

Supporting Students with Emotional and Behavior Disorders: Perceptions of Health Providers, Special Educators, General Educators, Administrators and Parents

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Abstract

Teacher candidates are focused upon developing an understanding of the classroom environment, as it pertains to their subject matter area of expertise. Further, the integration of students with emotional and behavioral disorders (EBD) within the learning environment has become an area of interest over the previous ten year period. As such, the appropriate and successful integration of students with emotional and behavioral disorders is explored from different perspectives. This manuscript presents the outcomes of a study where university students survey health providers, special educators, general educators, administrators and parents on two key questions: 1) Who should be responsible for students with emotional/behavioral disorders, and 2) What can be done to better support students with behavioral needs in the inclusive classroom? The researcher discovered several themes that emerged from the study that are supportive of students with emotional and behavioral disorders.

Keywords: emotional behavioral disorder, inclusive education, least restrictive environment, service delivery model, special education, perception of general education teacher, perception of health provider, perception of administrator

1. Background/Overview

1.1 There have been numerous definitions proposed on what it means to be identified as a student with an emotional or behavioral disorder (EBD). According to the Individuals with Disabilities Education Act (IDEA), a student may qualify for special education services if the behavior is chronic, that is, the behavior occurs over time, typically 6 months or longer. A second criteria used to determine eligibility requirements for special education services is that the behavior significantly differs from the peer group. In other words, the behavior stands out and is noticeable to those around the student. The third commonly used criteria for eligibility includes a documented need for special education services such that progress toward academic gains is hindered due to behavioral concerns (Heward, 2009). Experts in the field of EBD recognize the limitations and vagueness of such a definition (Kavale, Forness, & Mostert, 2004) and thus, the Council for Children with Behavioral Disorders (CCBD) has proposed an alternative definition that clarifies the educational aspects of the disability. According to Heward (2009), the CCBD definition states that a student with an emotional or behavior disorder is one in which the “behavioral or emotional responses in school programs are so different from appropriate age, cultural, or ethnic norms that they adversely affect educational performance.”

1.2 The number of students being served under the EBD category has increased in recent years, yet fewer students are provided services than what prevalence estimates suggest. According to the U.S. Department of Education, in 2004, there were nearly half a million students that have been diagnosed as having an emotional or behavioral disability within the school environment (Cheney, Flower, & Templeton, 2008). After determining eligibility, the big questions remain as to where the services to meet the needs of these students should be delivered (i.e., inclusive settings or restrictive settings) and who is primarily responsible (i.e., school, family, health care providers) for ensuring the success of these students. IDEA (2004) states the students with special education considerations should be educated in the least restrictive environment. That is, students should receive services in the setting which is most like the general education setting and still meets the needs of the students. Zigmond, Kloof, and Volonino (2009) suggest that the “preferred service delivery mode is full inclusion with co-teaching.”

Yet, findings from several national longitudinal studies (SEEL, & NLTS-2, as cited in Bradley, Doolittle, & Bartolotta, 2008) conclude that students who are identified with EBD are more likely than any other disability groups to be taken out of the classroom, due to behavior, and spend less time in an instructional setting. "Therefore, the purposes of this study were to look at what are considered the best placements for students with EBD from multiple points of view including from the perceptions of health providers, special educators, general educators, administrators and parents and addressing the question of determining who is primarily responsible for the success of students with EBD.

2. Purpose

2.1 The purpose of this study was twofold: 1) to explore and examine best placement options for students with EBD as perceived, by health providers, special educators, general educators, administrators and parents., and 2) to explore and examine primary roles and responsibilities of stakeholders as perceived, by health providers, special educators, general educators, administrators and parents. Describing and exploring these relationships are a beginning in understanding effective and successful school environments for these students.

3. Procedures

3.1 Two hundred and fifty pre-service teachers enrolled in an undergraduate special education course surveyed health providers, special educators, general educators, administrators and parents. University candidates were asked to seek different points of views on the appropriate and successful integration of students with EBD by directly interviewing the key stakeholders. Data were collected by reviewing the written responses of health providers, special educators, general educators, administrators and parents on two key open-ended questions: 1) What is the best placement option to best support and meet the needs of students with EBD, and 2) who is primarily responsible for the success of students with EBD? Patterns and themes emerged as a consequence. The researcher compared the written responses collected to identify patterns and recurring concepts. To help validate the initial analysis in the identification of themes and patterns, an expert in the field of special education served as a second peer reviewer. The first and second reviewers de-briefed with one another by writing memos and discussing findings to better assist in the comparison of concepts and clarification of the data.

4. Results

4.1 See Table 1 for Summary of the Results

Source	Responsibility (in order from most to least)	Supports (in order from most to least)
General education teachers (32%)	School, family	Inclusive classroom, separate classrooms
Special Education teachers (16 %)	School, family	Inclusive classroom, separate classroom
Parents (34%)	Family, certified teachers, psychiatrists, counselors social workers	Separate classrooms, inclusive classroom, one-on one therapy sessions, separate schools, hospitals
Administrators (14%)	Family, school	Separate classrooms, inclusive classroom
Health care providers (3%)	Family, medical professionals, teachers	Inclusive classrooms, separate classrooms
Other (1%)	Family, teachers	Separate classrooms

Table 1

5. Discussion

5.1 General and special education teachers suggest that it is both the schools' and families' responsibility working together that is needed in order to support students with emotional or behavioral disorders, preferably in the inclusive classroom.

5.2 Parents assert that families have the primary responsibility for their children. Parents also indicate schools share responsibility in the need to provide certified teachers and other professional services as needed. In addition, parents contend that students with emotional and behavior disorders are best served in separate classrooms.

5.3 Administrators, more than teachers, are likely to propose that the primary responsibility for children with emotional and behavior disorders remain with the parents and that their needs are best met in a self-contained classroom for students with similar disabilities.

5.4 Health care providers affirm that families have a major responsibility for children with emotional and behavior disorders, however, their need are best attended to in the general education classroom with support from school and medical professionals.

6. Conclusions

6.1 There are still uncertainties in which placement options best serve the needs of students with EBD and who is primarily responsible for their success in the classroom. Ongoing research is needed to explore the roles and responsibilities of stakeholders serving students with EBD and the possible impact perceptions have on the placement of students with EBD. Anecdotal reporting suggests that upon completion of the project, teacher candidates were more likely to recognize the impact different perspectives have on the success of including students with EBD in the inclusive classroom.

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