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Spring 2021

Teacher Perceptions of Behavioral Programs Serving Emotionally Disabled Students

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TEACHER PERCEPTIONS OF BEHAVIORAL PROGRAMS SERVING
EMOTIONALLY DISABLED STUDENTS

By
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A Dissertation Submitted to the
Gardner-Webb University School of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Gardner-Webb University
2021

This dissertation was submitted by Joshua G. Weese under the direction of the persons listed below. It was submitted to the Gardner-Webb University School of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Gardner-Webb University.

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Acknowledgements

I would like to acknowledge first and foremost the love of my life, Alicea Renae Jones, for helping me work through the arduous process of completing this dissertation. All the things that needed to be dealt with while I spent countless hours working on this project she took care of, from taking care of the house, our children, and every other conceivable need that arose while I was buried in sources and pages upon pages of the dissertation. In short, there is no way this project would have been completed without her love and support. I would also like to thank my committee chair, Dr. Bruce Boyles, and the rest of my committee, Dr. Steven Laws and Dr. Aron Gabriel. Without your patience and guidance as well, I would have never gotten this project done, and I am forever in your debt.

Abstract

TEACHER PERCEPTIONS OF BEHAVIORAL PROGRAMS SERVING EMOTIONALLY DISABLED STUDENTS. Weese, Joshua G., 2021: Dissertation, Gardner-Webb University.

The Individuals with Disabilities Education Act (IDEA) has undergone numerous revisions since 1965 when the first federal statute dealing with the education of students with disabilities was implemented. A revision completed in 1975 instituted the concept of least restrictive environment (LRE), which demands that all students with disabilities be exposed to the maximum amount possible with their regular education peers, regardless of disability. Full inclusion is the primary mode schools use to meet this requirement. Research has illustrated the positive effects of inclusion-style classrooms and LRE, both for regular and special education peers. However, contemporary research has begun to show that in the case of students with severe behavioral disabilities, negative results in the area of student performance begin to show. The purpose of this dissertation was to analyze a North Carolina district's schools, particularly staff member efficacy in dealing and working with students with severe behavioral disabilities, in order to determine the fidelity of its existing programs. Such programs include but are not limited to Multi-Tiered Systems of Support (MTSS), Crisis Prevention Intervention (CPI), and Positive Behavior Intervention Support (PBIS). Data were collected in the form of interviews and focus groups. The fidelity of these programs, based on teacher perceptions, was important in recommending changes, of which there were six, with the hope that potential negative side effects on regular education peers can be minimized.

Keywords: behavioral programs, teacher efficacy, emotionally disabled students

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Chapter 1: Introduction

Introduction

From 1965-2004, there were numerous separate federal statutes impacting special education that were enacted into law in the United States. The Elementary and Secondary Education Act Amendments of 1970 was one of these and was the first to put forth the idea of "Free and Appropriate Public Education" (FAPE; Collins, 2002, p. 33). Each subsequent statute built on or altered the previous one, slowly bringing in more protections for students with disabilities, including children with autism and traumatic brain injury, protections for infants and toddlers, and also individualized education plan components such as least restrictive environment (LRE). The current version, Individuals with Disabilities Act (IDEA), was passed into law in 2004, and reinforces many of these aforementioned provisions, among others. A brief analysis of the progression of these statutes is as follows in Table 1 (Collins, 2002):

Table 1

Federal Statutes Impacting Special Education

Year	Statute	Special education issues addressed
1965	Elementary and Secondary Education Act	Intended to strengthen and improve educational quality and educational opportunities. Established that procedures for appropriate objective measures of educational achievement be adopted for evaluating effectiveness of special education programs.
1970	Elementary and Secondary Education Act Amendments of 1970	Put forth the concept of 'Free Appropriate Public Education. Attempted to establish methodology for funding special education programs, which would ensure that special education monies benefited special education programs.
1973	The Rehabilitation Act of 1973	Aimed towards programs of vocational rehabilitation and independent living for handicapped individuals. Divided into four sections: Section 501-Deals with employment of disabled individuals. Section 502-Deals with architectural and transportation barriers compliance. Section 503-Deals with Employment under federal contracts. Section 504-States that 'no otherwise qualified disabled individual in the United States...shall solely by reason of disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.'
1974	The Education of the Handicapped Act Amendments of 1974	Included in Family Education Rights and Privacy Act (FERPA) as Title VI. Required that states establish a timeline toward achieving full educational opportunity for all children with disabilities. Established the requirement for procedural safeguards which granted right of due process in special education placement. Required mainstreaming of special education students wherever possible. Required that testing and evaluation materials be selected and administered on a nondiscriminatory basis. Expanded the concept of 'free appropriate public education.' Granted Parents the right to examine records kept in student files.
1975	The Education of All Handicapped Children Act of 1975	Instituted the concept of least restrictive environment. Mandated free appropriate public education. Ensured due process rights. Mandated Individual Education Plans. Became basis for federal funding of special education programs.

Year	Statute	Special education issues addressed
1983	Education of the Handicapped Act Amendments of 1983	Handicapped children was redefined to include language-impaired children. Handicapped youth was redefined to include any handicapped child who is 12 years or older, or enrolled in seventh or higher grade. Changed law to expand incentives for preschool special education programs, early intervention, and transition programs.
1984	The Vocational Education Act of 1984	Authorized federal funds to support vocational education programs. Goal was to improve access of those who had been under served in past or who have greater than average educational needs. Known as the Carl D. Perkins Act.
1986	Education of the Handicapped Act Amendments of 1986	Award of reasonable attorneys' fees and costs to parents who prevail in lawsuits against school districts that fail to provide free appropriate public education. Added Part H (Infants and Toddlers with Disabilities Act) which made incentive grants to states that provide education and related services to children with disabilities under age 2.
1990	Education of the Handicapped Act Amendments of 1990	Renamed the EAHCA 'The Individuals with Disabilities Education Act.' Changes in the law to emphasize the person first student with autism and traumatic brain injury were identified as separate and distinct class. Plan for transition required to be included in every child's IEP by age 16.
1991	Individuals with Disabilities Education Act Amendments of 1991	Amended IDEA to allow states to opt to include under the definition of children with disabilities for children aged 3-5 with delays in one or more of the following areas of development: physical, cognitive, communication, social, emotional, adaptive. Increased amount of assistance for EAHCA grant funds with a state may use for administrative costs. Altered IDEA provisions for early education for children with disabilities to include program services for individuals at risk of substantial developmental delays if intervention services are not provided; outreach to low-income, minority, rural, and other underserved populations eligible for assistance under IDEA; supporting statewide projects in conjunction with a state's early intervention plan and preschool grant application.

One of the rationales for these multiple enactments is that from an historical

perspective, the number and proportion of students in the educational system of the

United States identified as exceptional has grown consistently since World War II:

From 1948 to 1968, the number of children with disabilities in public schools

grew from 357,000 to 2,252,000, or from 1.2 percent to 4.5 percent of the K-12

population. By 1976, this number had grown to nearly 4 million and [was]

estimated to be over 6.5 million in 2006. (Fletcher, 2010, p. 70)

For the 2009-2010 school year, approximately "13% of the student population" (Gottfried

& Harven, 2015, p. 45) was identified as exceptional. The most recent data available

show that as of the 2015-2016 school year, the total number of students identified as

exceptional children (EC) and receiving such services was 6.7 million, which still

represented 13% of all public school students as it did in 2009-2010 (The Condition of

Education, 2020).

Given these statistics, "as the number of children with disabilities continued to

increase, proponents of the Individuals with Disabilities Education Act of 2004 continue

to uphold that disabled youth be educated in the least restrictive environment [LRE]"

(Gottfried & Harven, 2015, p. 45). The concept of LRE, as mentioned above, was first

implemented as a result of the 1975 Education of All Handicapped Children Act and was

further reinforced by subsequent amendments and federal statutes regarding special

education. These laws and subsequent amendments have clearly worked, as

contemporary data from the U.S. Department of Education show "that over 90% of

students with disabilities receive instruction in general education classrooms and resource

rooms" (Fletcher, 2010, p. 69).

Since the advent and passing of IDEA in 2004, full inclusion has been the primary

mode of delivering educational services to EC while trying to maintain legal adherence to

LRE. A "typical characterization of this policy [LRE] is the placement of students with

disabilities (regardless of disability type) in age-appropriate general education

classrooms" (Fletcher, 2010, p. 69). In the inclusion-style classroom, the co-teaching

model is the most popular template utilized by educators to deliver instruction to their

students. By definition, co-teaching "is defined as 'two or more professionals delivering

substantive instruction to a diverse, or blended group of students in a single physical

space'" (Tremblay, 2013, p. 251). Furthermore,

> co-teaching comprises "four basic characteristics: two qualified teachers (i.e., a
>
> general education teacher and a special education teacher), teaching that is
>
> dispensed by both teachers, a heterogeneous group of students (i.e., both general
>
> education and special needs students) and a shared setting (i.e., classroom)."
>
> (Tremblay, 2013, p. 251)

In addition to this, five "major configurations compose the co-teaching operations: (1)

support teaching, (2) parallel teaching, (3) station teaching, (4) alternative teaching, and

(5) team teaching" (Tremblay, 2013, p. 251). While there are five configurations of co-

teaching, Scruggs et al. (2007, as cited in Tremblay, 2013) identified "that in the

traditional classroom setting, the dominant configuration was support teaching, where

one taught and the other observed or assisted, and where the special education

professional assigned to the class often held a subordinate role" (p. 251).

Statement of the Problem

There has been very little research toward the potential negative effects of

inclusion-oriented classes on the regular education students in the classroom. The

benefits that can be obtained by the special education peers have been fairly well

documented, but the effects on their regular education counterparts have been lacking.

Some emerging research has demonstrated that students with the eligibility category of

severe emotional disability cause a substantial amount of damage to their regular education peers in the learning environment. Fletcher (2010) delved into this issue in depth. These potential negative effects on regular education peers in inclusion-oriented classrooms illustrate the importance of school or district programs in working with students with emotional and behavioral disabilities (EBDs), and teacher perceptions of these programs can aid in determining their fidelity.

The data used in Fletcher's (2010) study came from the nationally representative Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K). These data are used to "investigate the effects of inclusion by examining test score gains for children in kindergarten and first grade who share classrooms with students with disabilities" (Fletcher, 2010, p. 70). The ECLS-K data were pulled at various points between 1998 and 2007, and children in this data pool attend a wide array of educational programs, including public and private as well as full and part day. Fletcher also utilized information from multiple stakeholders, including parents, teachers, and administrators. The data sample is also extremely heterogeneous, as students in this sample represent multiple aspects of the socioeconomic spectrum and have diverse backgrounds racially and ethnically. In terms of data analysis, Fletcher used standard ordinary least squares (OLS) regression methods, in addition to student and school-level fixed effects to analyze and interpret the results of these data.

There were 17,000 students who were surveyed and entered into ECLS-K, although Fletcher (2010) acknowledged that approximately 2,000 students did not have valid mathematics scores at the time of school registration, bringing the total to approximately 15,000 students. Additionally, a large quantity of these data were missing

reports from teachers, and this encapsulated another 2,000 students--bringing the total to approximately 13,000. One final reduction was necessary, however, as nearly 550 students were removed from the data sample as a direct result of the fact that they receive special education services. Fletcher noted that this was important because it allowed him to "reduce the potential for confounding because students receiving special education services could have emotional problems as a secondary special need" (p. 73). This brought the total to less than 12,500, but this was reduced further--to 11,373 to be exact--due to the fact that data collection spanned a lengthy period of time and some student data were incomplete over that span for a multitude of reasons, including students switching schools. Fletcher acknowledged all of this as a restriction in the data and in his analysis.

Fletcher (2010) also explained his emphasis on kindergarten and the first grade, due to multiple reasons:

First, much previous research has not been able to examine these grade levels. Second, by design of the survey, there is a two-year gap between the first grade and the third grade waves, which does not allow second grade controls and makes the comparison of models that use lagged test scores less straightforward. Third, there is substantial school mobility between first and third grades—over 30 percent of students report switching schools over this two-year period. The high rates of mobility likely reduce confidence in using school fixed effects, and even student fixed effects to largely eliminate the endogeneity of school and classroom assignment. (p. 73)

In terms of the results of the OLS regression, Fletcher noted that students "who have

classmates with an emotional problem score approximately 10 percent of a standard

deviation lower on their *mathematics* test scores than other students" (pp. 75-77) and

> the magnitude of this effect is approximately 40 percent of the adjusted Hispanic-
> white average difference in test scores and approximately 25 percent of the size of
> the adjusted black-white test score gap. It is also similar in magnitude to large
> increases in family income (~$35,000) or maternal education (1 to 2 additional
> years). (p. 77)

Additionally, Fletcher addressed the association between students with severe emotional

disabilities and reading scores: "approximately 12 percent of a standard deviation lower

on their reading tests than other students, and there is evidence that this increases

between kindergarten and first grade" (p. 77). Fletcher addressed individual fixed effects

as well and noted that with regard to standardized mathematics scores, "having a

classmate with an emotional problem reduces achievement by 6 percent of a standard

deviation" (p. 77). Additionally, regarding reading achievement, Fletcher suggested "that

exposure to a classmate with an emotional problem reduces reading scores by 3 percent

of a standard deviation" (p. 79). Fletcher added that "in both reading and mathematics,

exposure to girls in the classroom increases achievement; a 10 percent increase in the

proportion of classmates who are girls increases achievement by 1 percent of a standard

deviation" (pp. 79-80). Fletcher compared the association between students with severe

emotional problems and achievement through a heterogeneity of individual fixed effect

results. Regarding the highest negative impact regarding mathematics scores, Black and

Hispanic students are the most affected when exposed to students with severe emotional

problems, 12% and 9% of a standard deviation respectively (Fletcher, 2010). As it

pertains to reading achievement,

> White and Black students face similar decreases with exposure to classmates with emotional problems (3 percent of a standard deviation), but the effects on Hispanic students are nearly 10 percent of a standard deviation. Females are more affected than males (4 percent vs. 2 percent) and students with more highly educated mothers are also more affected (4.5 percent vs. 1 percent). (Fletcher, 2010, p. 80)

In conclusion, Fletcher noted,

> Using standard ordinary least squares (OLS) regression methods and school-level and student-level fixed effects specifications, I find consistent evidence that having a classmate with an emotional problem is associated with lower test scores for kindergarteners and first graders in reading and mathematics. (p. 70)

As a result, Fletcher argued that a more nuanced policy--in relation to inclusion--may be needed, in addition to potentially allocating students based on disability as opposed to altogether. The purpose for this, based on his study, would be to alleviate negative consequences regarding achievement on the peers in the classroom. Furthermore, and consistent with previous research conducted by Fletcher,

> students who attend schools where administrators report that students with emotional problems spend most of their day in regular classes ("full inclusion") face larger decreases in test scores than students who attend schools where classmates with emotional problems spend most of their day outside of regular classes ("partial inclusion"). (p. 80)

Finally, Fletcher noted that while decreases of 3-10% of a standard deviation regarding

student achievement may not seem like a significant problem, one must take into account "that a student with a serious emotional problem who is included in a regular education class likely affects all classmates" (p. 81). Fletcher stated that the consequences of inclusion are felt by all individuals in the classroom—teachers and students alike—and the totality of the effect could be magnitudes higher than the baseline OLS results appear initially.

> Since nearly 10 percent of the students in the nationally representative sample have a classmate with an emotional problem, the aggregate impact on children's test scores of including students with an emotional problem in general education classrooms could be substantial. (Fletcher, 2010, p. 81)

Fletcher (2010) acknowledged a degree of deficiencies and limitations with these data. First, there was no information provided in any of these data that described the process used by specific schools to match students with classmates with severe emotional problems. In short, "purposeful matching of students could introduce bias in estimating spillover effects" (Fletcher, 2010, p. 81). Fletcher attempted to mitigate this potential bias by controlling student-level fixed effects by "using within-student differences in exposure to classmates with emotional problems between kindergarten and first grade" (p. 81) and by focusing on the classroom (rather than grade-level) "spillovers of children with special needs [which] has the advantage of focusing on early grades, which are unavailable in many administrative data sets commonly used" (p. 81). A second limitation is that the data were unable to control for teacher sorting across classrooms in their schools. Fletcher (citing Clotfelter et al., 2006), noted,

> If "bad" teachers are more likely to be in classrooms with students with serious

emotional problems or if "bad" teachers are more likely to report the presence of

students with emotional problems, then the association of having a classmate with

an emotional problem and test scores will be biased upward due to the omitted

effects of having a bad teacher. (p. 81)

Regardless of these potential biases, there were consistent results that showed that

mathematics and reading scores were significantly lower for students exposed to

classmates with severe emotional problems, though admittedly the results for reading

were not quite as statistically significant. The overall magnitude of the effects, however,

are similar in size to the adjusted Hispanic-white gaps in test scores and represent

a large fraction of the black-white gap in test scores. Further, since more than one

student in each classroom is being effected by their classmate with a serious

emotional problem, the aggregate effects of inclusion are likely quite large.

(Fletcher, 2010, p. 82)

Fletcher (2010) contended that as a result, the notion of full inclusion of all types of

disabilities with regular education peers may need to be adjusted or further examined.

Specifically, Fletcher felt as though inclusion needs to be reevaluated as it pertains to

students with severe emotional problems, given the negative impact their presence can

have on the other peers in those classrooms. In short, "it may be necessary to base the

policy of the inclusion of students with disabilities in regular education classrooms on

type of disability" (Fletcher, 2010, p. 82). Fletcher's results also indicated that further

resources may be needed to target classrooms with students with serious emotional

problems to diminish the potential negative effects of their presence on their classmates.

There are additional studies that support Fletcher's research. Gottfried (2014)

found many similar negative effects of having students with EBDs in inclusion-oriented classrooms. Gottfried's (2014) study is based on data from the National Center for Educational Statistics and is a nationally representative sample. It is also sourced through ECLS-K. The students represented in the study came from a host of different economic and racial backgrounds. Approximately 1,000 kindergarten programs during the 1998-1999 school year were studied; and this group was followed up with until Grade 8, though the focus was kindergarten and first grade since these years were identified as critical years from both academic and developmental perspectives. According to Gottfried (2014), "five teacher-rated SES scales [were] utilized in this study, delineated into two categories: problem behaviors and social skills" (p. 24). Problem behavior included both externalizing and internalizing behaviors. Social skills included "self-control, approaches to learning and interpersonal skills" (Gottfried, 2014, p. 24). Questions were scaled from 1, which represented never, to 4, which represented very often.

Gottfried (2014) used a linear regression model to analyze any potential peer effects of having students with disabilities in the classroom. Findings indicated by the study showed that

> increased problem behaviors and worsened social skills may be related to the fact that classmates with disabilities may induce disorderly behaviors from their peers through their own disruptive actions…or through indirect mechanisms, such as by diverting teachers' time away from fostering the non-cognitive skills of other students. (Gottfried, 2014, p. 39)

Gottfried (2014) also identified several potential policy implications from his study. One

of these is that schools need to focus not only on academic achievement when addressing these issues but also on noncognitive issues present in nondisabled peers as a result of being placed in an inclusion-oriented classroom. Another is that since Gottfried (2014) analyzed disabilities as a whole, diving deeper into specific disability categories would be beneficial for schools to do when analyzing any potential negative impact on nondisabled peers. Gottfried (2014) also demonstrated that while focusing on kindergarten and first grade, documented problems were "persistent across multiple years of early education" (p. 39). Taking the information from Gottfried (2014) may be beneficial to schools in creating effective learning environments early, as opposed to waiting until middle or high school where potential problem behaviors have worsened over time. This opinion is echoed by Crockett (2014), who stated that the "need for effective intervention strategies for older students is equally if not more important because of the emotional overlays that typically emerge as adolescents mature and continue to experience significant failure" (p. 51).

Purpose

This dissertation examined teacher efficacy in a North Carolina school district in working with students with serious behavioral disabilities. Aforementioned research has demonstrated the possibility of students with behavioral disabilities negatively affecting the peers in their classrooms, and this study attempted to gauge teacher efficacy in dealing with this. The purpose of this dissertation was two-fold. First, there is a need to analyze what strategies teachers are currently incorporating into the classroom that could potentially offset any negative side effects present in an inclusion-oriented classroom with students with serious emotional disabilities. These could be resources or strategies

they learned in college or higher education, tactics they learned via years of experience, or tips they picked up from various in-district trainings. Second, there needs to be an analysis of the current training and professional development the school system is utilizing at all levels to help train their teachers in both classroom management and working with students with serious emotional disabilities. Both of these will help determine the level of teacher efficacy teachers have when working with students with severe emotional disabilities. The hope is that in determining this, changes and improvements may be made at the district and school level to provide stronger support to these students. The research question was, "What are teacher perceptions of the strategies and programs that have been put into place to assist students with emotional and behavioral disabilities in inclusion classrooms in order for students to be successful and to reduce any potential negative impacts on nondisabled peers?" It was identified through this study that teacher perceptions of some of the strategies and programs are inadequate, so the fidelity of those programs have been called into question. In other areas, teacher perceptions of these programs and strategies are positive and they are working to support both them and the students, so the quality of the programs are adequate and sufficient enough to address these students' needs.

The school district where the study was conducted has some procedures and trainings in place to address student behaviors and classroom management, but the effectiveness of these procedures and programs, in conjunction with teacher fidelity in the utilization of these procedures and programs, is what was analyzed. Current examples include annual training in crisis prevention intervention (CPI), whereby each school has their own CPI team to respond to any severe acts of aggression and also to be available to

coach other staff not on the team in verbal de-escalation techniques. The district also

employs Multi-Tiered Systems of Support (MTSS), which is a framework that includes

both Response to Intervention (RtI) and Positive Behavior Intervention Support (PBIS).

RtI is more frequently used with EC and is a tool that is critical in placing students into

the EC program. It is important to note, however, that RtI is not just for students

identified as EC; it can apply to all students. It is also primarily focused on the academic

struggles of a student. PBIS is utilized across the district as well with, like RtI, both EC

and regular education peers and is employed at every school in the district except two:

the high school and the magnet high school. In conjunction with these three modalities,

there are also numerous professional development offerings, both within and outside the

district, that address behavioral needs. One of these offerings is CPI, which teaches

verbal de-escalation techniques and forms teams of teachers to respond to behavioral

crises at their individual schools. Contained within CPI training are techniques to utilize

if a student is out of control and requires staff to put their hands on or restrain them. All

of this said, another aim of this dissertation was to determine the fidelity of these

programs among elementary school teachers and the ways in which the programs do or

do not assist teachers in preparing and working with students with severe behavioral

disabilities.

   From an historical perspective, there have been a few changes in the way schools

are and have supported students identified as having problem behaviors. Prior to the most

recent revision of IDEA in 2004, Sandomierski et al. (2007, citing Special Programs for

Students Who are Emotionally Handicapped, 2006) contended that such approaches

consisted of "parent conferences, observations, a minimum number of general

interventions, a review of educational and social records, and a psychological evaluation"

(p. 1). Once the 2004 revision to IDEA went into effect, however, schools were

motivated to take more proactive academic and behavioral approaches. One of these

approaches, a primarily academic one, was RtI. Sandomierski et al. stated that RtI "has

emerged as the new way to think about both disability identification and early

intervention assistance" (p. 1).

According to Sandomierski et al. (2007), PBIS "offers a range of interventions

that are systematically applied to students based on their demonstrated level of need, and

addresses the role of the environment as it applies to development and improvement of

behavior problems" (p. 1). Sandomierski et al. continued by elaborating on the specific

tiers in the PBIS behavioral model:

- Tier 1 (universal): "In schools using PBIS, the practice of teaching and

    reinforcing students for displaying the school-wide expectations is considered

    to be a universal intervention, delivered to every student in every setting" (p.

    2).

- Tier 2 (targeted group):

    Once a student has been identified as needing additional support, both RtI

    and PBIS advocate for using evidence-based interventions that require

    resources appropriate to the student's level of need, and then monitoring

    the progress of students receiving those interventions. (Sandomierski et

    al., 2007, p. 3)

- Tier 3 (individual student):

    At tier 3, the school team needs to conduct a more in-depth analysis of the

student's data, which at this point would include all of the information

examined at Tier 1, as well as the student's response to and the fidelity of

the Tier 2 intervention(s). (Sandomierski et al., 2007, p. 5)

Additionally, at

tier 3, access to an array of assessment information is essential for

effective team decision-making. Different data are necessary for

identifying students in need of more intensive support, for assessing the

function(s) of their problem behaviors, and for evaluating the outcomes of

individualized education programs. (Sandomierski et al., 2007, pp. 5-6)

Diving deeper, the district addressed in this dissertation continued using both RtI

and PBIS for addressing both the academic and behavioral needs of students for many

years beyond the revision to IDEA in 2004. Recently, however, the district adopted the

MTSS model, which is designed to address both the academic and behavioral needs of

students, including students identified with a serious emotional disability. This is

connected to the purpose of this study since it is a program in place to address, in part, the

needs of students with EBDs. MTSS "grew from efforts to improve identification

practices in special education" and "is a process of systematically documenting the

performance of students as evidence of the need for additional services after making

changes in classroom instruction" (Multi-Tiered System of Support [MTSS] & PBIS,

2018, p. 1). In short, MTSS aims to address both academic and behavioral challenges by

delivering a host of interventions geared towards the functionality of the student. Much

like both RtI and PBIS models, MTSS is "grounded in differentiated instruction" (Multi-

Tiered System of Support [MTSS] & PBIS, 2018, p. 1). Each approach delimits critical

factors and components to be in place at the universal (Tier 1), targeted group (Tier 2), and individual (Tier 3) levels (Multi-Tiered System of Support [MTSS] & PBIS, 2018).

RtI, PBIS, and MTSS are not the only models the district has utilized to address the academic and behavioral shortcomings of specific students. CPI training has fostered the creation of "teams" throughout the district who receive yearly training in verbal de-escalation techniques and, as a last resort, physical restraint procedures. CPI was created "for human service professionals to address the need for training in safe, respectful, noninvasive methods for managing disruptive and assaultive behavior in a way that is compatible with staff's duty to provide the best possible care" (Crisis Prevention Institute, 2018, p. 1). In terms of platform, the "cornerstone of CPI is the Nonviolent Crisis Intervention® program, which is considered the worldwide standard for crisis prevention and intervention training" (Crisis Prevention Institute, 2018, p. 2). As with all the programs referenced above, this is related to teacher perceptions of these programs since it has been deployed in the district for many years in an effort to address the needs of students with behavioral needs, including those identified with EBDs.

Methodology

The primary mode of collecting these data and feedback from staff members came in the form of interviews, focus groups, and document reviews. There were interviews that were conducted by the staff who were willing to participate centered on approximately 10 questions pertaining to the fidelity of services designed to support students with EBDs. These interviews were conducted where the interviewee was most comfortable, around a time that best fit their schedule. These interviews were for qualitative data collection purposes and were conducted by me. They were also centered

on the teachers in the district who teach students with EBDs, including those who teach them in inclusion-oriented classrooms. The focus groups were centered on select teams from a sample of schools in the district. These teams included but were not limited to PBIS, MTSS, and CPI teams. The function of these focus groups was to derive data from them and attempt to find commonalities and themes between their feedback and the feedback received from the teachers in the interviews.

Significance

IDEA is the law of the land and for the foreseeable future will continue to be. As such, we need to look beyond the effects inclusion-oriented classrooms have on special education peers, which most research has shown to be overwhelmingly positive, and focus on teacher efficacy in the utilization of the programs and strategies used to assist students with EBDs that are designed to potentially offset some of the negative effects regular education peers may experience in these classrooms. Emerging research has demonstrated that students classified with serious emotional disabilities have the greatest effect on regular education peers; thus, it is vital to equip teachers with the strategies necessary to offset this. Constantinescu and Samuels (2016) stated that some researchers "have recently found that young children without disabilities are negatively affected when they're educated in the same classrooms as students with emotional and behavioral disabilities" (p. 1). Furthermore,

> young children who shared a classroom with pupils who have emotional and behavioral disabilities had more absences, lower math and reading scores in kindergarten and 1st grade, and were more likely to act out in the classroom or struggle with social skills. (Constantinescu & Samuels, 2016, p. 1)

This negative impact can be seen among minority nondisabled peers as well.

> Fletcher [David] found that the negative spillover effects [from inclusion] were more 'robust and larger for reading' and had more of an impact on African-American and Hispanic nondisabled students in low-income schools. Fletcher also reported that score gaps between Hispanic and white students were larger at the end of the school year in classrooms with students with emotional or behavioral disabilities than they were in demographically similar classrooms without such students. (Constantinescu & Samuels, 2016, p. 2)

Finally, research also indicates that absences are higher for nondisabled peers when they are in classrooms with pupils classified with EBDs. In fact, at the kindergarten level, this increase was an average of a half day.

Constantinescu and Samuels (2016) also addressed the sensitivity of the topic, which is related to its significance given the inevitable difficulties inherent in addressing it:

> Bringing up the issue of spillover effects [from inclusion classrooms containing students with emotional and behavioral disabilities] is sensitive for advocates who fought long and hard for mainstreaming students with disabilities into regular classrooms and some note that the IDEA is civil rights legislation, which means that separating student from their peers is a form of segregation. (p. 3)

The purpose of this study was to analyze teacher perceptions of the efficacy of the programs and strategies in place to assist teachers in working with students with EBDs, as many of these programs and strategies exist to benefit all students and also to offset any negative effects rampant behaviors can cause to the classroom environment.

Context

The first study analyzed is Fletcher's (2010) *Spillover Effects of Inclusion of Classmates with Emotional Problems on Test Scores in Early Elementary School*, which is based on nationally representative data encompassing numerous elements of diversity in categories such as sex, race/ethnicity, and socioeconomic status, and school environments such as public and private schools, as well as full- and part-time students. While these categories represent the rich diversity of the students involved in the data sample, there are two constants represented in the sample: the ages and grade levels of the students represented in the sample and the fact that they were in classrooms with students with disabilities. The second study that was analyzed was Gottfried (2014), which is also a nationally representative data set. This study focused primarily on the noncognitive outcomes of nondisabled peers in inclusion-oriented classrooms. Both of these studies primarily addressed the elementary level, but both also addressed the critical importance of analyzing the effectiveness of inclusion-oriented classrooms throughout the middle and high school years.

In summary, federal laws, specifically IDEA, require students with disabilities to be served in the LRE available for them to be successful academically with the aid of their accommodations and modifications. In an attempt to accomplish this, many districts utilize inclusion-oriented classrooms whereby students with disabilities are educated alongside their regular education peers. Some research, outlined in this chapter, contended that students with EBDs have a negative effect on their regular education peers and lose more than they gain from the inclusion classroom experience. The research question posited in this chapter sought to analyze teacher perceptions of the strategies and

programs in place at the school level to support students categorized with EBDs, both in and out of inclusion settings. In the next chapter, a literature review based on the research pertaining to students with EBDs is discussed as well as multiple variables associated with the education of these students. These variables include statistics pertaining to students with EBDs as it relates to truancy and discipline; court cases that have defined the concept of LRE over the past few decades; the fidelity of inclusion-oriented classrooms and students with EBDs; and proven, evidence-based practices that work with these students, among other variables.

Chapter 2: Literature Review

Overview

The purpose of this study was to analyze teacher efficacy in working with students with serious behavioral disabilities in inclusion-style classrooms. This chapter analyzes multiple points in order to establish a comprehensive literature review of the educational background of teaching students with EBDs and the multitude of ways school districts choose to reach and teach these students contemporarily. This chapter includes discussion regarding a brief timeline of the educational history of teaching students with EBDs, analysis of LRE and statistics pertaining to these students, concepts such as inclusion and PBIS, and research-based strategies proven effective to work with students with EBDs. This information is designed to create a backdrop for analyzing current district practices in working with students with EBDs. Before determining the fidelity of programs designed to support students with EBDs as well as teacher perceptions of these programs, research outlining what has been proven effective is critical.

To effectively frame a contemporary literature review of serving students who have EBDs, a brief discussion needs to occur providing an historical overview of the topic. The first landmark study of programs designed for EBD students took place by Morse et al. (1964). Morse et al.'s study included an intensive mail survey of 117 programs designed to assist students with behavioral disorders and also site visits that were conducted on a total of 54 programs (included in the initial 117), encapsulating 74 classrooms and over 500 children. Morse et al. aimed to answer the following questions:

1. What are the salient themes that run through programs?

2. What are the classroom practices?

3. What are the results from given styles or approaches?

4. What are the underlying attitudes and purposes in the minds of teachers?

5. What are the backgrounds of the teachers?

6. How are the programs perceived by the pupils?

7. Are there deeper strata that characterize these operations which will allow us to understand underlying theoretical orientations?

Concerning the impetus of programs serving EBD students during this study or the reasons such programs came to be in the first place, Morse et al. noted one reason uncovered from the study was the "immense concern by the public schools for the children for whom they were responsible" (p. 7). However, how this concern was expressed varied greatly. For example, some interviewees noted that since all other options had been exhausted to help these students, there was no other choice. Others noted that these children needed to accept themselves and have better feelings towards themselves. Additionally, many noted a desire to relieve the immense pressure and stress such students were causing for regular education teachers. Thus, while the underlying impetus of these programs were the children themselves, how this sentiment was expressed varied wildly from person to person and from program to program based on the results of the study.

Regarding the targeted aims of the programs, administrators in Morse et al.'s (1964) study responded in the following way regarding the purpose and main goals of their program:

- Expedite change in pupils to enable them to return to regular class: 54%

- Foster normal educational achievement in emotionally disturbed pupils: 43%

- School has a responsibility to educate all pupils: 29%

- Provide special educational rehabilitation and remediation: 26%

- Free the regular classroom from behavior problems: 25%

- Provide a useful, secure placement for disturbed pupils: 19%

- Foster social and emotional rehabilitation: 18%

- Purely experimental—to see what can be done: 4%

It is important to note that this information includes all of the targeted aims identified by the 54 programs in the study. Morse et al. also stated that program goals "were stated very generally, and little difference in program types existed among the many kinds of children served" (p. 9). One key takeaway from this information is that the majority of administrators (54%) desired these students to be transitioned back into a regular setting—a sentiment not unlike contemporary LRE policies.

It was difficult for Morse et al. (1964) to find similarities and commonalities in the various programs they reviewed, but seven categories of distinction were found in the types of programs themselves:

- **Psychiatric Dynamic**: Major emphasis was on dynamic therapy and pupil acceptance, with educational aspects played down or secondary. Individual therapy was expected or required. Parental therapy was stressed. There was heavy psychiatric involvement in diagnosis, decision-making, treatment processes, consultation, and evaluation. Emphasis was on acceptance, use of interpersonal relationship, and overall tone.

- **Psycho-Educational**: Psychiatric and educational emphases were balanced with joint planning and interweaving-equality of two emphases: educational

and clinical. Educational decisions were made with a consideration of underlying and unconscious motivation. Educational aspects stressed creative, project-type work, individual differences, and a benign but not permissive atmosphere. Clinical participation was apparent but not omnipresent or decisive in day-to-day actions.

- **Psychological-Behavioral**: This series was based in systematic psychology of learning theory, with emphasis on diagnosis of learning potential capacities and relationship to specific remediation techniques. It involved the use of associative learning and formal habit. It contained a nonpunitive structure with emphasis on changing symptomatic responses through specific techniques on a planned, ego level.

- **Educational**: Emphasis was on formalized, accepted educational procedures such as routine drills, work books, inhibition of symptomatic behavior, and attention to skill training and drill. Little use was made of group processes. Emphasis was on control with restrictive handling seen as corrective. Atmosphere was nonhostile. These classes relied largely on extension of traditional educational procedures without much systematic attention to the theoretical design.

- **Naturalistic**: The teacher operated on a "green thumb" naturalistic basis without organized approach or any specific design. The work was dominated by ad hoc responses to individual problems (academic-behavioral) as they appeared. Frequently, the teacher assumed a benign, kind but demanding mother-teacher role. Various procedures were used without any well-

developed plan. Sometimes the method of control involved joking. The teacher interaction was pervasive in interventions and decision-making as the process evolved, but there was not much depth or fundamental consistency to the interventions.

- **Primitive**: There was an overall coarseness evidenced in both rationale and handling procedures. Sometimes, the teacher was aloof and cold. Control was maintained by establishing limits through a "no monkey business" approach by domination and fear. The class was essentially a holding company operation, with a lack of sensitivity in the overall tone. Emphasis was on surface compliance for its own sake.

- **Chaotic**: Here, impulsive behavior broke through continually and any semblance of order was momentary. This might have been a consequence of extreme passivity and permissiveness or an inability to cope with the situation and a lack of adequate backup or removal. There also may have been, in some instances, a belief or rationalization regarding the therapy of permissiveness. (pp. 28-30)

Additionally, regarding the intake of EBD students into special classes and programs, Morse et al. observed the following six stages regarding the personnel and steps of placement:

- Stage I (Nomination of Potential Pupils)
  - School Personnel Involved: Teacher, Principal, Special Personnel, School Consultants
  - Outside Personnel Involved: Psychiatrist, Social Worker, Parents, Private

Practitioners, Community Agency Referrals

- Stage II (Additional Data Collection)

  o School Personnel Involved: School, Psychologist, Social Worker, Guidance Department

  o Outside Personnel Involved: Consultants for Diagnosis

- Stage III (Screening Committee)

  o School Personnel Involved: Special Services Personnel

  o Outside Personnel Involved: Outside Clinicians

- Stage IV (Further Study)

  o School Personnel Involved: None

  o Outside Personnel Involved: Clinical Personnel, Psychiatrist

- Stage V (Placement Committee)

  o School Personnel Involved: Special Education Director

  o Outside Personnel Involved: None

- Stage VI (Assignment to Class)

Morse et al. also noted that more "time was spent in the intake and placement process than in any other aspect of the program" (p. 24) and that this "may indicate the care taken in assigning children to the special class, or it may reflect some of the anxiety that school personnel experience in decreeing a pupil to be maladjusted" (pp. 24-25).

Regarding the return of EBD students into mainstream or regular classrooms, Morse et al. (1964) observed the following four stages regarding the personnel and process of return:

- Stage I (Generation of Consideration for Return)

- o Major Participants: Teacher, Principal, Psychologist, Outside Clinician, Screening Committee

- Stage II (Staffing Conference)

- o This was not always evident

- Stage III (Placement Alternatives)

- o Trial or Permanent

- o Part Time or Full Time

- o Host School or Outside School

- Stage IV (Exclusion)

Morse et al. noted that the "major instigator for return was the special teacher, working in a team relationship with the principal" (p. 27). It was also interesting to see that a relatively coherent pattern emerged regarding the intake of students with disabilities into special programs and schools as well as their return back to a regular setting. Whereas not every program evaluated followed this model and template to the letter, there was enough of a pattern that a paradigm was able to be drawn concerning the processes of intake and placement.

One positive conclusion Morse et al. (1964) drew from their study was that "pupils, teachers, and observers found positive change as a result of participation, and program types were shown related to changes" (p. Cover Page). Morse et al. also noted that most programs exhibited "a school related focus" and that "clinical support and understanding were helpful" (p. Cover Page). In terms of negative conclusions, Morse et al. observed that "uniformity in approach were lacking, school personnel realized that their original program plans required extensive modification, and that flexibility was

needed [and] program types differed widely" (p. Cover Page).

There were a few similarities and differences in the ways districts chose to work with students with EBDs over the next few decades, and documenting these are important when framing a contemporary analysis of the topic because trends and patterns can be seen over the course of time. The next major national study involving programs for students with EBDs was conducted by Grosenick et al. (1987). Grosenick et al.'s work was framed and designed to contrast with the findings of Morse et al. (1964). Grosenick et al. included outcomes from a national survey involving 126 school districts that provided services for students with EBDs. It is also intended to provide a point of contrast to the previously discussed earlier work. Grosenick et al. framed Morse et al.'s work as designed to "describe existing programs for emotionally handicapped pupils as viewed by teachers, students, administrators, and external site visitors" (p. 160) and to "probe the effects of these programs on the children served" (p. 160). Grosenick et al. also acknowledged that the earlier study found that most programs were doing well and were fostering a climate of positive change in the pupils being served. Admittedly, some were doing better than others; but overall, the programs were beneficial and effective. Additionally, the earlier work "revealed less systematization among approaches used across programs and more reliance on intuition" (Grosenick et al., 1987, p. 160). Each program relied on their own methods to work with students with EBDs, as opposed to any national framework or model.

Grosenick et al. (1987) began their study by framing two key terms, "program" and "behaviorally disordered," as follows:

The term program is defined broadly to include the entire array of services made

available to students who are identified as behaviorally disordered/seriously

emotionally disturbed.… Second, the term behaviorally disordered is used to refer

to those students who are defined as seriously emotionally disturbed and eligible

to receive special education service. (p. 160)

Data were collected in the method necessary to compare the following four factors:

- Philosophy, aims, and goals including theoretical orientation

- Service delivery

- Teacher role including training

- Entrance and exit procedures (Grosenick et al., 1987)

Grosenick et al. and Morse et al. (1964) chose philosophy, aims, and goals as key aspects

and foci; and Grosenick et al. defined Morse et al.'s (1964) work as "a system for

interpreting emotional disturbance or behavioral disorders and guiding action to meet the

needs of a population with this disability [EBD]" (p. 162). Since philosophy and aims of

the programs were included as well as teacher roles in the training, this information can

be useful when analyzing teacher perceptions of current strategies and programs

employed by the school district in working with students with EBDs.

Grosenick et al. (1987) acknowledged that on a few subjects, times had changed

when they conducted their study versus when Morse et al.'s (1964) work was conducted.

First, programs for students with EBDs were just emerging on the scene in the 1960s.

These early programs were primarily self-contained and remedial as opposed to

preventative (Grosenick et al., 1987). Second, there were sparse training programs for

staff of students with EBDs and behavioral disabilities as a whole. For the most part,

teachers in the 1960s were trained as regular educators only. In the 1980s, training for

students with EBDs was far more widespread (Grosenick et al., 1987). Third, the number of students chronicled "as behaviorally or emotionally disturbed who participate in the mainstream is much greater" (Grosenick et al., 1987, p. 166) in the latter study. Fourth, there were more programs serving students with EBDs in the 1980s as opposed to the 1960s, and these programs are provided over a much larger spectrum. Specifically, services for preschoolers and even young adult populations were far more commonplace.

Grosenick et al. (1987) also discussed numerous similarities that continued to exist from the 1960s through the time of their study. First, teachers of programs for students with EBDs remained—from the 1960s through the 1980s—prominent figures in the facilitation of these programs. Second, purposes and aims of these programs have primarily remained the same. Third, entrance procedures used in determining service, have remained structured. This is the case in both referral and assessment procedures.

Grosenick et al. (1987) stated that there are two critical ingredients that need to exist in order for schools and programs to deliver quality of service for students with EBDs: The first is a "clear picture of current program practices" (p. 159), and the second is a "validated set of standards which delineate the elements of a well-designed program" (p. 159). In short, these two elements in conjunction can provide districts with information pertaining to any notion of discrepancy between the current state of the program and what a well-designed program should be. With that discrepancy framed, districts and schools can design plans for the improvement of their program(s).

LRE

With these two major studies, Morse et al. (1964) and Grosenick et al. (1987), chronicled and framed, this study addresses the concept of LRE and where it fits

regarding students with EBDs in the larger framework of providing a FAPE. Many of the

programs outlined above were tailored to students with behavioral challenges; but with

the push for LRE, many school districts are now educating students with behavioral

disabilities in regular education classrooms. According to Crockett (2014), the "concept

of LRE in special education emerged from the right-to-education cases in the early

1970's, including *Pennsylvania Association for Retarded Children (PARC) v.*

Commonwealth of Pennsylvania (1971) and *Mills v. District of Columbia Board of*

Education (1972)" (p. 42). Since its inception, the concept of LRE has been the subject of

numerous court cases, but there has not been any trend showing favoritism in the case

outcomes towards inclusive versus separate placements (Rozalski et al., 2011; Warner et

al., 2013). Additionally, there is no framework from the national level that would assist

courts in determining proper placement decisions; and to date, the United States Supreme

Court has refused to hear any cases pertaining to LRE. This is perhaps why individuals

on both sides of these cases have struggled for so long with the concept of LRE; it is not

so much a specific location as it is "a procedural process that considers a student's

learning and behavioral needs" (Crockett, 2014, p. 45). This is also a reason school

districts have to provide a wide continuum of possible student placements. This can range

from "general education classes, special classes, separate schools, residential facilities,

hospitals, and home settings (34 CFR § 300.115)" (Crockett, 2014, p. 44). According to

Crockett (2014), circuit courts have devised three analytic frameworks used to determine

if a special needs student is performing well in a general education environment, and thus

whether the concept of LRE has been appropriately prescribed. These three frameworks

include the feasibility standard, the 2-pronged test, and the 4-pronged test. These

frameworks came from the *Roncker v. Walter* (1983), *Daniel R. R. v. State Board of Education* (1989), and *Sacramento City Unified School District v. Rachel H.* (1994) court cases respectively (Crockett, 2014).

Fletcher (2010) perhaps summed up the purpose and language of the concept of LRE best when they stated,

> The current language mandating placement of students with special needs in the "least restrictive environment" places the onus on schools to show that particular students need to be educated in separate facilities or resource rooms instead of general education settings.… Congress outlined the burden on school systems in removing disabled students in the Individuals with Disabilities Education Act (IDEA): The law and this bill (S. 717) contain a presumption that children with disabilities are to be educated in regular classes.… This committee recognizes that every decision made for a child with a disability must be made on the basis of what that individual child needs.… Nonetheless, when the decision is made to educate the child separately, an explanation of that decision will need, at a minimum, to be stated as part of the child's IEP. (U.S. Senate, Committee on Labor and Human Resources, 1997, pp. 20-21). (p. 71)

That is, with the onset of LRE, school districts became forced to demonstrate justifiable, evidence-based reasons for removal of students for any reason, including those with EBDs and broader behavioral disabilities. Specifically, separation is only permitted "when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (EAHCA, 1975, sec. 1412(5)(B))" (Crockett, 2014, p. 40).

Indeed, the right to a FAPE is the pillar of the law pertaining to special education. Every school is required to provide it, and the process of providing it is based on the following three steps:

1. Evaluating the student for possible eligibility for special education using multiple nondiscriminatory assessments.

2. Developing an appropriate IEP.

3. Determining the LRE in which the student can learn appropriately based on the IEP. (Crockett, 2014, pp. 43-44)

There are also multiple factors to consider when educating students together in inclusion-style classrooms. These include parental input, evaluation data, annual IEP meetings, and allowing a student to be educated as close to their home as possible. Additionally, a disabled student must not be removed from the general education classroom solely because of the need for modifications to the curriculum (Crockett, 2014). Nevertheless, approximately half of students diagnosed with EBDs continue to be taught outside the classroom (Webber & Plotts, 2008). Additionally, among all students classified as EC, students with EBDs continue to be the highest population of EC students served in non-inclusive settings (Billingsley et al., 2006; Cook, 2002; Wagner et al., 2006). With this evidence in-hand, it is still true that separate, special schools for students with disabilities (as a whole) declined by 25% from 1990 to 2007, while the percentage of students with disabilities who were placed in general educational settings rose from 34% to 58% (McLeskey et al., 2012).

Problems Faced by Students with EBDs

With the concept of LRE framed, the focus of this literature review shifts to

documented issues exhibited by students and youth classified with behavioral disabilities and, specifically, EBDs. Evidence illustrates that all students with disabilities struggle more than their regular education peers in some areas; for example, EC students and students with 504 plans were more than twice as likely to receive out-of-school suspensions. However, it appears as though students with EBDs struggle more than the typical EC student (U.S. Department of Education, Office for Civil Rights, 2012). According to Merikangas et al. (2010), whose study consisted of a face-to-face survey of 10,123 adolescents aged 13-18 years old in the continental United States, nearly a fifth of the population they studied experienced a mental, emotional, social, or behavioral disorder, and most of these issues came in the earlier years of learning. Specifically, median age of onset of these problems was 6 years old for anxiety, 11 years old for behavior disorders, 13 years old for mood problems, and 15 years old for substance abuse. Regardless of this evidence, less than 1% of students in the United States are eligible to receive support for EBDs (U.S. Department of Education, Office of Special Education Populations, 2011). Additionally,

> youth with ED also have a cluster of other characteristics that are associated with poorer outcomes in the general population, including a higher likelihood of being African-American, living in poverty, and having a head of household with no formal education past high school. Youth with ED also are less likely to have the advantages of a two-parent household than their nondisabled peers. Further, almost two-thirds of youth with ED are reported by their parents to have attention deficit/hyperactivity disorder (ADHD), with its associated impacts on behavior. (Wagner & Cameto, 2004, p. 2)

Research conducted by Bradley et al. (2008) was derived from multiple national longitudinal studies in an effort to analyze services EBD students receive and the fidelity of those services. There were three primary national studies Bradley et al. analyzed: the Special Education Elementary Longitudinal Study, the National Longitudinal Transition Study-2, and the National Adolescent and Child Treatment Study. These studies focused on 11,000 elementary and middle school students, 11,000 students aged 13 and older, and 800 students ages 9-16 respectively. According to their study, students with EBDs are among the lowest performing students across virtually any metric, specifically regarding success in school. Another challenge is that students who have been identified with EBDs typically get expelled and suspended more than any other student, get more office referrals, have a much higher degree of truancy, fail more exams, and are retained with greater frequency (Kern et al., 2004; Landrum et al., 2003; Lane et al., 2008). Gable et al. (2012) stated that "students with ED have the second lowest high school completion rate (36.7%) and the highest drop-out rate (44.9%) among the students in 13 categories of disability" (p. 500). In fact, over half of all students identified as having EBDs eventually drop out. Additionally, students with EBDs maintain an average grade point average of 1.4 and have an average absentee rate of 18 days per school year (Bradley et al., 2008). Students identified as having EBDs also receive lower grades; fail and are retained to a higher degree; face more peer rejection; and again, receive greater numbers of office referrals than any other group of students (Kern et al., 2004; Landrum et al., 2003; Lane et al., 2008; Oliver & Reschly, 2010; Simpson et al., 2011). For students with EBDs, suspension and expulsion rates are nearly three times what they are for other types of EC classifications (Bradley et al., 2008). They are also far more likely to suffer from a lack

of motivation, adequate attention, and overall attitudes towards school in general

(Vannest et al., 2011). All these problems also tend to get worse across the middle and

high school levels (Reid et al., 2004). These problems also manifest at much younger

ages. For example, approximately 40% of students with EBDs have gone to more than

five schools just since starting kindergarten, and nearly the same percentage (38%) have

been held back at least once in their academic careers (Wagner & Cameto, 2004).

The issues for students with behavioral disorders is that many problems

experienced in school persist into adulthood. Post-graduation data have shown higher

rates of unemployment and, overall, lower wages, when compared to both their disabled

and nondisabled peers (Bradley et al., 2008; Simpson et al., 2011). In fact, within the first

5 years of graduating, approximately half of all students with ED are unemployed

(Bradley et al., 2008). Self-destructive acts such as alcohol and other drug abuse are also

pervasive among this population of graduates (Lane et al., 2008; Simpson et al., 2011).

According to Mayer et al. (2005), these youth are also much more likely to earn less

money than their peers and rely long-term on the welfare system. These students suffer

from under or unemployment at far higher rates than other peers and are also far more

likely to have dysfunctional relationships and be incarcerated (Bradley et al., 2008;

Landrum et al., 2003; Simpson et al., 2011). They also are more vulnerable to lifelong

negative outcomes such as struggling to maintain employment and, again, incarceration

(American Psychiatric Association, 2000; Kauffman, 2005; Walker et al., 2004).

Problems with students diagnosed with EBDs extend to their teachers and parents

as well. Inappropriate behavior has long been a top concern cited by educators (Gable et

al., 2012), and teachers have frequently noted school discipline as one of the biggest

drains of their time due to its interference with instruction (Miller-Richter et al., 2012).

For parents of students with EBDs, Wagner and Cameto (2004) reported that over a

quarter of their children do not get along well with other students and teachers. More than

a third of parents (36%) reported that their children were the perpetrators of bullying.

Parents of children with EBDs also report higher rates of dissatisfaction with their

children's schools and that it generally takes "a great deal of effort" (Wagner & Cameto,

2004, p. 6) to get the services their children need.

      Gable (2014) believed there are four key reasons for the poor outcomes (short and

long term) displayed by students with EBDs and that there have been few gains made

with these students in the past 20 years. These are as follows:

- Poor initial teacher preparation

- A lack of qualified teachers

- Delays in providing students with EBDs the essential services they need

- The research-to-practice gap in special education. (Gable, 2014, p. 119)

Regarding poor initial teacher preparation, Gable (2014), citing multiple sources, stated,

      There is general agreement that decreasing or eliminating learning and behavior

      problems of students with ED is predicated on the use of practices that are

      powerful, replicable, and sustainable (Maggin, Robertson, Oliver, Hollo, &

      Moore Partin, 2010). Unfortunately, general educators lack the ability to deliver

      the specialized instruction required for students with ED (Gable, Tonelson, Sheth,

      Wilson, & Park, 2012; Wehby, Lane, & Falk, 2003; Zigmond et al., 2009).

      Among general education teachers, only 22.9%, 30%, and 13.1% of elementary,

      middle, and secondary teachers respectively express confidence in their ability to

work with students with ED (Wagner et al., 2006). Furthermore, students with ED

require intensive academic intervention, which is the antithesis of the

undifferentiated, large group instruction that dominates general education

(Hardman & Mulder, 2003). Teachers who are unaware of or feel ill-prepared to

engage in proven effective strategies are not likely to implement individualized

interventions (Oliver & Reschly, 2010). Much the same can be said about special

education teachers (Gable et al., 2012). In fact, teachers of students with ED are

the least prepared of all teachers of students with disabilities (Bradley et al.,

2008). (p. 119)

Gable (2014) also discussed a shortage of qualified teachers as a hindrance to students

with EBDs. This is in large part due to a very high rate of attrition among teachers

serving students with EBDs. As a result, students who have EBDs tend to receive lesser

quality instruction than regular education students and even students with other

disabilities. Regarding a delay in essential services—the third reason students with EBDs

struggle so greatly—Wagner et al. (2006), whose study encapsulates data from the

national Special Education Elementary Longitudinal Study and the National Longitudinal

Transition Study-2 and whose purpose was to compare students with EBDs and the

services they receive to non-EC students, has found that there may be as great as a 2-year

period between diagnosis of EBD as an EC category of eligibility and the delivery of

services. This delay is, in fact, the highest among any eligibility category within EC.

Over time, especially in light of potential delays in the delivery of service, issues

surrounding students with EBDs become more protracted and thus, resistant to many

types of interventions (Bradley et al., 2008). The fourth and final reason for the struggles

of students with EBDs is the research-to-practice gap in special education. While there has been a large increase in the development of evidence-based practices that assist students with EBDs (Gable, 2014), these practices are only as good as a school implements them. There is currently a significant gap between contemporary practices in the classroom and what is actually known about appropriate evidence-based interventions and strategies (Cook et al., 2003; Landrum et al., 2003; Lewis et al., 2004). While there are numerous strategies proven effective at working with students with EBDs, there are not many schools across the nation that effectively utilize said strategies. One reason for this is a general mistrust of the research that went into the development of these evidence-based practices (Burns & Ysseldyke, 2009; Cook & Cook, 2013). There also appears to be a strong bias among EC teachers against scientifically proven techniques to help students with EBDs (Kauffman, 2008; Walker, 2000). Additionally, the effectiveness of some of these practices are not always immediate, and thus some EC teachers can quickly become disillusioned regarding these strategies (Vaughn et al., 2000).

Inclusion

With the drive to serve students with EBDs in the LRE, many school districts serve these students in inclusion-style classrooms; that is, classrooms where the students with EBDs are educated in the same classrooms as their regular education peers. Regarding apparent positive outcomes of serving students with EBDs in inclusion-style classrooms, Williams and Downing (1998) contended that exposing regular education peers to students with disabilities increases the level of understanding regarding individual differences among the regular education peers. Hanushek et al. (2002) stated

that these classrooms generally have more resources allocated to them to assist students with disabilities, including students with EBDs. Hanushek et al.'s research focused on approximately 800,000 students in the elementary level in Texas and was the result of a matched panel data set. These students were divided into three separate cohorts of approximately 200,000 students, with over 3,000 schools in each cohort. Some of these classrooms also require teaching assistants to be in the classroom to provide further assistance (Schwab & Glefman, 2005; Winters & Greene, 2007). There is also some evidence that inclusion classrooms improve the social skills of regular education peers (Katz & Mirenda, 2002). The goal of Katz and Mirenda's (2002) work was to analyze the educational outcomes of inclusion-style classrooms, primarily for elementary school students. They identified—and supported their findings with numerous other authors—several benefits students with disabilities can achieve in an inclusion classroom, including the aforementioned improvement of social skills for regular education peers.

Research cited by Simpson (2004) showed that inclusion-style classrooms—relative to students with EBDs —can be successful as long as there is appropriate "attitudinal and social support" (p. 23) and as long as there is "ongoing social skills support and training" (p. 23) for students with EBDs. Simpson also stated that general education teachers need to receive adequate preparation and training to deal with students with EBDs and that by and large, they are not: "Not surprisingly, therefore, general classroom teachers by and large perceive themselves as relatively ill-equipped to respond to the needs of students with exceptionalities (Helps, Newsom-Davis, & Callias, 1999; Miller, 1990; Vaughn, Schumm, Jallad, Slusher, & Saumell, 1996)" (p. 23). Finally, Simpson (2004) believed that "collaborative consultation" (p. 28) is an essential means to

support regular education staff who work with students with EBDs. Collaborating with other professionals such as "medical personnel, mental health workers, [and] social service agency personnel" (Simpson, 2004, p. 28) is a key by-product when collaborative consultation is occurring.

There is also evidence that suggests that inclusion-style classrooms have a negative effect on students with EBDs. Kauffman (2005) believed that there are so many differing definitions of what inclusion is, that there is an abundance of confusion surrounding its function and meaning. Numerous "researchers, policymakers, practitioners, and parents have raised concerns about the impact that children with disabilities may have on the learning outcomes of their nondisabled peers in the same general education classrooms" (Gottfried & Harven, 2015, p. 45). Landrum et al. (2004) stated that the general education classroom is, in fact, not the most appropriate place for many students with EBDs to be educated. Landrum et al.'s (2004) data were collected over a 10-year period (1989-1998) and were extracted nationally, with 51 units of analysis when factoring in the District of Columbia. Students studied ranged from 6-21 years of age, and placement and exit patterns were also analyzed. Additionally, there are two key reasons students with EBDs represent the most challenging students to work with from an exceptionality standpoint. First, children diagnosed EBDs tend to have higher levels of externalizing behaviors such as aggression and hyperactivity. Second, they tend to have higher levels of internalizing behaviors such as depression and general withdrawal (Evers, 2010; National Dissemination Center for Children with Disabilities, 2010). As a result of these two factors, children with EBDs have a higher tendency to disrupt teaching, which in turn can affect academic instruction for all the peers in the

inclusion classroom (Figlio, 2007; Gottfried, 2012; Lazear, 2001). In spite of the fact that the LRE policy was partially put in place to provide educational benefits for all students through the practice of inclusion, there is inconsistent evidence to support that conclusion (Colker, 2006; Zigmond & Kloo, 2011). According to Crockett (2014), this suggests that standing alone, placement itself is not sufficient to accomplish this goal of LRE. Simpson (2004) stated that another issue with LRE in relation to students with EBDs are the multiple interpretations of the concept itself. In particular,

> whether all students with EBD should be included in general education settings
> (Kauffman & Hallahan, 1995, 2005; Lipsky & Gartner, 1991; Stainback &
> Stainback, 1991), and what 'inclusion' really means, including whether the term
> refers to both partial and full inclusion (Fuchs & Fuchs, 1994). (Simpson, 2004,
> pp. 19-20)

Simpson continued by acknowledging that over time, students with disabilities including EBDs being exposed to general education students has begun to be seen as a basic human right. This viewpoint, however, rests on two key untested assumptions: that both general education students and students with EBDs benefit from being around each other and that general education teachers are able and willing to adequately teach students with EBDs. Fuchs and Fuchs (1992) noted that the collaboration and cooperation present in inclusion-style classes may simply be strategies that make educators and leaders feel good and may indeed be woefully inadequate in meeting the needs of students with EBDs. Montague (2008) contended that students with EBDs require far more intensive instruction than inclusion-style classrooms provide, with small groups being preferable to large group settings.

The negative effects on students with EBDs apply in both the elementary and secondary levels. Service delivery in inclusion classrooms has been studied the most at the elementary level, and some evidence suggests that while it may be possible to accomplish a quality education generally, the intensive special educational needs of students with disabilities require more (Baker & Zigmond, 1995; McLeskey & Waldron, 2011). At the elementary level, several negative effects of inclusion have been cited in the historical research. For example, Salend and Duhaney (1999) contended that the social benefits at the elementary level are difficult to sustain because over time, some classmates exposed to students with disabilities hold negative perceptions of them socially. General education teachers also have reported that they do not have the skill set or the time to deliver instruction to students with disabilities of the quality necessary for them to achieve academic success (Berkeley et al., 2010; McLeskey & Waldron, 2011; Swanson, 2008; Vaughn & Linan-Thompson, 2003; Zigmond et al., 2009). Finally, even though small group instruction has been widely regarded as an effective practice for teaching these learners, whole group instruction remains dominant in inclusion-style classrooms (Crockett, 2014).

At the secondary level, the fast pace of content delivery creates difficult challenges for students with EBDs (Mastropieri & Scurggs, 2001). High-stakes testing also puts additional pressure on both students with EBDs and their teachers to succeed Crockett (2014). There is also hope that early interventions at the elementary level would assist these students so that by the time they reached the secondary levels, their academic and behavioral difficulties would be minimized. Research indicates, however, that students at the secondary level "have enduring and unique characteristics that are

manifested in differing ways as development and setting demands change" (Deshler, 2005, p. 122). Co-teaching, albeit seen at both the elementary and secondary levels, "can, depending on how it is implemented, facilitate or impede effective special education" (Cook et al., 2011, p. 157). Crockett (2014) underscored this potential issue by stating that even though "teachers perceive co-teaching to be beneficial, as a service delivery model it frequently fails to blend the content expertise of general educators with the pedagogical prowess of special educators" (p. 52). Kauffman (2014b) took it a step further, by arguing that general and special education teacher collaboration has often resulted in the latter doing little actual teaching and being, more accurately, "a classroom aide" (p. 75). Kauffman (2014b) acknowledged that inclusion is generally a good notion, but only if it is integrated under a primary concern for the importance of academic instruction. Finally, evidence also suggests that many students decide in middle school to stay in school or drop out based on their success in English and mathematics (King-Sears & Bowman-Kruhm, 2011). Some data suggest, however, that there is not enough attention being given at the middle and high school levels towards IEP goals that address these two subjects (Catone et al., 2005; King-Sears & Bowman-Kruhm, 2011; Pearl & Miller, 2007).

Some of these negative effects of inclusion-style classrooms impact regular education peers as well. Fletcher (2010) contended that when regular education peers are exposed to a classmate with an emotional problem, reading and math scores by the end of kindergarten decline by approximately 10% of a standard deviation. Fletcher did acknowledge, however, that the results for math are much more "statistically significant" (p. 81) than the results for reading. Maloney and Shenker (1995) believed that of all the

major EC classifications, students with EBDs may cause the most disruption in the classroom. Students with disabilities, including EBDs, have a higher likelihood of externalizing behaviors as opposed to students who do not have disabilities (Daniel & King, 1997; Morgan-D'Atrio et al., 1996). According to Ergenbright (2010), they are also suspended at rates that are twice as high as classmates without disabilities. They also appear to take a large amount of the time teachers devote to their students with regard to classroom management (Downing et al., 1997; Greene et al., 2002). Gottfried (2014) argued that students with disabilities, albeit as a whole, can affect the outcomes of regular education peers in two key ways: direct and indirect mechanisms. Direct mechanisms include disorderly behaviors, and indirect mechanisms refer to things like taking away teacher attention in order to deal with the needs of the students with disabilities. Evidence from Gottfried's (2014) study suggested that having students diagnosed with EBDs in inclusion-style classes creates large negative effects on the class as a whole, specifically due to direct mechanisms such as disorderly behaviors. Gottfried (2014) examined the effects students had in these classrooms with multiple disabilities, including EBDs, learning impairments, mental delays, and physical impairments, among other categories. Fletcher concluded the same, when they found evidence suggesting that students exposed to peers with EBDs seem to incur negative effects in terms of their achievement.

PBIS

PBIS is another way some schools and districts attempt to support students with EBDs and students as a whole. It is also one of the mechanisms used by the district charted in Chapter 1 as a method to work with students with EBDs. It was first introduced in the 1997 amendments of the Individuals with Disabilities Education Act

(George, 2018). According to Benner et al. (2013), PBIS

> uses a continuum of behavior interventions to understand and meet youth social,
> emotional, and behavioral needs. PBIS is a MTSS framework for behavior,
> establishing the social culture and behavioral supports needed for schools to be
> effective learning environments for all youth. A positive facility or school culture
> means one that is predictable (i.e., common language, common understanding of
> expectations, common experience), positive (i.e., regular recognition for positive
> behavior), safe (i.e., violent and disruptive behavior is not tolerated), and
> consistent (adults are "on the same page" with behavioral expectations). PBIS
> holds particular promise for students with or at-risk for E/BD as a unified
> structure to (a) prevent the development of E/BD and (b) address existing
> instances. (p. 19)

For students with EBDs, effective screening is paramount in understanding their
academic and behavioral needs (Benner et al., 2013). The PBIS model draws on
strategies that care for the dignity and well-being of the students involved and can be
utilized within a multi-tiered framework at the personal or classroom/school level
(Kincaid et al., 2016). There are three tiers to the PBIS system: the universal (Tier 1), the
targeted (Tier 2), and the intensive (Tier 3; Sugai & Horner, 2009). Tier 1 supports are
schoolwide, and all students receive this level of support. Targeted, or Tier 2 supports,
include evidence-based strategies such as Check-In/Check-Out, and Coping Power
interventions (McDaniel et al., 2018). Tier 3 interventions are the strongest interventions
a school can offer and include strategies such as Wraparound, which is a process utilized
to build a supporting network around students with severe emotional and/or behavioral

needs and their families. As of 2017, PBIS has been successfully integrated in approximately 26,000 schools and supports approximately 12 million students (George, 2018). PBIS is grounded in the components of implementation science, which includes supporting processes such as selection, implementation, and monitoring (Fixsen et al., 2013; Fixsen et al., 2005). According to Kim et al. (2018), schools that sustained a PBIS model showed significant gains in mathematics academic achievement and modest gains in reading academic achievement. George et al. (2018) identified eight key components that, when applied in schoolwide PBIS models, produced high levels of fidelity. George et al.'s work was an exploratory study whose goal was identifying components certain school districts have that allowed them to sustain positive disciplinary outcomes via PBIS. George et al. looked at six districts, and their research contained interviews with district staff throughout these six districts. Quantitative criteria led to the identification of the high-level districts, and qualitative interviews followed. From George et al.'s research, these eight components were district coordinator, coaches, district teaming, internal implementation drivers, leadership buy-in and support, district data infrastructure, direct support to schools, and communication. Concerning these components, it is clear that many of them originate at the district level. According to George (2018), this underscores the importance of supports at the district level in order for schools to achieve fidelity; training alone does not result in effective implementation. This ties to the research questions in Chapter 1 directly: "What are teacher perceptions of the strategies and programs that have been put into place to assist students with emotional and behavioral disabilities in inclusion classrooms in order for students to be successful and to reduce any potential negative impacts on nondisabled peers?" Specifically in this

sense, is there district support in addition to training supporting PBIS?

There are several evidence-based practices that are considered effective in dealing with behavioral issues, including students with EBDs. One of these is the SLANT process, which stands for sit up (S), listen (L), ask and answer questions (A), nod your head (N), and track the speaker (T). According to Benner et al. (2013), these expectations should be clearly taught for each instructional event that takes place in the classroom. If the student continues to exhibit behavior during this instructional event using the SLANT practice, "a precision request, or short verbal statement to encourage the youth to exhibit on-task social behavior" (Benner et al., 2013, p. 20) should be used. Another strategy put forth by Benner et al. (2013) is Think Time, first proposed by Nelson and Carr (2000). This practice allows for a period of reflection at a distance from the instructional setting in order to allow the student or students to regain an element of self-control. Afterwards, a "behavior debriefing process with an adult other than the one who sent the student to Think Time" (Benner et al., 2013, p. 20) should be used. The advantage of both SLANT and Think Time is that it helps to eliminate negative interactions between educators and students with EBDs. These practices could also allow for increased instructional momentum. A third practice for dealing with behaviors and students with EBDs is the Good Behavior Game. Barrish et al. (1969) contended that this is a system for consistent reinforcement of positive behaviors and can be applied across multiple classroom settings, including small group and whole class instruction. In this practice, students are positively rewarded when they show appropriate behaviors, and there is a point system attached to inappropriate behavior, and it is team-based. So a team, usually a cluster of students, "wins" the game if they demonstrate reduced negative behavior (Benner et al.,

2013). A fourth evidence-based practice that can be utilized under the PBIS model for working with students with EBDs is the effortful engagement strategy, put forth by Nelson et al. (2008). Much like the Good Behavior Game, there is a group system with this process:

> Youth score five points each time staff notices any youth demonstrating the expectations (e.g., SLANT) during a facility-/school-wide PBIS instructional situation or youth are having success on lesson or activity tasks. The staff member receives five points each time youth exhibit behavior that is disruptive to learning. The staff member does not point out who is disrupting the lesson or give attention to the problem behavior.… This serves to redirect youth toward the expected behaviors without initiating coercive staff-youth interactions or power struggles over disruptive behavior during instructional situations. Staff tallies the points recorded for the youth and the staff at the end of the instructional session. Staff provides youth social recognition or administers the appropriate prize, privilege, or special activity if the youth wins the game. If the staff wins the game, staff points out the behavior youth need to work on the next time, and opportunity for reteaching and clarification of the behavioral expectations. (Benner et al., 2013, p. 21)

While by no means the only four evidence-based practices PBIS offers for working with students with EBDs, these four do demonstrate that there are a host of options under the PBIS umbrella for working with these students. Since PBIS is a main component utilized by the district outlined in Chapter 1, this information is directly tied to the research question of whether or not teacher perceptions in the district of the programs in place for

working with students with EBDs are effective. The questions would need to be asked as to what evidence-based practices exist within the district to promote PBIS fidelity.

Some research indicates, however, that PBIS alone—or if it is not implemented correctly—is not enough to address the myriad of needs of students with disabilities and EBDs. The PBIS framework has been documented to be incredibly successful, when implemented correctly (Bradshaw et al., 2010; Horner et al., 2009; Muscott et al., 2008; Simonsen et al., 2012). It has also been shown to reduce a school's rates of out-of-school suspensions (Barrett et al., 2008; Bradshaw et al., 2010; Muscott et al., 2008; Simonsen et al., 2012). However, Umbreit et al. (2007) found that many general and special education teachers consistently say there is a lack of adequate preparation to facilitate PBIS effectively. Gable et al. (2012) noted that many teachers trained in PBIS indicate that they do not consistently give students opportunities to make choices and underscore the importance of group-oriented activities. In their study, Gable et al. (2012) stated that "neither general nor special educators made use of other individual evidenced-based practices, namely, peer-mediated intervention, conflict resolution, or peer-assisted learning" (p. 513). Gable et al.'s (2012) work was statewide, and they asked each principal at all the public schools (1,979) to distribute a survey to five general education teachers who taught students with EBDs. Special educators were also included, and 1,472 of them responded to the survey. The first part of the survey was focused on site demographics, and the second part was a Likert scale questionnaire. This sentiment is echoed by additional research (Landrum et al., 2003; Simpson et al., 2011). As a result of all this, teachers of students with EBDs experience repeated failures that result in not only burnout on the teacher's part but failure for the student both academically and

behaviorally (Gable et al., 2012). In terms of how to combat these issues, Simpson et al.

(2011) contended that "positive outcomes for students with EBDs will only occur as a

result of having an adequate supply of competent and skilled teachers and other

personnel" (p. 5). Gable (2004) took this a step further, by arguing that simply the

process of exposing teachers to PBIS is not enough. Teachers and staff must be trained on

how to systematically implement the PBIS model based on specific skills in applied

settings. There are four key components that PBIS training must contain in order for it to

attain a level of acceptability teachers need in order to implement it effectively (Gable et

al., 2001; Gresham, 1989; Landrum et al., 2003): easy to implement, not too time-

intensive; viewed as effective, and compatible with current practices.

Effective Strategies

There are also numerous methods, based on the academic literature, that have

been proven effective to reach and teach students with EBDs. This includes large and

small group instruction as well as individual instruction (Benner et al., 2010; Mooney et

al., 2003; Ralston et al., in press). Explicit instruction

> is an unambiguous and direct approach to teaching with an emphasis on providing
>
> students a clear statement about what is to be learned, proceeding in small steps
>
> with concrete and varied examples, checking for student understanding, and
>
> achieving active and successful participation of students (e.g., Baker et al., 2010;
>
> Nelson et al., 2008). (Benner et al., 2013, p. 16)

Benner et al. (2013) recognized two procedures to be used for youth with EBDs before

conducting explicit instruction. First, and for academic purposes, Benner et al. (2013)

cited Howell and Nolet (2000) in their support for a survey level assessment to obtain

student academic levels in reading and math or both. Second, they support a '"can't do/won't do assessment," advocated first by Vanderheyden and Witt (2007), which is a way to determine if a student's performance deficits are due to skill, motivation, or both. Benner et al. (2013) also stated that achieving instructional momentum, which is the result of lesson pacing and effective transitions, is an important component of explicit instruction. Effective lesson pacing demonstrates to the youth that the lesson is moving at a speed appropriate for them, whereas effective transitions are non-chaotic and structured. Additionally, Rosenshine and Stevens (1986) noted five teaching functions that aid in providing explicit instruction: daily reviews, the delivery of new content, guided practice, independent practice, and consistent reviews of their work. Benner et al. (2013) also noted that instruction is impossible unless behavior is stabilized and under teacher control first. According to Benner et al. (2013), the final result is teachers either reduce their curricular demands or remove the youth completely from the instructional setting, thereby voiding their ability to complete any instructional task.

Another effective way to reach and teach students with EBDs is by ensuring that all teachers who teach these students are equipped with the requisite skills necessary to address the numerous challenges presented by this population of students (Gable et al., 2012). Simpson et al. (2011) believed that well-trained staff are the single most important component of programs designed to reach and teach students with EBDs. Specifically, much greater training must be provided to teachers working with this population of students in social skills instruction. This applies to both special and general education teachers (Kern et al., 2009; Lewis et al., 2004; Simpson et al., 2011).

Based on their research, Gottfried and Harven (2015) identified a fairly unique

method for schools and districts to foster effective programs for students with EBDs. They determined that having a higher than average proportion of female students in their classrooms created a positive environment where behaviors among students with EBDs were reduced. Rose and Rudolph (2006) argued that this is most applicable at the elementary level, where girls appeared to demonstrate more compassionate dispositions. This allowed them to support peers with behavioral needs more than their male peers could. Other authors have noted that girls have different interpersonal relationships than boys, marked by stronger emotional support and conflict resolution (Lempers & Clark-Lempers, 1993; Parker & Asher, 1993; Rose & Rudolph, 2006). This, in turn, assists students with EBDs in a reduction of their negative behaviors, assuming they have a higher proportion of girls in their classrooms. Lavy and Schlosser (2011) and Stormshak et al. (1999) argued that having larger percentages of female students is not only preferable by peers but by staff as well, especially in high-risk environments like classrooms for students with EBDs. Having larger numbers of girls in these classrooms also appears, according to some research, to positively impact students with EBDs in an academic way, at least at the elementary level. Hoxby (2000) posited that having a higher percentage of girls in classes with students with EBDs has shown to produce higher reading and mathematics scores in that classroom. Gottfried and Harven stated that having a classroom that is made up of approximately 55% females can "entirely offset the negative main effect of having an EBD classmate" (p. 53). Gottfried and Harven also stated that even having a classroom made up of just 50% female students can offset negative reading achievement effects in classrooms with EBD students.

Numerous other authors posited different claims regarding ways to effectively

engage students with EBDs. Grosenick et al. (1987) claimed that two key ingredients

need to exist in order for schools and districts to deliver services to EBD students to

fidelity:

> a clear picture of current program practices and a validated set of standards which
>
> delineate the elements of a well-designed program. Such information provides
>
> school districts with a sense of discrepancy (if such exists) between their current
>
> program status and that of a well-designed program. Using that discrepancy,
>
> schools can develop systematic plans for program improvement. (p. 159)

Kauffman (2014b), citing numerous sources, contended that there must be five things

done to fidelity to ensure a "more desirable future" in the field of EBDs:

1. Focus unambiguously on effective instruction as our primary goal and see
   distractions for what they are (Kauffman & Badar, 2014)….

2. Embrace research that is guided by science—research based on scientific
   evidence, not just any kind of evidence (see Kauffman, 2011, 2014a, 2014c).

3. Develop checklists and manuals to guide practice, based on direct scientific
   evidence whenever possible and logical thinking when only indirect evidence
   is available (see Kauffman, 2011, 2012).

4. Work for students' sustained success, not merely success in special education
   followed by more failure in general education.

5. Think more carefully and use language more precisely. (p. 76)

Regarding the first point, Kauffman (2014b) contended that while good instruction will

resolve a lot of problem behaviors, it is not fail-proof. For disciplinary problems that

continue to exist in spite of good instruction, positive behavior supports such as PBIS are

excellent supports to use in conjunction with quality instruction (Kauffman, Nelson et al., 2011; Kauffman, Pullen et al., 2011). Kauffman (2014b) also argued that improving instruction in special education settings should be the primary focus over general educational settings. Regarding the second point, educators should continue to insist on thorough scientific research and its application in the classroom. According to Kauffman and Sasso (2006), practices such as radical multicultural education, among others, have been totally discredited by scientific research. For the third point, Kauffman (2014b) argued that teacher training does not need to be a federal issue but rather a local one. Discussing the fourth point, Kauffman (2014b) argued that there is an inherent problem in education—there is a tendency to exit a student from special education if students begin experiencing success there. Treating exiting special education as a sort of "Holy Grail" (Kauffman, 2014b, p. 81) is a problem if it takes precedence over a student's success. Deno (1970) was the first to note that special educators oftentimes will say their goal is to work themselves out of a job; they argued that instead, schools and programs for students with EBDs should be focused on student success, not their eventual exit from special education. For the fifth point, Kauffman (2014b) stated that in order to move toward a better future for students with EBDs, schools and programs need to stop looking at students with EBDs like all other students, and particularly regular education students. Kauffman (2014b) continued by making the contention that students with disabilities as a whole need individualization, not uniformity in the decisions made at the school and district level regarding their benefit. The very idea of special education means much more to these authors than simply educating students with disabilities in inclusion-style classrooms. If we proceed that way, schools and programs run the risk of losing the very

essence of what special education is all about.

Teacher preparation is another important ingredient in making sure schools and programs effectively reach and teach students with EBDs. Contemporarily, programs geared towards teacher preparation in working with students with EBDs have failed (Gable & Bullock, 2004; Landrum et al., 2003; Reschly, 2010; Simpson et al., 2011). This has, by default, created an impediment to improving outcomes of many students diagnosed with EBDs (Gage et al., 2010). As a result of these inadequacies in teacher preparation, many teachers of students with EBDs feel isolation and tend to gravitate toward practices that are not proven to be effective when working with students with EBDs (Gable, 2004; Polsgrove, 2003). One possible way to combat these issues, and especially skill implementation, is effective professional development (Kretlow et al., 2012). Joyce and Showers (2002) identified four components that are vital to successful professional development: a rationale or reason for the application of new skills, some form of modeling of these skills, time for practicing and applying these skills, and peer coaching. All four of these components are critical in achieving fidelity in professional development geared towards students with EBDs, according to Joyce and Showers (2002).

Gable (2014), citing multiple authors, contended that there are four additional ways schools and districts can support teachers of students with EBDs in their efforts to reach and teach their students. The first is comprehensive teacher induction (Maheady & Jabot, 2012). Teacher induction is not teacher mentoring; it is instead practices that help a beginning teacher to become effective as an educator (Maheady & Jabot, 2012). Scheeler (2008) also advocated for teacher induction, stating that when done to fidelity, it can

accomplish two main goals: enhancing teacher skills and creating a culture in the classroom where effective practices can be maintained. According to Maheady and Jabot (2012), a model such as PBIS could provide the infrastructure necessary to support effective teacher induction. Lewis et al. (2010) contended that the implementation of a PBIS process may create a culture whereby effective, evidence-based practices are more commonly utilized by educators in the building where it is in place.

Teacher coaching is the second way schools and districts can support students with EBDs and the staff who serve them. According to Vo et al. (2012), teacher coaching allows teachers to apply evidence-based strategies with greater fidelity. Capizzi et al. (2010) contended that video and audio lessons, reviewed by a consultant and often viewed in real time, can increase teacher use of behavior-specific praise, among other positive attributes. Vo et al. developed the Behavioral, Emotional, and Social Training: Competent Learners Achieving School Success model. This model utilizes modules that reinforce six key components: "the use of rules and expectations, behavior-specific praise, precorrection, opportunities to respond, instructional pacing, and teacher feedback" (Gable, 2014, p. 127). Kretlow and Bartholomew (2010) identified two primary ways of coaching, supervisory and side-by-side coaching. "Supervisory coaching consists of peer observation and highly structured feedback, whereas side-by-side coaching involves the additional step of co-teaching to afford the teacher an opportunity to observe and to practice a particular strategy" (Gable, 2014, p. 128). Kretlow and Bartholomew believed from their research that allowing teachers an opportunity to emulate modeled behavior present in teacher coaching is vital in the coaching process. Kretlow and Bartholomew also believed that training of these teachers should always be

followed by observation of the teacher's classroom environment.

Virtual coaching is the third way schools and districts can support students with EBDs and the staff who serve them. Virtual coaching occurs in real time, and the ability to provide immediate feedback is extremely useful because the "coach" on the other end can inform the teacher of faulty actions and give them another chance to perform the action correctly (Gable, 2014). Scheeler (2008) noted that the most optimal feedback occurs when it takes place in the teacher's academic setting, and Rock et al. (2009) stated that teachers tended to use strategies learned through virtual coaching for up to 2 years after the coaching was completed. In short, it is highly effective, as other authors such as Fixsen et al. (2009) have noted. Rock et al. (2014) noted that virtual coaching presented a positive correlation with increased instructional accountability from the teacher's perspective; and Scheeler et al. (2012) stated that immediate feedback delivered via virtual coaching can produce actual changes in the strategies employed by the teacher being coached.

Professional learning communities is the fourth way schools and districts can support students with EBDs and the staff who serve them. Gable (2014) contended that the creation of professional learning communities allows for sustainability of a school culture where quality teaching can occur. Teacher buy-in, however, remains essential in its success (Ferguson, 2008). Vaughn et al. (2000) stated that communication is vital in the sustained facilitation of professional learning communities, especially among administrators and teachers. Gable (2014) noted that teacher preparation programs in college geared towards students with EBDs are not likely to change soon; but if changes can occur in the infrastructure of the schools that work with these students, professional

development and learning communities could serve as "the catalyst for desperately needed changes in classroom practices" (p. 132). Kauffman (2008) argued that in order to achieve outcomes that benefit children with EBDs, we must take a scientific approach to teacher training and preparation. This undoubtedly includes professional learning communities as a modality of teacher preparation. Gable (2014), quoting multiple authors, stated that there are three key components necessary to encourage teachers to implement evidence-based practices, a key goal of professional learning. First, teachers must receive their training from individuals with comprehensive knowledge of research-based strategies (Lane et al., 2011). Second, teachers must have the ability to put their training into practice repeatedly (Rock et al., 2014). Third and finally, teachers must receive continuous feedback from these individuals consistently (Kretlow & Bartholomew, 2010).

Tsai et al. (2013) identified five separate studies they said contain important components for programs dealing with students with EBDs; and if these components are in place, a teacher's ability to reach and teach these students would be much easier. The first study was conducted by Harvey (1996), who elaborated on nearly 100 practices that would allow staff to assess their programs' effectiveness. Their study examined staff perceptions regarding the fidelity of their programs for working with students with EBDs from 1989 to 1994. Data collection involved individual student progress and elements of support from school administration, among other data points. Harvey found that overall, staff operating in self-contained classrooms felt more effectiveness of the program than others in more mainstream or inclusion-style classes. The second study was by Cheney and Barringer (1999), who expanded on 10 separate components necessary for an

effective EBD program. Cheney and Barringer's study focused on multiple stakeholders and addressed four underlying themes: "building capacity of providers, decreasing isolation of school staff, gaining commitment of all school staff to support students with challenging behavior, and including parents and family members in staff development activities" (p. 79). Tsai et al. provided a condensed synopsis of these components, which included

> developing a vision and mission statement, improving staff working knowledge, writing social and emotional competencies, identifying a transdisciplinary team, conducting annual screenings, allocating necessary resources, using school-wide strategies, supporting parents, developing individual adaptations, and using coordinated and interagency services. (p. 138)

The third study was conducted by Walker and Fecser (2002), who proposed four major program components such as creating an overarching classroom philosophy, having effective class structure, allowing for group processes, and individualizing student activities as much as possible. The fourth study was conducted by Neel et al. (2003), who supported six domains for programs working with students with EBDs that could lead to a program assessment designed to determine the effectiveness and fidelity of the program. Tsai et al. also condensed these six domains down to "environmental management, behavior management, affective education, individualization and personalization, academic, and career/life skills/transition" (p. 139). The fifth and final study was by Jones et al. (2004), who laid out a program assessment that had 10 components including effective screening, behavior management, and appropriate instruction based on the developmental level of the student, among others. While all of

these studies attempted to set parameters for measuring what an effective program for

students with EBDs should look like, it is easy to see there are numerous similarities and

differences between them. It is possible, however, that the shared components listed

above may provide accurate indicators as to what an effective program serving students

with EBDs should look like.

Chapter 3: Methodology

Introduction

While there is research that demonstrates the positive effects of inclusion-oriented classes for students with special needs, some contemporary research, outlined earlier, illustrates that there may be many negative effects on nondisabled peers. Furthermore, these issues can extend both to teachers, parents, and the students with disabilities themselves. There are several problems students with EBDs face with regard to their education, and many of these problems persist even into adulthood. With these problems and concerns outlined, it is imperative that schools and districts utilize a host of programs and strategies to work with students with EBDs. The district studied in this dissertation uses multiple programs and strategies to achieve this purpose, including MTSS, CPI training, and PBIS, among others. Little to no research has been conducted in this district to analyze the fidelity of these programs, particularly teacher perceptions of these programs. While teacher perception is not the sole determinant in the fidelity of a program and its effectiveness, if there is little buy-in among the staff involved, the potential exists for the associated strategies to fail. To effectively measure this, qualitative research methods were applied within a case study approach. These qualitative measures included interviews of every teacher who was willing to participate and was responsible for teaching an inclusion-oriented classroom with an EBD student. Focus groups of the MTSS, CPI, and PBIS teams, where applicable, were held at one elementary school and the sole middle and high school in the district. The purpose of this data-collection process was to determine teacher perceptions of the programs and trainings they use and have received from the district and, in particular, their fidelity in

working with students with EBDs.

Methodology

The research for this study was based on a case study approach. According to Mertens (2003), researchers focusing on students with disabilities should use a disability interpretive lens. This lens allows researchers to see the disability not as a defect of the student or student in the study but rather as an aspect of human difference. Throughout the process of collecting data pertaining to the research question posited here, this lens was the centerpiece for the process. This case study was qualitative in nature as well. According to Creswell and Poth (2018), qualitative research is appropriate for use when a problem exists that needs to be analyzed and when the variables involved in helping to analyze that problem are not easily understood or measured. In this case, teacher perceptions and any relevant themes derived from those perceptions are not easily measured.

Regarding the qualitative data collection process, Creswell (2013) stated,

Qualitative research begins with assumptions and the use of interpretive/ theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both indicative and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for

change. (p. 44)

The data collection process aimed to encapsulate all of these tenets. The human problem is the inherent challenge students with EBDs face generally, and patterns and themes were gradually identified from the interview process with the inclusion teachers, the MTSS/CPI/PBIS team focus groups, and document analysis. Finally, the contribution to the literature was presented in the identification of the fidelity of these strategies and programs, as measured by staff perceptions of them.

According to Creswell and Poth (2018), there are nine individual but common characteristics of qualitative research:

- *Natural setting*. Qualitative researchers often collect data in the field at the site where participants experience the issue or problem under study.

- *Researcher as key instrument*. The qualitative researchers collect data themselves through examining documents, observing behavior, and interviewing participants.

- *Multiple methods*. Qualitative researchers typically gather multiple forms of data, such as interviews, observations, and documents, rather than rely on a single data source.

- *Complex reasoning through inductive and deductive logic*. Qualitative researchers build their patterns, categories, and themes from the "bottom up" by organizing the data inductively into increasingly more abstract units of information.

- *Participants' multiple perspectives and meanings*. In the entire qualitative research process, the researchers keep a focus on learning the meaning that the

participants hold about the problem or issue, not the meaning that the
researchers bring to the research or writers from the literature.

- *Context-dependent*. The research is situated within the context or setting of
  participants or sites.

- *Emergent design*. The research process for qualitative researchers is emergent.
  This means that the initial plan for research cannot be tightly prescribed and
  that all phases of the process may change or shift after the researchers enter
  the field and begin to collect data.

- *Reflexivity*. Researchers "position themselves" in a qualitative research study.
  This means that researchers convey…their background…, how it informs their
  interpretation of the information in a study, and what they have to gain from
  the study.

- *Holistic account*. Qualitative researchers try to develop a complex picture of
  the problem or issue under study. (pp. 43-44)

According to Richards and Morse (2012), qualitative researchers should also
strive to achieve methodological congruence. This occurs when all aspects of the research
process are interrelated. In achieving this, the study will appear interconnected, as
opposed to completed in parts. This will be accomplished in part by the identification of
common themes gleaned from data analysis. Additionally, Creswell and Poth (2018)
contended that the research questions put forth in the qualitative study should be open-
ended and non-directional. The research questions should "restate the purpose of the
study in more specific terms and typically start with a word such as *what* or *how* rather
than *why* in order to explore a central phenomenon" (Creswell & Poth, 2018, p. 137).

Many of the questions that were asked in both the interviews and focus groups contained this verbiage.

Yin (2014) defined a case study as research conducted in a contemporary setting. Creswell and Poth (2018) defined case study research similarly, by stating,

> Case study research is defined as a qualitative approach in which the investigator explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, audiovisual material, and documents and reports), and reports a case description and case themes. The unit of analysis in the case study might be multiple cases (a multisite study) or a single case (a within-site study). (pp. 96-97)

This study began with identifying a particular case to be analyzed and was bounded within a particular place (the district being analyzed) and a specific time frame (the 2019-2020 traditional school year). The data collection process was also be in-depth, in that it will contain interviews and focus groups.

Research Site and Participants

There are nine students in the district identified as students with EBDs. Table 2 shows a comprehensive list of all the teachers involved in this study as well as support staff involved in working with these students. Table 2 shows the staff's certification areas and their years of experience:

Table 2

Staff Years of Experience and Certification Areas (All Participants)

Staff	Yrs. exp. (local)	Certification areas
School A		
1A	1.83	English 9-12; Social Studies 9-12; Special Education; Adapted Curriculum; Vocational Business 6-12; Special Education General Curriculum
2A	5.75	Physics, 9-12; Middle Grades Science, 6-9
3A	21	Elementary Grades K-6; Special Education General Curriculum
4A	7	Drafting
5A	5	Secondary English
6A	13	Secondary Mathematics
7A	12	Secondary Social Studies
8A	5	Secondary Social Studies; School Administrator/Principal
9A	5	Secondary Chemistry; School Administrator/Principal; Secondary Science
10A	2	Secondary Mathematics
11A	1	Counselor
12A	8	Secondary English
13A	14	Counselor
School B		
1B	2.17	Middle Grades Mathematics, 6-9; Middle Grades Science, 6-9
2B	3.25	Social Studies, 9-12; Middle Grades Social Studies, 6-9; Severely/Profoundly Handicapped, K-12; Special Education General Curriculum
3B	2	Middle Grades Math; Middle Grades Language Arts; Special Education Adapted Curriculum; Learning Disabled; Exceptional Children Math; Exceptional Children English; Special Education General Curriculum
4B	9	Physical Education
5B	5	Health and Physical Education
6B	5	Health and Physical Education; Physical Education; School Administrator/Principal

(continued)

Staff	Yrs. exp. (local)	Certification areas
7B	7	School Administrator/Principal; Elementary Grades K-6; Middle Grades Social Studies
8B	1	None
9B	8	School Administrator/Principal; Elementary Grades K-6; Hearing Impaired
School C		
1C	10.17	Media Coordinator, K-12; Music, K-12
2C	4	Counselor
3C	10	Elementary Grades K-6
4C	3	Elementary Grades K-6
5C	6	Elementary Grades K-6; Middle Grades Language Arts

There are three elementary schools, one middle school, two high schools—of which one is a magnet school—and a public separate school for students with severe disabilities, for a total of seven schools in the district. According to the district's most recent data, all of the schools are accredited by the state of North Carolina, and they have a total enrollment of 2,968 students. Approximately 1,300 of these students are in the elementary schools, 700 in the middle school, and 1,000 in the two high schools. Demographically, 52% of the student population is male, with 48% being female. In terms of ethnicity, 46% of the students identify as White, 28% as Hispanic, 12% as Black, 6% as Asian, and another 8% as Multiracial. There are 233 licensed teachers, seven principals, four assistant principals, three instructional coaches, and 346 support staff, for a total of 582 employees. According to the North Carolina District Report Card website, four of the schools were C schools, one was a B school, and one was an A school. The separate school for students with severe disabilities did not receive a grade based on the makeup of the school. Regarding growth, four of the schools met growth, one exceeded growth, and one did not meet growth. The district's school attendance

percentage of 93.9% was slightly lower than the state average of 95.4%, and documented

absentee issues were most prevalent among Black and Hispanic students. Male and

female absenteeism was proportional to their statistical prevalence. There were no

reported long-term suspensions, but approximately 10% of all students received some

form of short-term suspension. Of these, Black students were suspended at a far higher

rate than they proportionally were represented in the district. They accounted for 12% of

the district but were over three times as likely to receive a short-term suspension.

Interviews were conducted of all staff who worked with students with EBDs and

were willing to participate—13 total. For the purposes of this study, teachers were

interviewed in their own classrooms in an attempt to provide comfort and familiarity

throughout the process. The purpose of these interviews was to determine teacher

perceptions of the programs that were in place to assist students considered at risk,

specifically those students with EBDs. All teachers and staff included in these interviews

taught in an urban school district located in the piedmont of North Carolina. The grade

levels of these teachers ranged from first to 12th grade. Table 3 shows the staff involved

in these interviews as well as their areas of certification and their years of experience

with the district:

Table 3

Staff Years of Experience and Certification Areas (Interviews)

Staff	Yrs. exp. (local)	Certification areas
School A		
1A	1.83	English 9-12; Social Studies 9-12; Special Education Adapted Curriculum; Vocational Business 6-12; Special Education General Curriculum
2A	5.75	Physics, 9-12; Middle Grades Science, 6-9
3A	21	Elementary Grades K-6; Special Education General Curriculum
4A	7	Drafting
5A	5	Secondary English
6A	13	Secondary Mathematics
7A	12	Secondary Social Studies
School B		
1B	2.17	Middle Grades Mathematics, 6-9; Middle Grades Science, 6-9
2B	3.25	Social Studies, 9-12; Middle Grades Social Studies, 6-9; Severely/ Profoundly Handicapped, K-12; Special Education General Curriculum
3B	2	Middle Grades Math; Middle Grades Language Arts; Special Education Adapted Curriculum; Learning Disabled; Exceptional Children Math; Exceptional Children English; Special Education General Curriculum
4B	9	Physical Education
5B	5	Health and Physical Education
School C		
1C	10.17	Media Coordinator, K-12; Music, K-12

The focus groups involved three separate schools and the MTSS and CPI teams from all three schools. The schools in question included one elementary school as well as the sole middle and high school in the district. Each school has a team of both programs, and they average eight participants in each team, with 48 total participants. This was an open-ended discussion with these six groups of 48 teachers and other professionals in their respective schools, such as administrative representatives and counselors, among

others. Of the 48 individuals eligible for the focus group interviews, 15 participated in the

study. The purpose of dialogue with these teams via a focus group was to attempt to find

commonalities, if any, with the responses received from the teachers in the interview

process. Since the MTSS and CPI teams at each school are partially responsible for the

dissemination of information and training to their individual schools, gathering their

feedback regarding their perceptions of these programs is just as vital as the teachers

working with students classified with EBDs. It is also important to gather as much

information as possible, since research discussed above mentions the importance of

achieving saturation with the data. As with the interview process, these teachers vary

significantly in terms of their areas of expertise and years of experience, both with the

district and the state of North Carolina has a whole. Table 4 shows the staff involved in

these focus groups, 15 individuals total, as well as the subjects they teach, areas of

certification, and their years of experience with the district:

Table 4

Staff Years of Experience and Certification Areas (Focus Groups)

Staff	Yrs. exp. (local)	Certification areas
School A		
8A	5	Secondary Social Studies; School Administration
9A	5	Secondary Chemistry; School Administration; Secondary Science
10A	2	Secondary Mathematics
11A	1	Counselor
12A	8	Secondary English
13A	14	Counselor
School B		
1B	2.17	Middle Grades Mathematics, 6-9; Middle Grades Science, 6-9
6B	5	Health and Physical Education; Physical Education; School Administration
7B	7	School Administrator; Social Studies Middle Grades; Elementary Grades K-6
8B	1	None
9B	8	School Administrator; Elementary Grades K-6; Hearing Impaired
School C		
Staff 2C	4	Counselor
Staff 3C	10	Elementary Grades K-6
Staff 4C	3	Elementary Grades K-6
Staff 5C	6	Elementary Grades K-6; Middle Grades Language Arts

Procedures and Instruments

This study was conducted during the 2019-2020 school year, with data being collected in the late fall semester of the traditional school year. The participants involved in the interview process were interviewed one on one either in the early morning before the start of the school day, during their planning period, or at the end of the instructional day, whichever they preferred. The data for this qualitative study revolved around the

following interview questions:

1. What trainings, if any, have you received in this district that have equipped you with a higher level of confidence working with students with an emotional disability?

2. If any trainings and/or professional development was provided, were you able to practice specific skills during the training for working with these students? Did you receive feedback after the trainings?

3. Were any of these trainings provided within the first year of your tenure in the district?

4. Do you feel as though any of these trainings were designed to address general education classrooms?

5. What skills are in your repertoire for working with students that have emotional disabilities as a result of these trainings?

6. What do you know about the Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP) processes?

7. Would you consider the FBA and BIP processes to be effective in dealing with the behavioral challenges students with EBD face?

8. What aspects of the Multi-Tiered Systems of Support (MTSS) program give you more confidence in working with students with an emotional disability?

9. What aspects of the Positive Behavior Intervention Support (PBIS) program give you more confidence in working with students with emotional disabilities?

10. What aspects of crisis prevention intervention (CPI) give you more confidence

in working with students with emotional disabilities?

11. Do you feel as though the MTSS, PBIS, and CPI structures and strategies are effective overall?

12. What areas of training do you feel would be beneficial for you to receive that you have not been given to this point?

13. Do you receive consistent coaching in any of the programs or trainings that we have discussed? Are these trainings and programs consistently reviewed?

As for the questions for the focus groups and the discussion as a whole with all six teams, they involved the following questions:

1. Describe the training process you have received from the district that led to you being on this team (MTSS or CPI).

2. From this training, do you feel as though you were adequately prepared to represent this team (MTSS or CPI)?

3. Describe any processes that exist for you to disseminate information discussed at your respective teams to the school as a whole (MTSS and CPI).

4. Are there any follow-up trainings that you receive throughout the school year as a refresher (MTSS and CPI)?

5. How often are you trained to maintain your ability to represent these teams?

6. Describe how well you feel your team is able to develop or implement strategies to assist students with emotional and behavioral disabilities (EBD).

7. Do you feel as though there are any gaps in your training that, if filled, would better prepare you to work with teachers of EBD students and the students themselves?

8. What types of processes exist within your school, outside of your team, to

assist students with EBD?

The purpose of these questions, for both the interviewees and the focus groups, was to identify common themes. Any applicable themes were directly relatable to the research question: "What are teacher perceptions of the strategies and programs that have been put into place to assist students with emotional and behavioral disabilities in inclusion classrooms in order for students to be successful and to reduce any potential negative impacts on nondisabled peers?" Such themes could include positive or negative perceptions of specific strategies and programs or suggestions from staff on how to improve existing training opportunities. In an attempt to adhere to Creswell's (2013) suggestions regarding qualitative research, I included feedback from the respondents, and I remained reflexive in describing and interpreting the problem when they were identified.

Data Analyses

According to Creswell and Poth (2018), a critical component in any case study is the identification of themes pulled from the data. In the conclusion of a case study, these themes create the overall meaning. Yin (2009) referred to this as building a pattern from the data. This case study was holistic in approach, and the description of the data is in narrative form. The primary form of data collection was in two areas: interviews and focus groups. From these two sets of data points, common themes were identified as well as any relevant subthemes found throughout the data collection process. All of these themes were tied to the research question, which was based on identifying teacher perceptions of the strategies and programs the district has put into place to assist students

with EBDs in inclusion classrooms; specifically, whether these programs positively or negatively contribute to their success and whether or not they reduce any potential negative impact on nondisabled peers.

There are many themes that were discussed in the literature review that I used to attempt to connect the literature review to the interviews and focus groups. For example, Morse et al. (1964) and Grosenick et al. (1987) identified several components that were critical to EBD service fidelity in the past; and data gleaned from this research will illustrate how, if any, service delivery has changed. Both studies identified positive and negative components of the programs they researched for students with emotional disabilities and the ways in which services changed over time. The strategies and programs utilized by the district showed whether or not services have evolved since both of those studies were conducted. The literature review also discusses identified reasons for the poor outcomes exhibited by EBD students over the past few decades. According to Gable (2014), these include poor teacher preparation, a lack of qualified teachers, delays in providing students with EBDs the services they need, and the research-to-practice gap in special education. The interview and focus group questions addressed whether or not these issues are present in the district. The impact and benefit of inclusion-oriented classrooms are also debatable, and answers regarding staff perceptions of these classrooms were analyzed. Finally, the literature review outlines several evidence-based programs proven to work with students with EBDs. The data collection process answers whether or not any of these programs are currently available in the district.

Limitations and Delimitations

This study is designed to reduce limitations, though limitations will inevitably

exist in any study. A prominent limitation is that all the data that were collected for the purposes of this study were conducted by a researcher who worked in the same district as the interviewees. As much as possible, bias was minimized. One factor that aided in this reduction of bias was the amount of time that was made available for the interviews to take place—over a 3-month span. One reason a longer period of time was not made available is that research needed to be conducted within a traditional semester-long time frame. This is due to the fact that the middle and high school involved in the study do not generally have year-long schedules. Conducting research over a year-long span would have meant the teachers at those two schools may have no longer been teaching the students identified with EBDs. Another potential limitation is that the study is conducted in a small school district in the piedmont of North Carolina and is not representative of the traditional racial and socioeconomic makeup of the state as a whole or the nation. While these two limitations were part of the reason I could obtain the data, it could limit anyone trying to use the results of these data in a different region or state.

Summary

For this case study, qualitative methods were used in an attempt to identify common themes as to teacher perceptions of the strategies and programs the district uses to assist students with EBDs, especially as it relates to the literature review. The data that were collected from this case study will generate information that can be used by the school district to determine the fidelity of their programs for at-risk youth, specifically students with EBDs, through the lens of teacher and staff perceptions of those strategies and programs. The research question was open-ended as were all the questions given throughout the interview and focus group processes and discussions. There are little data

about the success of some of these programs as a whole, as some of the programs are not universally utilized. Additionally, some of the programs are relatively new, such as MTSS. Finally, this school district presents several unique characteristics in its demographics, geographical makeup, and relative size, and therefore offers a unique perspective with regard to teacher perceptions of program fidelity. Subsequent chapters provide a narrative description of the data collected for this study as well as recommendations for future practices within the district regarding the strategies and programs the district utilizes to ensure the success of their EBD students. Additionally, the data findings from this study are connected to the research literature analyzed in Chapter 2.

Chapter 4: Results

Introduction

The purpose of this study was to examine teacher efficacy in a North Carolina

school district it its efforts to work with students with EBDs. Research outlined in

Chapter 1 showed the possibility of students with these disabilities negatively affecting

the peers in their classrooms, and this study attempts to analyze the following two

purposes: to identify what strategies, if any, teachers are incorporating into the classroom

that could potentially offset any of the negative outcomes some students experience when

they are in a classroom with students with EBDs; and to analyze the current training and

professional development the school system is utilizing at all levels to help train their

staff in classroom management and working with students with this disability. Relevant

data in this study will inform changes that can be made at the district or school level to

provide stronger student support. The research question was, "What are teacher

perceptions of the strategies and programs that have been put into place to assist students

with emotional and behavioral disabilities in inclusion classrooms in order for students to

be successful and to reduce any potential negative impacts on nondisabled peers?"

In the data collection process, a total of 27 staff were interviewed, either one on

one or in focus groups. There were three school sites involved, and the focus groups

consisted of the school's MTSS, CPI, and PBIS teams, when applicable. In the

interviews, there were seven respondents from School A, five from School B, and one

from School C. In the focus groups, there were six from School A, five from School B,

and five from School C. Only one staff member was both interviewed one on one and

was in a focus group, and that was simply due to the structure of that teacher's classroom

makeup and team obligations. When interviewed, all the respondents were allowed to choose the location they preferred when being interviewed. Most of the respondents chose their own classrooms, though there were three who chose to do the interview in the main office of the school where I was employed at that time. The COVID-19 outbreak occurred in the middle of the focus group interviews, so approximately half of those took place from those particular team member's own personal classrooms or offices. The only site where I received less than 50% participation from the total eligible staff was School C, in particular in the one-on-one interview process. Only one eligible respondent agreed to participate.

There were two main sources of data collection, both of which were qualitative. The first was a set of 13 interview questions, and the second was a set of eight focus group questions. The interview questions were centered on two overarching themes: training and an analysis of some of the main strategies the district employs to assist students with EBDs in order for them to be successful and to reduce any potential negative impacts on their nondisabled peers in inclusion-oriented classrooms. The first five questions are centered on the concept of training and, in particular, the fidelity of that training as utilized by the district.

Interview Questions: Training Efficacy

The first question asked what professional development they received, if any, that they feel equipped them with a higher level of confidence working with students with EBDs. This is directly connected to the research question in that it is specifically asked for any relevant professional development they had received that gave them a higher degree of confidence working with students with EBDs. As with all the interview

questions, there were 13 total respondents. One theme identified from this question was that responses from School B appeared to be more diverse and answered in the affirmative; that is, that they have received professional development that gave them a higher degree of confidence in being able to employ skills to help them work with students with EBDs. Of the five respondents at that site, only one stated that there was no professional development that equipped them for being able to work with that population of students to a higher degree of fidelity. It is also important to note, however, that the teacher who did not provide any examples was in her second year in the district and cited that as a possible reason for her not receiving beneficial professional development. CPI training was mentioned twice, as was de-escalation training through both the NCEES system and the district and BIP training—both once. Also mentioned was ACE training (Adverse Childhood Experiences), which is geared primarily towards how to handle trauma. There were also two instances where staff at School B shared a common perception of CPI training—that it primarily pertained to restraints. Staff 4B stated, "The only thing that I remember was going through the CPI training, and that was really primarily how to restrain kids.… I am not still on the team. I don't know why." Staff 2B had a similar take: "So I have had CPI training. I am not currently valid on CPI due to my size and not being in the classroom anymore. It's not appropriate for me to use restraints unless I'm doing it on a kindergartner." These comments are relevant to the research question because CPI is a district-wide program in which staff are trained to learn, in part, how to de-escalate students. From their responses, it is clear they remembered the physical restraint piece but not the de-escalation, which could be a critical aspect of managing a classroom that contains students with EBDs.

Question 2 centered on whether or not the respondents felt comfortable practicing skills after the training, if one was identified from Question 1, and if they received any type of feedback afterward. The application of any relevant skills could be beneficial in the sense that they may enable staff to reduce any negative behaviors in their classroom. All of the teachers from School A who responded that they had not received any applicable training in Question 1 answered in the same capacity in Question 2; that is, they would not have any specific skills to practice if they did not attend a training. There were two participants who said they did attend a training that gave them greater confidence working with students with EBDs in Question 1, but one said they did not get any relevant follow-up or feedback after the training. However, the other did say they got feedback. Staff 1A stated,

> The CPI training I used a lot when I was with students with more severe and profound disabilities. I used a lot of the de-escalation skills with one particular student, a large high school child. I did get feedback from the assistant principal at the time that was good decompressing for her.

Most of the staff from Schools B and C had corresponding answers between Questions 1 and 2—if they did not get the training, they did not receive any feedback and were not able to practice specific skills. Three of the staff from School B and the staff member from School C were all able to identify specific skills they were able to incorporate from any training they felt equipped them with a higher degree of confidence working with students with EBDs. For example, Staff 5B stated, "Yes. Specifically adapted PE type stuff. I definitely learned some techniques to work with some kids, specifically wheelchair kids that can't really move around. Also some with the cognitive and social

aspect of getting along with others." Staff 2B said,

> Yes. De-escalation was used most often. And also developing Behavior
>
> Intervention Plans. Often in my job students had Behavior Intervention Plans, not
>
> always, but we worked with the Behavior Specialists to develop those. Yes [to
>
> receiving feedback]. So we would often re-group and have a fair share with our
>
> colleagues and the things that work for them. I did not mention I also served on
>
> the Autism support team and so we had some trainings related to behavior and
>
> students with Autism. And those were online modules.

Staff 1C commented,

> Yes. We did use the graphics in the classroom and we talked about them with the
>
> whole class and talked to them about how to receive correction and we would talk
>
> about things and sometimes I would stop and point to them and say "ok" here we
>
> are, we need to "stop," "listen," "follow directions." We used the posters in the
>
> classroom. They did not revisit [the training] with me, but sometimes they will
>
> revisit in PLCs which the special area teachers do not have because they are done
>
> when we have our kids.

Only one of these staff members, Staff 2B, received coaching or feedback after the

trainings they identified that gave them a higher level of confidence working with

students with EBDs. This shows that over half of the respondents at School B and the

only respondent from School C were able to articulate the specific skills they felt gave

them a higher level of confidence with those students and in those settings. These skills

included strategies with adapted physical education, de-escalation techniques, and

classroom management.

Question 3 asked whether any of these trainings, if applicable, were conducted in the first year of the staff member's tenure in the district. Of the 13 staff members interviewed among all three schools, three answered in the affirmative that they had received applicable training in their first year. Staff 1A and 5B stated that CPI was the training provided in the first year they were with the district. They were also at the same school together that year, and all the staff at that site were required to receive CPI training as it was needed for the nature of their student's needs. Staff 2B said they had a behavior intervention training and also received CPI training. They were not at any time employed by the school that required it for all staff. Of the remaining staff members interviewed, 10 stated they did not recall any specific training provided in their first year with the district, but seven of them said the length of time since their first year with the district impacted that. They were unable to recall any specific training because it had been so long since they were in their first year. For one of these staff, it was 22 years ago; for another, 15.

The fourth interview question asked if the staff members felt as though any of these trainings were designed to assist them in general education classrooms. It is important to distinguish that this question is different from Question 1 in one key aspect: Question 1 pertains to students with EBDs, whereas this question is geared more towards general education settings. This question was overwhelmingly answered in the affirmative: The majority of respondents had received training geared towards general education classrooms. These responses included training pertaining to co-teaching, the Instructional Core (which is the district's instructional model), motor skills, CPI, and differentiation. There were two staff who said they had not received any of that type of

training, and Staff 1B indicated that it was not the most pressing thing they needed anyway:

> I feel like I don't think I've had training while I have been here with anything. I feel like the best training I have had has been experience. I have always had that population of students when I came to Newton. It is a population I am definitely more successful with with growth and what not. I've not had, and to be honest it's not just the training but the resources I've had have been stretched incredibly thin. So I don't always have what I'm supposed to.

Staff 4A responded,

> Well I think we have had a couple on some different occasions. I think Instructional Core, for example, I have a class now…with at least five different subgroups—honors, regular, OCS, ESL, EC, etc. You could do a better job having just one subgroup in a class as opposed to all five at once.

This response could indicate a need for further differentiation training or professional development, a training articulated by Staff 1C:

> I think that the main thing that we had was when we had regular classes about differentiation. Where that was differentiated on academics rather than behavior or social/emotional. So I don't really think those two things have been addressed except in the Sanford Harmony training. Sanford Harmony is what Shuford is using, and I think North Newton has at least part of it (these are other schools in the district). Sanford Harmony is a social/emotional curriculum that they have been using. We did a staff meeting training on what it was and how to access it.

Co-teaching was a subject brought up by two separate staff, albeit under different time

frames. Staff 7A said, "There was one very specific training where a general ed and special ed teacher worked together to do a training on what a co-teaching model looked like." They also indicated this training took place approximately 5 years ago. Additionally, Staff 3A said, "The only one that I recall was last year. I cannot remember the name of it but it was at Central Office. [Another teacher] and I went together because we were co-teaching together." Staff 4B provided the following response:

> We had some. But it was more geared to the classroom teachers. In the gym it was all based into certain groupings. Here, for example, I have a class of numerous kids, pushing 60, and twelve or so EC kids with them. They are running and hollering and screaming. Now we are trying to settle down our kids. We have one getting ready to run out the door. My largest class right now is 140 kids. I want to say it was a half-day workday training. I think one year they made us all go through it. It was good.

It appeared as though this staff's largest concern was letting me know they had a class of 140 students. This is relevant because it appeared the volume of their class sizes dramatically impacted their ability to maintain that classroom as it pertains to classroom management. They had training designed to address general education classrooms; but with that many students, it made it far more difficult to maintain adequate control of the class.

The fifth interview question asked if there were any skills in the repertoire of these staff they use for teaching students with EBDs as a result of these trainings. Responses to this question were evenly split, with seven answering with a strong affirmative and six responding in the negative. In terms of skills identified from these

trainings, they included skills for use with autistic students, de-escalation, relationship building, motor skills, and social skills, among others. At School A, Staff 1A stated, "I would say the main skill that has helped is building that bond with the student. Having respect go both ways. Not getting in their face. Validating the student and their emotions. Not appeasing them, but listening to them." A staff member at School B, Staff 3B, also stated something in a similar fashion related to social interactions with students:

> I tend to provide a cool down area; for some students it is their own personal area…at the beginning of school we go through the procedures for its usage. I use anchor charts that show them what to do if they get mad. We go through these techniques daily because daily someone is going to have a meltdown. I go through these in our daily expectations. With these children the repetition is so very necessary.

One staff member articulated an academic skill they utilized with these students that was beneficial for her:

> I did do math foundations this year and that has helped me this year. Also with our iReady diagnostics I am able for the first time ever to start targeting kids that have huge deficits. I'm able to target those deficits a little bit easier. Doing a ton of formative assessments myself it is very clear to me from iReady where they are at and what I need to do.

This comment suggests that by targeting deficits and improving student academic performance, student-centered behaviors could dissipate.

Interview Questions: Strategies Employed by the District

During the sixth interview question was when the focus moved away from the

perceived effectiveness of training and moved into strategies the district employs to help

students with EBDs; specifically, what the staff knew about the Functional Behavioral

Assessment (FBA) and BIP processes. Beyond simply hearing about the terms, five staff

members knew absolutely nothing about them. Every staff member who had an EC

background or worked in an EC capacity had at least a cursory knowledge of the

processes. Only one staff member who was in regular education noted a familiarity with

the FBA and BIP processes. This was Staff 1B, who stated,

> So since I have been here we have been trying to get better with MTSS and
>
> actually trying to meet the needs of kids where they are at and last year I was the
>
> person for our problem solving team. I was going and getting trained on that
>
> whole process and that is where we were going to start picking up the MTSS/RtI
>
> processes. In the past we have done, when a kid has so many referrals, we try to
>
> hook them up with a mentor, a check in/check out person, but those are more the
>
> frequent fliers. I'll be honest though, our administration has changed multiple
>
> times and the mentors and check in/check outs were working great and my first
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> year we did behavior plans and that was my first year here. And then last year [a
>
> new assistant principal] was not here so our PBIS kind of failed because there was
>
> not the extra support there for it. And this year we are bringing it back. I do have
>
> personally in my class a child who struggles greatly with behavior and she is
>
> essentially on a plan where she has to earn her way from class to class because
>
> she is such a distraction to the class. Then I have a young man with social issues
>
> as well and he is just now getting served a lot better with a plan as well. He has to
>
> earn the points to stay in the reg ed setting.

One interesting item of note from these interviews came from two of the regular education staff and this topic of FBAs and BIPs. At School A, Staff 6A commented,

> All I know is what I did on the EC paperwork. Now we get a summary of the accommodations, but I feel as though we lost a piece. It was nice when we got a synopsis of the student's information beyond the accommodations. We have lost information regarding their category. No more face-to-face between the EC teacher and the regular education teacher. It is important to have that face-to-face for all EC kids.

Staff 4A said, "I do not know much about them unless I hear something in an IEP meeting. I do not know if I have a student with a behavior plan." These comments are interesting to me because they indicate that a valuable process in the transmission of EC data and paperwork may not be happening any longer. As for staff with an EC background, many of the responses were thorough and extremely informative. For example, Staff 2B stated, regarding the FBA and BIP processes, as follows:

> So to conduct a Functional Behavior Assessment on a student you have to get parental permission for consent for evaluation through the IEP process if the student has a disability. If the student does not have a disability you still have to get consent from the parent to collect formal data on that student. Typically patterns to the behavior have already been identified if you are at the level of wanting to do a Functional Behavioral Assessment so once you get consent from the parent you take data for a minimum of 10 days to 2 weeks depending on what the behavior is. We try to do that across all settings whether that's the classroom or lunchroom, in between classes--anytime the student is on campus so we can

collect that data. We would look for antecedent behavior and consequence, so what causes the behavior and why do we think the student is doing that behavior. What is the purpose for them? Once you've collected that data you compile that and if it's an EC student you have a results meeting and from that Functional Behavior Assessment data you can propose a Behavior Intervention Plan based on typically 1 to 2 target behaviors that the student exhibits. The whole purpose of that is to narrow down the behaviors as you can't focus on 10 that would not be appropriate. You need to focus on the most intensive behaviors and you are going to talk about that plan as a team, and we use our behavior support specialist and regular ed teachers should weigh in on the Behavior Intervention Plan for that student.

The next interview question asked if the interviewees thought the FBA and BIP processes were effective in addressing the needs of students with EBDs. As many of the regular education teachers were unable to articulate anything regarding the FBA and BIP processes, most of the answers to these questions came from staff in special education positions or with EC backgrounds. At School A, virtually every staff member did not view them as effective. Staff 3A stated that the "BIP is like a restraining order. It does not have enough teeth to it to be effective." Staff 1A said,

I feel like it is something that is done once a year and it is not reviewed every 6 weeks like it's supposed to. I don't think everyone that deals with the student knows they have a BIP, or has a copy of the BIP to follow it. It just gets stuck in the IEP stuff and is just added to it.

This aligns with some of the answers to the previous question from School A. Staff at

School B were more evenly split in their opinions regarding the effectiveness of FBAs and BIPs. Staff 3B stated,

> I do [think they're effective], if you choose the most appropriate behavior that you are trying to fix. For some teachers they are going to choose a different battle than maybe I would. I think, what is the one thing we need to fix to get that child through the day? I do think the FBA is effective if you can find the one thing. Like the perfect little lego that is going to fit.

Staff 2B echoed this positive sentiment, with a stipulation—thorough data collection must be present:

> When done correctly, yes. Depending on who is taking the data on that behavior, you have to document, document, document. It can be a problem. If the student's behavior is blurting out in class, and you don't have a teacher that is doing the tally mark sheet for how often that student blurts out you are not going to get good data.

Staff at Schools B and C felt like, on average, while FBAs and BIPs are a nice step, districts and schools simply do not have what at-risk students need to succeed at school. Staff 1B noted,

> I feel that there is support, I just don't feel like we have what these kids need. I feel like the two that I just mentioned in my classroom, I just don't feel like I can provide them what they need. There is a lot going on. I think for the most part they need intense therapy and for some of them psychologists. A psychologist would be amazing. We have a couple that have raging tempers and they struggle with control. And I struggle too because I want to help that kid but I have 30 other

kids in the class so what am I supposed to do to meet their needs?

Staff 1C expressed their thoughts similarly:

> 75% yes [effectiveness of FBAs and BIPs]. I think that they are effective but not
> totally. I think that there is so much going on that there is a limit to what we can
> do. I think we do what we can well, but I think sometimes it gets that fine line
> where the kids just need the time to sit in the corner and decompress.

There was a common theme in these two responses: There was "a lot going on" and "so much going on" in relation to these students' lives outside of school. The respondents appeared to indicate that there was only much the school can do.

Staff 4B and 5B from School B had answers that bordered on antipathy towards the processes. Staff 4B responded,

> No. In the real world, you know the rules and the consequences. You are not
> going to get a lollipop because you did the right thing today. You get your
> freedom and your job. You are not behind bars. I don't like the process of "hey
> Johnny if you don't cuss a teacher out, you don't hit a kid, you do what you are
> supposed to do today and we will let you have free time." You normally don't
> listen, you normally don't behave, but because you did today I am going to
> reward you. But the good kids that come to school and do what they are supposed
> to do get nothing. And now they are frustrated and they don't understand. If we
> are preparing you for the real world, I don't have a behavior plan. I come to work
> and do my job to the best of my ability and get to come back to a job I love.

Staff 5B also answered,

> In a perfect world yes, but I don't think they do…I don't think they are as

effective as they should be. I just think there has got to be a reason for the kid to

want to behave better, and I don't think getting a teacher signature so they can get

a sucker at the end of the day is going to help. I think the younger they are the

more effective it could be. The older they get, again that sucker at the end of the

day is not as effective when you're 13.

Both of the aforementioned comments came from School B and show a disdain for the

perceived effectiveness of the FBA and BIP processes in relation to addressing the needs

of students with EBDs.

The next interview question asked if there were aspects of the MTSS structure

that gave the interviewees more confidence in working with students with EBDs. Staff at

School A appeared overwhelmingly knowledgeable of the term MTSS—that it was

something the school was invested in—but not nearly as knowledgeable when it came to

the inner workings of the team and how the process worked. One important note here:

When I conducted these interviews, it was the second year of MTSS implementation at

that school. Staff 6A said, "I understand what the MTSS thing is, but I do not know what

is happening with it here. It operates as its own entity. If my kids were being addressed

would I know?" As another example, Staff 5A stated, "I know what MTSS is, and what

the group does, but I am not sure what is done once a student is identified." No one

working in an EC capacity was very knowledgeable about the MTSS process, as two of

them responded "none" or "I don't know enough at this point to answer." The

interviewee at School C was also not very knowledgeable about MTSS, and at School B

the only strong affirmation regarding the process came from Staff 3B:

It's one of our goal teams, and I am on it. I feel like with MTSS I appreciate that

it gives time, because there are so many times where they just slap that label.

With MTSS it gives those weeks to look at those interventions and see what is

working right away, and it gives that kid a chance too because you don't know

what is going on externally that could be driving those behaviors.

Of course, the fact that this staff member was on the MTSS team could have provided

them with more clarity of process. There also appeared to be a clear acknowledgement

that the MTSS process was going much better at the elementary schools—or was at least

perceived to be—due to the fact that it had been put in place at the elementary schools

before all other levels and because interventions were easier at the elementary level. For

example, Staff 1B stated,

I think it will once we get better at it [give them more confidence working with

students with EBDs]. We are just so early in the process. Elementary schools have

been running this for a while. They have always focused on interventions and how

to be there for the kids. They have additional supports that we do not have at this

level. They have some behavior self-contained classes and stuff like that.

Staff 2B said,

That is a hard one because I feel like that process is still very much a process. For

our district and many other districts across the state. It is hard to determine.

Academic interventions are easier to put in place, especially at the lower levels. I

do feel like we are doing a great job of acknowledging a lot of students through

the MTSS process. I think we just are still working on drilling down what those

behaviors are and what are possible ways we can address them within regular ed.

I think [the community therapist] has been a huge benefit to our district, having

that resource.

It also appeared to be a perception that there were more supports at the elementary level for MTSS strategies and interventions such as self-contained classes. Since MTSS is one strategy the district employs to help equip teachers with the skills they need to identify what is needed for students with EBDs, data reflecting a much higher degree of confidence in the program exists at the elementary level, and not the secondary level, are directly relevant to the research question in relation to teacher perceptions of these strategies.

The ninth interview question focused on PBIS and asked to what degree it gave the interviewees more confidence working with students with EBDs. The PBIS team/ process does not exist at School A, so that question was not asked of those staff since they did not have a PBIS team, nor have they had one for at least 6 years. Some of the same antipathy noticed with regard to the FBA and BIP processes came through in these responses as well, especially at School B. For example, Staff 4B stated, "No. I think the kids laugh at PBIS. Once again, why are we rewarding you for doing what you are supposed to do? The kids laugh at it." Echoing a similar sentiment, Staff 5B said,

> No. Too often kids are rewarded, and I don't want to say bad kids because there are no bad kids. But kids that make bad decisions are rewarded for doing what is expected. Whereas the kids that do everything good all the time do not ever get rewarded. If you want to call it positive behavior, you have to award every kid with positive behavior and not just the ones with negative behavior.

Staff 1C at School C shared a similar opinion regarding how students who exhibit positive behavior consistently are left out of the PBIS rewards system:

It's hit or miss because the problem is if…little Rachel won't ever listen and you keep reinforcing her positively, but little Rebecca is over there and she is always doing the right thing and never gets any reinforcement, the inequities build up. I've seen the good kids complain and start to act out because they are like I've done everything I am supposed to but no one ever gives me a ticket or a punch.

Staff 3B believed that it can be effective, but only if staff focus on relationships:

I think you have to personalize it for them. Your top 80% don't care about that ticket. You have to figure out what is going to trigger them. I think it is effective here [School B]. I can pick up the phone and can send a kid down if he needs help. Here we have certain people that try to build those relationships with those certain types of students and I see that. There are teachers here that have tried to develop that relationship so that those kids don't feel like they are not going to ever earn anything positive.

There was a common theme at both Schools B and C that PBIS, a program employed by the district to promote teacher fidelity in working with students with EBDs, was either ineffective due to not addressing students with positive behavior more frequently or that the students do not take it seriously as they get older and get to the secondary level.

The 10th interview question asked to what degree CPI gave the staff more confidence in working with students with EBDs. Four of the respondents at School A stated they had never heard of CPI or that they only knew it had something to do with physical restraints. The interviewee at School C stated the same. There was a lot more knowledge of CPI at School B, however; and a few interviewees seemed to be knowledgeable at School A as well. Overwhelmingly, the interviewees at Schools A and

B articulated two main benefits of CPI: knowledge of physical restraints—particularly how to do so and keep the student safe at the same time—and the value of the de-escalation techniques taught therein. Staff 7A stated,

> I used to be a part of that [CPI]. Some of the tactics and de-escalation techniques were helpful to me. I am no longer on that team. It would be beneficial for more teachers to get this training moving forward. It takes too long though. This training could take 4 hours when it could be done in one.

Staff 3A said they were "CPI trained at the ACT program. Learning the restraints—if you could protect a kid from hurting himself and/or protect yourself. There was value in that." Staff 1A had a similar opinion regarding the value of CPI, especially as it pertains to knowledge of how to de-escalate students: "The first half of CPI is not the physical piece. It is how to deal with students and their triggers. To avoid having the explosive behavior to begin with." The interviewee at School C had heard the term CPI but had no knowledge of it. At School B, however, staff were able to articulate more about the program and appeared to feel as though it had value, again with the physical restraint piece and de-escalation techniques. For example, Staff 5B said,

> Yes. I feel that it has its benefits. At least kind of a confidence booster. Obviously physical intervention is the last thing on the list. I think it gives you a standard to go by in those types of situations.

Staff 2B commented,

> De-escalation would be the most [beneficial]. I have used CPI holds and walks a handful of times. Of course it is beneficial to know how to do that but I think the most beneficial is the de-escalation. And I think educating other staff that that is

not the first line of defense. I think it would be most beneficial for all staff to have

de-escalation training.

Staff 3B stated that CPI had value, but they were concerned about the physical restraints and the size of the students with whom they often worked:

I am not on the team. I had the training in [another] County but when I came to

the district I was a regular ed teacher so I was not put on the team. I don't feel

confident in the perspective of [older] students. Those kids are much larger than

me, I feel like there is a part of me that might panic and forget what I am

supposed to do with this kid that is two to five inches taller than me. I don't feel

like I'm prepared enough. In the elementary maybe.

This staff member was the only one of the respondents to acknowledge a discomfort with larger students, though a key aspect of CPI training is that larger students require more than one person in the event a physical restraint is necessary. Since CPI training is a strategy employed district-wide to equip teachers with the skills they will need to effectively de-escalate negative behaviors, gathering staff perceptions about its fidelity is essential to the research question. Interviewees appeared to value the knowledge of the physical restraints and the de-escalation techniques above most other components of CPI and noted that these strategies were helpful to them when confronted with inappropriate student behaviors or other classroom management issues.

The next interview question encapsulated all three programs—MTSS, PBIS and CPI—and asked the respondents if they felt as though the programs and strategies utilized were effective overall. Again, staff at School A did not have a PBIS program at their school, and responses were split as to the perceived effectiveness of MTSS and CPI.

Staff 7A believed that they were effective as a whole: "Yeah, like anything there are

degrees of effectiveness. It could be more effective, yes, but you could apply that

standard to anything. As a whole, they are effective." Other staff members, however,

believed that effective communication prevented these programs from being effective.

For example, Staff 6A stated,

> I hope they are effective to the students, but I do not have any interactions with
>
> those processes. I don't know. There needs to be a little more communication if
>
> we are going to be a team. I understand confidentiality, but I do not see effective
>
> communication.

Staff 2A commented similarly:

> I want to say no, because of communication. Let's say I have a student of
>
> concern—I should be able to pick up the phone and call instead of filling out the
>
> form. I feel like the human connection is invaluable when it comes to students
>
> with these issues.

Outside of the communication theme, Staff 1A stated they were told they did not need to

be on the team because of the school level at which they worked:

> No [to the programs being effective overall]. Partly I feel that having the class
>
> that I do once I moved to [this] setting that I should have been able to renew my
>
> CPI training. But I was told that since restraints do not happen at [this level] that I
>
> did not need it. But having the training about how to deal with behaviors would
>
> have helped me. Regarding MTSS, EC students get excused from MTSS support
>
> because they are EC. EC needs to deal with that.

I asked some follow-up questions of Staff 1A, and they articulated that the additional

supports referenced through MTSS included strategies such as Check and Connect and certain internship opportunities granted to students as part of the MTSS process for at-risk students. There was a common theme at School B regarding the effectiveness of these programs as well: buy-in. Staff 3B stated,

> On a scale of 1-10 I would say a 6-7. I think the reason I say that is because we have so many kids making so many gains. I took this job in December, and I had so many behavior things going on. And it took so much to start seeing the results I wanted. I don't feel like every staff member is going to take that ownership. Whether it is because they don't want to or they don't have the time I don't know. I don't know that everyone would embrace the individualized approach to help those kids. In other words, buy-in.

Staff 2B commented similarly by saying, "Yes. I think it takes an all-in. If you're going to do it you've got to do it." Staff 4B did not believe that the programs and strategies were effective and really served as a tribute to district leadership:

> I don't think it is as effective as they think it is. Higher ups. Central Office and school admin. They walk through the school, let's say Central Office, it's like a dog and pony show. You can make anything look good on black and white. You are going to show them what they want to see.

Finally, the interviewee at School C, Staff 1C, appeared to believe that while MTSS is working at that school, PBIS is not effective:

> I don't think they need to be thrown out. But, the MTSS seems to be working. Fairly well. PBIS, again, I think it works for the children who have issues that need to be positively reinforced. I think it does not work for the kids that are

doing the right thing because they don't get recognition; they are sitting there in their seat and we do not give them a ticket or a punch. They don't get their reinforcement whereas the kid that throws the chair does. I think it works but there is inequity built into the system. If we are trying to extinguish the negative behavior and reinforce the positive behavior we are reinforcing it only in the kids that act up. As opposed to the kids that come in every day and do what they are supposed to do all day long.

In schools where there is a PBIS program, MTSS and CPI are all strategies and programs the district employs to equip teachers with the data and skills they need to work with students with EBDs and students as a whole. Gathering their perceptions of the effectiveness of those programs as a whole rather than independently of each other sheds more light on the effectiveness of these programs from the macro level.

Interview Questions: Potential Training Gaps and Follow-Up Coaching

The next interview question asked the respondents to state any areas of training they feel would be beneficial for them to receive; training they had not yet received from the district. At School A, student motivation and home issue training were identified as common themes from the responses. Staff 6A stated, "Strategies for helping to motivate kids, who do not have that intrinsic motivation. Also juggling apathy with having realistic expectations in order to prepare them. They need to develop intrinsic motivation." Staff 4A also mentioned "apathy" as a problem among their students. Regarding training or professional development pertaining to home life issues, Staff 1A said,

I think some training in traumatic events. I know a lot of my students have trauma, like the death of a parent or DSS involvement. My TA's need that

training as well. We could approach our students in a better manner.

In the same vein, Staff 7A articulated,

> I think just in general with our student population—out of school home life issues.
>
> Knowing and being aware of home life issues when appropriate. That would help.
>
> Almost the information they get at the counselor-level. Maybe counselor-type
>
> training would help.

Staff 3A had a similar answer:

> Several years ago I attended a poverty training. It was ran by Dr. White; Sally
>
> something. A higher knowledge base of poverty and where our students come
>
> from would be good. To better understand the situations our students were in.
>
> May provide insight as to why they react the way they do. Students in lower
>
> socioeconomic situations have different value sets.

There were other responses outside the scope of student motivation and home issues from School A. Staff 2A mentioned the value of being "refreshed on triggers and how to de-escalate," and Staff 5A referenced that having "more information about EC students up front would be nice."

At School B, student mental health was a common theme referenced by the interviewees several times. Staff 2B stated,

> I think mental health, the mental health aspect of it. It's something that is here, it
>
> is sometimes and EC issue and sometimes not. All educators could benefit from
>
> knowledge about potential red flags and what to look for. What are our resources
>
> beyond [our community therapist] and things like that?

Staff 3B said,

I would be very interested in training on behavior therapies. That could be done in my classroom. I would appreciate more techniques I could try that maybe I have not heard of. I'm always open to try something new. I have a very supportive staff as well.

Staff 5B stated, "I think more people need trainings and experience with students with special needs both physically and emotionally." Limited resources was cited as a need by Staff 1B:

I feel like anything with…so if I have these kids that have social and emotional issues, and here we are in [School B's level], a lot of these kids had a self-contained class in elementary and now their hormones are crazy and now here we are [in School B] and we are throwing them in a regular setting. I would love nothing better than to be able to transition them into a regular setting, I would love more resources to support them. I mean we have [the school's In-School-Suspension staff member] but we fill his time up. We have self-contained EC; we do not have self-contained behavior like elementary does. ... There were like three that were in a behavior self-contained in elementary but then when they got here, our EC, and I'm going to be honest it's all certifications, but our EC person was not certified to teach all the middle school curriculum. They were only adapted or whatever, so then the kids went into the reg ed setting.

According to this interviewee, a lack of having certified EC personnel at their school prevented them from having a self-contained behavior class, which provides a disservice to those students. The interviewee at School C shared a common opinion with Staff 5A at School A about the need for more information pertaining to EC students. Staff 1C stated,

What I would like to know, particularly as a pull out teacher that sees the kids once maybe twice a week, I would like to see us have a notebook or a plan or something. Every year I ask, tell me the children that need special handling. I rarely get anything. But then they come in and someone will have a meltdown and they are like, but they are Autistic didn't you know that? And I'm like no, no one told me. I think that particularly we need to be more aware with what is going on with our kids. I know that there are privacy issues but if we are going to see these kids we need to know what is going on with them. I think that also individual schools talking about their population. Because South Newton, North Newton and Shuford [the three elementary schools in the district] are three totally different environments. And the children need different handling and different ways of approaching things in the three different schools. And I think just kind of getting the pulse of where our kids are at this time. Because if you know by osmosis, if somebody had told you if when you go into South you are dealing with high poverty, parents who are either not involved or who are hyper-sensitive to anything, or any perceived slight or misstep, then that gives you a perspective to try to better communicate and operate with those folks. I think also that we are getting more and more kids with social and emotional difficulties and problems. I would like to see a training on here are the ten most common problems and here are three things you can try. We have kids who are dealing with trauma, here is how you can deal with trauma. We have kids whose parents are on drugs, here are some common things that they struggle with. Here are some

strategies that might help you with that. Let's just admit what we already

know but we don't put down...

It is also interesting to note that this staff member referenced student trauma as well, a

pervasive theme at School B. Identifying key themes from this interview question

provides data from staff as to any potential gaps in training they have currently. Since

classroom management is such an integral part of effective classrooms, potential gaps

in existing training, or even professional development, could inhibit staff of students

with EBDs from running an efficient classroom.

The final interview question asked if the interviewees had received any

coaching after they received the trainings they identified, if applicable. At School A,

most respondents said they did not; however, two staff members identified that there

was some follow-up review with CPI. Staff 3A said that "with CPI, there were

consistent reviews. Refreshers then a full course every third year." Staff 1A stated

that the trainer of CPI (for the 2019-2020 school year) came in sometimes to help her

with questions they may have. Additionally, and although it was for another district,

Staff 2A stated that they did "remember a school system that did that with Crisis

Prevention training. I was one of two trained, and we came back and trained in role

play for certain situations." At School B, MTSS, CPI, and PBIS were all mentioned,

in varying degrees, as having been reviewed after the training was completed. What

stood out to me was the vast difference between each staff member's perception for

each training or program. For example, Staff 3B stated that with MTSS, they did "go

through different modules. We were trained more consistently. CPI, no." Staff 5B,

however, noted that CPI was consistently reviewed and followed up on:

CPI we definitely had refresher courses and a lot of stuff like that. PBIS not as much. It's like the beginning of the year the lady in charge of it is like "don't forget to give out your free pencils to the kids" and at the start of the next semester she says it again, but that's as far as it gets. MTSS is even less than PBIS for me at least. I think it is in some people's eyes great and in a perfect world it could be but nobody has time to really focus enough on hitting every little point that needs to be hit.

Staff 1B stated that it was only MTSS that was consistently reviewed, though PBIS was to a lesser extent:

Only MTSS. I had consistent training with PBIS stuff but not for a bit. Then, we were meeting monthly to discuss things. But our goal teams have changed up the way they are and they're no longer PBIS only. So at least then we were meeting monthly. Our MTSS meets weekly, and we do that by grade level, during our PLC. We talk about our RtI stuff, Our RtI Stored. We are always talking about our data and what kids need. I feel like they're getting trained just ahead of us…I don't feel like anyone is the same with the big picture.

The interviewee at School C, Staff 1C, stated there was not consistent follow-up, but such a thing would be useful:

I think we spend an hour on them and move on and never revisit them. In that hour we might do some practicing or whatever but at no point a month later do they say ok we did this training last month does anyone have any questions since then? I don't think it is always sit and get but I do think it is not always revisited. I know for me when I first hear something new I need time to absorb

and ponder it, and then I'm ready to ask questions….They say do you have

any questions and I'm like no I'm still processing what you said and how I

can make that work in my environment. Give me a month or so and let's

revisit this, or have a document that says what questions do you have so we

can revisit. What did we not get to?

Consistent coaching and/or follow-up after a training or professional development

was identified from the research in the literature review as a key component of

effective training. Identifying common themes in teacher perceptions of this follow-

up is important regarding the research question, specifically with regard to staff

perceptions of the effectiveness of those trainings.

Focus Group Questions: Fidelity of Training

The focus group questions were delivered across three schools—the same

schools as the interview questions—and delivered to each of those school's CPI,

MTSS, and PBIS teams, where applicable. The first question asked the teams to

describe the training process they received from the district that led to them being on

the team and to state how long they have been with the district. School A did not have

a PBIS team, but Schools B and C did. Additionally, School A's CPI team consisted

solely of school administrators, the only focus group with such a makeup. For the

purposes of cohesion, these data will be analyzed question by question and then

school by school. Individual staff members have been given an ID, and staff who

were in the interview questions and also in the focus group questions will carry the

same ID.

There were two staff members on the CPI team at School A. The training

process for both of them was identical, and this was due to the fact that both came to the district at the same time. A common theme that arose when talking to the MTSS team at School A was that RtI Stored and Check and Connect were part of the training they received once they were placed on the MTSS team:

> [Staff 10A] I've been with the district for 2 years now and the training that we received occurred last summer officially from the district where we learned how to use the RtI Stored website that would be keeping track of all our high school students letting us know what their indicators were for their risk assessment and additionally we just received training in the meetings about how to do Check and Connect and just general interventions that we can use throughout the year. [Staff 12A] I've been with the district for 8 years now. My training was exactly the same as with [Staff 10A]. It was with RtI Stored and with Check and Connect…. [Staff 13A] I've been with the district now for 15 years and Mr. Weese and I went to a training on RtI Stored on MTSS processes back last or early summer in Statesville and it was a full long day training. Of course we have been getting educated on the MTSS processes through various other resources and manuals. Just modeling through what other schools have done and working together as a team to format and build as we are working through this process all year. [Staff 11A] There are people that have mentioned RtI Stored, last summer I went through Check and Connect through our meetings on MTSS and about what is currently going on with kids weekly.

At School B, all three programs—CPI, PBIS, and MTSS—were present. School

leadership combined the PBIS and MTSS teams to include the same people, so those

teams were interviewed together. The CPI team was a separate focus group. RtI

Stored was also referenced by the PBIS/MTSS team at School B and, in particular,

Staff 1B. At School C, RtI Stored was referenced yet again, this time by Staff 4C:

"Really I feel like the only training for MTSS was the basic RtI Stored stuff that we

did in PLC's as a regular grade level teacher." At every school, at least one

respondent was able to articulate RtI Stored as a key piece to MTSS training. RtI

Stored is a program that can be installed on a computer that enables the user to collect

school-wide student information pertaining to attendance, discipline, and academics

in one location. The value of such a program is that all this information can be found

in the same location, and the program "tiers" the students accordingly, according to

risk. Training in this program was a district-wide initiative during the 2020-2021

school year for all leaders of an MTSS team. The purpose behind asking this focus

group question was to attempt to glean from the respondents their perceptions of the

fidelity of the training process that led to them being on the team as well as how long

they had been with the district. The latter is relevant to the research question in that

the length of time served in the district may affect staff perceptions of the fidelity of

the program.

      The second focus group question asked the teams to state if they felt

adequately prepared to represent the team based on the training they received from

the district. At School A, interviewees overwhelmingly stated that they felt as though

their training was adequate both for the schools' CPI and MTSS teams. Regarding

their CPI team, Staff 9A stated, "I do and again with the interventions and getting the

students to express and de-escalate their behaviors have been things I have used. Restraints I have used once, and [the school Resource Officer] was with me." Staff 8A said,

> Yes I feel comfortable with the training I receive, and I feel as though de-escalation should be 95% of the process. Restraints should be taken as an absolute last resort. De-escalation can keep us from having to use restraints. I have not had to restrain a kid in my five years in the district.

The MTSS team respondents had similar perceptions of their training, though staff 13A did state that experience trumps training:

> Let me just say the teachers have been wonderful and have embraced this. Anything when you deal with kids or children, identifying at-risk situations, there is an art to it. You can't learn it out of a manual. You have to just go with what you just know, what you've been taught, and it takes years and is a process. Just like teaching. You just don't go and get a degree and say will ok I now know the art of teaching or I know the art of administration or the art of anything by…you have to go through the processes, see what works, back up, do something different, see what doesn't work. You know that's all part of, because the human self is so complex, where everyone on the team has done an outstanding job and we have I think knocked it out of the park with a lot of high risk students and making those connections that matter--that this is our first year I'm just amazed at how much we've done, to be honest. Everyone has just been great.

At School B, some of the responses actually came out in the first focus group

question, so some of the responses presented below will be from Focus Group

Question 1. Staff at School B appeared to have far different responses regarding the

quality of their training, in relation to School A, with regard to PBIS and MTSS. For

example, Staff 6B said,

> The district has not provided PBIS—it has provided MTSS. PBIS used to
>
> come from the region, but it does not anymore. The district does not provide
>
> PBIS training. "No" would be my answer to this question regarding PBIS.
>
> "Yes" regarding MTSS.

They continued by stating, "we are building the ship while we are sailing it." Staff 1B

echoed that sentiment by stating,

> For me with MTSS training, the only training I have been a part of was RtI
>
> Stored, but really I don't feel like I got the MTSS stuff directly. I don't feel
>
> like everyone is on the same page regarding tiers.

They continued later by stating, "I do not feel like we are doing the documenting stuff

correctly [with MTSS]." This contrasts with the MTSS team at School A, whose

respondents stated overwhelmingly that their training prepared them; and it is worth

noting that this is in spite of the fact that MTSS is 2 years into implementation at

School B and only in its first year at School A.

The CPI team at School B did appear to feel as though their training was

adequate to represent the team. Staff 7B said,

> My first training was with Tammy Barrow back in the day about 15 years ago.
>
> Tammy Barrow did my first initial training. Then and even still now when
>
> you've done them the emphasis has not been the physical contact but it's

trying to address the emotional piece of that and how to de-escalate safely. A big piece to that is how you phrase questions, body stance; to try that first before you ever get to the point where you have to put your hands on anybody. At least in my case that has always been beneficial in the positions I've been in. From time to time as an admin and even as a classroom teacher from time to time you get in a situation where a kid is escalated for one reason or another, and I think understanding you need to process that with the kid and give them as many opportunities--not pigeonhole them into that there is only one way to resolve the situation because they will buck you nine out of 10 times on that. How to work through those escalated situations have always been beneficial to me in the positions I have been in.

This was a sentiment that was articulated by every member of the CPI team at School B. Staff 9B stated that they

feel like that I definitely was adequately trained. I feel like a huge piece of it was not the restraint kind of piece on how to handle situations before it ever gets to the point you need that because I do not want to ever have to restrain a child especially at [School B] and I think that was vital for me to get that training on how to handle situations so you don't ever get to a point where you ever have to use that.

At School C, most of the respondents did not feel their training was adequate on all the teams: CPI, MTSS, and PBIS. However, in interviewing the CPI team, it appeared as though the opinions of one staff member may have swayed the other. Consider the following response:

[Staff 2C] Yes. [Staff 3C] I am going the other way on that. I understood

everything in the training that day but when I got into the actual position of

having to put a hold on a kid, [another staff member] had to show me how to do

the hold, and if they got loose what to do. It is totally different when a kid is

trying to beat you up versus when you are with adults who are being totally

compliant. I think it did prepare me, but not for everything I was going to

encounter. [Staff 2C] I know that when we did the training the first time we took

the time to physically do the holds, but the second one I don't remember as much

intense training on the physical holds. In the first training [all day] we did both the

book and the holds, and the second training [all day] it was very brief modeling of

those holds. The third one was a very quick review.

Initially, Staff 2C stated they were pleased with the training; but after Staff 3C spoke,

their opinion shifted slightly. Nevertheless, neither staff member appeared overly

confident in their preparation from the training. With the MTSS/PBIS team at School C,

the COVID-19 pandemic played a part in their perception of whether or not the MTSS

piece was where it needed to be. Staff 4C stated,

MTSS-wise I think we are all trying to learn RtI Stored with it being new so from

that standpoint with it being new this year I would say no especially given the fact

our year has been cut short. I think had we gotten our footing we would have been

more prepared. But no.

Focus Group Question 2 is relevant to the research question because it specifically asks

the respondents to state if they felt as though they were adequately prepared to represent

the team they were on from the training they received. Their responses provide key data

to the research question, specifically to whether or not they perceive the programs to be
effective. If they do not feel they are adequately trained to represent the team they are on,
that may directly impact their perceptions of the fidelity of that team.

Focus Group Questions: School-Wide Team Effectiveness

The next focus group question asked the respondents to describe any processes
that exist for them to disseminate information from their respective teams to the school as
a whole, if any existed. At School A, on the CPI team, Staff 8A stated,

I have never felt qualified, even though I feel comfortable, to push this out to

staff. The opportunity to be on the team exists for our staff, but I do not feel

comfortable leading them in any training even though I am certified.

While the lack of a comfort level was obvious from that response, it was interesting to me
that the idea that "the opportunity to be on the team exists for our staff" appears to
contradict a response from Staff 1A in the interview portion where they said, "I was told
that since restraints do not happen at [School A] that I did not need it. But having the
training about how to deal with behaviors would have helped me." It is also potentially
important to note that the only CPI members at School A were administrators. One of the
members of the MTSS team at School A stated that information is disseminated at
department meetings. Staff 12A said,

Anything important that we need to discuss we get to take back to our

departments as most departments are represented, so we get to go back and share

that information with them directly and kind of answer their questions from a

team perspective.

With School B's PBIS/MTSS team, there was a wide array of responses that led to the

potential need for future follow-up. For example, Staff 1B stated that MTSS information is disseminated, but to a limited degree with regard to academics:

> With MTSS, they get the information and training at their PLC meeting, which is still school-wide. It is geared towards math and ELA to this point though. The way we are handling MTSS at this point is just math and ELA.

Staff 6B, on the same team, identified another potential issue:

> Now we do have some tier 3 ELA groups, during WIN time, we have four tier 3 ELA groups, but there are less than 15 kids in each group. Those kids are not EC. We don't know what to do with them yet because we have not gotten there in our RtI Stored training.… In all actuality there are times when you have an eighth grader that should have been tested in the third grade, but here we are.

Staff 6B said they were getting a new interventionist; but up to the point that happens, it has put "a lot back on" their sole counselor with regard to their most high need behavioral students. The CPI team at School B identified the need for further training school-wide in de-escalation. Staff 7B articulated that "the de-escalation, that is something I think could benefit all educators"; and Staff 9B also said that "maybe if they [staff] had some more of the beforehand work [de-escalation training] I think that maybe we would get fewer problems because it would not get to that point." The CPI team at School C also identified de-escalation as a component in teacher training that may be lacking. Staff 3C said,

> I mean teachers kind of get de-escalation strategies thrown at them but I think we really should do a better job of that because one of the biggest reasons we have a kid in a hold is that they were not de-escalated when they could be. Those

strategies should be in place but they're not.

Staff 2C echoed,

> So me and [another team member] are actually working on, because we have
> talked about it, like de-escalation stuff, like a short training together for de-
> escalation so that we don't get to a place where we have to do a hold, but as far as
> like preparing teachers for that, or letting them in to the CPI process, we really
> don't.

The purpose behind this focus group question was to determine, through the interviewees' responses, whether the teams operated in silos or if efforts were made to push out relevant information to the school as a whole. If a common theme among the individual interviewees could be found regarding not fully understanding a program or strategy and that particular school's team did not have processes in place to send out that information, that could affect teacher perceptions of that team.

Focus Group Questions: Fidelity of Training (Part 2)

The next focus group question asked if the interviewees received any follow-up coaching after the training throughout the school year as a refresher. The only consistent theme in the answers of the respondents was with regard to RtI Stored. A few respondents stated that RtI Stored provided consistent updates and feedback. At School A, Staff 12A stated, "The RtI Stored creators do a pretty good job sending out updates to us…for us to check any kind of changes to that process." At School B, Staff 6B said, "RtI Stored is the only follow-up that we have received." The purpose for this focus group question ties back to the literature review, where follow-up training is identified as integral to the fidelity of any training or professional development.

The next focus group question asked how often the members were trained to maintain their status on their respective teams. With all three CPI teams, there is an annual training, but it is based on a 3-year cycle with a full 8-hour training followed by 2 years of 3.5-hour trainings. At School A, the only other team was the MTSS team; and at the time of the interview, it was in its first year of implementation. As such, it was not known how frequently they were going to be trained. At School C, Staff 2C said they had never been to a PBIS meeting. Furthermore, Staff 5C said there was a training "a few years ago" but that was the last time. Staff 2C reiterated that, saying, "As far as PBIS there wasn't any training on my part we are kind of just there on the team, but I mean that's pretty simple." Staff 2C also, in another question, said they never attended the training Staff 5C referenced "a few years ago." The purpose behind this focus group question was to attempt to reveal the consistency of the follow-up the staff received as well as to see if there was a connection between these responses and their responses to Focus Group Question 2 about the adequacy of the training they received and how well they felt that prepared them to be on the team.

Focus Group Questions: School-Wide Team Effectiveness (Part 2)

The next focus group question asked the interviewees to state how well they felt their respective teams were able to implement strategies to assist students with EBDs. At School A, Staff 8A on the CPI team stated, "I would say yes, that we do receive some emphasis on that particular subgroup of student. But I feel as though that is a supplement. We have been trained in other trainings by the district to address those students." The CPI team at School B had similar opinions but extended the benefits of CPI to parents, even though it was outside the domain of the question. For example, Staff 7B said,

I think a lot of the techniques and trying to get to the root of things with the

student and it goes beyond just a heightened aggravated situation but maybe a kid

that is emotional about something; body stance and others can go with a variety of

situations and it has helped with parents. If you have a parent that is mad at you

for any reason you can reflect on the training for kids and a lot of that helps there

as well.

The CPI team at School C appeared to lack the same level of confidence in implementing

strategies to help students with EBDs. Staff 2C believed that the de-escalation techniques

taught by CPI were not known universally enough in the school:

We kind of have a good handle on MTSS and with CPI we have a good handle on

that and now we have realized the weak point is the de-escalation stuff so we have

had multiple conversations about how to get the de-escalation stuff in place to go

along with MTSS so hopefully we can avoid the whole CPI stuff in general

because that is the whole goal that we don't have to do that. Unfortunately with

our teachers not being as well versed with de-escalation, a lot of them are newer

and new to the school and the behaviors we have and they are overwhelmed and

feel the stress around the performance of their kids and they kind of escalate their

kids.

Staff 3C, on the same CPI team, took it a step further:

And I would say too that one of the biggest issues at [School C] is that you have

three different islands. You have MTSS, you have PBIS, you have Leader in Me,

and those three are not merged and that is one of the biggest things we are going

to work on this year, though switching principals right before COVID-19 hit did

not really help the situation but that is why we merged PBIS and MTSS together

because we were on three different islands.

School A's MTSS team respondents appeared to believe they were well equipped to implement strategies to assist students with EBDs. For example, Staff 10A stated,

I feel like we have a really good plan in place and with our teachers being able to

refer students through a google form to raise them to the attention of the MTSS

committee, and so we have a good process of identifying them and then we are

working on streamlining our process of targeting them. Right now since our

MTSS team only has twelve faculty members on it, we can only, we are doing a

good job focusing on twelve students with check and connect, and then our

counselors are having to do the rest of the monitoring for the rest of the students.

So I feel that as our team develops and we get more people involved and more

people trained through check and connect we will be able to develop our

interventions and help more students that way. But we've come up with a good

process for targeting the most at-risk students.

At School C, the PBIS/MTSS team was less confident about implementing said strategies for two main reasons: a lack of quality intervention options and disruption caused by the COVID pandemic. For example, Staff 5C said,

I think the biggest struggle is like the interventions that are put in place with

Check in/Check Out and then it works for a couple weeks, what do we do when it

does not work anymore and how can we support those kids and figure something

else out because sometimes I don't know like some of them might, it just falls off

and some of them it's not working what else can we try?

This focus group question aligns to the research question directly in the sense that data from the literature review outlined that when strategies are effective for students with EBDs, student data improves, along with staff retention. How each focus group responded could provide a common theme with regard to staff perceptions of the team they represent and its fidelity.

Focus Group Questions: Potential Gaps and School-Wide Supports

The next focus group question asked if the respondents felt like there were any gaps in their training that, if filled, would better prepare them to work with teachers of students with EBDs and the students themselves. At School A, Staff 9A stated that they believed a potential gap existed in the application of de-escalation training to staff as a whole—an opinion shared by Staff 7B in the third focus group question:

> The instruction is often targeted to APs, principals, [and] certain teachers of those students. But sometimes those students are mainstreamed into regular classes with teachers that may not know how to deal with those students because they have not received that training. It would be interesting to see if that training could become more universal for an entire staff. Maybe not the restraint piece, but the de-escalation piece.

At Schools B and C, members of the CPI team reiterated the potential value of that as well and also the value of having training on different cultures and how to work with students with difficult home lives, mental health issues, and backgrounds; a sentiment that was echoed in the responses to Question 12 in the interview questions. For example, Staff 3C at School C said,

> For me I think it would be the mental awareness of these kids where I saw things

I've never seen before and I've seen kids I've never seen before behave, and so

coming in and trying to deal with these situations and yet support the teacher

while there are obvious mental health issues going on. How to deal with that is

something I had no preparation for.

Staff 7B stated,

I think if you understand a little more about the background of the kids and not

just their home lives but their culture—you could escalate a situation even worse

just by a phrase or word, or insensitive comment. Maybe more of just

understanding that background. Now you are going to be able to do this on an

individual level but if you say that someone that is an impoverished person may

view the world this way, or someone that is from a well-off family may view the

world this way.… That is one thing the de-escalation piece does not really hit on;

taking in the backgrounds and beliefs of people when you are trying to work with

them.

At School A, some members of the MTSS team considered training on a student's home

life and trauma to also be a gap that exists. Staff 11A said,

I think our population here in the district is constantly evolving especially [at

School A], we have multiple group homes in our area…lots of students that have

been involved in the child protective services system, foster care, a lot of teachers

are teaching kids that have layers and layers of complex trauma.

At School B, members of that PBIS/MTSS team signaled a similar theme regarding

trauma. Staff 6B stated,

My thought on this thing is, this is our society, this is what our kids are coming to

us with. Us as a district, we do our teachers and our students a disservice because

CPI does not fix the issues these kids are coming to us with. Yes having

[community] therapists are helpful, but our teachers are the one's having to deal

with this. I think us as a district, we need to know how to be trauma-informed,

and how to have a trauma-informed classroom. And we do not do that. We talk

about personalized learning, ok, what if a kid comes to us and their basic needs

are not being met. We have kids here at the middle school that have to take a

shower here. [Our SRO] feeds them. But the issues are deeper than this. I'm not

equipped to deal with that. I make it up as I go. The resources we have to choose

from are slim.

Staff 1B agreed: "You know that test we did, I don't know if you all did it—that trauma

test—ACES—I have a really high ACES score. I can relate to a lot of the trauma stuff."

Then the PBIS/MTSS team at School B went a step further, stating that a lack of

resources and the way the school groups students in classrooms were also significant

hurdles:

[Staff 1B] But, what I feel would be super helpful would be more resources.

[Community therapists are] just one source. The way we group our classes, I have

one really high class and one really low class. Those kids in that low class are

already coming to me with math trauma. But it's every student in that class. In

that same class I have the behavioral kids too. I wish my classes were grouped

differently. [Staff 6B] The state puts restrictions on grouping. Any kid that scores

a 5 on their EOG has to be in an advanced math class. [Staff 1B] There are also

EC restrictions. Scheduling becomes a nightmare. It is terrible to have an entire

class of non-proficient kids. Test scores did not even come back in time to accurately place the students. [Staff 6B] We have always homogeneously grouped our kids. When we grouped them we went off their EOG scores. However, when we scheduled a seventh grader, we went off fifth grade data because we did not have the scores back in time. So then once we got the data back we had to reshuffle some kids. [Staff 1B] Probably 10 kids got moved in our grade level alone [7th]. About 5% of our population. [Staff 6B] We had a difficult time moving kids out, so it added to our numbers in that class. Some classes were up to 34.

The purpose of this focus group question was to determine if there were other areas staff felt as though they needed additional knowledge in relation to working with students with EBDs. Potential gaps in staff comfort level working with those students may not have been stated unless I asked the question directly.

The final focus group question asked what types of processes and resources exist at the respondents' schools, but outside their individual teams, to assist students with EBDs. The only commonality between the CPI teams at all three schools was the MTSS process. At Schools A and C, the MTSS teams were mentioned as a resource that exists to help those students. Staff 8A, on School A's CPI team, said, "First thing that came to my mind was therapists and MTSS." Staff 2C, on School C's CPI team, stated,

And I would say MTSS too is a way that we support kids outside of CPI. Like we get, I put behavior folders in place and the teachers that put the time into them and focusing on the behavior folders see the results, and the ones that don't are frustrated and don't see the results.

Other responses from the school's CPI teams were school-specific programs that did not

cross over into the other schools. These programs included Sanford-Harmony training,

Leader in Me, CARES meetings, and specific program specialists who provide additional

support. The same could be said for all three schools' MTSS and PBIS teams: There were

no common themes that could be identified because all the programs and interventions

were school-specific. These included MTSS referral processes, Check and Connect, food

banks, donations, Kids in Need, NC Works, and the Transitions program at School A;

Behavior Intervention specialists, Teen-Up, Judges in Schools, and lunch buddies at

School B; and character educational awards, Terrific Kids, Habit Hero awards, and

Leader in Me at School C.

The interview and focus group questions were designed to gather data pertaining

to the research question: "What are teacher perceptions of the strategies and programs

that have been put into place to assist students with emotional and behavioral disabilities

in inclusion classrooms in order for students to be successful and to reduce any potential

negative impacts on nondisabled peers?" Both sets of questions aimed to gather

information in the areas of training, strategies the district employs to assist teachers in

working with those students, potential gaps in existing training and/or professional

development, and school-wide supports and team effectiveness. After conducting the

interviews and focus groups, I identified six common themes from data that are posited in

the next chapter as recommendations for the district to utilize. There were more than one

criteria to qualify as a theme, but some of the most common were majority opinions

school-wide, feedback that was the same across both the interview and focus group

questions, and data that seemed to be solely school-specific and not identified at any

other site.

The six common themes identified through the data collection process are as follows:

1. Staff who were interviewed at Schools B and C had a higher degree of confidence working with students with EBDs as a result of the training they had received and were able to articulate more skills they were able to utilize as a result of those trainings.

2. The respondents at all three schools stated they felt as though they had received training designed to address general education classrooms and were able to identify skills that helped them work with students with EBDs.

3. There was an undercurrent of antipathy towards the Behavior Plan and PBIS processes at Schools B and C.

4. Some staff at Schools A and C stated there was not enough up-front communication regarding EC students from the case manager to the regular education teacher to qualify as a common theme. A lack of communication was also identified at School A from that school's MTSS and CPI teams to them.

5. Student trauma and home issues were identified at all three schools as a huge area of need, both in terms of the school/district needing to do more and in terms of training needed. This was mentioned in both the interview and focus group questions several times.

6. Staff at all three schools identified the potential value in providing de-escalation techniques inherent in CPI training to every staff member at each

school.

From this, data revealed there are inconsistent levels of confidence in some of the training; there is a strong sense that general education classroom trainings are effective; there is a level of antipathy towards the BIP and PBIS processes and program; there is not enough communication up-front between EC case managers and regular education teachers; student trauma and home issues are huge factors in teacher success; there is a perceived inadequacy of training at some of the schools regarding their MTSS, PBIS, and CPI teams; and de-escalation strategies could provide benefit for all staff at all the schools.

Chapter 5: Discussion

Recommendations

This chapter is devoted to an analysis of common themes identified from the previous chapter, specifically recommendations I have in relation to those common themes. Included in this chapter is also an elaboration on the significance of this study, particularly in the context of the research question: "What are teacher perceptions of the strategies and programs that have been put into place to assist students with emotional and behavioral disabilities in inclusion classrooms in order for students to be successful and to reduce any potential negative impacts on nondisabled peers?" Limitations within the study and throughout the data collection process are also presented and discussed. In total, I identified six common themes from the data collection process and, in turn, present in this chapter six recommendations from those themes. The purpose of these recommendations is to address the research question and, where applicable, make suggestions to improve teacher perceptions of these strategies and programs.

The first common theme these data revealed was a higher degree of confidence from trainings they had received from the district to work with students with EBDs, from Schools B and C. These data were taken from the interview portion, specifically Questions 1 and 2, of the data collection process and revealed that staff at Schools B and C not only felt more confident but were able to identify far more skills and strategies they were able to use with those students as well. For example, staff at Schools B and C were able to elaborate on skills such as de-escalation and strategies learned from BIP training and CPI. Additionally, staff stated that autism-specific supports had been provided in previous training as well as classroom management tactics that included visual aids for

students to aid them in following instructions from staff. Over half of the respondents in the interview portion of data collection at School B and the sole respondent at School C were able to identify specific skills that aided them in working with students with EBDs. The level of confidence at School A appeared to be lower than the other schools, specifically School B, especially as it relates to the identification of specific skills.

Recommendation 1

From these data, I believe that increasing the quantity of training at School A, especially as it pertains to classroom management and working with challenging student behaviors, would positively impact the perceptions of that staff. One possible way to do this would be to increase the number of staff at School A trained in CPI. Currently, the only CPI trained staff at School A are school administrators. There is not a single representative on the CPI team that is not an administrator, and many of the skills identified throughout the interview questions at Schools B and C were stated by school administration on School A's CPI team—de-escalation, for example, in their focus group questions. If the school administrators were able to articulate the value of those techniques, the expansion of the knowledge of those techniques would occur school wide, *if* CPI training was expanded school wide. These data suggest expanding CPI training to include other members of School A could improve teacher perceptions of the fidelity of that program and provide them with more strategies they can employ when working with students with EBDs.

The second common theme revealed from these data were that staff at all three schools felt as though they had received an abundance of training that was designed to address general education classrooms and were able to articulate skills in their repertoire

from these trainings. These data were pulled primarily from Interview Questions 4 and 5. For example, at all three schools collectively, nine of 13 respondents, or 69%, were able to state specific training they received that was relevant to working in general education classrooms. These trainings included topics such as co-teaching strategies, the Instructional Core (which is the district's instructional model), and differentiation. Additionally, approximately half of the interview respondents, seven total, were able to identify specific skills from those trainings that aided them in working with students with EBDs. These skills included de-escalation, relationship building, and working with students to improve their motor and social skills.

Recommendation 2

Data suggest that teachers perceived the district to be doing a good overall job on providing staff with appropriate and sufficient training in the area of general education and inclusion-oriented classrooms. I recommend that the district continue to execute their current training and planning trajectory regarding general education classrooms, including training pertaining to the Instructional Core.

The third common theme suggested from these data was a moderate amount of antipathy towards the PBIS program and the FBA and BIP processes. These data were pulled from the interview questions and in particular questions addressing the effectiveness of the FBA/BIP process as well as the PBIS program. Approximately half of the respondents at School B and the sole respondent at School C (50% of the total combining the respondents at both schools) had similar opinions when asked about the effectiveness of the FBA and BIP processes and the limited degree of confidence they had in the PBIS program at their respective schools. These data revealed two themes in

this frustration: These processes and programs do not align with the "real world," and there are inherent inequities in both. In terms of the real world, staff stated that these programs do not benefit students because they reinforce an ideal that will not be replicated when and if these students graduate and take on careers. According to the respondents, the PBIS program was where the inequities showed up; they articulated that it appeared as though students displaying "good" behaviors were left out of the reward process.

Recommendation 3

The fidelity of PBIS was documented in the literature review, and the program being viewed as effective by staff was one of four key components needed when implementing PBIS (Gable et al., 2001; Gresham, 1989; Landrum et al., 2003). In that sense, staff perceptions of the ineffectiveness of the PBIS program align with the research literature as it pertains to the fidelity of the program itself. Without the ability to ask follow-up questions, it is difficult to identify exactly what about the implementation of PBIS at Schools B and C as well as what areas of FBAs and BIPs are fostering these perceptions. All of the respondents who showed antipathy towards these programs and processes also stated that they had little to no knowledge of the FBA and BIP processes, with the exception of one respondent. While all of them had an understanding of PBIS, only one had an understanding of FBAs and BIPs. According to George (2018), district-level support is essential to the success of the PBIS program at the school level. Training alone will not lead to effective implementation. I recommend that the district follow research conducted by George et al. (2018) and apply the following eight components to the PBIS program, starting at the district level:

1. The district needs to appoint a PBIS district coordinator.

2. Coaches need to be established under the leadership of the district coordinator at each of the schools that have a PBIS program.

3. District teaming and consistent collaboration between the district coordinator and these coaches as well as specific goals need to occur and be established.

4. Internal implementation in the form of set goals needs to be set.

5. District leadership, starting with the superintendent, needs to make PBIS a focal point.

6. A data collection infrastructure needs to be established at the district level.

7. Principals in the schools that have a PBIS program need to make PBIS a focal point, and district leadership needs to support them in that effort.

8. A feedback and data loop needs to be established from the top of the leadership chain to the teacher level.

The fourth common theme identified from these data was a perceived lack of communication between EC case managers and regular education teachers at Schools A and C. These data were primarily seen in the interview responses to Questions 6 and 12. Nearly half of the respondents at School A and the sole respondent at School C all articulated to varying degrees of concern regarding the lack of communication between EC case managers and regular education teachers. At School A, one staff member stated that they used to get a synopsis of EC student information beyond just the cursory classroom accommodations sheet which, according to the interviewee, is all they receive now. The respondent indicated that there is no longer face-to-face interaction between EC case managers and regular education teachers. This was supported in another staff

member's response to Interview Question 6 where they stated they did not know if they had a student with a Behavior Plan. If a staff member was interviewed by me, it meant that they had to have had a student with a Behavior Plan in their classrooms. Yet another staff member at School A stated that having more information about EC students upfront would benefit them. At School C, the respondent stated that every year, they ask for a breakdown of any student that needs "special handling," and that they rarely receive any information. For this respondent, simply being aware of potential issues ahead of time was perceived to be, if present, a benefit.

Recommendation 4

While these data were mainly evident in two schools and the respondents at School B did not appear to have the same degree of communication concerns, I recommend the following in light of these data:

1. If an EC case manager has a student identified as EBD there should be a one-on-one conference with each of the student's regular education teachers to discuss the child's individual needs.

2. A copy of that student's BIP needs to be made available to each regular education teacher of that student.

3. Every time the BIP is reviewed, which usually takes place every 45 days, each regular education teacher should be invited to that meeting, and at least one should be required to attend.

From the literature review, Gable (2014) noted that delays in providing students with EBDs the essential services they need was one of four key reasons for the poor outcomes displayed by students with these disabilities. Without effective communication between

the EC case manager and regular education teachers, these delays would be exasperated. It is my recommendation based on data collected that Recommendation 1 above would address staff perceptions about the perceived lack of communication between EC case managers and regular education teachers. Also, given the lack of knowledge that was apparent with some of the staff about BIPs in general and which students they had that even had a plan, Recommendations 2 and 3 could positively aid in improving those areas. Based on research by Wagner and Cameto (2004) and outlined in the research literature, the possibility exists that many of these behaviors could be due to factors in the students' lives outside the realm of school, and informing staff of some of the outside factors could improve staff perceptions of the processes. I recommend future research in this area. It is also a common theme in my next recommendation.

The fifth common theme identified by me is a desire among many of the respondents to have increased training in the areas of student trauma, mental health, and those dealing with difficult home environments. Data supporting this common theme were found in staff responses to the interview and focus group questions addressing potential gaps in training the respondents felt they had. Interviewees at every school site indicated this need as well as respondents at School A's MTSS team, School B's CPI and PBIS/MTSS teams, and School C's CPI team. Of all the themes present in the data, this was the strongest in terms of number of staff and representation across all schools. Data collected from the respondents illustrated the extensiveness of the feedback. Staff in Chapter 4 stated repeatedly that they needed training regarding "home life issues" and "poverty," and that they could approach their students in a "better manner" if they had more training in "traumatic events." Other staff stated that student "mental health" and

"social and emotional issues" would be beneficial for them to receive training on.

Recommendation 5

Given the extensive feedback regarding student home lives, trauma, and mental health in general, I can make the following recommendations regarding this common theme:

1. At the beginning of the year, meetings between school counselors and any teacher who has a student who has high at-risk factors that may contribute to increased negative behaviors in the classroom need to occur. These factors may include a student who is in foster care, has Department of Social Services involvement, etc.

2. The establishment of a feedback loop between school counselors and community therapists, whereby if there is a critical stressor placed in a student's life during the year, feedback is given to that student's teachers and documented, when allowed.

Adherence to these two steps will increase communication between major stakeholders involved with these children. In turn, this should improve staff perceptions of these processes through communication saturation. As stated earlier, research by Gable (2014) indicateed that increased communication can be of benefit to students with EBDs, especially as it pertains to the delivery of their services.

The sixth and final common theme identified from these data is that several staff members, from different schools, stated that de-escalation training would benefit all of their staff. Data supporting this can be found in staff responses to focus group questions addressing processes to disseminate information and potential gaps in training. As

referenced in Chapter 4, staff indicated that teachers sometimes used "raised voices"

when addressing students, while others indicated that since students with EBDs are often

mainstreamed into regular education classrooms, de-escalation training could benefit all

staff. Other interviewees stated that some escalated situations, including physical

restraints, were more elevated than they needed to be and could have been diffused had

the staff involved been more calm in their approach.

Recommendation 6

As a result of this feedback, I make the following recommendations regarding this

common theme:

1. The first recommendation is to create staff-wide training at each school in the

   area of student trauma to be facilitated by school counselors and/or

   community therapists and de-escalation training to be facilitated by the

   district's CPI trainer together.

   o This training combination would be based on data from the fifth and sixth

     theme identified from data and would require linking counselors,

     community therapists, and the district's CPI trainer together in the creation

     of a new training linking student trauma and de-escalation together.

   o This training should be provided annually and should also be given at

     beginner teacher training the district conducts in the summer for new

     teachers.

Combining these two issues (student trauma and de-escalation) was specifically requested

by a focus group respondent in Question 7 (Staff 7B):

That is one thing the de-escalation piece does not really hit on; taking in the

backgrounds and beliefs of people when you are trying to work with them…if we

were to do this for our entire staff, the training is a blanket training, it would not

work in every situation because of the backgrounds [of the students].

If the district were to implement the recommendations above pertaining to this common

theme, several areas these data suggest are perceived as weak or ineffective on the part of

staff would be improved. I believe staff perceptions of their training would be improved,

antipathy towards Behavior Plans and PBIS would decrease, communication regarding

students with EBDs would increase, and office referrals with that subset of students

would decrease. In the research literature, Simpson (2004) stated that collaborative

consultation is a critical means to support staff working with students with EBDs and that

collaboration with other professionals including "medical personnel, mental health

workers, [and] social service agency personnel" is critical when this collaborative

consultation is occurring.

Limitations

There were multiple limitations applicable to this research that may have

influenced data collection, respondent participation, methodology, and generalizability of

these data. First, the COVID-19 pandemic affected my ability to interview a small subset

of the interviewees and all of the focus groups in person. While it is unknown exactly

what difference that could have made in the responses, if any, it still forced me to adjust

the format through which these data were collected. There were also a few examples

from the phone interviews where the connection was not clean, and small pieces of

conversation were unclear. The second limitation I am able to identify is that only one

respondent from School C participated in the interview questions. There were at least five

additional staff who were eligible for the interviews, but none of them was willing to participate. This was precisely at the time of the outbreak of the COVID-19 pandemic, so that is a distinct possibility as to why they chose not to participate, though the interviewees did not state that as the reason. The low quantity of respondents at School C definitely had an impact on my ability to identify common themes from School C outside of the realm of the focus group questions and to link them to the sole respondent's answers to the interview questions. There is a high degree of probability the responses at Schools A and B were more diverse and representative of the schools as a whole. The third and final limitation was that the school district in question is not necessarily representative of all school districts. It is an incredibly small district and has much more diversity ethnically than the nation as a whole. This could mean that other districts are not experiencing the same perceptions from their staff of the strategies and programs their district employs to work with students who have EBDs.

Recommendations for Further Study

I also have two recommendations from these data for future study within the district. First, as was articulated in the third recommendation in this chapter, there was a moderate amount of antipathy expressed from some of the interview respondents towards the PBIS program and the FBA and BIP processes, especially at Schools B and C; however, it was difficult to identify from these data exactly what it was about implementation of PBIS and the FBA/BIP processes that was fostering that antipathy. While the respondents did state that the PBIS program was not useful in the real world, among other comments, this level of frustration with the programs was not evident among all the respondents; in fact, other members at the schools in question spoke

glowingly about the program and processes. It was one of the starkest contrasts in the data. Further research into these staff perceptions could shed more light into why perceptions of PBIS and the FBA/BIP processes at Schools B and C were so diametrically opposed.

The second recommendation applies to negative behaviors among students that all three schools indicated were either increasing or with which they were unequipped to deal. This was addressed in the fifth recommendation by me in this chapter regarding student trauma. Several staff indicated that student home lives and the quality of those lives could be impacting the students in a negative way and increasing inappropriate behavior at school. While I recommended staff training regarding student trauma, among other items, research into exactly how a student's home environment carries over, if at all, to school could lead to more effective training and professional development for staff. If causality can be determined between students of a certain socioeconomic strata and their behavior specific to this district can be established, training can be provided to address that connection. It may even be possible to determine what the most significant factor is in a student's life that triggers inappropriate behavior. These factors include, but are not limited to, socioeconomics and family income, single-parent households, and family incarceration rates, among others.

Significance of Study

The significance of this research is that the district that was the focus of this study utilizes funds to equip their teachers and staff with the tools they need to effectively work with at-risk students and students with EBDs, as virtually all districts do. Given this, I can point to three reasons staff perceptions of these strategies and programs are critical. First

and foremost, and as was partially addressed in the literature review, negative behaviors can impede the quality of instruction in the classroom. It is far more difficult for a student to be successful academically when they are suspended at higher rates or placed in other punitive environments such as in-school suspension. Additionally, some of these students' home environments may be contributing to the inappropriate behaviors at school. It is also evident from the literature review that students with EBDs suffer from suspensions and removal from their classroom environments at much higher rates than their peers. Ensuring that staff feel as though they have sufficient training and skills in classroom management and working with these students can aid in anticipating and offsetting some of these behaviors before they manifest in the classroom.

Second, there are limited funds a school district has access to, and this makes it vitally important that any district analyze the usage and fidelity of the application of those funds. This district employs numerous strategies and programs to work with students with EBDs, including but not limited to CPI training, PBIS, MTSS, FBAs and BIPs. Each one of those programs requires funding from the district and school level: CPI training requires payment from the district, PBIS rewards require various levels of funding, etc. Ensuring this funding is being used effectively and with fidelity can allow the district to press forward with the programs that are working, adjust as needed, and potentially end a non-beneficial program in favor of another.

The third and final reason behind the significance of this study is the value of staff perceptions. In the end, I believe that how staff perceive these strategies and programs is more important than any other determinant when deciding whether a program or strategy is effective. How school administration or district office staff perceive a strategy or

program is, in my eyes, not nearly as effective an indicator as teacher buy-in. If a staff

member perceives a program or strategy to be useless or not applicable to their students

or their job, the way they utilize that strategy or program will be diminished. PBIS may

be the most effective program for a particular middle school student; but if their teachers

perceive it to be ineffective, there is a strong chance it will not be used appropriately or

effectively for that student.

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