education is explained as special education and related services necessary for educating the child. The plan of each state had to be consistent with the federal statute, Title 20 United States Code Section 1400. In 1990, congress passed the Education of the Handicapped Act Amendments, which changed the name of P. L. 94-142. The revised version, called the Individuals with Disabilities Education Act (IDEA), expands discretionary programs, mandates transitions and assistive technology in a students Individualized Education Program, and adds autism, and traumatic brain injury to a list of

special education categories needing more attention. Emotional disturbance and attention deficit disorder are also cited as areas requiring greater support (Travers & Rebore, 2000)

The special education department of each public school system has the primary responsibility for adhering to this law. This department within each school system manages all of the educational and support services available to help aid in the education of disabled students. Both IDEA and section 504 of the Rehabilitation Act mandates have been implemented by many federal regulations and through a number of policy interpretations issued through the U.S. Department of Education (DOE). States receiving Individuals with Disabilities Act (IDEA) funds (currently all states) must make Free Appropriate Education (FAPE) available (U. S. Department of Education, 2000). These services are to be provided by the public school system free of charge to the parent.

IDEA defines children with disabilities as those: having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, and other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, need special education and related services (Subpart A, 5 300.7) as cited in (Daugherty, 2001). Each individual state creates its own interpretation of FAPE. Because IDEA allows for related services necessary for a successful education, we find some states providing students eligible for services due to an emotional disorder access to related services that address or treat their emotional disorder and others that do not. For many EBD students, placement in an interrelated classroom is considered the related service. Therefore, EBD students

who receive special education services in an interrelated classroom may not have access to an appropriate education.

Teachers, parents, and even those in leadership positions are often not included in decision making process that determines placement. They are not asked to express their experiences or concerns. They are simply told that the child has to be placed in the Least Restrictive Environment, an environment that allows children with disabilities to be educated to the maximum extent appropriate with their non-disabled peers. Policies that are developed and that affect students would be more effective if those who have experiences working with students were allowed to express the needs of the students as they see them. Therefore, this dissertation provides a description of classroom practices and related services that are exhibit in an interrelated classroom, a special education setting that is chosen to provide the appropriate education for an EBD student. This gives a picture of the presence of support or lack of support that the two types of EBD students, external and internal, receive in order to have a successful educational experience. Classroom support and available related services identified are compared to what the literature establishes as best practices and related services for EBD students. The major focus of this dissertation is responses from directors of special education programs, teachers, and parents concerning their experiences as well as their expectations for a Free Appropriate Education for EBD students.

This research attempts to assess the Free and Appropriate Education that EBD students are now receiving in public schools. It is the intent of this dissertation to make known the type of instructional support that EDB students are exposed to in an interrelated classroom during the daily scheduled class period and to give teachers,

parents, and directors of Special Education Programs an opportunity to express how the interpretation of IDEA affects the overall progress of EBD students. The data collected gives school leaders a first hand account that can be used when making decisions concerning EBD students. The data collected provides support for the following research questions:

1. What do EBD students receive as the related services mandated by IDEA?
2. What do directors of special education programs think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
3. What do teachers of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
4. What do parents of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?

Purpose

The purpose of this research is to assess the related services available for EBD students based on what the researcher identifies as related services for EBD students. The interrelated classroom setting was observed in order to provide a picture of the classroom practices and related services that are being used in an interrelated classroom from both types of EBD students. These observations aid in the discussion of the use of an interrelated classroom as a related service for EBD students. Selected parents, teachers

and directors of Special Education programs expressed their thoughts or feelings concerning the related services their EBD students now receive. From this study, directors who oversee the Special Education Departments and other decision makers will have the perspectives of teachers and parents to include with other information necessary to form future decisions or policies that concern EBD students. Also, the review of the literature discusses related services for EBD students and the role that related services play in EBD students having a more meaningful education, which ultimately produces successful school experiences for these students.

Rationale

Students with Emotional Behavior Disorders have a difficult time in school. Most school days, they experience some type of consequence for inappropriate behavior, such as, timeout in another special education classroom, silent lunch or office referral. These consequences do very little in the way of producing appropriate behavior. Many school systems across the country are finding it difficult to serve this population, because their behaviors are so disruptive and the current methods of correction are not decreasing the occurrence of disruptive behaviors. However, IDEA provides a way to solve this problem and the provision is with related services. Students who have difficulty with penmanship have sessions with an occupational therapist. Students with speech impairments spend time with a speech pathologist. Measurable improvements are made each year with respect to these two disabilities. The evidence indicates that students with EBD eligibility seem not to have the same opportunities.

Significance of the Study

This study has the potential of providing information that can assist in the development of policies and procedures related to the successful education of EBD students. The United States Department of Education has this population identified as the largest at-risk subgroup, this may suggest that the policies and procedures that now govern the education of this population as well as the implementation of these policies and procedures may need to be reevaluated.

Limitations

The limitations of this study are centered on the sample size used in the investigation. All data will be collected from school districts in the state of Georgia. The initial investigation has only two students as subjects. These two subjects have EBD eligibilities and have been placed in an interrelated classroom for academic services. The later part of the investigation contains nine subjects, three teachers, three parents, and three Special Education Program Directors from three different school systems across the State of Georgia.

Assumptions

It is the assumption that the information gathered from these subjects is a typical representation of EBD situations in the state of Georgia and perhaps may alert other states to look at the problem.

Definition of Terms

Emotional Behavioral Disorder (EBD). refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age appropriate, ethnic or cultural norms that they adversely affect performance

in such areas as self care, social relationships, personal adjustment, academic progress, classroom behavior, or work adjustment (Kauffman, 1991).

Emotional Behavioral Disorder student with external emotions. children who externalize their disorders and become aggressive, antisocial, and under controlled (Meyer, 2004).

Emotional Behavioral Disorder student with internal emotions. children who internalize their problems and appear fearful, inhibited, over controlled (Meyer, 2004).

Education for All Handicapped Children Act (EAHA). provides federal assistance to state and local agencies for the purpose of educating children with disabilities and also places a number of requirements on those agencies if they wish to receive money parents (U. S. Department of Education, 1995).

Free Appropriate Public Education (FAPE). Mandates that all disabled children receive a free appropriate public education, and that a school district must provide special education and related services at no cost to the child or her/his parents (U. S. Department of Education, 1995).

Individuals with Disabilities Education Act (IDEA). The revision of P.L. 94-142, which changed the amendment of the Education of the Handicapped Act. It extends the list of disabilities that are able to receive services (U. S. Department of Education, 1995).

Individual Education Plan (IEP). The method of instruction established by educators for each student receiving special education services. It identifies educational objectives and placement for an individual student (Newcomer, 1993).

Interrelated Classroom. An educational setting provided as a school-based intervention to help EBD students curb their impulses to act out and to increase their academic skills (Newcomer, 1993)

Least Restrictive Environment (LRE). Children with disabilities are to be educated to the maximum extent appropriate with their non-disabled peers. The Least Restrictive Environment ensures that special classes, special schooling or other removal of children with disabilities from the regular education setting occurs only if education in the regular classroom with the use of supplementary aids and services cannot be achieved because of the disability (Kauffman, 1991).

Rehabilitation Act (504). No otherwise qualified individual with a disability in the United States, as defined in section 7(20), shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any executive agency or by the United States Postal Service (U. S. Department of Education, 1995)

Organization of the remainder of the Study

Chapter 2 consists of a review of the literature that is related to educational and related services available for EBD students and what those that have a vested interest in this population have to say concerning the education of these students.

Chapter 3 discusses the methods that will be used to collect data concerning EBD students who are serviced through an interrelated classroom.

Chapter 4 consists of data gathered both from the observations and interviews.

Chapter 5 includes a discussion of the data collected and a summary of the research. It also includes a conclusion and recommendations for additional research.

CHAPTER 2 LITERATURE REVIEW

Introduction

In 1975, the Education for All Handicapped Children Act (EAHCA), became available through public law number, 94-142. In 1990, when this law was reauthorized, it was named IDEA, the Individuals with Disabilities Education Act. IDEA has within it components drawn from both legislation and the rulings from earlier court cases. The key points of the laws are as follows:

1. Education must be provided for all children with disabilities.
2. Education must take place when possible in the least restrictive learning environment.
3. An IEP must be developed to support the distinct disability of the child.
4. This education has to be provided at no expense to parents.
5. Special education procedures must be followed (U. S. Congress, 1993).

Educational services must adhere to the requirements mandated by the State Board of Education. They must include an appropriate preschool, elementary, and secondary education in the state involved, and they are to be provided in such a way as to follow the guidelines of the students IEP, the individualized education program required under Section 1414 (a)(5) of this title. This IEP should include any necessary related services. The term related services means transportation, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluative purposes only) as may be required to assist a disabled child to benefit from special education [(94- 142, Sec. 1401(17))].

The terms emotional disability, behavioral disorder, serious emotional disturbance and emotional behavioral disorder are terms used to describe students who have trouble with adaptation. The term Emotional Behavioral Difficulties was first used with the Warnock Report, a publication by the Warnock Committee and is now used as the accepted term to describe this group (Warnock Committee, 1978). The commonality of these terms is that these children cause problems for themselves, their teachers, peers, or the school as a whole. This maladaptive behavior causes these students to have academic difficulty. When instruction is involved, they exhibit considerably different behaviors than what the school community deems acceptable and they almost always need some type of repeat instruction. A study conducted by Kasen, Johnson & Cohen (1990) indicates that inappropriate behaviors that Emotional Behavioral students display during instruction can become more appropriate if the right conditions were present. These conditions include the presence of sensitive teachers, administrators, and the opportunity for these students to talk about their emotional problems.

There are two types of EBD students. There are children who internalize their problems and appear fearful, inhibited, over controlled and those who externalize their disorders and become aggressive, antisocial, and under controlled (Meyer, 2004). Recent writers tend to agree that there are many factors associated with the causation of EBD and that there is not one factor alone but a group of factors. Adverse conditions at home are a major cause of EBD. Many studies support the fact that children who are labeled as deviant or as having EBD often come from disadvantaged backgrounds. Poverty, emotional tension, delinquent parents, parents with poor child-rearing skills, conflict or violence within the family can all adversely affect emotional development and behavior.

Food intolerance, poor nutrition and the excessive use of sugar have also been suggested as a cause of EBD. Other biological explanations have to do with damage to the nervous systems, which can result in abnormal physical development or performance. This type of damage may occur during pregnancy (exposure to harmful substances such as tobacco, drugs or alcohol) or complications during birth. Malfunction of endocrine glands can affect development as well as abnormal chromosome formation (Meyer, 2004).

According to Daugherty (2001), emotional disturbance that is prevalent over long periods of time can affect a child at various levels of severity. The behaviors that relate to educational performance include the following:

1. Intellectual sensory cannot explain the inability to learn
2. Interpersonal relationships cannot be built or maintained
3. Display inappropriate behavior or feelings under normal circumstances;
4. Have moods of unhappiness or depression;
5. Develop physical symptoms or fears associated with personal or school problems. (p. 177).

Additional characteristics of EBD students may interfere with the teaching process and also the learning of children other than those exhibiting the problems. EBD students often manifest themselves in the classroom in the form of non-cooperative or oppositional behavior. This presents a personal threat to the authority of the teacher and can alter the feeling of competence for the teacher. The threat can also be a major source of stress to teachers. It can lead to circumstances, which produce failure for the student and the teacher. The most commonly cited forms of behavioral disturbance in classrooms take the form of unauthorized student talk, and the hindrance of other pupils from working. Other

forms of behavior that interfere with teaching and learning are aggressive verbal and non-verbal behaviors that directly challenge the authority of the teacher, which can include a physical assault (Newcomer, 1993).

Some believe that all behavior is maintained, changed, or shaped by the consequences of that behavior. Managing and modifying disruptive behavior can be hard for a teacher throughout the course of a given day. The successful implementation of a behavior modification plan should require a clear plan of intervention and the ability to apply the plan with consistency. According to Mather and Goldstein, behavior modification techniques never fail. If failure is experienced, it is because of inconsistency and inefficient application. Because EBD students continue to be a high risk population, it is evident that schools are having problems with either developing appropriate interventions or with the consistency and application of those interventions. Behavior management offers three types of behavior techniques: (a) a focus on prevention, (b) a focus on correction and control and, (c) a focus on treatment. The current plan used in the schools as part of a child's IEP does not have a focus on prevention or a focus on treatment. A school psychologist working with teachers and students can provide opportunity for students and teachers to have access to a complete Behavior Management Plan. To emphasize or increase focus on prevention and treating EBD students could lead to an increase in the students engagement time and this will lead to better performance in the classroom (2001, p. 217).

Appropriate Education for EBD Students

Special educators are in the business of measuring and then improving the abilities of children. This means enhancing their development. Some educators feel that if they do not measure and change the children they serve, they are truly derelict in their duty. This group also believes that educators must become more tolerant of undesirable differences that cannot be changed and become more nurturing, so long as these characteristics do not shorten developmental horizons for the children. After all, the goal is to help these children become more typical, more normal in their social behavior and their academic abilities. Otherwise, more harm is done than good (Kauffman, Mostert, Trent and Hallahan, 2002).

An ongoing debate in special education placement has revolved around the least restrictive environment, a requirement of the Individuals with Disabilities Education Act (IDEA). The law requires school districts to educate students with disabilities as closely as possible with students who do not have disabilities (Yell, 1998). After eligibility for special education is determined, students are placed according to availability of space within the local school. Most school districts have classes established as profoundly intellectually disabled, moderately intellectually disabled, mildly intellectually disabled, self-contained emotional behavioral disorder and interrelated. For students eligible for services under EBD eligibility, placement in the least restrictive environment is in either an interrelated or self-contained classroom. Services rendered in each environment are considered to meet the Free Appropriate Education (FAPE) requirement established under IDEA. This placement is somewhat addressed in Board of Education of the Hendrick Hudson Central School District v. Rowley, where the Supreme Court held that

a Free Appropriate Education (FAPE) was a right of all students in special education. Furthermore, the court ruled that a FAPE was intended to mean more than just access to public school programs. Justice Rehnquist, wrote that a FAPE consisted of educational instruction designed to meet the individual needs of a student with disabilities, supported by such services as needed to permit the student to benefit from instruction. The court noted that the law required that these educational services be provided at public expense, meet state standards, and be consistent with the student's IEP. If individualized instruction allowed the child to benefit from educational services and was provided in compliance with the other requirements of the law, the student was receiving a FAPE. Because of the Rowley Standard, The Supreme Court developed a two-part test to be used by other courts to determine if a school has met its obligations under IDEA to provide a FAPE. First, has the school complied with the procedures of the Act? And second, is the individualized education program developed using the correct procedures reasonably calculated to enable the child to receive educational benefits? (Rowley, 1982, pp. 206-207). If these requirements are met, then a school has met the requirements of FAPE.

Later, the Supreme Court established a slightly different meaningful FAPE standard. Eligible students are entitled to a level of services that are individualized and sufficient for them to benefit from their educational programs. Courts faced with more recent FAPE cases, have begun to rule that the FAPE requirement means more than simple access to an education that reflects minimal benefit. In cases such as Board of Education v. Diamond (1986), the courts ruled that a FAPE must provide meaningful educational benefit for the student and that an education that allowed minimal progress

was insufficient. In *Hall v. Vance County Board of Education* (1985), the U.S. Court of Appeals for the Fourth Circuit found that the *Rowley* decision allowed courts to make case-by-case determinations regarding whether a particular educational program conferred meaningful educational benefit. This caused meaningful educational benefit to be decided individually for each student, because no generic formula could be applied in these cases.

Because there is not a formula giving specific details, differences can exist. The quality of education that a student with a disability has depends on how a state department of education has decided to develop its programs and services in order to adhere to the law. Emotional issues can interfere with a student's ability to take full advantage of the learning experience provided in school (Repie, 2005). Understanding this, some school districts are promoting an education for EBD students that includes academic functioning as well as social and emotional functioning (Cowen, et.al, 1996). This is not the practice in all school districts, therefore, the United State Department of Education reports the EBD student population as the largest at-risk population. Because of this, it may be fair to say that students really are not receiving FAPE, but are receiving an education that provides minimal progress and benefit. In order for an EBD student to receive meaningful educational benefit, the state department has to direct school districts to address the root of inappropriate student behaviors. (Stichter and Boyd 2004), contend that EBD students have antecedents that play a vital role in their behaviors and without accounting for the cause of these behaviors, it is insufficient to suggest that change in instructional task or environment alone can produce long lasting changes in behavior.

The EBD classroom provides schools with a true challenge. The presence of noncompliance and lack of interpersonal skill present behaviors that make it difficult for instruction to take place without disruptions. Among the most challenging and far-reaching behaviors frequently demonstrated by students with EBD is noncompliance (Patterson, Reid, & Dishion, 1992; Walker, 1995). Noncompliance in school situations refers to refusal of or lack of appropriate response to the directive of an adult who has made a request of the student (Walker and Walker, 1991) Non compliance and interpersonal skills are both included in social skills training. Therefore, one could think that social skills intervention should be a standard component of virtually all programming for these students. Self-contained students receive social skills development, but those EBD students who receive their instruction in an interrelated classroom very rarely receive social skills intervention. If they do, it is after they have done something inappropriate. According to a study completed by Fomess, Kavale, Blum, & Lloyd, (1997); Lloyd, (1998) social skills interventions have not shown a large amount of promise. Gresham (1989) argued that social skills interventions for students with EBD must be based on carefully and individually targeted behaviors that serve to (a) promote skill acquisition, (b) enhance skill performance, (c) remove competing problem behaviors, and/or (d) facilitate generalization (p. 41).

According to Walker and Walker (1991), it is best to teach social skills as one would teach any academic subject. This would be done relying on the same effective instructional procedures. The instruction would include social skills instruction with planned response opportunities, consistent feedback on performance, and the use of contingencies, particularly in natural settings where newly acquired skills can be applied.

Teaching both the behavioral management skills and the social skills are the responsibility of the classroom teacher to teach. Gresham (1989) concluded that interventions most acceptable to teachers, and most likely to be implemented are (a) easy to implement, (b) not time-intensive, (c) positive, (d) perceived to be effective by the teacher, and (e) compatible with the context in which the intervention will be employed (p. 45). Unfortunately, many interventions that have proven effective for addressing the behavioral and academic needs of students with EBD do not meet these criteria (Telzrow and Beebe, 2002) and therefore are not likely to be implemented at all. However, if the teacher could receive directives and support from a psychologist, the implementation would become more likely. As it stands, trying to teach the academic curriculum is the primary concern and behaviors are addressed as they arrive. The method of just focusing on academics and addressing behaviors as they occur can take away instructional time and may not support the proper development of the EBD student.

EBD Students and Related Services

Behavior intervention models and social skills curriculum are significant components to the education of an EBD student. This type of intervention has been in place for many years and yet the challenges for educating EBD students remain the same. While, research identifies early detection and intervention of EBD students as a means of helping decrease the number of students who drop out of school and those who become a part of the legal system, (Patterson, Reid, & Dishion, 1992; Walker et al., 1996) the efforts of meeting educational and behavioral needs of EBD students are currently limited. When Congress defined related services, it included support for EBD

students and this support is often overlooked. IDEA included in its definition of related services, corrective, and other supportive services including psychological services.

Examining the academic problems of students with EBD demands attention to both the achievement and behavioral problems, because both inhibit their school performance (Kauffman, 2001). Although academic related behaviors such as attention to task, academic engagement, and academic responding are critical for making students available for learning, improvements in these behaviors may be short-lived if students do not simultaneously receive appropriate support related to the cause of their emotional problems (Broughton & Lahey, 1978). Consequently, interventions must target not only effective instruction designed to enhance achievement (direct instruction) but also learning strategies that enhance student ability to attend to instruction, retain information, and apply knowledge in appropriate contexts. Among instructional strategies, direct instruction has experienced the largest amount of success in history as it relates to enhancing the academic achievement of struggling learners. As Walker, Kavanagh, Stiller, Golly & Severson (1994) argued, there is a small amount of research focusing specifically on academic interventions for students with the serious behavior problems typical of EBD students. Nonetheless, many agree with the assessment that direct instruction has a number of features that are particularly suitable for meeting the challenging needs of EBD students.

An advantage of direct instruction for low-achieving students is that it has to have academic engagement in order to take place. Research has shown that academic achievement is significantly related to academic engagement rates, or the proportion of instructional time during which students are engaged in learning (Greenwood, 1991;

Greenwood, Delquadri, & Hall, 1984). These are critical areas of behavior in which students with EBD often have problems (Walker et al. 1994). The key features of direct instruction are the structure, sequencing, pacing of instruction, the provision of frequent corrective feedback and opportunities for practice of newly acquired skills. It is also necessary to provide unique opportunities for advancing the academic success of students with EBD. Nevertheless, this direct instruction cannot help a student that has lost engagement to an upsetting distraction.

When an EBD student becomes upset, almost anything can happen in the classroom. The student forgets about the class work and the progress that he or she is making and does not even attempt to remember the consequences that are a part of his or her behavior plan. That child is out of control and school is basically over for that day. An occasional occurrence would make this a minor situation, but the situation is not occasional, in some capacity it happens every week. Therefore, academic engagement is lost each week. What triggers this inappropriate human behavior? The response to this question could very well be answered by a psychologist or mental health provider, which would surely provide more help than establishing and emphasizing the consequences of a Behavior Intervention Plan alone.

The discussion of psychological services for EBD students existed long before our present time. The concerns for the mental and physical health of students date back to the early 1900s. In the 1920s, mental health programs were established in schools. The staff of these programs consisted of one psychologist, three psychiatric social workers, speech pathologists and teachers. A child that was referred was carefully studied and a plan of action was developed. Specific instructions were given on behavior management,

and a social worker would help carry out the program by visiting the home and the classroom. However, by the time the depression set in, funds for these services were taken away. From that time to the present, funding is still the excuse that is used to justify the lack of service for EBD students provided by a school psychologist.

School psychologists can develop, implement, and evaluate joint school-community intervention plans. They can serve as coordinators for interagency programming and act as liaisons to families. The advantages of these plans are the psychologist's combination of resources and integration of service provision. School psychologists can consult with teachers about effective instructional and behavior management strategies, provide preventive mental health services and counseling for students having difficulties. They can also serve as liaisons with parents about program specifics to increase involvement and ownership, encourage administrators to support team problem solving. The presence of a psychologist can encourage an atmosphere in which the staff assumes responsibility for all children, ensures quality, high standards for learning and behavior, and evaluate program outcomes (Kauffman, 2001).

To be effective mental health services providers, school psychologists must be prepared to engage in a wide spectrum of activities (prevention, treatment, consultation, counseling, research, collaboration, and assessment) applicable to the general population and to students manifesting behavioral and academic difficulties. National Association of School Psychologist's Blueprint for Training and Practice (Ysseldyke, Dawson, Lehr, Reschly, Reynolds, & Telzrow , 1997) envisions school psychologists as possessing a high level of expertise in four areas: data based decision-making and accountability; legal, ethical practices and interpersonal communication; collaboration, and consultation;

and student diversity in development and learning. All four areas are desperately needed in schools across the country. If this was not the case, the U.S. Department of Education could not report statistics identifying EBD students as the highest at-risk sub-group.

Several trends are coming together that will influence school psychology practice in the future. There are models and expectations for school psychological services that can change the way things are currently done (Ysseldyke et al.1997). The traditional refer-test-place models are insufficient to meet continuing and expanding expectations regarding the roles of schools in promoting mental health in classrooms, homes, and communities and in improving achievement for all. Refer-test-place and the other traditional models of cognitive process assessment have failed to meet the needs of modern schools, teachers, parents, and students. There is truly a need for alternative models driven by outcomes, drawing upon evidence-based interventions, applied through problem-solving processes, and evaluated by a certain criteria will be increasingly demanded through changes within the profession and through policy and legal requirements outside of school psychology. Behavioral interventions have been critical in stimulating these developments and crucial to implementing more effective services in the future (Reschly, 2004). If lawmakers do not realize the enormous impact of school psychologists upon the emotional and academic success of students and the overall health of the community, EBD students will continue to be referred to as the highest at-risk sub-group.

Evidence has suggested that the development of behavioral disorders can be less dramatic if intervention is provided early and intensively (Shinn, Walker, and Stoner, 2002). Longitudinal studies have shown that students who are identified with behavioral

disorders have recognizable problem behavior even before entering first grade and that these problem behaviors are stable through three and six-year follow-ups (Achenbach, Howell, McConaughy, & Stranger, 1995; McConaughy, Stranger, & Achenbach, 1992). Also, research has shown that preventive efforts can break this cycle (Shinn et al. 2002). Those who are involved remain reluctant to intervene early. In fact, Kauffman (1999, p. 462) listed a number of ways that professionals interfere with the prevention of EBD eligibility, including resisting labeling for fear of stigmatization, refusing to invest resources in prevention programs, and denying the deviance of children's behavior for reasons that may be associated with age development (p. 451). Even with this reluctance, there are students being identified in the early primary years, and those should receive more support than what is currently available.

When asked, most educators would like to see EBD students receive psychological services, but have been told that psychological services are the responsibility of the parents. Contact with a psychologist usually takes place during an initial evaluation. If psychological counseling and/or diagnostics are identified as a corrective and supportive service then it should be more accessible to EBD students and their teachers. School psychologists are important because they have knowledge of the human mind and human behavior. An ideal situation has the school psychologist interacting with teachers and staff members at all levels to resolve student learning and behavior problems (Dwyer, 1995). It has them collaborating with the entire school community to improve every aspect necessary for the success of the students. In order for teachers to effectively manage and change behaviors in the classroom, this is what is needed on a much larger scale, not in some schools, but in all schools.

There is a need for school psychologists to disseminate information to teachers about the mental health programming in which they are involved. It has become critical that school psychologists provide this information to colleagues so they can better help implement, and evaluate programs. This also will provide evidence to administrators and lawmakers that programs can be effective in reducing mental health and academic difficulties. School psychologists can build coalitions with supportive groups or interact with existing advocates who have roles in community-wide delivery of psychological services to gain support of community leaders (Dwyer, 1995).

The Presence of School-Based Mental Health Services

Assistance for Emotional Behavioral Disorder (EBD) students can be found in the Individual with Disabilities Education Act (IDEA). This Act mandates the provision of mental health services to be available as a related service to students in need of this service. However, in most cases, if an EBD student is receiving mental health services it is through mental health agencies outside of the school setting. In-school interventions for EBD students as stated earlier are provided in the form of a self-contained or interrelated classroom. The interrelated classroom as an in-school related service makes available the opportunity for the special education teacher and the regular education teacher to consult one another concerning the academic and behavioral progress of the EBD student. This collaboration has not produced measurable gains (Newcomer, 1993).

Even though there is a mandate through IDEA for mental health services, the scope of available mental health services as a related service within the school setting varies from place to place, but there is a presence of school-based mental health services. According to Schlitt (2003, as cited in Repie), there are over 1500 school-based mental

health centers located throughout the United States. In a study conducted by Michael Repie through George Mason University in Falls Church, Virginia, regular education teachers, special education teachers, school counselors, and school psychologist were asked to discuss the mental health services in their schools. The study involved 413 participants from all 50 states and the District of Columbia. School-based services were described as individual counseling services, evaluation of emotional or behavioral problems, and crisis intervention (Repie, 2005). The participants were asked, in their opinion, if the mental health services in their school were effective in meeting the mental health needs of their students. Descriptive statistics displayed differences in the rating of school-based services. Regular education teachers found the services to be least effective, followed by special education teachers, school psychologist and then school counselors. Participants were in support of mental health services in their schools, but believed that more measures are needed in order to provide effective school-based mental health services (Repie, 2005). This study acknowledges the fact that there are school districts throughout the United States making an effort to provide mental health services as a related service within the schools.

School-based mental health programs should encompass the strong points of both the classroom and clinical prevention techniques (Aldeman & Taylor, 2003). This is stressed in a study conducted by Annette Bailey in 2003. Bringing to the forefront Maslow's hierarchy of needs, she emphasized that emotional needs are connected to the academic success of EBD students and if these needs are not met, then these students will not reach their academic potential. Her study examines the characteristics of school-based mental health programs clarifying the existence of school-based mental health services

within school districts across the country. This research used the case study approach to describe school-based mental health practices and made a comparison between school-based mental health services and non-school-based mental health services. Participants were randomly selected from the UCLA school mental health project mailing list. Data was collected using a self-report survey designed especially for this study. Discrepancies were found between the two types of services. The differences were found in prevention, early intervention and risk reduction activities. Non-school-based programs were revealed as the strongest provider. Again finding school-based programs to compare with non-school based programs reiterates that there are school districts making an effort to provide related services necessary to aid in the education of EBD students (Bailey, 2003)

Abdall-Haqq, (1993), identified the school as a hub for a network of services. He describes school-based psychological services as a coordinated approach used to address the emotional and behavioral needs of students. He believes that school-based mental health services when developed and implemented appropriately can benefit school districts and will ultimately benefit society. This is highlighted in a study conducted by Robert Franks (2000) through Boston College. Three programs were identified and used in the study. The first was Yale Child Study Center in New Haven, Connecticut. This program used collaboration between school and community mental health programs. Mental health professionals were placed in the school setting to provide psychological services. The second was Vanderbilt school-based counseling program in Nashville, Tennessee. This program offered behavioral and psychiatric consultation and clinical services. The third was in California, offering services through collaboration between school social workers and other mental health professionals. This research also used the

case study method and data was collected using an instrument developed by Adelman and Taylor. There were 24 participants comprised of parents and school personnel. Each was interviewed concerning their involvement in the respective programs. The common thread of all programs was that they made an effort to meet the needs of EBD students. Parents had concerns related to confidentiality, stigmatization and communication, but felt that the programs were working well. They stressed that having school-based mental Health services made things practical and convenient and they were appreciative. School personnel had concerns related to communication and contact with the clinician, but were highly supportive of their school-based mental health programs and were pleased with the achievements of the programs (Franks, 2000).

Conclusion

School psychologists can assume critical roles in counteracting the problems regarding mental health service provisions for children and youth. The political and social climates are appropriate for instituting school-based reform. Information and resources about effective programming are available. School psychologists have the expertise to provide leadership in efforts to improve mental health service provision, and should be involved in program design, implementation, and evaluation. It is important for school psychology in the coming years to become more visible and collaborate more with colleagues about mental health programming.

There is a need for mental health programs to become the norm rather than the exception. There is also a need to move from talking about how to expand the role of school psychologists to actually engaging in activities that reflect this role. By establishing effective changes, school psychologists can substantially improve the mental

health status of all students and fulfill the roles and functions the profession has long aspired to perform. As schools and educators face greater and more frequent behavioral challenges (Walker, Fomess, et al., 1998; Walker, Kavanagh, et al., 1998), questions remain about the capacity of both general and special education teachers to deal with the most difficult students they encounter. Unfortunately, it appears that many, if not most, teachers are inadequately trained to intervene and effectively manage the more serious behavioral and instructional challenges that students with EBD are likely to present (Kauffman & Wong, 1991). A School Psychologist could assist these teachers. For example, there is evidence that when teaching students with EBD in general education classes, many teachers do not modify their instructional or management techniques (Meadows, Neel, Scott, Parker, 1994). Here, the school psychologist as a consultant could step in and provide the teacher with further insight on how to modify instruction for these students. A teacher is more apt to remember the relevance of this knowing that there is someone else directly interested in helping with the success of instructional modifications.

CHAPTER 3. METHODOLOGY

Introduction

This investigation was conducted using qualitative research methods. Qualitative research involves interpreting non-numerical data with the aim to understand the world through the eyes of the participants who live and work in this world. This research must occur in a natural setting (Bogdan & Biklen, 1982). Qualitative research implies a direct concern with experiences as they are lived or felt. Observations were the initial approach to this qualitative inquiry. An observation is done to shed light on a phenomenon, which is the processes, events, persons, or things of interest to the researcher. Each phenomenon has many aspects. The phenomenon in this case is the education of EBD students. This study included the observation of the two types of EBD students (internal and external) in an interrelated classroom. The students were observed for five days in their interrelated classrooms. It is the intent of this research to provide a description of what services EBD students receive daily in an interrelated classroom where access to an education with maximum benefit may not exist. These observations were an effort to bring to the forefront information that can aid in the discussion concerning FAPE for EBD students. The second half of this investigation included interviews with three Directors of Special Education programs, three teachers of EBD students and three parents of EBD students coming from three different school districts across the State of Georgia.

The purpose of these interviews was to gain insight into the perception of the current education of EBD students. Interviewing is a data collection method in which the researcher or interviewer asks questions of the research participant or interviewee. Each participant was asked standardized open-ended questions relating to their thoughts

concerning the way the Department of Education in the state of Georgia has interpreted and implemented FAPE for EBD students. Interviews are chosen as the data collection method because interviewing can bring a case to life with thick description. It is the belief of this researcher that this thick description is what is missing from the current decision making process. This investigation allowed the participants an opportunity to share their views and experiences concerning the education of their EBD students and their perspective as to the need for other related services in the successful education of EBD students. This researcher sought to determine whether the related services now available for EBD students are the related services needed for these students to have a successful educational experience. It also sought to give those that are directly involved in the education of these students a chance to share their thoughts as to whether or not EBD students are receiving an education that provides appropriate related services. The data collected was to respond to the following research questions:

1. What do EBD students receive as the related services mandated by IDEA?
2. What do directors of special education programs think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
3. What do teachers of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
4. What do parents of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?

Selection and Participation Process

Students

A local school principal was contacted for permission to observe EBD students in an interrelated classroom. It was requested that the chosen classroom provide an opportunity for this researcher to observe both types of EBD students (internal and external). The special education department chairperson selected the classroom and students to be observed. The chairperson was asked to provide background information from the students' psychological reports. The students were observed for five days and the presence of related services and behaviors were recorded. The class was told that they would have a visitor in their classroom for a week. Students were not singled out nor were they told the reason for the visit.

Parents

The annual meeting held for the parents of special education students was attended by this researcher. During this meeting, parents of EBD students were asked to participate in the study. The selection of parents came from those that expressed an interest in participating. The parents that were chosen were such that they represented three different school districts across the state of Georgia. Follow-up telephone calls were made to schedule a time for each interview.

Teachers and Special Education Directors

The Georgia Department of Education website was used to identify Special Education Directors of school districts that represent different geographic locations within the state. Once randomly selected, they were contacted by telephone and asked

for their participation. Local school websites were used to locate teachers in different geographic areas. Telephone calls and e-mails were used to make contact with these teachers. Interviews were scheduled with each of the three teachers.

Description of Participants

Using the process described above, participants were selected. The descriptions of participants of this study were limited in order to protect the privacy of each individual as well as the location of each school district. Because it is easy to use basic geographic or demographic information to locate a school district and then a school, only information concerning work history is provided for teachers and Special Education Directors.

Background information on students was taken from the students' psychological report. Information on the parents' background was not included because one of the causes of Emotional Behavior Disorder is the home environment. This is an attempt to eliminate defensive behaviors coming from the parents. The purpose of their inclusion is only to gather information on their experiences with the education of their EBD children.

Student 1 exhibits external behaviors. She lives with her biological father, stepmother, two biological siblings and two step siblings. She does not remember ever seeing her biological mother. She was referred to special education for speech in the first grade, but at that time there were no signs of any other problems. Behavior problems did not surface until the fifth grade. Her behavior problems have continued up to her present school year. She is often angry. She is quick to become confrontational. She has received many discipline referrals for fighting as well as rude and disrespectful behavior. She is not able to maintain relationships. She often shows moods of unhappiness or depression

and often becomes ill when faced with certain situations. Academically, she functions below grade level and attendance is average.

Student 2 exhibits internal behaviors. He lives with his mother and sister. His parents are divorced and his father lives in another state. He was sexually abused at the age of three by a family member. He is generally withdrawn and puts forth very little effort in class. He will sometimes interact with classmates, but prefers not to interact with them most of the time. He makes comments about wanting to be dead and hating school, but will not talk when he is asked to express his concerns. He reads on grade level and could do well in school, but chooses not to function. His attendance in school is above average.

The teachers participating have very different backgrounds. Teacher 1 has ten years of teaching experience. She has worked only with EBD students and has worked in two different school districts. Teacher 2 has eleven years of experience of which only two have been in special education as an interrelated teacher. She has worked in three different school districts. Teacher 3 has seventeen years of special education experience. She has worked with self-contained and interrelated students. She is currently working with an inclusion program. She has worked for one school district in the state of Georgia and has experience working in school districts outside the state of Georgia.

Each of the Directors has worked in their respective school districts for many years. Director 1 worked as an EBD Teacher for twenty years and has held the director position for five years. Director 2 worked as an interrelated teacher, a special education coordinator and now as special education director. All twenty-two years of experience are within the same school district. Director 3 has worked in two different school districts

within the state of Georgia. Five of the years were as an EBD teacher in one school district and seventeen in the other. The last 9 years have been as the Director of special education.

Instrumentation

The use of interviewing as a data collection method offers advantages as well as disadvantages to this study. Interviewing can bring a case to life with thick description. It allows the opportunity for the researcher to make changes during the data collection process including clarifications of vague statements and reframing the research question. The disadvantages of interviews are that it is difficult for the interviewer not to influence the answers of the respondents and it can be difficult to keep their identity anonymous (Gall, Gall & Borg, 1999).

Validity, Reliability and Analysis of Interviews

Standards of validity and reliability apply to interviews just as they apply to other data-collection instruments in educational research. Reliability refers to consistency or stability. Validity is a judgment of interpretations that are made on actions or results. In qualitative research, the interview is more commonly used because it permits open-ended exploration of topics and collects responses in the words of the respondents. However, researchers express differences in opinions when it comes to the validity and reliability of interviewing. Some believe that the same type of criteria that is used for quantitative research can be used: construct validity, internal validity, external validity and reliability. While others believe that the overall validity does not fall under or follow the traditional guidelines of quantitative research. Those who believe this way express validity and reliability in terms of its usefulness, contextual completeness and its authenticity

(Altheide & Johnson, 1994). Data collected from interviews is considered valid if it is useful in the sense that it enlightens or liberates those who read its findings. Contextual completeness emphasizes the need for the phenomena to be set within context. The physical setting, openness to a voice that is not unified and the inclusion of unarticulated parts of the conversations are all features of contextual completeness. According to this concept, if the written documents report the exact details of what actually happened or what was actually said, then it has authenticity. Even though researchers often inconclusively discuss the various notions of validity and reliability, they agree that it is important to establish validity and reliability when using qualitative research (Gall, Gall & Borg, 1999).

Construct validity and external validity can be found within the content of this study. The observations took place following the guidelines of one observational at a time and the questions that were used in the interviews are specific to the phenomenon being studied. The process of this study can be generalized to fit other situations, which can increase the chances that the findings can be generalized to similar cases, thus addressing external validity. Even though portions of the traditional methods of validity and reliability can be applied to this study, Altheide and Johnson's (1994) ideas of usefulness, contextual completeness and authenticity are more feasible. The observations are useful to the overall study because they bring forth a clear and current picture that relates to the discussion as to whether or not there is a need for EBD students to receive additional services in order to have a more meaningful education. The responses from the participants are expected to grant liberation because the participants have taken advantage of the opportunity to speak. This study is also expected to enlighten those who

will read its findings. Along with this, each phase of the research was designed to capture all data as it is presented adding validity through contextual completeness and authenticity.

The analysis for this study followed the manual format of an Interpretational Analysis. This type of analysis searches for patterns and themes in order to find ways to describe or explain the phenomenon being studied. Using this format, the responses to all questions began with its original grouping, teachers, parent and directors. Teacher responses were compared to one another. The same applied to parents and directors. Data was segmented by questions and categories developed from responses. Once this was done, teacher responses were compared to those of the parents and directors. Parent responses were compared to those of teachers and directors. Director responses were compared to teacher and parent responses. This was done in order to produce a strong analysis of the defined categories. A conclusion was drawn from each category and a summary developed.

The selected components of qualitative research methods were such that knowledge with validity and reliability could be gained from this investigation. The interrelated classroom was observed using a checklist that was designed using the interventions that research identifies as practices that can improve the overall performance of EBD students (Frey & Nichols, 2003).

Figure 1

Interrelated Classroom Observation Checklist

Related services	Evident	Some What Evident	Not Evident
Functional Behavioral Assessment: determine student need			
Goal Setting: engaging student in behavior planning			
Contracting: align goals to reinforcers			
Positive reinforcement: reward target behaviors			
Group contingencies: reward group for individual behaviors			
Cross-age tutoring: Matching EBD students with younger student			
Peer-mediated tutoring: Matching EBD students with same age peer			
High probability request: identify task that can be completed			
Choice making with limits: providing EBD student with choices			
Self evaluation: require EBD students to record personal performance			
Counseling by social worker			
Counseling by psychologist			
Psychologist assist in developing behavioral			

intervention strategies			
Individual or group counseling by guidance counselor			

During the interviewing process, each group of participants was asked to express their thoughts on 6 questions. The questions that were asked are as follows:

Teachers

1. What actual services are your EBD students receiving due to the Free Appropriate Education mandated by Individual with Disabilities Education Act?
2. What services should be provided for your EBD students according to the Individual with Disabilities Act?
3. What services does your school district offer for your EBD students?
4. What special education and related services would you like to see available for your EBD students?
5. How has the interrelated classroom had an impact on your students' academic progress?
6. How has the interrelated classroom had an impact on your students behavioral progress?

Parents

1. Upon the receipt of your child's EBD eligibility report, what did you believe to be the needs of your child?

2. What special education services does your child currently receive?
3. What types of related services do you think would help your child's needs?
4. Have you ever considered asking for the provision of mental health services as a related service for your child? Why or Why not?
5. What impact has the interrelated classroom had on your child's academic progress?
6. What impact has the interrelated classroom had on your child's behavioral progress?

Directors

1. What does your school district offer as related services for EBD students?
2. U.S. Department of Education identifies EBD students as the largest at-risk subgroup. What could be done additionally to service EBD students?
3. What types of services have teachers requested for EBD students in your school district?
4. What characteristics do you believe are missing from the current program?
5. How has the interrelated classroom had an impact on your students' academic progress?
6. How has the interrelated classroom had an impact on your students' behavioral progress?

A pilot study was conducted to test the procedures and the clarity of the questions to be used to carry out this study. Each group reported that the questions were clear and made no recommendation for changes. The responses provided for each questions indicated

that the pilot participants understood the questions. Following the qualitative research method described above, this study attempts to give a voice to those who are rarely heard.

CHAPTER 4. PRESENTATION OF FINDINGS

This chapter presents the data gathered from both classroom observations and interviews. First, the findings from the classroom observations of the two types of EBD students (internal and external) in an interrelated classroom setting are presented. The observations took place over a 5 day period. The purpose of the observations was to provide a description of what services EBD students receive daily in an interrelated classroom. The observation checklist identified in Chapter 3 was used during the classroom observations with both the internal and external students. If the observations indicated that a service was evident or somewhat evident, that service is described within the situation or circumstances in which it was observed. Beginning with student 1, the following information was gathered.

Student 1 is serviced in a language arts interrelated class. The class meets daily from 11:15 a.m. until 12:20 p.m. The appearance of the classroom was that of a regular education class with the exception of size. The classroom could seat 11 students, but there were only 9 students in this particular class. On the front board in the right hand corner, portion of the discipline plan concerning infractions was posted. The school rules were posted on the back wall. However, this class seemed difficult to manage. After the teacher settled the class down, she began instruction on personal pronouns. Student 1 was very disruptive. She would not stay in her seat and imposed unauthorized talk continuously. The teacher's responses to these behaviors made evident choice making with limits. The student was given the choice to settle down and remain in class or go to timeout in the self-contained classroom. The student would not settle down and was sent to timeout and lost the entire class period of instruction.

The next day, student 1 barged into the classroom and slammed her things on the desk and said “I can’t stand those bitches.” “Why can’t they just leave me the fuck alone?” The teacher gave a verbal warning. “I don’t care about that shit,” was the response. The teacher reminded student 1 of the goals that they had set for the week. This interaction produced evidence of goal setting. This incident resulted in the student being removed from the classroom. During the end of each class, the teacher passed out merit stickers. This provided evidence of positive reinforcement. However, the EBD student did not seem to respond to the positive reinforcement.

During the next observation, the students came into class playing and laughing. Class began with vocabulary and an audio version of the story for the week. Students were instructed to follow along in their books as they listened to the story. During the story, student 1 dropped her pencil on the floor, got out of her chair to get the pencil and hit another student with the pencil. The student who was hit did not respond, so the class was not interrupted. After the story, the students were instructed to work in groups. The teacher paired the students and passed out materials. They were to create illustrations for the plot, setting, and main characters from the story. This activity was the evidence for group contingencies, which is rewarding the group for individual behaviors as well as evidence of peer mediated tutoring, which is matching EBD students with the same age peer. Student 1 refused to open her literature book. The class was very calm. Student 1 complained that the work was too much and she could not do it all. The teacher encouraged her but she was very upset. “Every time I understand you change the rules.” The teacher calmed her down with encouraging words and gave her one part of the assignment at a time. Once one part of the assignment was complete, the teacher returned

to her with praise and coaxed her to do more. The other students remained calmed, so the EBD student’s tantrum did not disrupt the entire class period. This was the evidence of high probability request, which is to identify a task that can be completed. Each item is presented in Figure 2.

Figure 2

Observations student 1- External Behaviors

Interrelated Classroom Observation Checklist

Related services	Evident	Some-What Evident	Not Evident
Functional Behavioral Assessment: determine student need			X
Goal Setting: engaging student in behavior planning	X		
Contracting: align goals to reinforcers			X
Positive reinforcement: reward target behaviors	X		
Group contingencies: reward group for individual behaviors	X		
Cross-age tutoring: Matching EBD students with younger student			X
Peer-mediated tutoring: Matching EBD students with same age peer	X		
High probability request: identify task that can be completed	X		
Choice making with limits: providing EBD student with choices	X		
Self evaluation: require EBD students to record personal			X

Emotional Behavioral Disorder

performance			
Counseling by social worker			X
Counseling by psychologist			X
Psychologist assist in developing behavioral intervention strategies			X
Individual or group counseling by guidance counselor			X

During the observation of student 1, there were only 6 of the items from the observation checklist evident. They were goal setting, positive reinforcement, group contingencies, peer mediated tutoring, high probability request and choice making with limits.

Next, student 2 which has internal emotional behaviors was observed in a math interrelated classroom. The same teacher taught both classes. The class meets daily from 2:15 until 3:10 p.m. The structure of the class itself uses differentiated instruction. There were 6 students in this class. Before class began, a folder was placed on each desk. When the students arrived, they were seated and directed to open their folders and begin working. The teacher used a rolling chair and moved from student to student. All students began working except this student. He opened the folder, but did not begin working. The evidence of group contingency came through the teacher’s verbal encouragement indicating that the whole class was working towards points that they could earn by the end of the class period. Student 2 did not respond. Although this resource was offered in the class, he sat in the desk and just stared. A little later there was a knock at the door and one of the students in the class went outside of the door to work with a peer tutor appointed by the counselor. This was the evidence of peer mediated tutoring. The teacher approached the desk of student 2 and his head was down

lying on his arm with a blank stare on his face. He was asked to sit up and they completed some of the assignment together. Then he was asked to complete two items at a time on his own. This was the evidence for high probability request. Student 2 worked slowly, but made an effort to complete the task. During the last class period observation, the student was allowed to make a choice to work with a partner or continue working independently. He chose to work alone not to work with a partner. This was the evidence for choice making with limits. The last two items became evident during the time the teacher spent working with student 2 individually (see Figure 3).

Figure 3

Observations of student 2 – Internal behaviors

Interrelated Classroom Observation Checklist

Related services	Evident	Some What Evident	Not Evident
Functional Behavioral Assessment: determine student need			X
Goal Setting: engaging student in behavior planning			X
Contracting: align goals to reinforcers			X
Positive reinforcement: reward target behaviors			X
Group contingencies: reward group for individual behaviors	X		
Cross-age tutoring: Matching EBD students with younger student			X
Peer-mediated tutoring: Matching EBD students with same age peer	X		
High probability request: identify task that can be completed	X		

Choice making with limits: providing EBD student with choices	X		
Self evaluation: require EBD students to record personal performance			X
Counseling by social worker			X
Counseling by psychologist			X
Psychologist assist in developing behavioral intervention strategies			X
Individual or group counseling by guidance counselor			X

For student 2, there were only 4 items from the checklist present: group contingencies, peer mediated tutoring, high probability request and choice making with limits.

From the observations, the EBD student with the external behaviors was often off task and aggressive. The EBD student with the internal behaviors was non-responsive throughout most of the observations. The teacher was not able to engage this student very much. Although there was evidence of items used from the checklist, the students did not appear to be helped by their use. It is evident from the observations that both types of EBD students lose instructional time during the course of a week.

Interviews

Following the process described in Chapter 3, 7 of the 9 participants were interviewed. The interviews were taped and the tapes were transcribed using the exact words from each interviewee. The two participants who were not interviewed asked for the questions and time to answer them in private. In response to the preference of writing

out the answers and then presenting them to the researcher, the participants were granted their request to write out their responses and then submit them to the researcher.

The purpose of these interviews was to gain insight into the perception of the current education of EBD students. Each participant was asked the standardized open-ended questions presented in Chapter 3. In responding to these questions, participants shared their thoughts concerning the way the Department of Education has interpreted and implemented FAPE for EBD students. The questions are presented first and then the response from each member of the group, teachers, parents, and directors. Again, each interview was taped and the tapes were transcribed recording each interviewee's exact words.

Teachers

Question 1: What actual services are your EBD students receiving due to the Free Appropriate Education mandated by Individual with Disabilities Education Act?

Response:

Teacher 1

“We have services through self-contained classes and interrelated classes. These classes allow them to receive the modifications that they need according to their IEPs. Students in self-contained classrooms are exposed to social skills training and the use of affective curriculum. This curriculum is a school curriculum that works with the student's emotions and self-esteem. We have services available through the local mental health department. Counselors provided a resource list to parents who ask for available services.”

Teacher 2

“EBD students are offered a self contained classroom instruction with a teacher and paraprofessional. Those that are not placed in a self-contain classroom are place in an interrelated classroom or in the regular education classroom with the special education teacher working collaboratively with the regular education teacher. The self-contained classroom has a low number of students in the classroom which allows the students plenty of space to learn at a pace that fits their personality. There are counseling services available for the students that are struggling with emotional issues.”

Teacher 3

“In my school district, there are options for self-contained and those for collaborative classrooms. Interrelated classroom are not used. In my school, there are two self-contained classes, one for grades sixth, seventh grade and one for eighth grade. The other EBD students in the school are in the regular education classrooms and have their instruction in a collaborative setting. With the self-contained students, we try to get them into one or two regular education classes so that they will have some experience in this area. We find that some are capable of handling the regular classes and some are not capable. In additions to those classes, some of our students participate in group counseling with the school counselor and some of them meet with people outside of the school. Those who meet with people outside of the school are able to do so because their parents have initiated their participation. There is not a psycho education center for students that fall in between. There is a facility for students with extreme behaviors, but it is not part of the school district. Interaction with the school psychologist includes initial testing and re-evaluations.”

Table 1 Teacher responses to: What actual services are your EBD students receiving due to the Free Appropriate Education mandated by Individual with Disabilities Education Act?

Participant	Response
Teacher 1	self-contained and interrelated classes
Teacher 2	self-contained, interrelated and collaborative classes
Teacher 3	self-contained and collaborative classes

Each of the teachers reported that self-contained and collaborative classroom settings were used to assist EBD students. Two teachers reported the use of an interrelated classroom setting as a means of supporting EBD students. Students who have their instruction in the self-contained class have access to social skills training and the affective curriculum. Those students who have their instruction in the interrelated classroom do not have access to these services unless the teacher has experience in either of the two and chooses to incorporate the training into the structure of the class. EBD students who have their instruction in the interrelated classroom receive the least support for their emotional disorder. Two teachers expressed that their school districts provide some type of counseling services while the third indicated that counseling services are only suggested by providing parents with a list of local available mental health services. Therefore, the actual services that EBD students currently receive are placement in the self-contained classroom setting, the interrelated classroom setting, the collaborative classroom setting and some counseling as shown in Table 1.

Question 2: What services should be provided for your EBD students according to the Individual with Disabilities Act?

Responses:

Teacher 1

“IDEA does not dictate services for students with average IQ’s. The guidelines are not specific. It is up to the state and the state filters it down to the school districts for interpretation. But, I believe that IDEA intended for EBD students to receive psychological services. I would like to see both groups, interrelated and self-contained benefit from social skills training. I think that these students should have group sessions by the school counselor and some type of interactions with mental health services. I think that what we provide academically is sufficient to address their academic needs, but we do not make very much progress most of the time because we do not have enough support for their emotional needs. I think that because their disability is emotional, they should be entitled to services that provide emotional support. Our psychologist should initiate something that deals with the student’s emotional disability.”

Teacher 2

“The Individuals with Disabilities Act intended for students with the disability of EBD to be allowed a free public education in all of the public schools in the United States. The goal of this act is to allow EBD children to interact as much as possible with the regular education students. However, educating these students based on their levels of achievement despite their emotional problems is difficult. I find that they stop themselves and others from learning. Many of the daily behaviors that they display in the classroom are not appropriate behaviors and I do not believe that what our school system

provides help in anyway. I believe that mental health services should be provided automatically by the school district for all students labeled with EBD. It should be mandated by and funded by the state.”

Teacher 3

“Emotional Behavioral Disorder Students should have the modifications they need so that they can function in the regular classroom. I think that part of their program should include counseling. Currently we identify Emotional Behavioral Disorder, but we don’t deal with it. It is not enough to say we are going to provide you with a smaller classroom setting and this will help you learn better. For the moderately or severely impaired students, we are helping them learn to function in the world. This is not so for the EBD students. A smaller classroom to learn is not all that they need. They have underlying issues that need to be dealt with to really help the emotional side. For the behavioral side, we need to find out the root of the behavior and often that does not happen. I believe that when students receive an EBD eligibility, they need to receive some form of counseling to help them overcome it. Because without it, whatever success the student experiences will not last.”

Table 2 Teacher responses to: What services should be provided for your EBD students according to the Individual with Disabilities Act?

Participant	Response
Teacher 1	psychological services, social skills training, and group counseling sessions
Teacher 2	mental health services
Teacher 3	counseling

Table 2 indicates that each of the three teachers agrees that EBD students should have services that address their emotional needs. The teachers said these support services should include social skills training, group sessions with school counselor and mental health services initiated by the school counselor or school psychologist.

Question 3: What services does your school district offer for your EBD students?

Responses: Teacher 1

“Our district makes every effort to educate EBD students in the least restrictive environment. It allows them to receive the modifications that they need according to their IEPs. Self-contained students are offered social skills training and the use of affective curriculum. This curriculum is a school curriculum that works with the student’s emotions and self-esteem. Community health services or some type of free mental health services are suggested to parents. There are services available through the local mental health department. Counselors provided a resource list to parents that ask for available services.”

Teacher 2

“Emotional Behavior Disordered students are offered a self contained classroom instruction with a teacher and paraprofessional. This classroom has a low number of students in the classroom which allows the students plenty of opportunity to learn at a pace that fits their personality. There are counseling services available for the students that are struggling with emotional issues.”

Teacher 3

“In my school district, there are options for self-contained and those for collaborative classrooms. In self-contained, I don’t think they are getting everything they need simply because of the multiple grade levels. If you have multiple grades in a self-contained class, you have to structure class differently. This can cause students to lack the attention that they need. Even in the collaborative classroom, an EBD student may not understand concepts being taught, but will not speak up. Many times things go over their heads. They don’t want the other students calling them SPED or other names. When you do have self-contained environment, it would be better to have one for each grade so that you can focus in on their specific needs. If they are included within the regular education classes, they should have a set part of the day where they can go and review the content from regular education classes.”

Table 3 Teacher responses to: What services does your school district offer for your EBD students?

Participant	Response
Teacher 1	self-contained classes / mental health services are suggested
Teacher 2	self-contained classes / counseling services
Teacher 3	self-contained classes and collaborative classes

The services that teachers identify for their EBD students are placement in the self-contained classroom setting, the interrelated classroom setting, the collaborative classroom setting and some counseling. These are shown in Table 3.

Question 4: What special education and related services would you like to see available for your EBD students?

Responses:

Teacher 1

“I would like to see group sessions by the school counselor for the EBD students, maybe on a weekly basis where they can sit down together and share things that they are going through. I would like to see a mentoring program reach the EBD students. I suppose the schedule is why social skills are not provided for resource EBD students, but I would like to see resource students receive it too. In a self-contained class, about 30 minutes of class time is devoted to affective group. I realize it may be difficult but, the EBD students in the resource or interrelated classroom need exposure to this type of instruction as well. I also would like to see mentors inside of the school paired with these students.”

Teacher 2

“I would like for all of my EBD students to have weekly scheduled counseling visits, so that the improvement of their behavior (or not) can be tracked by the counselors along with their academic progress. I would also like to see plans put in place that realistically help the student deal with the root or cause of their behavior. Since interrelated students do not receive social skills instruction, I would like to see them have a class where a curriculum is used to help with their emotional issues. This could be their enrichment class. I believe if we treat the behavior we will see an automatic improvement in grades as well.”

Teacher 3

“I would like to see more students get counseling. I have had many students this year talk about how they hate their mothers. They hate their parents. They have said things that you do not expect children to say about their parents. Like, “yeah, I hit my momma”. When you hear these things, you say okay, this child needs help with these issues. I have heard children say different things concerning mental illnesses that run in their family and a comment such as “my mother was on drugs when she was pregnant with me.” They need help working through these issues. They need someone they can go to on a regular basis; someone who they can interact with and talk to about these things so they can overcome them. For quite a few of my students, it really is holding them back academically. In class, we are so busy trying to get the academics that they need and modify daily behavior that a lot of them are not able to get the little techniques that they

need to be better students. They are EBD students and they need to have services to address their emotional needs.”

Table 4 Teacher responses to: What special education and related services would you like to see available for your EBD students?

Participants	Responses
Teacher 1	group sessions by school counselor / mentoring programs
Teacher 2	counseling and social skills training /services to address emotional issues
Teacher 3	counseling /services to address emotional needs

When identifying the related services that teachers would like to see available for their EBD students, more counseling was their first response. Their elaboration revealed that they would like to see EBD students receive services that support or address their emotional needs. One out of three teachers focused on the need to deal with the root or cause of the student’s emotional issues. Whereas the other two wanted to see social skills training and affective curriculum provided for all EBD students, as shown in Table 4.

Question 5: How has the interrelated classroom had an impact on your students’ academic progress?

Responses:

Teacher 1

“I have been fortunate because I have been able to make great gains with my students. I think the small group setting really works well for them academically and behaviorally. Building self-esteem is what I attribute the gains in positive behavior to. I believe that when the students see that you are sincere and that you actually care about

them, you can get into building their self-confidence. Really, I do not think you can teach a child until you build his self-esteem and self-confidence. I incorporate a lot of praise. Even though a person has weaknesses, there is something that he or she can do well. I try to fill their heads with positive thoughts. I use a lot of self-disclosure. I tell them things that I have been through and have overcome and that I am no different than they are.”

“It’s just a matter of choosing and being motivated. This comes naturally to me because some of the things that I see the kids going through, I have experienced myself, a broken home and extended families. If I could rise above it by just having people and teachers tell me that I could do it, then they can do it too. So, I give the same thing to them. I refused to focus on the negative. I took the positive and excelled refusing to hit rock bottom. Positive people around me and positive choices allowed me to do it and this is what I teach my students.”

Teacher 2

“The key to success of any classroom is classroom management. It is difficult at times to reach our academic goals because of the distractions of the bad behavior of a few students. This is where the art of managing the classroom correctly comes into play. No matter what the student is labeled most students will and can behave if learning is given to them in smaller increments. For example: in an interrelated classroom there is a mixture of SLD students as well as EBD, and OHI etc. As a resource teacher, it is my job to teach them in the best way possible without creating an environment that will stop the learning process.”

Teacher 3

“Actually, those students who want to succeed; it has been a good experience for them because they realize that they are not stupid and that there are other kids who know less than they do. So, the interrelated classroom has had a good impact on those students. They learn to feel good about themselves when they are able to realize academic success.”

Table 5 Teacher responses to: How has the interrelated classroom had an impact on your students’ academic progress?

Participants	Responses
Teacher 1	able to make academic gains / build self-esteem
Teacher 2	provides instruction in smaller increments
Teacher 3	helps students to realize academic success

Each teacher believes that the interrelated classroom setting helps with the academic progress of their students.

Question 6: How has the interrelated classroom had an impact on your student’s behavioral progress?

Responses:

Teacher 1

“I have seen a lot of progress from year to year. I have been able to use affective curriculum with those students who I have worked with in both self-contained and the interrelated classroom. Goals in their IEP included content from this curriculum. Social skills and self-esteem concepts were integrated on a daily basis. However, I took the

initiative to bring this to my interrelated students because I used it in the self-contained classroom. The affective curriculum does not appear in the IEPs of middle grade students with EBD eligibilities. There were some more extreme behaviors that had to be transferred to the psycho-ed center. Students that are referred are able to enter fairly quickly. This center works with the students and tries to get them to a point where they can return to the least restrictive environment. They also monitor those students that have been able to return to their least restrictive environment.”

Teacher 2

“The impact of an interrelated classroom depends on the dynamics that the teacher sets everyday in the classroom. I have found that if they are rewarded at the end of class with 5 or 10 minutes of free time, during class time their behavior is more under control. This also helps the learning process go much smoother because all students want to participate in the free time. This diminishes the impact of having so many different labels of students in the same classroom. I am sad to say that I have not seen any significant progress in the behaviors of my EBD students. I feel I manage to keep them somewhat controlled when they are with me, but their behaviors are still disruptive in places other than the resource room.”

Teacher 3

“I have not seen the same kind of success for students with behavior problems. I remember one student specifically, his behavior worsened. He was a younger student and he had not learned the difference between appropriate and inappropriate behaviors. He was eventually taken out of the interrelated setting. I do find that the older students make more progress in the interrelated classroom. They seem to be more focused. I think the

social skills training that these students experienced in the self-contained classroom has helped them with their performance now that they are in the interrelated setting.”

Table 6 Teacher responses to: How has the interrelated classroom had an impact on your students’ behavioral progress?

Participants	Responses
Teacher 1	has seen an impact
Teacher 2	has not seen an impact
Teacher 3	has not seen an impact

As displayed in Table 6, two teachers expressed concern for the fact that the interrelated classroom had not had a positive impact on their EBD student’s behavioral progress. The other teacher indicated progress, but was unable to express how. They have developed means of management, but have not seen any significant progress in behavior. Teacher responses are summarized in Table 7.

Table 7 Summary of Teacher Responses

Question	Responses
1	self-contained, interrelated, and collaborative classes
2	psychological / mental health services, social skills training, group counseling
3	self-contained classes, collaborative classes, counseling and mental health services
4	group sessions by school counselor, mentoring programs, social skills training to address emotional needs
5	provides instruction in smaller groups, builds self-esteem and helps students realize academic success
6	has not seen an impact

Parents

Question 1: Upon the receipt of your child’s EBD eligibility report, what did you believe to be the needs of your child?

Responses:

Parent 1

“With strong emotional difficulties, I believed she needed some type of teaching that would help her cope or deal with her emotions because her emotions were the problem. I expected help with her emotions, but it has been three years and to my knowledge she has not received any service that addresses her emotional problems.”

Parent 2

“I felt that my son needed more structured one on one time to effectively grasp the lessons daily along with rigorous repetition of things learned the day before.”

Parent 3

“I believed him to need social skills training, anger management and academic assistance. I believed that these all needed to be balanced. I was not told that he would receive these things, but this is what I expected him to receive.”

Table 8 Parent responses to: Upon the receipt of your child’s EBD eligibility report, what did you believe to be the needs of your child?

Participants	Responses
Parent 1	help to cope or deal with emotions
Parent 2	structured one on one academic time
Parent 3	social skills training, anger management and academic assistance

In response to what parents believe to be the needs of their children, only one parent believes that only academic assistance was needed and believes that the small group setting of the interrelated classroom would help her child grasp the academic concepts. The other two believe that their children needed emotional support and believe that their children may receive some benefit from the interrelated classroom setting, but not enough (see Table 8).

Question 2: What special education services does your child currently receive?

Responses:

Parent 1

“She currently receives instructional services in an interrelated class. I am pleased, but I feel she would benefit more if she was getting some emotional support. I have somewhat expressed this concern. I probably could have done a better job. I have been fortunate enough to have a close relationship with her teachers and case manager and I have been able to express my concerns to them and this is how we receive support.”

Parent 2

“My son is in an interrelated classroom and attends a co-teaching class in social studies where there is a regular education teacher and an interrelated teacher.”

Parent 3

“I would not agree to have my child self-contained because everyone in that class was just as maladapted as he. There are no role models in a self-contained setting for my child to even learn social skills from. He has his core classes in the interrelated classroom and his elective classes in the regular education setting and he has occupational therapy.”

Table 9 Parent responses to: What special education services does your child currently receive?

Participants	Responses
Parent 1	instructional services in an interrelated classroom
Parent 2	instructional services in an interrelated classroom and collaborative classroom
Parent 3	instructional services in an interrelated classroom

All Three parents identified the interrelated classroom as an educational service for their EBD children. One parent spoke of a refusal to allow self-contained services and believed the interrelated classroom to be not the ideal placement, but a better placement than the self-contained classroom. See Table 9 for parent responses to question 2.

Question 3: What types of related services do you think would help your child's needs?

Responses:

Parent 1

“I think small group counseling sessions. She needs something that benefits her self-esteem. Academically, I feel that the school system is doing a great job, but is lack in the support needed for a child with emotional problems.”

Parent 2

“His current related services have proven to be very helpful. It has improved his desire to study more and harder. It has also helped his self-esteem.”

Parent 3

“Mental Health, I believe that the school counselor should be able to connect parents to mental health services. My child receives mental health services outside of school, but I believe the services should be a part of his school program. I know that local county mental health agencies provide advocates such as project back on track and they are willing to provide assistance to EBD students in the schools. But, this does not happen in our school district. From what I have seen, the schools act as if they do not know this. This year my child had a teacher that was not trained to be a special education teacher. So, I would like for the interrelated teachers to be trained to teach children with

disabilities and I would like for my child to receive social skills training and anger management.”

Table 10 Parent responses to: What types of related services do you think would help your child’s needs?

Participants	Responses
Teacher 1	small group counseling sessions
Teacher 2	pleased with current services
Teacher 3	mental health services

Refer to Table 10 to see that two out of three parents believe that their children would benefit from some type of mental health service. The other parent does not believe that additional services are needed. However, this child currently receives mental health services outside of school.

Question 4: Have you ever considered asking for the provision of mental health services as a related service for your child? Why or Why not?

Responses:

Parent 1

“I have never asked anyone for psychological or mental health services for my child. I have provided them for my child through sources outside of the school district. I have always had a good rapport with the caseworker and this interaction has minimized problems that we could have had as well as stress that my child could have experienced. I

have been able to share my techniques for calming down my child when the possibility of a panic attack exists. Therefore, I have not asked for other mental health services.”

Parent 2

“I haven't ...my son receives mental health services outside of the school system and because of his maturity his physician may no longer need to meet with him monthly, but counsel with him every three months.”

Parent 3

“I have not asked because he gets it outside of school. I do believe as a whole, parents do not ask because they are in denial or they do not know who to ask.”

Table 11 Parent responses to: Have you ever considered asking for the provision of mental health services as a related service for your child? Why or Why not?

Participants	Responses
Parent 1	has never asked / provides for child through outside sources
Parent 2	has never asked / provides for child through outside sources
Parent 3	has never asked / provides for child through outside sources

Each participant agreed that they have never asked for metal health services. Each of the parents provides their own mental health services for their children outside of school (see Table 11).

Question 5: What impact has the interrelated classroom had on your child’s academic progress?

Responses:

Parent 1

“I think it has been a good thing for her in some situations and a bad thing for her in other situations. This small group setting has a mixture of students and behaviors. My child has emotional problems, but not disruptive behaviors. These classes have children in them that are very disruptive. Instead of this helping her, it has aggravated her. I know that she can’t hold up in a regular classroom because the stress level is too high that she shuts down. It’s not fair to my child who already has to deal with stress and anxiety to be in a class where there are behaviors that send her stress levels up. She needs to be in a calmer environment. When you have teachers trying to deal with a child who has a panic disorder and they also have to deal with kids who are bad, it is not fair. It is not only unfair to my child; it is unfair to the teachers and to the other kids. My child has come home an emotional wreck and it was simply from being in class with bad kids. I believe this is an injustice to my child. If mental health or psychological services were offered in the schools, things would work better and the children would blossom more or improve because instead of going in two different avenues everything would be done within the school. Parents would not have to be the go between having to say this is what the doctor says or this is what the school says. The adults who are working to make my child better would be working together. The parent would still be there, but not as a messenger. The way things are done now, I feel like we are missing the boat. I am at work, my child is at school and I am not there at school with the teacher. The teacher is not home with us. We see the doctor once a week or once a month. The communication gap is too wide. It could be improved upon if the services were offered within the schools.”

Parent 2

“When it comes to academics my son understands his work and takes pride in knowing that he can do the work on his grade level.”

Parent 3

“I think the whole interrelated program enables children. It makes them dependent. I do not believe that a child can reach full potential in an interrelated setting. They need to be included. Everything that is taught can be accommodated. Fair is giving a student what he needs in a way that he needs it. So, accommodations can be made to meet the needs of EBD students in a regular education setting.”

Table 12 Parent responses to: What impact has the interrelated classroom had on your child’s academic progress?

Participants	Responses
Parent 1	has helped with academics
Parent 2	has helped with academics
Parent 3	makes child dependent

Parent 1 and Parent 2 believe that the interrelated classroom has had a positive impact on their student’s academic progress (see Table 12). While parent three disagrees and believes that a child cannot reach full academic potential in an interrelated setting.

Question 6: What impact has the interrelated classroom had on your child’s behavioral progress?

Responses:

Parent 1

“I would like to see classrooms that are designed for children like my child with emotional behaviors separated from children with behavior problems. In my situation, you are taking a child who stresses easily and putting her in an environment where she is not given the opportunity to thrive as she should. If she and other students had an opportunity to have counseling or have some type of psychologist or therapist assigned to each school or person who works in mental health observe that child once a week, twice a month, more could be done to deal with the children who have emotional problems. Staff members at schools should receive training on how to deal with their children who have emotional problems.”

“ For us, there was a problem in a connections class that resulted in a full blown panic attack. If that teacher had known how to handle her, that incident would not have happened. I feel that if I did not have my child in private sessions, she would be just another number. I know we are fortunate to be able to provide mental health services on our own, but what about those children whose families that are not able to provide for their children. Emotional and learning are two different things. I think the schools are set up to handle learning, but not emotional issues. I feel schools are doing the minimum that they can get by with and still be within the guidelines. If we put some effort into treating these children, we could reduce the negative outcomes, crime and those who end up in mental hospitals. We are not really giving services; we are just sticking a bandage on it.”

Parent 2

“More than anything, I believe his age has had a lot to do with the changes that I have seen in his behavior. He is becoming more mature and he is more aware of his actions and thinks before he does something! I would like for students with EBD to have more opportunities to be involved in school sports, projects, and groups, to help build their social skills and awareness of opportunities within the school. I think this would also have a positive effect on his behavior.”

Parent 3

“The behaviors of EBD students should not be taken personally. They are not personal. The interrelated setting is better than the self-contained setting. But, without positive role models, an EBD child cannot be successful. So, I really don’t believe this setting helps my child behaviorally because it does not concentrate on issues of behavior.”

Table 13 Parent responses to: What impact has the interrelated classroom had on your child’s behavioral progress?

Participants	Responses
Parent 1	instead of helping, it has aggravated
Parent 2	does not help behavioral progress
Parent 3	does not help behavioral progress

As identified in Table 13, the three parents share in the belief that the interrelated classroom has not had an impact on their EBD student’s behavioral progress. Parent 1

believes that the environment is not calm enough. Parent three believes that the setting is without positive role models and parent two believes that the interrelated setting has had minimal effect on behavior. A summary of parent responses is provided in Table 14.

Table 14 Summary of Parent Responses

Question	Responses
1	help to cope or deal with emotions, one on one academic time, social skills training, anger management and academic assistance
2	instructional services in an interrelated and collaborative classroom
3	mental health services, small group counseling services
4	has never asked, provides for child through outside sources
5	has helped with academics, makes child dependent
6	does not help behavioral progress, instead of helping it has aggravated

Directors

Question 1: What does your school district offer as related services for EBD students?

Responses:

Director 1

“The district offers no related services for EBD students unless they have other disabilities besides EBD such as speech, occupational therapy or other issues.”

Director 2

“We offer the related services covered under IDEA. Related services include things that are needed to support instruction. We have EBD students who are in interrelated classrooms, in collaborative teaching classrooms, psycho education centers here in the system, in regular education classrooms and in residential programs. We cover the full continuum of services. Related services are things like assistive technology, occupational therapy, speech therapy, physical therapy, nursing, counseling and all the services that are listed under related services in the state regulations. We offer intervention plans, functional behavior assessments and whatever they need and whatever is a part of their IEP.”

Director 3

“Related services are part of an IEP document, so if a child has a disability and because of that disability he or she requires related services, he or she can receive individual counseling, and social skills training from a school counselor. We have a psychologist in the schools, we have a partnership with the local community service board and we have mental health people going into our schools, so we have a continuum of services available. The IEP Team determines what kind of related services a student would get as a part of his IEP plan. Students in the Psycho Ed center have access to a psychologist. Parents are encouraged to get mental health services for their children in their community for a variety of reasons. I would not say that students in an interrelated classroom would not receive from a psychologist, but I can’t think of a situation in which this exists. If a child needs to be evaluated for medication for example, this is not

something that can be done through the school. If a child needs crises intervention over the weekend and they do not have an active mental health case, they will not get services in the event of an emergency. There are a lot of factors to consider in terms of the delivery of services and how we work together as inner agencies as well as within our school district to provide services.”

Table 15 Director responses to: What does your school district offer as related services for EBD students?

Participants	Responses
Director 1	no related services for EBD students
Director 2	offer related services covered under IDEA
Director 3	Individual counseling, social skills training, partnership with community agencies

All three directors agree that related services are to support instruction. However, director 1 does not identify any related services for EBD students. The instructional setting that is used to support EBD students is not considered related services. Directors 2 and 3 profess that their school districts offer a full continuum of services for EBD students including counseling services, social skills training as well as a partnership with mental health providers (see Table 15).

Question 2: U.S. Department of Education identifies EBD students as the largest at-risk subgroup. What could be done additionally to service EBD students?

Responses:

Director 1

“Most of the EBD students who I have come in contact with need additional mentoring groups that they can participate in. This would be above and beyond their case manager. They also need a course to help with some of the aggression issues that they encounter.”

Director 2

“The biggest thing is to emphasize a relationship between the school, social agencies and the home. This is so that we can all work together to develop a comprehensive plan. While we take care of the things during the school day, there also needs to be support services when the students are not in school. We need a comprehensive program for EBD students. You can’t just think that you are going to do something at school like provide social skills training or behavior intervention plans. It is not enough and a comprehensive discipline policy is also needed, so that you have rules that are fair for all students.”

Director 3

“I think that identification of students as EBD is one of the problems. I think students are identified as EBD who really do not have the disability. They may just need more education in terms of social development. They may not have learned how to conform to rules within their home setting. I think we need to look at our identification more than anything. I believe that’s probably the biggest problem. I think it is our criteria that we use to identify students.”

Table 16 Director responses to: U.S. Department of Education identifies EBD students as the largest at-risk subgroup. What could be done additionally to service EBD students?

Participants	Responses
Director 1	provide additional mentoring groups
Director 2	emphasize a relationship between school and social agencies
Director 3	improve how EBD students are identified

The response from director 3 takes a different direction than that of the other two directors (see Table 16). Director 1 and Director 2 believe that there needs to be a greater emphasis on the relationship between the school and outside agencies in order to develop a comprehensive plan that meets the needs of EBD students at home and at school. However, director 3 believes that the best way to provide additional services for EBD students is to work on the identification of students that are said to need EBD eligibility and do not.

Question 3: What types of services have teachers requested for EBD students in your school district?

Responses:

Director 1

“The teachers here don’t appear to request other services for EBD students.”

Director 2

“We have a hierarchy that they would follow. They would have to go to the in-building person for support first. This person is the quality instructional support teacher and this teacher would try and provide support to them. Support could be helping them set up a data taking system or setting up classroom management strategies. If this is not successful then there are coordinators in the central office that would be contacted to provide further intervention and support. We also have a system wide instructional support teacher for behavioral support. If there are specific questions or problems where a specialist is needed, the behavioral support teacher would be called in to assist. We also offer applied behavior analysis support. So, I think we offer a good range of support for teachers. Therefore, I rarely have a teacher ask for something that is outside of what we already offer.”

Director 3

“I think teachers ask for assistance with behavior management kinds of programs. I think teachers ask for assistance concerning how to help parents navigate through the community services for their students. I think teachers are asked questions by parents on how they apply for support through SSI and other kinds of agencies. Teachers want more assistance with social skills training.” Table 17 captures director responses to question 3.

Table 17 Director responses to: What types of services have teachers requested for EBD students in your school district?

Participants	Responses
Director 1	teachers do not ask for additional services
Director 2	teachers do not ask for additional services
Director 3	assistance with behavior management and how to help parents navigate community services

Director 1 and director 2 both indicate that services are adequate and that teachers do not have a need to ask for additional services. Within the district of director 1, teachers just do not request additional assistance. They have adapted to the policies and procedures that are in place and they operate within those parameters. For director 2, the program is well developed and teachers receive any needed assistance at varying levels. Therefore, concerns are addressed before they reach the director. But, with director 3, teachers request assistance with behavior management and support assistance for parents.

Question 4: What characteristics do you believe are missing from the current program?

Responses:

Director 1

“Current research and training on the characteristics of EBD students and how to work successfully with them are needs of our teachers.”

Director 2

“Well, again the key is to get the agencies, social services, our school social workers and the juvenile court system and everyone else on the same page as to what is required and what happens in the student support team and how we transfer information back and

forth. The social service aspect is the key component. So, it is not exactly what we can do, but what can be done with everyone working together to support the EBD students and their families 24 hours a day.”

Director 3

“When you talk about an EBD program, you are talking about a wide spectrum of services. Some children need a little bit of emotional support. They may need someone to check in with them. Some kids may need to be in a self-contained highly structured classroom, so when I hear the term EBD students, that can mean a whole variety of kids to me. They can need some very different levels of service. I think that some kids should be serviced in a self-contained classroom and some EBD students should be served in a collaborative setting. I think being pulled out in an Interrelated is too restrictive for some kids and not restrictive enough for other kids. If a student is disrupting class on a regular basis, there are several things that need to be done. They need a different kind of behavior intervention plan. It may not be the setting that is the problem. It may be some other part of the IEP. The most important thing, if you are going to think about changing behavior is identifying why the behavior happens. It is identifying the function of the behavior, and until you do that, it is difficult to figure out what kind of strategies are going to be helpful to that student. If a student acts out because he wants to avoid doing something, you would use a strategy that is different than one that is used for a student who acts out to get attention. A functional behavioral analysis is where you would meet altogether in your IEP team and all from the individual perspectives talk about the behaviors that are interfering with learning. I think when you go through that process, it is important to identify the one behavior that interferes the most. Look at all the different factors around

that, take data on what time of day that behavior occurs, take data on the antecedents, what happens before the behavior occurs and what happens after the behavior occurs. I think you need to take all the data over a period of time and then sit down and look at that data and try to figure out from the data, why is it that this behavior occurs with this child? Is there something happening before it that prompts it? Is there something happening after it that reinforces it? I think a lot of times, we look at behavior in isolation and we do not look at what happens around it and we think that by consecrating the behavior we can change it. But, most behavior doesn't change unless you teach another behavior to go in its place or you substitute something for it. So, I think a functional behavior assessment is a good way to figure out what's going on with behavior and then you sit down and write a behavior intervention plan including the positive things you can build on as well as things that may be consequences to behavior."

Table 18 Director responses: What characteristics do you believe are missing from the current program?

Participants	Responses
Director 1	research and training on the characteristics of EBD students
Director 2	better collaboration between school and social agencies
Director 3	better use of the functional behavioral analysis

Teacher training, a greater collaboration and identifying the function of the behavior are the missing elements of the current programs (see Table 18). Director 1 says that teachers need more training in how to work with Emotional Behavioral Disorder students.

Director 2 believes the missing component to be emotional support and also believes that

it has to come about with the outside agencies working with schools. Director 3 sees a need for the functional behavioral analysis to be used more effectively. In doing this, the cause of the inappropriate behavior can be discovered and the correct strategies can be used to support and then teach an appropriate behavior to replace the inappropriate behavior.

Question 5: How has the interrelated classroom had an impact your students' academic progress?

Responses:

Director 1

“Some students have thrived from being in an interrelated environment. Others have not been as fortunate. The distractions that hinder EBD students from achieving have made a negative impact on them academically.”

Director 2

“I think it has supported it. But the focus now is on the regular education curriculum and collaborative teaching. This is so that we can push for an intellectual balance for EBD students. They cannot do it by themselves. They need accommodations, people working with them advising, mentoring and helping them stay organized and all kinds of things. But, the school work itself has to meet the performance standards.”

Director 3

“In our district, we are working very hard to establish a more collaborative setting. I think we should not remove students from the general classroom unless there is a very specific reason for doing so. We should try and build our special education program, so that we provide support and try and keep students in the general education classroom. I think it is

a little bit of a shift in paradigm. I think special education is moving from a model where we think we need to take kids out to fix them to a model where we need to provide support in the general classroom in order to help them make progress.”

Table 19 Director responses: How has the interrelated classroom had an impact on your students’ academic progress?

Participants	Responses
Director 1	it has helped some students thrive
Director 2	it has supported some academic gains
Director 3	has not had an impact

The interrelated classroom has some impact on the academic progress of EBD students (see Table 19). According to Director 1, if the EBD students were able to function and stay away from the distractions, then they are able to thrive. Director 2 believes that the interrelated classroom when it was used in the system did provide support for EBD students. Director 3 did not entertain the idea of the interrelated classroom impacting the progress of EBD students. The school district that is represented here is involved in a push for collaboration and providing accommodations for EBD students in the regular education setting.

Question 6: How has the interrelated classroom had an impact your students’ behavioral progress?

Responses:

Director 1

“Some of the students make wise decisions to follow positive examples of behavior in the interrelated classroom. Other students see that “general education students” don’t always do the right thing, so the EBD students feel a sense of being “normal” when they follow the inappropriate behavior of general education students.”

Director 2

“I think that there was an advantage before we went to so much collaborative teaching. Having the different children in an interrelated classroom provided behavioral role models that could not be found in the self-contained classroom. It did not have as much diversity as the regular education classroom, but I feel it did provide an advantage.”

Director 3

“Well the interrelated classroom has not had an impact on the behavioral progress of EBD students. In order to see an impact, mental health services will have to be provided for all EBD students in our state. Now, the money for mental health goes to mental health programs and the education money goes to the education programs. Until those silos are collapsed and funding can be collaborative, it is going to be hard to bring any kind of mental health services into the schools so that an impact on behavioral progress can be seen. I certainly think there is a need for mental health services to be in our schools. There’s a need for us to be able to cross over our agencies and give EBD

students the kind of services that they need regardless of where the money is coming from.”

Table 20 Director responses to: How has the interrelated classroom had an impact on your students’ behavioral progress?

Participants	Responses
Director 1	some student improvement in behavior
Director 2	some student improvement in behavior
Director 3	has not had an impact on behavior

Directors 1 and 2 believe that the interrelated classroom contained behavioral role models that were not present in the self-contained classroom and did have some impact on behavior. But, Director 3 believes it is going to take much more than what is currently done in order to see changes in the behaviors of EBD students (see Table 20). With collaboration being used in their district, the interrelated classroom cannot impact behavioral progress. The impact will have to come from another direction and according to this director; collaboration with social services is that direction. Table 21 gives a summary of Director Responses.

Table 21 Summary of Director Responses

Questions	Responses
1	no related services to individual counseling, social skills training and partnership with community agencies
2	provide additional mentoring groups, improve how EBD students are identified and emphasize a relationship between school and social agencies
3	teachers do not ask for additional services unless it involves assistance for student behavior or navigation of community services for parents
4	research and training on the characteristics of EBD students, better collaboration between school and social agencies and better use of the functional behavioral analysis
5	it has had no impact to it has helped some students thrive academically
6	has not had an impact to has had some impact on behavior

The data presented in this chapter seeks to bring to life the current educational practices for Emotional Behavioral Disorder students. Those that are directly involved in this process, the students themselves, teachers, parents and directors of special programs shared their perceptions of the services that EBD students currently receive. The data collected provides support for the research questions of this study, which are:

1. What do EBD students receive as the related services mandated by IDEA?

2. What do directors of special education programs think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
3. What teachers of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
4. What do parents of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?

A further discussion of the data collected is presented in chapter 5.

CHAPTER 5. SUMMARY

This chapter provides a summary of the information presented in Chapters 1 through 3, a discussion of the research findings, a conclusion and recommendations for further study. This qualitative study was to be a resource tool for those involved in serving students with Emotional Behavioral Disorders. The data for this research was collected over a five-month period. The observations that took place in the interrelated classrooms were completed within five consecutive school days. The interviewing process evolved around convenient times for participants. The participants shared their personal experiences. But, neither group felt itself to be change agents. Teachers and parents both believe that EBD students need to have access to or be provided with mental health services, but neither group could express any efforts made towards helping their EBD students gain access to services within the school setting. Support was sought on an individual basis and is with private agencies.

Non-cooperative or oppositional behaviors were common characteristics of EBD students as were established earlier in the research. These behaviors were very apparent during the classroom observations. Also, the research discussed the fact that students are having emotional trouble very early and that collaboration with community agencies is necessary for the successful education of these students. The collected data confirms this idea. Directors of Special Education Programs agree that the collaboration between the schools and local mental health agencies is the missing link in current programs designed to serve EBD students. There is a need for mental health programs to become the norm rather than the exception.

Emotional Behavioral Disorder students (EBD) have a very difficult time functioning in a school setting. The term emotional behavioral disorder is a term used to describe students who have trouble with adaptation. This maladaptive behavior causes these students to have academic difficulty. They hinder the teaching process and jeopardize their own learning. When instruction is involved, they exhibit considerably different behaviors than what the school community deems acceptable and they almost always need some type of repeat instruction. There are two types of EBD students. There are children who internalize their problems and appear fearful, inhibited, over controlled and those who externalize their disorders and become aggressive, antisocial, and under controlled (Meyer, 2004). EBD students often manifest themselves in the classroom in the form of non-cooperative or oppositional behavior. The most commonly cited forms of behavioral disturbance in classrooms take the form of unauthorized student talk, and the hindrance of other pupils from working. Other forms of behavior that interfere with teaching and learning are aggressive verbal and non-verbal behaviors that directly challenge the authority of the teacher, which can include a physical assault (Newcomer, 1993). Students with EBD eligibility are considered to be more at risk than any other student population. Because of this, it is evident that schools are having problems with either developing appropriate interventions or in consistency and application of those interventions.

EBD students receive most of their educational services in an interrelated classroom, self-contained classroom or in a collaborative classroom. Services rendered in each environment are considered to meet the Free Appropriate Education (FAPE) requirement established under the Individuals with Disabilities Education Act (IDEA).

Justice Rehnquist wrote that a FAPE consisted of educational instruction designed to meet the individual needs of a student with disabilities, supported by such services as needed to permit the student to benefit from instruction (as cited in Rowley, 1982, pp. 206-207). Later, the Supreme Court established a slightly different meaningful FAPE standard. Eligible students are entitled to a level of services that are individualized and sufficient for them to benefit from their educational programs. The quality of education that a student with a disability has depends on how a state department of education has decided to develop its programs and services in order to adhere to the law.

The EBD classroom provides schools with a true challenge. The presence of noncompliance and lack of interpersonal skills present behaviors that make it difficult for instruction to take place without disruptions. Research has shown that academic achievement is significantly related to the proportion of instructional time students are engaged in learning (Greenwood, 1991; Greenwood, Delquadri, and Hall, 1984). When an EBD student becomes upset, almost anything can happen in the classroom. The student forgets about the class work and the progress that he or she is making and does not even attempt to remember the consequences that are a part of his or her behavior plan. That child is out of control and school is basically over for that day. An occasional occurrence would make this a minor situation, but the situation is not occasional, in some capacity it happens every week. Therefore, academic engagement is lost each week.

School psychologists or mental health providers can help teachers regain this lost time. They can help to develop, implement, and evaluate joint school-community intervention plans. They can serve as coordinators for interagency programming and act as liaisons to families. The traditional refer-test-place models are insufficient to meet

continuing and expanding expectations regarding the roles of schools in promoting mental health in classrooms, homes, and communities and in improving achievement for all (Kauffman, 2001). An ideal situation has the school psychologist interacting with teachers and staff members at all levels to resolve student learning and behavior problems (Dwyer, 1995). It has them collaborating with the entire school community to improve every aspect necessary for the success of the students.

Even though there is a mandate through IDEA for mental health services, the scope of available mental health services as a related service within the school setting varies from place to place, but there is a presence of school-based mental health services. Studies conducted by Repie (2005), Bailey (2003), and Franks (2000) acknowledge the fact that there are school districts throughout the United States making an effort to provide mental health services as a related service within the schools.

This study was designed to answer four questions:

1. What do EBD students receive as the related services mandated by IDEA?
2. What do directors of special education programs think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
3. What do teachers of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?
4. What do parents of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?

This study included the observation of the two types of EBD students (internal and external) in an interrelated classroom as well as interviews with three Directors of Special Education programs, three teachers of EBD students and three parents of EBD students coming from three different school districts across the State of Georgia. This investigation allowed the participants an opportunity to share their views and experiences concerning the education of their EBD students and their perspective as to the need for other related services in the successful education of EBD students. The results of the observations and interviews report the exact details of what actually happened or what was actually said giving the study its authenticity.

Discussion

The focus of this research was to assess the education that EBD students are now receiving. In making this assessment, data was collected in two parts, classroom observations and interviews. The collected data was analyzed with respect to the four research questions.

Research Question 1

What do EBD students receive as the related services mandated by IDEA?

IDEA mandates that children with disabilities receive an education in the least restrictive environment; at no expense to parents and that each child should have an IEP containing the necessary elements for the child to be successful in an educational setting. EBD students are in an educational program free of charge to their parents, but receive varying levels of support services. The provision of an education in the least restrictive environment is heavily enforced and each student has an IEP. One could conclude that EBD students are in fact receiving the educational services required by IDEA. However,

related services are to supplement the academic progress so that students can receive meaningful educational benefit. The classroom observations revealed that both EBD students were often off task and lost instructional time during the course of a week.

For the student exhibiting external behaviors, the observation checklist provided evidence of six services. Out of the six, four provided support for behavior and two provided academic support. For this EBD student, there was not any evidence of the presence of emotional support. Evidence of emotional support could have come from the student keeping a personal journal, working with the school counselor, social worker or school psychologist. The observations of this student produced evidence of very disruptive behaviors. Even though the classroom teacher worked diligently to manage the inappropriate behaviors, the student was frequently removed from the classroom, losing instructional time. According to the literature, the behaviors of EBD students manifest themselves in the form of non-cooperative or oppositional behaviors and that it is appropriate to use behavior management techniques to deal with the exhibited behaviors. Mather and Goldstein (2001) relay that an effective behavior management program has three parts (a) prevention, (b) correction and control and (c) treatment. The evidence from the data points primarily to correct and control. With the identification of only one portion of the behavior management program present, the result was that behavior management used as a related service to support this EBD student was not functioning effectively.

The classroom observations produced clear evidence of the loss of instructional time. Research has shown that academic achievement is directly related to academic engagement. If EBD students are constantly a part of the creation of situations that result

in lack of academic engagement, then they are not receiving meaningful educational benefit. Sticher & Boyd (2004) believe that the cause of emotional behavioral disorder has to be addressed and that educational programs are lacking sufficient support for EBD students. Until programs for EBD students include emotional support that seeks to investigate and work through the cause of emotional problems, these EBD students will continue to make minimal behavior improvements and academic progress.

During the course of the interviews, parents shared that their EBD students were in need of mental health services and teachers expressed that they would like to see their EBD students receive mental health services. The Supreme Court established that FAPE entitled EBD students to services that are individualized and sufficient for them to benefit from their educational program. From the data collected, we were able to see that EBD students do receive related services in the way of supportive services which are part of IDEA. However, also found within the explanations of related services are psychological and counseling that could be incorporated to increase the educational benefit that EBD students now receive.

Research Question 2

What do directors of special education programs think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?

Directors of special education programs agree that related services are to support instruction and that EBD students could receive more of an educational benefit if they were provided or could access mental health services. They also agree that there are components of the current programs that could work better if implemented properly. The

consensus of this group is that there is room to work towards a more comprehensive special education program. According to the representing directors, teachers do not ask for assistance unless there are specific concerns of behavior management or assistance for parents; there should be a greater collaboration between school and social agencies, additional training for teachers, the current functional behavioral analysis needs to be utilized and that the interrelated classroom has had some impact on academic progress, but has had very little impact on behavior.

Research indicates that the best way to serve Emotional Behavioral Disorder students is for the school setting to provide means to alter behavior. To successfully alter the behavior of EBD students there has to be an incorporation of programs that address student behavior (Kendall, 1986, Lockhart & Hay, 1995). Two thirds of the directors expressed that their school districts provided a full continuum of services including counseling services, social skills training as well as a partnership with mental health providers. At the same time, they indicate that their current programs have missing components. While these directors report that their districts provide adequate services, research has the Department of Education reporting that EBD students are not receiving appropriate care (U.S. Department of Education, 2000). The collaboration spoken of during the interviews would allow EBD students to receive more adequate care.

Better collaboration between schools and social agencies could eliminate the gaps of current special education programs. Many years ago, collaboration between schools and social agencies was in existence. Within this collaboration, special instructions were given on behavior management, and social workers helped carry out the program. A recapture of this practice would expose EBD students to activities such as prevention,

treatment, consultation, counseling and a well developed IEP. This would have to involve the effective use of the functional behavioral analysis and the involvement of mental health services. An ideal situation has the school psychologist interacting with teachers and staff members at all levels to resolve student learning and behavior problems (Dwyer, 1995). It has the school psychologist collaborating with the entire school community to improve every aspect necessary for the success of the students.

Working within existing guidelines is a common practice for most teachers and explains why teachers do not ask for additional services. Gresham (1989) explains that a teacher implements that which is easy, not time-intensive and what they perceive to be positive and compatible with what they are already doing. Understanding this Kauffman (2001) offers the concept of support from school psychologist, which is a reiteration of Dwyer, (1995). This concept has the school psychologist consulting with teachers to provide effective instructional and behavioral management strategies. This provides a safety net for teachers and ensures support for EBD students even if teachers do not ask for additional support.

The directors representing each school district establish a move towards more collaborative classroom settings as opposed to the interrelated classroom. They also believe that the interrelated classroom has had some effect on academic progress and minimal effect on behavioral progress. From the collected data, directors of special education programs believe that the current programs are missing components that would make them better and that mental health services would help to produce a comprehensive program, but do not believe that there is a need for the State Department of Education to reconsider its interpretation of FAPE for EBD students.

Research Question 3

What do teachers of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?

As teachers shared their experiences concerning the education of their EBD students, we found that the self-contained, interrelated and collaborative classroom settings were used to assist EBD students. Each agreed that their special education placement into either of the educational settings was their primary form of support. Teachers would like to see their EBD students receive support for their emotional needs. Also, they expressed that the interrelated classroom has had a positive impact on the academic progress of some students, but were not able to identify a positive impact on the behavior of EBD students.

All students with disabilities must receive when possible their education in the least restrictive learning environment. Teachers see placement of their EBD students as being in strict compliance with this guideline. However, they see placement alone as inadequate to serve the needs of these students. The maladaptive behaviors exhibited by these students decrease their chances for academic success. The presence of noncompliant behaviors makes it difficult for instruction to take place without disruptions. Evidence of this presented itself in the classroom observations.

In the interrelated classroom, EBD students were not exposed to social skills training or the affective curriculum, but teachers would like for them to have this support. They believe that exposure to both would aid in the development of their mental health. Formess, Kavale, Blum and Lloyd (1997), report that social skills interventions have not

shown a large amount of progress. However, the teachers of this study disagree. They attested to the improvement in the behavior of EBD students who have had the social skills training as well as the affective curriculum. According to one of the teachers, teaching social skills as a regular subject is a definite way to reach all EBD students. Walker & Walker (1991) say it is best to teach social skills as one would teach a regular subject.

The teachers agree with Broughton and Lahey (1998) in that if EBD students do not receive support that deals with the cause of their emotional problems, their success will only be short-lived. They believe that the school district can and should provide a comprehensive program for EBD students. They believe that they would benefit from the consultative services of a school psychologist and that their students would benefit from counseling and preventive mental health services and are ready to embrace the collaboration. Therefore, teachers believe that the Department of Education should reconsider its interpretation of IDEA and provide mental health services for all EBD students.

Research Question 4

What do parents of EBD students think about the need for the Department of Education to reconsider its interpretation of FAPE for EBD students and make mental health services available for all EBD students?

Parents are aware that the behaviors of EBD students provide a challenge for schools and the classroom. They expect their children's IEP to include any necessary related services and they trust that what they receive provides meaningful educational benefit to their children. They each have accepted the placement of their EBD child in

the interrelated classroom, but are not completely satisfied. Two of the parents believe that emotional support is needed in addition to the academic support their children are now receiving, even though they have not asked for these services. Also, these parents have shared that their EBD children receive mental health services outside of school, but believe that these services should be a part of the school program. They stressed that if mental health or psychological services were offered in schools, things would work better and the children would show more improvement. Instead of going in two different directions, everything would be done within the school and the parent would not have to be the go between. Therefore, parents believe that there is a need for the Department of Education to make mental health services available for all EBD students within the schools.

Conclusion

Students with EBD eligibility are considered to be more at-risk than any other student population (U.S. Department of Education, 2000). They are currently served in one of the three educational settings, interrelated, self-contained or collaborative. Teachers and Directors alike, view related services as the support necessary for students with disabilities to have a successful educational experience. Directors believe that for the most part their districts offer a full continuum of services. Both teachers and parents disagree. Some services are offered, but not enough to adequately serve their students or the rest of the EBD population. While, one director identifies a need to work on EBD eligibility, the other Directors, teachers and parents do not see this as an issue. If students are exhibiting maladaptive behaviors, they can benefit from a comprehensive special education program designed for EBD students.

Neither teachers nor parents ask for additional services. They work within the parameters that they are given. Directors credit this to well developed programs. With respect to this, each group expressed concern for the missing components of the current programs. Teachers and Parents both would like to see EBD students receive mental health services. Director, though not directly stating the need for mental health services expressed that there is a need to emphasize a relationship between schools and social agencies so that students can have access to a comprehensive program and receive needed mental health services.

As noted in the literature, studies completed by Repie (2005) Bailey (2003) and Franks (2000) indicate that there is a presence of mental health services for EBD students throughout the United States, but the services vary from place to place. This is the case as well for available services for EBD students in the State of Georgia. Out of the three Directors interviewed, the school district that director 2 represents provides more support for their EBD students than either of the other districts. Therefore this could suggest that teachers, parents and students have a different educational experience throughout the state. This should not be the case. EBD students are entitled to an education with meaningful educational benefit and attendance in a particular school district should not make the difference. The appropriate support should be provided in all school districts.

Schools are having problems with both developing appropriate interventions and in consistency and application of those interventions. A system of checks and balances would be beneficial in that it might eliminate some of the inconsistencies. The services for EBD students should be consistent throughout the state. The State Department of Education may not have faulted in its interpretation of IDEA, but it has in monitoring the

programs that the school districts have developed in response to its interpretation of IDEA. More students would have opportunities for better services if the state dictated the specific inclusion of the components of a program appropriate to serve the needs of EBD students.

Recommendations for Practice

The behaviors that Emotional Behavioral Disorder students exhibit make the teaching and learning process very difficult. Yet, these students have a right to an education that provides meaningful educational benefit. Behaviors of EBD students have antecedents that are not related to school or teacher and should not be taken personally. If the EBD student is going to receive an adequate education, there has to be a shift to a direction that will address their disability. Each school district and each community has resources already available that could be used towards developing procedures that would allow EBD students to receive better service. The IEP team should play a more effective role in that they should work diligently on conducting a true behavioral analysis and this would include meeting frequently to gauge and modify the progress of EBD students.

Teachers should receive periodic updates on techniques and available resources for their EBD students. One parent shared that it was lack of teacher training that left her child without proper support. She believes that if teachers had been trained on how to recognize the onset of or how to help students come out of a panic attack, her child would not have had the experience of having an attack and not having proper support. The teachers not having the proper knowledge made the situation worse for the child.

Behavioral intervention plans should be modified to reflect the correlation of the functional behavioral analysis. The School Psychologist should have input in the

individual planning for EBD students. Current school psychologist rarely provide any input where these EBD students are concerned. The functional behavioral analysis is completed by the case manager and the teachers of the students. However, it could be a good way to look at the full spectrum of the behavior instead of looking at them in isolation. The students would receive more of a benefit if more time and effort were given to this analysis.

A mental health intervention program, which includes collaborative efforts of local mental health agencies, should be developed for each school district. This program should include creating a class for social skills training and use of the affective curriculum. Each EBD student should be required to take this class. Each EBD student should participate in some type of counseling sessions. The sessions should be interval consistent so that progress can be monitored.

Recommendations for Further Study

This dissertation could be duplicated in another school district to see if the results are the same. This would broaden the study and make it more generalizable. It may allow for more participants which would produce a larger volume of input. The limitations of this study are centered on the sample size used in the investigation. A broader study would eliminate or change the limitations.

Further study could include why we have so many more EBD students these days. Were there as many in the past and were not identified or are there just more now?

Finally, is it realistic to believe that collaborations between schools and mental health agencies can exist within each school district throughout the country?

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