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Peer-Mediated Interventions for Students Classified with Emotional and Behavioral Disorders

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PEER-MEDIATED INTERVENTIONS FOR STUDENTS CLASSIFIED WITH EMOTIONAL

AND BEHAVIORAL DISORDERS

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requirements for the Master of Science Degree in

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CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Peer-Mediated Interventions for Students Classified with Emotional and Behavioral Disorders

This is to certify that the Capstone Project of

Erin M. Burns

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

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PEER-MEDIATED INTERVENTIONS AND STUDENTS WITH EBD

Abstract

It is critical for students with disabilities to be placed in the least restrictive environment (LRE) so they are able to reap the benefits of peer interaction, thereby obtaining a sense of belonging and inclusivity. Peer-mediated interventions are necessary to consistently place students in the least restrictive environment and ensure student success. Peer-mediated interventions also assist teachers in holding all students accountable. The three-tiered model provides an outline for prevention and intervention strategies that assist in maximizing student potential in the least restrictive environment. A review of literature focuses on effective peer-mediated interventions for students classified with emotional and behavioral disorders (EBD). Peer-mediated interventions may assist with the student-to-teacher ratio, assist students in positive interactions, and perhaps be quite competent in helping students to achieve academic and social goals. To date, there have not been extensive research studies conducted to explore students with EBD specifically as tutors or mentors for their peers. Such studies would show whether or not peer mentorship is feasible, as well as potential benefits.

Key words: Emotional Behavioral Disorders, EBD, Inclusion, and Peer-Mediated Interventions

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Introduction

Research findings and statistics suggest that schools are not providing adequate services in order for students with EBD to be successful in school and society; such findings are consistent over nearly fifteen years since Knitzer, Steinberg, & Fleisch (1990) reported that programs for students with EBD were lacking (Shu-Fei Tsai, Cheney, & Walker, 2013).

I aim to delineate reasons this population of students could make effective mentors or tutors for their peers. It seems to be common knowledge these students consistently require extra help in the classroom, both academically and socially. Working with peers in the realm of academics can give students with EBD an opportunity to practice appropriate social skills, as well as improve their study habits. It is imperative we shift from a focus on these students' deficits to emphasizing their strengths. Allowing these students to serve as mentors and tutors is one way of targeting their strengths, and based on the conclusions of the literature reviewed appears to be one of the most beneficial intervention methods to keep students with EBD in the least restrictive environment.

Review of Literature

What are Emotional and Behavioral Disorders?

Precise definitions of emotional and behavioral disorders/disabilities (EBD) vary depending on the source. In this review "EBD" will refer to "any disabling characteristics related to emotions or behavior, including, but not limited to, psychiatric diagnoses, placement in classes for students with emotional or behavioral issues, non-compliance, school identification of emotional disturbance, and sample description including emotional or behavioral concerns" (Mulcahy et al., 2014, p. 149). It is imperative to note that although there are multiple facets to the eligibility criteria for emotional and behavioral disorders, it is necessary to look at the comprehensive student profile rather than individual indicators. No student should be defined by his or her behavior; there is far more to a child than his or her presenting behaviors or disability.

The criteria for EBD form a three-dimensional model: a characteristic (or characteristics) of social/emotional/behavioral functioning that is severe, chronic, frequent, and occurs across settings (Boreson, 2010). Evaluation for EBD is completed by an Individualized Education Program (IEP) team, which typically includes parents and teachers, in addition to a Special Education teacher, school counselor, and school psychologist (Boreson, 2010). Teachers, parents, or other faculty may recommend students for these assessments.

Concerns Regarding Students with EBD

It is the professional's duty to accurately assess students' behaviors and collaborate with others to construct appropriate treatment plans so students receive the necessary interventions. If students are not appropriately diagnosed they are at risk for further educational challenges in the future. Interventions that are implemented with students depend upon their classification. Often, students who are classified with emotional and behavioral disorders are also diagnosed with a

learning disorder (LD). As Glassberg, Hooper, & Mattison (1999) state, "more than half of the students with EBD may also meet criteria for a learning disability." Albeit necessary to diagnose students who present any disability, their diagnoses often translate into a label that may make it much more challenging for these students to fit in with their peers. Students with emotional and behavioral disorders are frequent targets for bullies, and conceivably unconscious bias from other faculty. Faculty members might not fully recognize their subconscious beliefs of these students being inferior or "less able" than their peers. These bias could be exhibited through failure to call on these students in class, or perhaps believing they are a "lost cause" and not challenging students to reach their full potential. Whether or not faculty are aware of these biases, they have detrimental effects on student achievement and emotional well-being.

Often associated with the EBD label are below average academic scores, poor behavior management and social skills, and teacher frustration. Research has shown that students identified as having EBD have the worst graduation rate of any student group; moreover, students with EBD perform between 1 and 2 grade levels behind their peers in elementary school and this disparity widens as students grow older (Ryan et al., 2004). These statistics demonstrate that these students are not getting the support they need both in the classroom and at home. Wagner and colleagues (2006) identified three main unmet needs for students with EBD: the lack of effective academic accommodations, the deficiency in mental health or behavioral services, and limited teacher support and training (Shu-Fei Tsai et al., 2013).

Many school districts and teachers simply will not tolerate disruptive and noncompliant behaviors presented by students with EBD. Students' shortage of motivation, noncompliance, classroom disruptions, combative, and sometimes destructive behaviors often impede teachers' pursuits to administer adequate instruction (Wehby et al., 1998). Students with emotional and

behavioral issues are repeatedly sent to the office and given suspensions, detentions, and expulsions. Many times these students are not given adequate time to process through the cause of poor behaviors, which makes repeat offenses highly probable. Instead of finding school a safe place for learning, students come to connect school with harsh rules and punishments; thus, dropping out of school becomes more appealing. In order to succeed socially and academically, students of all backgrounds need to feel a sense of belonging and few schools presently meet this need for their EBD students.

Since this population of students has the highest dropout rate and elevated levels of delinquency (Ryan et al., 2004), this also translates to greater difficulties adjusting to adult life due to deficiencies in social skills and cognitive abilities. Forming meaningful connections with both adults and peers can be exceptionally beneficial for keeping students in school. Thus, building rapport is especially pertinent with students classified with emotional or behavioral disabilities. Given the deficiencies in social skills and underlying lack of trust for adults in positions of authority, students with EBD not only need to, but also seek to find comfort and motivation, at least in part, from their teachers and counselors. Once rapport has been built between student and teacher or counselor, the student will most likely feel more trusting of what the adult says and therefore be more likely to comply with expectations. As stated previously, one of the main speculated reasons students with EBD drop out of school is due to frustration and absence of motivation and any meaningful connections to faculty. Established rapport may provide a sense of trust and motivation, in addition to opening lines of communication between the student and faculty. This may also facilitate the implementation of effective interventions in the classroom.

Practical and sufficient interventions are imperative in order to reduce problem behaviors, increase academic proficiency, and reduce the dropout rates across the board. Though this review of literature advocates for the use of peer-mediated interventions, it may be useful to acknowledge the alternatives. Other categories of interventions include teacher-mediated antecedent-focused interventions, teacher-mediated consequence-focused interventions, and self-mediated interventions (Ryan et al., 2008). Teacher-led interventions are often an effective solution, but can sometimes marginalize students as they are not responsible for the process, who also limited in their capacity when responsible for many students. Peer-mediated interventions appear to ameliorate these issues and place the students and their peers mainly in charge of instruction, modeling, and accountability.

Alternative interventions often carried out in classrooms are characterized by coercive interactions between teachers and students, and these situations may perpetuate learning and behavior problems (Sutherland & Snyder, 2007). Problematic interactions with teachers can present a variety of issues for students. If students often have negative interchanges with their teachers beginning at elementary age, they can be set up for academic and behavioral problems through eighth grade (Hamre & Pianta, 2001). Moreover, these problematic relationships with teachers could contribute to students with EBD having low amounts of positive teacher attention, such as academic talk, teacher praise, and chances to answer to academic inquiries (Van Acker et al., 1996; Wehby et al., 1995).

Inclusivity and Least Restrictive Environment (LRE)

Countless professionals in the Special Education field, as well as other helping professions, advocate for inclusivity of all students with disabilities, which includes placing students in the least restrictive environment (LRE) possible. In fact, PL94-142, also known as

the Handicapped Children's Act, has this as its main objective. This law was passed in 1975 and

"guaranteed a free appropriate public education to each child with a disability" (U.S. Department

of Education). The law includes endeavors to "(a) improve how children with disabilities were

identified and educated, (b) evaluate the success of these efforts, and (c) provide due process

protections for children and families" (U.S. Department of Education).

 Inclusion essentially means students with any disability are to be included in general

education classrooms as much as possible, in order to reap the benefits of peer interaction, thus

gaining the critical sense of belonging. Students are also able to establish friendships with a

wider variety of classmates with whom they may not otherwise associate. This means teachers in

general education classrooms need to accommodate for a wider variety of learning levels, which

poses greater challenges. However, the social and emotional benefits of inclusion far outweigh

the hindrances.

Inclusion and placement in the least restrictive environment (LRE) are particularly

significant for students with emotional and behavioral disabilities who find positive social

interactions with peers to be challenging at best. Students with disabilities of any sort already

tend to feel ostracized from their peers. If we remove students with EBD from general education

classrooms it will only perpetuate this issue. However, by giving these students more

opportunities to interact with peers, their odds of creating positive connections and relationships

with others are increased. In general education classrooms, students with EBD will learn and

develop essential skills and adaptability that will transfer to their future jobs, careers, and

relationships with others.

On the other hand, inclusion may pose other challenges, particularly for teachers.

Inclusive education increases the complexity of teaching and requires teachers to provide

adequately tailored instruction to larger numbers of students who vary greatly in reading, writing, mathematics, comprehension, and social interaction abilities (Ayvazo & Aljadeff-Abergel, 2014). Nonetheless, the benefits and positive outcomes appear to be well worth the challenges and difficulties. Incorporating the concept of inclusion in school district policies and practices assists in developing an environment of belonging and respect. Students are able to establish friendships with a wide variety of students, instead of purely with students to whom they are most similar. They learn to grow together in one place while valuing diversity. Some of the challenges may also be met with adequate prevention and intervention strategies, which are be best outlined by the Three-Tiered Model.

Three-Tiered Prevention and Intervention Model. In order to keep students in the least restrictive environment, it is essential for professionals to implement an effective prevention and intervention model. When working with students who have emotional or behavioral disabilities, it is not only advantageous, but also imperative to use prevention strategies along with intervention techniques. Prevention strategies may begin as early as elementary school, and continue through high school. There are valuable models used to assist teachers and education professionals. One of the most widely known prevention and intervention models is the Three-Tiered Model. The Three-Tiered Model presents a solid base for support at the primary, secondary and tertiary levels (Sugai & Horner, 2002). Primary prevention includes strategies and programs that target all students, provide students and school staff with a strong foundation for teaching appropriate behaviors, and have a low cost per individual. A couple examples are school-wide positive behavioral supports and collaboration between the school and family (Sugai & Horner, 2002).

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The next tier, known as secondary prevention or intervention, includes programs that aim to decrease the frequency or intensity of issues, while targeting malleable components that place students at risk (e.g. violent or aggressive behavior). Roughly 10-15% of students need more intensive supports at this level (Sugai & Horner, 2002). This is the level where peer-mediated interventions, such as peer-tutoring, social-skills instruction, and observational learning would take place. The last tier, known as tertiary prevention or intervention, consists of programs aimed at remediating ingrained problems, reducing the duration of target behaviors, and interrupting the negative outcomes. These programs are quite individualized and student centered for those in most need. Approximately 1-5% of students will have chronic problems requiring this kind of intensive support (Sugai & Horner, 2002). A couple examples include individual functional behavior analysis (FBA) and individualized behavior management plans.

Other intervention programs for students with EBD may stress a "zero tolerance" policy, which signifies automatic suspension or expulsion for non-tolerated behaviors. However, these zero tolerance policies can be detrimental to students with EBD (Hanover Research, 2013), because they do not give the student a chance to learn; they merely give students a consequence that appears like a punishment, which may perpetuate any mistrust for school personnel. It is most beneficial to treat the student as an individual, rather than grouped together with a generalized population of students.   If students are automatically given ultimate consequences, they miss the opportunity to work through and learn from their choices and challenges associated with their disability from professionals who can help, such as school counselors or special education teachers.

Peer-mediated interventions may fall into either the first tier at primary prevention, or into the second tier at secondary intervention strategies and support. Students with EBD who

need more rigorous interventions for target behaviors may not benefit from peer-mediated interventions, and could perhaps cause more disruptions than benefit. Those who would be less likely to benefit from peer-mediated interventions tend to be older in age, with maladaptive target behaviors that are more ingrained. Students who are more likely to benefit tend to be younger and have more support outside of school.

Peer-Mediated Interventions

Peer-mediated interventions in general consist of students assisting or tutoring each other in order to practice or learn academic or social skills. These interventions can potentially be some of the most effective for students with emotional behavioral disorders simply given the enormous influence of peers beginning at a young age and extending through adolescence. Multiple research studies indicate peer-mediated interventions consistently produce effective academic and interpersonal benefits for students with high-incidence disabilities (Dunlap & Childs, 1996; Maheady, 2001; Maheady et al., 1991; Utley & Mortweet, 1997; Ryan et al., 2004). This is at least in part due to the fact that students are taught to utilize components of the intervention and monitor their own progress while teachers are able to give individualized attention to students needing extra support (Sutherland & Snyder, 2007). Students may learn just as much if not more, from their fellow classmates, whether this is conscious or subconscious. Peer-mediated interventions give students opportunities for practice that are essential for learning a new skill and guide positive peer interactions (Mulcahy et al., 2014). Many children with deficiencies in social skills do not know how to establish friendships; yet working with peers on an assignment may be just the right starting point.

Peer-mediated interventions perhaps take prominence over other types of intervention due to the strong nature of peer influence. Students in grades K-12 tend to be more highly

influenced by their peers than by teachers or other faculty; this is in part due to with whom they select to spend the majority of their free time. Further, humans universally tend to socialize with, and be more strongly influenced by, those who are most similar along the lines of age, social class and gender. For example, boys who tend to be aggressive may establish friendships with other boys who are aggressive, and peers may reinforce rule-breaking and violent behaviors through more attention and support (Kamps, et al., 1999). However, the influence from peers is not always negative; students may also exert positive influence on one another. When one student observes another student (particularly if the two happen to be, or aspire to be friends) assisting the teacher with classroom duties or focusing diligently on his or her studies, he or she could be more apt to engage in similar positive behaviors. This phenomenon is often recognized as observational learning (Bandura, 1977), which will be discussed in greater detail later. This builds upon the multiple elements demonstrating the effectiveness of Peer-mediated interventions.

Peer-mediated interventions most often consist of dyads, but also incorporate small groups or the entire classroom, as with Classwide Peer Tutoring (CWPT). Often with dyads one thinks of peer tutoring, peer-monitoring, or even peer-assessment and reinforcement. Small-group instruction presents several opportunities to observe social and other behaviors performed by peers, which may increase the influence of selective incentives for these behaviors; this could make acuity easier for students with disabilities, and prepare them to learn observationally (Hanover Research, 2013). There are several types of Peer-mediated interventions for students with emotional and behavioral disorders outlined by Ryan, et al., 2004. These interventions consist of Classwide Peer Tutoring (CWPT), Peer-Assisted Learning Strategies (PALS; Fuchs et al., 2001), peer tutoring, peer assessment, peer modeling and peer reinforcement.

Class Wide Peer Tutoring (CWPT). Class Wide Peer Tutoring (CWPT) is an effective and quite economical strategy that gives students with EBD the opportunity to stay in the general education classrooms in addition to being able to assist the teacher in some ways. Initially, CWPT was created for early elementary grade levels, but has since then been disseminated into higher grade levels (Greenwood et al., 2002; Heron et al., 2003). Class Wide Peer Tutoring "addresses the calls for adequate, individualized, efficient, empirically-based and student-centered education" (Ayvazo & Aljadeff-Abergel, 2014). Participants in a study of Class Wide Peer Tutoring and classwide self-management conducted by Bowman-Perrott et al. (2007) indicated the majority of students "liked Class Wide Peer Tutoring and would like to continue using it in future classes" (Spencer et al., 2009, p. 7). During Class Wide Peer Tutoring, the entire class participates in both teaching as well as practicing, which allows every student to become engaged in learning at the same time while also allowing for quick feedback (Ayvazo & Aljadeff-Abergel, 2014). Students may be paired, yet work with every other student in the class at different times. In CWPT, students learn how to tutor and take turns being tutors and tutees (Horton et al., 1997; Ward and Ayvazo, 2006). Generally, students use a task sheet explaining the task, criteria for practice, and room to record performance.

Mandating students to record their own performance reduces the amount of paperwork for teachers and holds students accountable by providing them with responsibility. A sense of teamwork and camaraderie is created as each duo in the class forms a small group of four to six students who all work toward a common group goal (Ayvazo & Aljadeff-Abergel, 2014). Students learn to follow written instructions and criteria and how to engage in positive teamwork with others; skills that are vital throughout later life.

Most significantly, Class Wide Peer Tutoring is likely to succeed among students who have special needs, are at risk of academic failure, or are classified with EBD, due to its systematic programmed interactions between peers (Ayvazo & Aljadeff-Abergel, 2014). In working with students with emotional or behavioral disorders, it would be most beneficial to also incorporate practice with positive social skills into the curriculum. Practice of positive social interactions and social skills may be systematically and formally implemented so students are able to reach full comprehension and understand their importance.

Peer-Assisted Learning Strategies (PALS). Peer-Assisted Learning Strategies (PALS; Fuchs et al., 2001) consist of effective learning activities with a strong evidence research base, for ages as young as elementary up through high school. Essentially, this is an instructional program that takes the form of same-age peer tutoring. Actions for PALS are comprised of structured activities, frequent interaction and feedback between tutors and tutees, and role changes between tutor and tutee (Fuchs et al., 2001). Similarly, Falk and Wehby (2001) showed the competence of this form of same-age peer tutoring by actualizing this program among kindergartners (K-PALS), in which higher-functioning readers were paired with lower-performing peers for reading instruction (Ryan et al., 2004). Throughout the semester the kindergarten students swapped roles and took turns as either the reader or the reading coach.

This intervention has shown to be effective and valid for students both with and without disabilities. Data obtained in a study by Mathes et al. (2001), showed low-achieving students improved significantly from PALS intervention in reading achievement. In addition, low-achieving students who participated in PALS scored at or near the average-achieving and high-achieving students on phonological awareness by the end of the study. This intervention has shown to be particularly effective among kindergarten students. Data presented by Fuchs et al.

(2001) determined that kindergarten students' improvement in mathematics in 10 classrooms using PALS surpassed the improvement of students in 10 classrooms without treatment (ES = 0.24). Perhaps most prominent was the authors' commentary that the most considerable intervention effects happened with student learners of the greatest need; such as those who are younger, with low achievement, or in high poverty or urban areas.

Peer-Tutoring. Each of the tactics mentioned above are important elements of the school counselor's tool kit. For the purposes of this review, the majority of literature considered focuses on peer tutoring. For the defining purposes of this literature review, peer tutoring occurs when two students, either of the same age or differing ages, work together in an academic setting to learn from one another and achieve an outcome. Several studies have investigated the effectiveness of peer tutoring on students with emotional or behavioral disabilities (e.g. DuPaul, Ervin, Hook & McGoey, 1998; Falk & Wehby, 2001; Maheady, Harper, & Mallette, 2003). Franca et al (1990), found that peer tutoring had a positive effect on students' correct responses, attitudes toward mathematics, and peer interactions. Also, Locke and Fuchs (1995) report improved on-task behavior and increased positive peer-to-peer comments during peer tutoring sessions.

Various studies present compelling arguments for the implementation of peer tutoring. On-task behavior appears to be a key aspect of academic achievement, especially among students with emotional or behavioral disabilities. "Increasing a student's time on task and level of academic engagement, immediate feedback on academic performance, and the potential to include varying ability levels within the classroom are some of the benefits that are supported by peer tutoring research" (Spencer, et al., 2009, p. 3). With peer-tutoring interventions, classrooms are able to accommodate a greater variety in ability levels. Those with a higher level of academic

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abilities and social skills can assist, tutor, model, and reinforce the students who need extra

assistance.

In a 2003 study of students with EBD who served as tutors for their peers , Tournaki and

Criscitello in 2003 observed "dramatic reductions of target behaviors by the tutors" (p. 24). This

undoubtedly demonstrates both the need for further research, as well as the effectiveness of this

strength-based strategy as an interventions as well as effective instruction method.

Peer tutoring may either be comprised of students who are of the same age and grade

level, or of students who are of different ages and academic levels. The majority of literature

available focuses on the effects of same-age peer tutoring. Cross-age peer tutoring consists of

older peers at more advanced levels assisting younger students in core subject areas such as math

and reading. It may also be broadened to include other subject areas and practice with social

skills and positive interactions with others.

A study by Mastropieri et al. (2003) compared students who participated in peer tutoring

against students who participated in guided notes. Findings show that students who participated

in peer tutoring greatly outperformed those who participated in the guided notes (Spencer,

Simpson, & Oatis). It should also be noted that these students also had increased on task

behaviors, demonstrating this to be an effective intervention method. Particularly among

students with emotional or behavioral disorders, not being on task is one of the main problem

behaviors. Generally, other common problem behaviors include disrupting class, violent or

aggressive actions and words, refusal to comply with expectations, talking back to authority

figures, and skipping classes. Peer tutoring is able to give students a sense of purpose and

motivation for their studies, which in turn alleviates the tendency to engage in problem

behaviors. For most students, it can be more engaging and interesting to work with peers than with the teacher or to listen to a classroom lecture.

One study in particular that highlights the success of peer tutoring as a main element of peer-mediated interventions was conducted by Ryan and colleagues (2004), which identified 14 studies from nine special education journals involving peer-mediated interventions conducted with students with EBD. These studies consisted of 169 participants, of whom 64% were boys and 16% were girls. The ages of participants ranged from 6 years to 11 years, with another group of adolescents older than 12 years of age. The effect size (ES) clearly demonstrates the valuable findings and the strength of peer-mediated interventions. Generally, an effect size that is greater than 0.8 is considered to be significant (Cohen, 1988). With this in mind, the findings were quite miraculous. Ryan et al. (2004) reported significant student benefit from peer tutoring as for students serving as the tutor (ES= 2.02), tutee (ES = 0.63), or when sharing both roles reciprocally (2.12). These affirmative discoveries were similar across age groups, whether in elementary school or high school.

Perhaps even more valuable, are the high levels of satisfaction amongst both the teacher and students. "Students made positive comments, claiming that tutoring helped them understand their peers' needs (e.g. empathy), as well as how to ignore inappropriate behavior" (e.g. getting off-task) (Ryan, Pierce & Mooney, 2008). The worth of students tutoring peers, and in turn learning from their peers, has been demonstrated to be immense. Not only are the students' scores improving academically, but students are also learning to empathize with others and create positive social interactions. Skills such as these will assist students, particularly those classified with EBD, later in life while seeking employment and forming meaningful relationships with others.

Although both the tutor and tutee profit from peer tutoring, the most significant benefits from peer tutoring appear to manifest themselves in the role of the tutor. Providing students with EBD the opportunity to be a tutor within a tutor-tutee relationship leads to enhanced self-confidence and provides a chance for the student to practice positive social interactions with peers (Bos & Vaughn, 1998; Fulk & King, 2001; Greenwood, Carta, & Hall, 1988). In addition, Franca et al., (1990) note there have shown to be positive changes in self-concept for the tutors; as well as a great increase in positive social interactions between tutor and tutee. The tutor in each dyad may be seen as a positive influential role model whether or not he or she is of the same age as the tutee.

Students classified with emotional and behavioral disorders can be valuable peer mentors because typically they have been given extra assistance, instruction, and consequences, which can easily be transferred and taught to other students. Through teaching in a tutor-tutee relationship, students are better able to comprehend concepts of instruction as well as the structured consequences of particular behaviors. "Reciprocal peer tutoring or reverse role tutoring gives each student the opportunity to serve as the tutor or tutee" (Spencer, Simpson, & Oatis, p. 4). Students are able to experience what it is like to practice altruism by assisting peers, thus reinforcing positive feelings within themselves and enhancing self-esteem. They are able to recognize their ability to make a difference, no matter how small, in another person's life. In addition, the student can participate in being the tutee and receive assistance in areas where he or she may be deficient.

Peer Assessment and Monitoring. Peer assessment or peer monitoring may be used in every classroom; students with or without disabilities may benefit from this learning and intervention method. Assessment is a critical force in the education settings used to keep track

of progress and goals for students of all ages and backgrounds. In general, peer assessment

consists of students working together and assessing one another in terms of classroom behaviors

or academic improvement. Peer assessment gives students a chance to check each other's work

and contribute to a group of practice where constructive and supportive dialogue leads to more

profound student learning (McGarr & Clifford, 2013).   Often using discussion and talking about

the academic material or problem behaviors with others, especially those of the same age range,

can be beneficial in gaining a more comprehensive understanding.

Students can be exceedingly efficient and useful in assessing their peers. For instance,

teachers may not always be able to observe everything that occurs in the classroom due to large

class sizes and multiple distractions going on at once. Peers are more likely to see behavior

presented as it naturally occurs; behaviors that often go unnoticed by the teacher for various

reasons. Students are able to effectively reinforce positive behaviors among each other (Miller,

2005, p. 26).

According to Ryan, Pierce, and Mooney (2008), peer assessment only has an evidence

base at the elementary level; there is yet to be sound evidence discovered at the secondary level.

Certainly there is more research needed in regard to students with EBD, particularly concerning

peer assessment and monitoring at the secondary level.

Particularly among the population of students with emotional and behavioral disorders,

there are potential challenges in addition to the benefits of this learning intervention. As with

any child, there may be a tendency to attempt to make peers look bad or get distracted and off-

task. Common characteristics of this population could pose an even bigger challenge for peer

assessments and monitoring. For instance, having students report behaviors of their peers may

result in increased conflict and verbal/physical aggression (Miller, 2005). As previously

discussed, typical characteristics of children diagnosed with EBD include "inability to build or maintain satisfactory interpersonal relationships, inappropriate affective or behavioral response to a normal situation, extreme aggressiveness over a period of time, and other inappropriate behaviors different from children of similar age" (Boreson, 2010, p. 5). Challenges may arise when a student receives feedback he or she does not agree with and becomes combative or aggressive.

Despite potential challenges associated with this intervention, the benefits listed above may prevail in helping students learn and practice more positive strategies for peer interaction. It is extremely difficult at first, but students may learn the only way to get what they want is to treat others with respect and consideration. Clearly, more research is needed in this area in order to weigh the costs and benefits of this intervention with this population of students. Nonetheless, learning to cope with and overcoming these barriers can prove to be extremely valuable for the growth of these students.

Peer Modeling & Reinforcement. Students often model and reinforce behavior for their peers whether or not it is intended. The applicable mechanism here is known as observational learning, which is a concept brought to life by Albert Bandura (1977). With observational learning, "children learn behaviors taught to others by watching those students respond correctly and be reinforced" (Ledford & Wolery, 2013, p. 439). When students with EBD are able to observe positive interactions between their peers and teachers or other faculty, they learn how to respond appropriately, as their peers have done. To date, there is a lack of research in this area particularly regarding students with EBD, and especially for older children and adolescents. However, observational learning is a phenomenon that may be generalizable across settings, age groups, abilities and disabilities. Observational learning is a regularly cited motivation for

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including children with disabilities in classrooms with peers who do not have disabilities (Ledford & Wolery, 2013); further research on the effectiveness of observational learning could strengthen arguments for inclusivity.

As discussed above, a foundational characteristic of students with emotional or behavioral disabilities is a general lack of social skills necessary to initiate or maintain positive interactions with peers. Through observational learning, students with EBD can obtain the social skills crucial for development and formation of essential relationships throughout their lives. Observational learning may be exceptionally effective given that students with EBD generally dislike being told what to do and may be defiant when given orders or rules. When students observe positive behaviors of their peers, they are able to mimic these positive behaviors especially if they see positive reinforcement.

Program Evaluation

Interventions that are routinely used with students need to be continually assessed and evaluated in order to ensure they are effective and resourceful. There has been great concern regarding the quality of lessons being provided to students with EBD due to their influence on student achievement (Shu-Fei Tsai, Cheney, & Walker, 2013). Peer-mediated interventions are no exception. Evaluation can improve school efficiency by uncovering the areas of greatest concern and distributing resources to these areas. Programs that have been enriched and re-evaluated will ultimately improve student achievement (Jason, 2008). This is another motivation for more extensive research to be conducted in the area of peer-mediated interventions among students with emotional or behavioral disorders.

There are two types of program evaluation, which are known as formative evaluation and summative program evaluation. Generally speaking, formative program evaluation focuses on

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program improvement. Summative evaluation collects student outcomes to judge the merits of

the program (Fitzpatrick, Sanders, & Worthen, 2011).

A solid program evaluation instrument utilized in classrooms that serve students with

emotional and behavioral disorders is known as Participatory Evaluation and Expert Review for

Classrooms Serving Students with Emotional and Behavioral Disabilities (PEER-EBD; Walker

& Cheney, 2007). The PEER-EBD uses a collaborative approach to evaluation in which

stakeholders actively participate in the evaluation process and use of the results to enhance their

practice. Data collected has established content validity of the instrument and reported excellent

internal consistency reliability (Shu-Fei Tsai, Cheney, & Walker, 2013). Although the PEER-

EBD has not been looked at in relation to peer-mediated interventions in particular, this

instrument would be an excellent evaluation tool if applied to peer-mediated interventions.

In order to keep students with emotional and behavioral disorders in the least restrictive

environment (LRE), it may be critical to incorporate peer-mediated interventions in the

classroom. Peer-mediated interventions may assist teachers with large class sizes, help students

feel a sense of belonging and inclusivity with peers, and teach students with EBD essential

academic and social skills necessary for life in a way that models life outside of the classroom.

The Three-Tiered Model shows a fundamental outline of prevention and interventions. Peer-

mediated interventions are aimed at both primary and secondary interventions and may not be

appropriate for students needing tertiary interventions. Program evaluation is necessary for

effective intervention and prevention methods to stay up-to-date and ensure utmost productivity

and effectiveness.

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Discussion

Students with emotional and behavioral disorders often lack the necessary services and support imperative to becoming successful in school as well later in life. Although not extensive, several prevention and intervention strategies have been outlined, with a primary focus on peer-mediated interventions. It would be immensely beneficial for professionals to become knowledgeable about these methods and learn how to implement them in a school setting. Principally, the aim is to honor inclusion and place students with emotional and behavioral disorders in the least restrictive environment possible in order to adhere to the Handicapped Children's Act (PL94-142). By complying with this act and following inclusion practices, students are able to develop a critical sense of belonging and respect among peers, as well as foster meaningful relationships. Peer-mediated interventions are an effective method of keeping students with disabilities in the general education classroom while maintaining an environment conducive to learning for all. Several peer-mediated interventions have been defined along with the role of the Three-Tiered Model and one of the predominant evaluation models.

It is crucial for clinicians to recognize the immense value in utilizing peer-mediated interventions (e.g., classwide peer tutoring, peer tutoring, peer assessment) and become competent in using these methods in order to enhance academic achievement and success for students with emotional and behavioral disorders. These interventions able to assist with inclusion practices by placing students in less restrictive environments where they can interact with, teach, and learn from their classmates. Generally speaking, peer-mediated interventions tend to have longer lasting influence on students' behaviors than those enforced by teachers or administrators. Students appear to respond well to peer-mediated interventions, seemingly no

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matter what their role. Whether students are the role models for classmates, tutors, tutees, or part

of the larger group they are able to reap immense benefits of learning, growth, and peer

interaction.

Limitations of These Studies

Both special education and general education teachers are often on the front lines while

carrying out new intervention strategies. In other words, they are the first to find out the

responsiveness of students and efficacy of the method. Teachers are placed with high demands

on a daily basis. Positioning students with EBD in the least restrictive environment and

including them in the general education classrooms provides even more stress to their role. The

efficacy of peer-mediated interventions in particular depends upon teachers' ability to manage

classroom behavior and administer these methods.

As explained above, many studies have demonstrated the extensive success of peer-

mediated interventions specifically with students who have emotional or behavioral issues.

However, data are deficient in forming any solid conclusions regarding these interventions.

Although research in this area is slowly expanding, more exploration is certainly needed.

Further studies may also delineate these interventions according to demographics such as race

and ethnicity, social class, and specific grade levels. In addition, further research may address

prevention methods in depth, which may be particularly beneficial with younger students.

Continuous efforts need to be made both in research and practice, to promote the

academic, social and emotional progress of students with emotional and behavioral disorders.

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Author's Note

My enthusiasm for helping children and adolescents with emotional and behavioral disorders began in 2012 when I worked in a residential treatment facility for at-risk youth. Many of the residents with whom I worked struggled with emotional and behavioral issues. When I first witnessed adolescents' outbursts of aggression and their struggle to express emotions in a socially acceptable manner, I was apprehensive. Later I discovered these were developmental skills they had never sufficiently been taught. Emotional regulation is something that we must all learn; these kids just did not have the opportunity. I learned firsthand the significance of establishing a strong rapport with this population of youth.

While this job was incredibly challenging and emotionally draining, it was also one of the most rewarding. I was called names, threatened and ignored, multiple times daily. Yet I cannot find the words to describe the good feeling of when residents ran to see me as soon as I arrived; or when the teenager who seemed closed off to everyone else, trusted me enough divulge their personal story. More often than not, all these adolescents need is someone to believe in them, listen to them, and give them room to grow. Everything I learned while working in residential treatment encouraged me to pursue a job as a paraprofessional in a local high school working with students with emotional and behavioral disorders. Here I was able to apply some of my previous knowledge, while learning even more about this population of students.

I have written this paper in an attempt to acquire even more knowledge and insight about emotional and behavioral disorders, as well as how practitioners can assist in decreasing target behaviors and supporting positive interactions. I want to advocate for better inclusion practices in schools since I have seen these students marginalized. This is just one step down the path

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towards more effective inclusion strategies and intervention methods for a population of students

who deserve to learn and grow just like everyone else.

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