Meeting the Academic, Social and Emotional Needs of Students With or At Risk for a Severe Behaviour Designation: A Literature Review

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EDSP 9012: Coursework Project in Special Education

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May 2007
ABSTRACT

The following study reviews current, empirically researched literature to determine the effective components of a best practice model that provides for the academic, social and emotional needs of children who have behavioural and/or emotional disorders. It will present recommendations gleaned from this literature for the classroom, the school and the community as a whole. This is considered to be taking an ecological approach to providing for the needs of students. This study will also cursorily compare the elements of best practice with the programming that is occurring in Burnaby, British Columbia.
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CHAPTER ONE

Introduction

Aim of Study

The aim of this study is to review valid and reliable research discussing issues involved with emotional/behaviour disorders (EBD) to create a useful resource to help educators and others better understand and assist students with these disorders. It is also intended that clearly outlining recommended practices will also serve to highlight gaps in local service provision and assist in advocating for enhanced services. This study makes particular reference to the observed practices of School District 41 in Burnaby, British Columbia.

The British Columbia Ministry of Education, as the overriding authority for education in the province, is clear on the necessary criteria for designation and service of students with emotional/behaviour challenges. In British Columbia, students showing severe emotional and/or behavioural difficulties are designated in the special needs category ‘students requiring intensive behaviour intervention and/or with serious mental illness’ (BC Ministry of Education Special Education Services: A Manual of Policies, Procedures and Guidelines, 2006). Some additional funding is provided by the province to individual school districts to assist students with this designation. Because of the current emphasis on increased accountability, the Ministry of Education has been
carrying out audits of school confidential files to ensure that proper practices are followed. For these students this includes a designation report that outlines previous unsuccessful attempts at accommodating and intervening to diminish the challenging behaviours; an Individual Education Plan (IEP) outlining clear goals and objectives for the student’s education; a Functional Behaviour Assessment (FBA) and a Positive Behaviour Support (PBS) Plan. Given these demands, it certainly appears that the British Columbia Ministry of Education has expectations for special needs students similar to those established by IDEA legislation in the United States. It is not exactly clear, however, how these expectations are conveyed to classroom teachers. There does not appear to be documented evidence of these expectations that a teacher can regularly refer to with confidence. Additionally, and perhaps because of this, the use of FBA and PBS is not utilized in ways sufficient to achieve the maximum benefits expressed in research.

For greater ease in referring to research, the term emotional and behavioural disorder (EBD) will be used throughout this report and will be intended to represent all students with or at risk of receiving a severe behaviour and/or serious mental illness designation. The author notes that the term ‘emotional disorder’ is absent from local terminology.

Students with EBD are expected to be less than one percent of the student population province wide (BC Ministry of Education). Vaughn, Bos & Schumm (2006) cite Kauffman (1993) as placing the estimate for prevalence around three to twenty-two
percent. They also cite Achenbach & Edelbrock (1982) and Brandenberg (1990) placing the general prevalence at three percent to six percent. Jones and Jones (2007) discuss the research of Sugai, Horner, Lewis and Cheney (2002) that reveals that between ten percent and twenty percent of students have behaviour problems that require more structured interventions than those typically used. It is believed that generally, “students with EBD are underserved” (Vaughn et. al. 2006, 106). The United States National Mental Health Association (1986) in Vaughn et al. (2006) summarized reasons for this under-identification as including: an associated stigma attached with the label, a lack of uniformity in the identification process, lack of funding limiting school districts willingness to identify and provide services for these students; a lack of appropriate services when students are identified; and a general lack of adequate measures to facilitate identification. Kauffman, Lloyd, Baker & Riedel (1995) state that repeated studies for the past 30 years indicate six per cent to ten per cent of children have emotional and behaviour problems that seriously impede their development and require treatment if we truly expect them to be able to function adequately in school and larger society. Federal United States data suggests that seventy per cent to eighty per cent of children needing mental health services do not receive appropriate care (Kauffman et al. 1995).

It may even be possible that a true sense of the degree of difficulty encountered in working with these students in not even realized until the initial interaction. Reading a
case study does not give a true sense of the difficulties faced. Many teachers say that the students they find most difficult to maintain in the classroom are those who demonstrate serious emotional and behavioural disorders (Coleman, Webber & Algozzine 1999 in Vaughn et. al 2006). Others state that educating children with EBD is “one of the most stressful, complex and difficult challenges facing public education today” (Osher, Osher & Smith 1994 in Reddy & Richardson 2006). Certainly, teachers’ training programs do not prepare new teachers to provide for the all encompassing needs of these students (Wehby, Lane & Falk 2003). Yet, there seems to be an increasing number of these students in classrooms each year. It also seems that the school can be one of the most stable elements in the lives of these children. For example, there seems to be a growing realization in recent years that many children do not have the necessary readiness skills for entering school and in response; programs such as those referred to Appendix A have been created.

Given the myriad social, emotional and academic needs and the associated complicating factors faced by these children and their families, it seems logical that a holistic approach is needed if positive change is to be achieved. The literature review undertaken in this study will attempt to answer the following questions:

- What are the prevention and intervention strategies in educational systems that research recommends?
Does research support the need for additional community services and supports for families with children at risk for or with a designation of severe behaviour and/or mental illness? What is the effect of this community collaboration?

Research Methods

This study will involve a review of current literature drawn from journals and published texts. Some of which were located using internet search engines, particularly Proquest and Questia Media Awareness. These searches used the key words: intervention for emotional and behavior disorders, severe behaviour disorders and alternate education. Most texts and articles will be from the current decade, based on the assumption that they will reference important articles previous to this time. However, earlier documents may be included particularly if believed necessary to provide insight and support to more current claims. The context for the use of this study is Burnaby, British Columbia. This presents a challenge in that it seems that most of the authoritative research in this field has been carried out elsewhere, particularly in the United States. Although the education systems of both countries are comparable, a significant difference exists in that Canada has not felt it necessary to create specific laws mandating the education experience of students with special needs.

As the author of this report is a teacher in an alternate program for young children in Burnaby (School District 41), British Columbia with designated severe
behaviour/mental illness, this form of placement will also be discussed as an classroom placement option.

**Significance of Study**

There is a dearth of reliable information about effective practices regarding EBD readily available in Canada, particularly British Columbia; information about attention deficit hyperactivity disorder being the exception. This study is intended to help create a greater awareness of the resources that are necessary if the lives of children with EBD and those of their families are to be truly supported. This study will also consider the application of humanistic practices in special education, particularly with students with EBD, which writers such as Rudolf Dreikurs, Thomas Gordon and Alfie Kohn have widely defended in relation to the general classroom.

**Definitions**

- **British Columbia Ministry of Education** – provincial government body responsible for providing leadership and funding, developing policy and legislation, overseeing system governance, setting results-based standards, developing accountability frameworks, monitoring performance and reports results for the K-12 education system. The mandate of the Ministry of Education in 2005 was expanded to include literacy, early learning and public libraries. The roles and responsibilities of the Ministry and its partners are set
out under the School Act, the Teaching Profession Act, the Independent School Act, the Library Act and accompanying regulations. (BC Ministry of Education 2006)

- **Emotional and Behavioural Disorders (EBD)** - EBD result from both environmental and genetic factors; social & organic, and are exhibited by social and behaviour problems that are unusual or deviant for the student’s age, the frequency of the occurrence of the behaviour, the high number of symptoms, signs of inner suffering including low self-esteem, reduced interaction with others, appearance of sadness or loneliness; general malaise; harm to others with little remorse; persistence of the behaviour; lack of evident self-satisfaction, and, severity and duration of behaviours (Vaughn et al. 2006; Quay & Peterson 1987 and Quay & Werry 1986, both in Vaughn, et al. 2006). Lewis & Sullivan (1996) have identified major subtypes of externalizing and internalizing EBD including: conduct disorder, hyperactivity and attention disorder, socialized aggression, pervasive development disorder, immaturity, depression and anxiety – withdrawal. (Vaughn et al. 2006). In the words of Kauffman, Bantz & McCullough (2002), “[b]ehaviour that is a disorder cannot be tolerated without serious risk, either to others in the environment, to the child himself/herself, or to both. Emotional or behavioural disorders are differences that threaten or foreclose the child’s options for self-fulfillment, including the establishment of
mutually positive relationships with others “(Kauffman et al. 2002, p. 152). Some of the medical diagnoses that these students may have include Attention Deficit (Hyperactivity) Disorder (AD(H)D); Oppositional Defiant Disorder (ODD); and, Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/E) (British Columbia Ministry of Education: Teaching Students with Learning and Behavioural Differences A Resource Guide for Teachers 1996).

- **Functional Behaviour Assessment (FBA)** – is a method of gathering data to create the most effective support plans and to monitor and revise these plans (Vaughn et al. 2006). FBA involves four components: a functional assessment, a positive behaviour change plan, implementation of this plan and ongoing monitoring and adjustment of this plan (Jones & Jones 2007).

- **Inclusion** - British Columbia promotes an inclusive education system in which students with special needs are fully participating members of a community of learners. Inclusion describes the principle that all students are entitled to equitable access to learning, achievement and the pursuit of excellence in all aspects of their educational programs. The practice of inclusion is not necessarily synonymous with full integration in a regular classroom, and goes beyond placement to include meaningful participation and interaction with others. (BC Ministry of Education – Special Education Services 2006)
• **Integration** - Integration is one of the major strategies used to achieve inclusion. With integration, students with special needs are included in educational settings with their peers who do not have special needs and, provided with the necessary accommodations determined on an individual basis, to enable them to be successful there. The principle of ‘placement in the most enabling learning environment’ applies when decisions are made about the extent to which an individual student is placed in regular classrooms, or assigned to an alternate placement. (BC Ministry of Education – Special Education Services)

• **Individual Education Plan (IEP)** – is a documented plan developed for a student with specialized needs that describes individualized goals, adaptations, modifications, the services to be provided, and includes measures for tracking achievement. (BC Ministry of Education – Special Education Services 2006)

• **Integrated Case Management (ICM)** – planning and decision making that involves the family and the community service provides including the school and includes both strengths and expectations. (Government of British Columbia Ministry of Children and Family Development, 1999)

• **Positive Behaviour Support (PBS)** – Positive behaviour support is for children who persist in challenging behaviour and do not respond to general child guidance procedures. PBS is an approach to developing effective and
individualized interventions for children with severe challenging behaviour.

PBS was developed both from the science of applied behaviour analysis and the values of child-centred approaches to learning. (Fox, n.d.)

- **Special Education** – The purpose of special education is to enable the equitable participation of students with special needs in the educational system in British Columbia. (BC Ministry of Education – Special Education 2006)

- **Special Needs** - All students should have equitable access to learning opportunities for achievement and the pursuit of excellence of all aspects of their educational programs. Students with special needs have disabilities of an intellectual, physical, sensory, emotional or behavioural nature, or have a learning disability or have exceptional gifts or talents.

- **Wraparound Philosophy** – is a strength based process that can occur in place of the ICM. It facilitates developing individualized service plans for families with children who have complex needs. Wraparound uses the following key elements: community based service delivery, inter-agency coordination and integration of services, family and child-centred care, flexible unconditional service delivery, and highly individualized needs-based services. (Clarke & Clarke in *Invest in Kids*, 2007).


**Limitations and Delimitations**

This study will not involve discussions of individual behaviour disorders, but will be looking at them as the single designation ‘Students Requiring Intensive Behaviour Intervention and/or Students with Serious Mental Illness.’ (BC Ministry of Education)

This project also will not enter into an in-depth discussion of specific interventions other than those that are shown to be collectively effective. Strategies for individual classroom teachers will also be contained to a discussion of those that are necessary for success in all classrooms.

In an effort to create clarity in working with students with EBD, it becomes compelling to enter into a philosophical discussion of what the role of education is. Such a discussion would serve no practical purpose for this paper and therefore, will be avoided. It should be noted however, that, from the research, it appears as if schools in the United States, where the majority of research was undertaken, are assigned a much bigger role in terms of meeting the social and emotional needs as evidenced by the inclusion of nurses, social workers and behaviour support personnel on staff.
CHAPTER TWO

Literature Review

The following chapter will discuss the research findings as determined by the procedure previously described in the Research Methods section. For attempted ease in reading, research will be discussed using the following headings: General Challenges, Risk Factors, Prevention, Intervention, Academic Supports together with Effective Classroom Practices including Alternate Placement and, Social and Emotional Supports.

General Challenges

As if the turmoil causing an EBD were not enough, there is also a general lack of understanding of the disorder in the general population. This can lead to misperception and even fear which can create barriers to inclusive practice. Many teachers are not prepared to address the needs of these students (Vaughn et. al. 2006; Reddy & Richardson 2006). Given the low incidence of students with EBD in the general population it may appear as if the skills required to work with these children are not in high demand. It is also probably safe to say, that dealing with extremely challenging behaviour on a day to day basis is not a position many people willingly seek out. As well, despite the Ministry of Education’s clear criteria, there is still a considerable
degree of subjectivity in granting the designation. There is also significant variability in the delivery of educational programming. While flexibility is necessary in meeting the needs of these students, the degree of inconsistency is confusing when attempting to recognize a best practice model. As with other areas of the Special Education field, there are many contentious issues too broad for the scope of this particular project.

In Canada, laws protecting the rights of children are clearly established. In addition, the Commission on Emotional and Learning Disorders established the right to full integration in 1970 (Pivik, McComas and LaFlamme 2002). The Charter of Rights and Freedoms further enforced these rights in 1982. This is the federal legislation that is of comparable stature to the IDEA legislation in the United States. Overall, however, Canadian inclusive educational policies vary from province to province. In general, education systems throughout the country consider children’s need for stimulation, successful relationships, flexibility, and opportunities that foster a love of learning (Wunderlich 1970; Green 2003). Educators strive to meet the psychological needs of children including meeting their needs for security, self-esteem, autonomy and a sense of belonging. (Porter 2002)

Generally speaking, the education system in Canada including the Province of British Columbia has a strong curriculum basis and, in the absence of specific legislation, has developed strong special education policy. Along with this knowledge and legislation, there is a considerable body of empirical literature that speaks of real
successes and describes how to proceed in creating programs in terms of both prevention and intervention. For the purposes of this discussion, prevention is intended to mean preventing the actual EBD from occurring while intervention considers ways to alleviate the challenges presented by EBD including prevention of challenging behaviours.

**Risk Factors**

Because students with EBD often have few characteristics that set them apart from the typical population with the exception of the obvious social and emotional difficulties that present themselves as atypical behaviour, it is common to try to ascertain the root cause of the difficulties to attempt successful resolution. Some researchers feel it is useful to know that certain parenting styles, maladaptive family relationships, child abuse, and poverty can lead to aggressive, poorly adjusted children (Cooper, Smith & Upton, 1994; Brandon, Hinings, Howe and Schofield, 1999; Fishbaugh, Berkeley, Schroth, 2003; Atkinson & Goldberg, 2004). However, others are less willing to make implications (Charlton & David 1993; Raine 2002). Cooper et al. (1994) state that historically too much attention has been given to individual and family pathology and go on to declare that “schools have the power to inhibit or exacerbate the development of emotional and behavioural difficulties and to function as effective therapeutic agents” (Cooper et al. 1994, p. 175). Cooper (1993) further comments on why it is detrimental to focus too greatly on risk factors. He notes that when emphasis
is placed on family difficulties, it disables others to the real influence they can have (Cooper 1993). He discusses a phenomenon called “Attribution Theory” (Cooper 1993, p. 14) where people avoid looking at sources of a problem that might implicate them. He includes the role of the teacher in creating situations that lead to students exhibiting challenging behaviours and refers to a “culture of conflict” (Cooper 1993, p. 2) where a teacher’s authoritarian attempt to impose order often only serves to aggravate situations. Further, Cooper (1993) sees problem behaviour as a social phenomenon that exists due to context. He lists adverse circumstances for families including economic & material deprivation, severe emotional tension and discord between family members particularly parents, delinquent activities of parents, and unsatisfactory child-rearing practices. He tells that EBD children experience among other things: a lack of parental interest in schooling, inconsistent and ineffective parental discipline, lack of overtly displayed attention, parental indifference or hostility, violent displays of temper by parents, parental use of corporal punishment, parental cruelty and neglect, frequent parental absences, and, rejecting and violent parents.
**Prevention**

Nelson (2000) notes that in the relatively short history of EBD, little or nothing has been done concerning prevention. He suggests that more knowledge is needed about the factors involved in mental illness, antisocial behaviour and other behavioural aberrations to identify at risk children. His research concurs with that noted above; that there are several risk factors for early identification namely poverty, lack of parental supervision, inadequate models of social and/or academic behaviour and the presence of family stressors. He also discusses the potential of early screening leading to proactive early intervention. Fox, Dunlap & Powell (2002) identify early intervention as being crucial to promote social and emotional development of young children. Young children who show extensive problem behaviour are more likely to be members of families who experience marital distress, parental depression and poverty. These difficulties will continue and even escalate as the child progress through the school years (Fox, Dunlap & Cushing 2002).

cognitive skills and general knowledge. A list of early childhood programs and resources in Canada can be found in Appendix A.

The research of Hester, Baltodano, Gable, Tonelson & Hendrikson (2003) also shows that early detection and intervention are the most powerful courses of action. The United States’ ‘No Child Left Behind’ legislation is given as a powerful example. As will be discussed later, these researchers ascertained that intervention was required in multiple environments by multiple agents and over time. They also note that it is necessary to look beyond the child when designing interventions and that specifying how to carry this out is a complex procedure. In Canada, research by McEwan, Waddell and Barker (2007) have found that there is growing evidence suggesting that ‘childhood is the optimal time to influence determinants of social and emotional well-being” (McEwan, Waddell & Barker 2007, p. 1).

**Intervention - Academic, Social and Emotional Supports**

*General discussion of intervention*

To effectively contend with the composition of today’s classrooms, intervention to assist students with EBD is an important and necessary focal point. It is in this area that many educators remain uncertain and locally, a range of unrelated practices are in place.

Nearly a century ago, O’Shea (1924) recognized the need for a therapeutic approach in dealing with students rather than a punitive one. He also recognized the need for ecological considerations involving the child – physically and mentally; the physical
Thirty to forty years ago, when many of today’s teachers were students, classroom management centered on principles of behaviourism which places the teacher in control over the students. Glasser’s work on Reality Theory (later termed ‘Choice Theory) and its emphasis on humanistic principles (Jones & Jones, 2007) brought considerable change to these authoritarian practices. In a humanist model (Porter 2004) resolution to problem is sought collaboratively rather than punitively.

Programs directed towards students with EBD are relatively new (Walker, Starlin 1999; Nelson 2000) and have frequently been subjected to the whims of government bureaucracy (Walker, Starlin 1999). The prevalence and the severity of problem behaviour has been increasing (Walker, Starlin 1999; Conroy, Dunlap, Clarke and Alter 2005). Behaviours now include severe aggression, vandalism, cruelty to animals, and danger to self and others along with antisocial behaviour. Some view this escalation as a response to increased societal ills (Walker, Starlin 1999).

Traditionally, despite interventions, outcomes for students with EBD have tended to be less than positive (Koyangi & Gaines 1993 in Chard, Kameenui & Lloyd 1997). Negative outcomes faced by students with EBD have included reduced graduation rates, reduced math and reading scores, an increased in involvement with criminal justice, mental health, welfare, public health (US Department of Health and Human Services, 1999 in Chard, Kameenui & Lloyd 1997). Reddy & Richardson (2006) quote Friedman
& Kutash (1986) as describing students with EBD as, “mad, bad, sad, and can’t add” (Friedman & Kutash 1986 in Reddy & Richardson 2006, p. 2). In addition, McAuliffe (2002) advises that schools are doing a very poor job of identifying children with emotional and behaviour disorders. Kauffman et al. (2002) caution that despite best intentions, efforts to help students with EBD are often not successful. This is due to lack of knowledge and limited ability to change these children whose behaviour is continually challenging. There are many barriers that interfere with treatment success. Ongoing success is complicated by high rates of family psychopathology, inadequate parenting skills and limited support systems and resources. Knowledge of interagency operations is limited. Teachers have been given limited training in how to deal with these students (Reddy and Richardson 2006).

Gallagher in Cranston-Gingras, Lively, Paul & Taylor (2002) defines intervention as creating a different set of conditions with the intention of improving some aspect of the child’s life (Gallagher in Cranston-Gingras et al. 2002; Kauffman et al. 2002). Fidelity (Cranston-Gingras et al. 2002) to the intervention must be maintained.

*Academic Supports*

Proactive and positive strategies are needed when creating programs for these children (Conroy et al. 2005). Some of the interventions that have been shown to be
successful are social skills training, behaviour based interventions and academic curricular restructuring (Nelson 2000).

Westwood (2003) asserts that school policy with a focus on deterrence of misbehaviour is necessary and should contain specific reference to the management of students with EBD. School policy should be considered much more than a set of rules and consequences. Good policy will make clear to students, teachers, parents and administration that schools should be safe, friendly & supportive environments. It should deal more with the well-being, safety and social harmony rather than procedures for punishment and enforcing discipline. Its aim should be teaching all students responsible and effective ways of managing their own behaviour and making appropriate choices (Westwood 2003).

Kauffman et al. (2002) maintain that two things must change if success is to be gained in educating students with EBD. Along with the children, educators must also change. Educators must become more competent in their practices and more understanding of the lives of children during and after school.

In addition to sound policy, emphasis is also placed on the need for caring relationships (Porter 2002; Kauffman et al. 2002; Jones & Jones 2007). This extends the role of teachers and school beyond providing for the academic needs of students into the social and emotional realm. A caring community is an essential ingredient for creating positive schools (Fishbaugh et al. 2003). Epstein (1995) states that “the way
schools care about children is reflected in the way schools care about the children’s families” (Epstein 1995, p. 1). She tells that there are many reasons for creating partnerships between schools, family and the community. The main reason is to help all children succeed in school and in later life (Epstein, 1995). For an in-depth discussion of caring schools see Noddings (2003).

There are a range of necessary features recommended to create a strong school based program to meet the needs of students with EBD. These include ongoing professional development for both school personnel and outside agencies, development and implementation of strengths based planning which includes students and their families as partners including a method for evaluating the program, better retention of students with EBD in their neighbourhood schools and a focus on improving academic achievement (Kutash, Duchnowski, Sumi, Rudo and Harris 2002). There is a critical need for academic instructional techniques that have been proven to be successful. (Cook, Landrum, Tankersley & Kauffman, 2003). Cook et al. (2003) argue that there are three criteria essential in successful special education delivery: 1. instruction techniques must be effective 2. these techniques must be unique to special education and not replicable in other settings and 3. these practices must be carried out frequently and with fidelity. Cook et al. (2003) believe that if effective practices were implemented successfully and frequently in a general education classroom, special education would not be necessary. Gable (2004) states that much of the difficulty is due to a lack of
agreement for a conceptual framework upon which to build prevention/intervention practices

The need for interventions based on empirically proven research arises repeatedly in the literature involving EBD. This includes the work of Gable (2004) noted above as well as, Walker & Starlin (1999); Kennedy, Long, Jolivette, Cox, Tang and Thompson (2001); Mcauliffe (2002); and, Conroy et al. (2005). This is also the position taken by Kavale and Forness (2000) who discuss the EBD field as possessing a climate of ideology that is lacking in research evidence. Lewis, Covington-Smith and Stormont (2005) cite Cotton (1995); Epstein, Kutash & Duchnowski (1998); Kameenui & Darch (1995); Mayer (1995); and, Kamps, Kravits, Strolze & Swaggart (1990) in their demands for a systemic approach in interventions.

In an attempt to blend theory and practice, Boucher (1999) discusses four goals necessary for successful intervention and ultimately, inclusion in the general classroom. These goals are: 1. that emotional and behavioural issues are treated together, 2. that there is an increased understanding of these conditions, 3. that there is greater comprehension of the criteria involved in the designation process an, 4. that there are a repertoire of behavioural, psychological, sociological and environmental strategies. Boucher (1999) states that “the goal of a comprehensive intervention is to produce a rapid, durable, generalized reduction in problem behaviour while improving success with new, desired behaviours (Boucher 1999, p. xii). Adler and Gardner (1995) also
discuss the need of an ecological perspective, stating that it is necessary to look cohesively at academic, social, moral and emotional needs. They reinforce the importance of this collaboration by linking it to the provisions set out in the *Convention of the Rights of the Child.*

*Functional Behaviour Assessment and Positive Behaviour Supports*

Increased understanding of EBD over the past decade has led to the creation of more caring, supportive environments that are structured to prevent undesirable behaviour(s) from occurring (Kern, Delaney, Clarke, Dunlap & Childs, 2001). This involves clearly articulated academic, social and behavioural expectations. Indeed, some authors (Kern et al. 2001) have noted that the function of behaviour is often a response to academic expectations. This way of thinking is an improvement to the past where a tendency existed to view emotional, behavioural and learning problems as pathological (Adelman & Taylor 1994) and completely removed from the environment in which they arose. In keeping with their belief in the need for powerful, replicable research based practice, Walker and Starlin (1999) discuss at length the applicability of Functional Behaviour Assessment (FBA) in working with students with EBD. They cite the work of Colvin (1993); Shores, Gunter & Jack (1993); Walker, Colvin & Ramsey (1995); Kaiser& Hester (1997); Webby, Symonds, Canale and Go (1998); and, Hester & Kaiser (1998). They go on to discuss the extended research on Positive Behaviour Intervention Supports (PBIS) that has been carried out at the University of
Oregon in the past decade, calling Sugai and Horner leaders in the development of Positive Behaviour Support (PBS).

FBA is an ecological approach that involves looking at the activities and surroundings of an individual that immediately preceded problematic behaviour. There is increasing evidence that FBA and its associated behavioural supports may be effective tools for improving school climate and reducing violence (Vaughn et al. 2006). There are four components involved in creating an FBA: 1. ascertaining the function of the (problem) behaviour 2. creating a positive behaviour change plan 3. implementation of this plan and 4. careful ongoing monitoring and adjustment of this plan (Jones & Jones 2007). FBA originated within the applied science of Applied Behavioural Analysis (ABA) and was originally used with people with developmental disabilities. Conroy et al. (1999) describe FBA as a proactive, preventative approach and state that school districts’ failure to embrace this practice is a barrier to success. They also assert that general educators remain connected to more punitive practices and as a result are not prepared for proactive strategies such as FBA. Due to lawsuits in the United States, FBA is now mandated under IDEA legislation which states that school staff must examine the environment to determine what factors might be contributing to a student’s problem behaviour and create an action plan to assist the student to develop new skills for responding to the antecedents of the previously acting-out behaviour (Jones and Jones, 2007). Early research (Conroy et al. 1999), asserts that FBA is
treated only as a legal mandate and thus, is not achieving its full potential. However later research tells that FBA provides the empirical support need for solid interventions (Sterling-Turner, Robinson, Wilczynski, 2001).

The role of PBS has increased in strength and use (Sugai & Horner 2002, Horner & Sugai 2006) this decade. Carr, Dunlap, Horner, Koegel, Turnbull and Sailor, Anderson, Albin, Koegel and Fox (2002) tell that the PBS philosophy utilizes the necessary and much demanded empiricism and makes it work in the real world outside of the laboratory with the addition of humanistic values. This creates ways of intervening that focus on the person rather than forcing the person to adapt to a program.

Horner & Sugai (2006) define PBS as an integration of valued outcomes, behavioural and biomedical science, empirically validated procedures and systems change to enhance quality of life and minimize or prevent problems. They describe ecological arrangements that function so that students are given explicit instruction with frequent opportunities to practice and receive regular and contingent acknowledgements of prosocial skills. This simultaneously enhances personal and social success.

One of the central tenets of PBS is that support should be focused on fixing problems in the environmental context rather than maintaining a view of extinguishing problem behaviour. Intervention takes place in the absence of problem behaviour in
order to prevent such behaviour from occurring again. (Carr et al. 2002; Fishbaugh et al. 2003; Horner & Sugai 2006).

PBS starts with school wide or primary supports involving clear, positively stated expectations which are taught and practiced by everyone. Student success is frequently recognized and authentically celebrated. More specialized behavioural support is provided for at-risk students. This secondary support includes small group social skills instruction, mentoring and self-management programs. Supports are also in place for the very small group, approximately five to seven per cent (Lewis, Sugai & Colvin 1998 in Jones & Jones, 2007) of students who display chronic patterns of problem behaviour such as students with EBD. These supports are known as tertiary supports and involve FBA as discussed above. The resultant plan may also involve support for the student and his/her family through agencies outside the school. The focus is on individualized intervention through educational programming to ultimately improve the student’s quality of life (Fishbaugh et al. 2003; Vaughn et al. 2006). Lewis et al. (2005) cite the research of Nakasato (2000); Scott (2001); Nelson, Martella, Marchand-Martella (2002); and Sugai, Horner, Lewis & Cheney (2002) in stating that schools with school wide PBS systems have a reduction in office referrals of up to sixty per cent, much fewer playground problems as well as an increased capacity to meet the needs of at-risk students such as those with EBD.
Increased use of PBS in schools will be a paradigm shift (Gable 2004). However, it also holds promise for achieving increased economy of scale for the ever shrinking schools’ resources. Additionally, it provides the opportunity to raise the performance level of all students (Gable 2004).

**Effective Classroom Supports**

In addition to school wide approaches/adaptations, research shows some clear, easily implemented routines and procedures that have been shown to be effective in all classrooms including those containing students with EBD. There are a number of reasons for educators to learn effective methods of responding to student behavior. These include the necessity of minimizing disruptions to the learning environment, an increase in the number of students with disruptive behaviour, and the need to increase students’ ability to respond cooperatively to authority figures as it is an essential skill for success (Rimm-Kaufman, Pinata & Cox, 2000 in Jones & Jones 2007). It is believed that many new teachers lack a sense of confidence in their personal and professional capabilities, particularly in terms of classroom management (Jones & Jones, 2007) which increases the reasons for learning effective skill building.

Several researchers have indicated criteria for effective schools and classrooms. These include: leadership that involves staff, parents and students in the decision making process; recognized school wide policy with clearly articulated academic and behavioural expectations that are realistic and meaningful to students and which are
consistently and humanely enforced; care and vigilance by staff in planning and assessment with clear communication of this to students; approaches to classroom management which emphasize anticipation and prevention of behaviour problems rather than reaction and punishing when they arise; supportive and respectful relationships amongst teachers, between teachers and pupils; between school and parents and between school and outside agencies (Cooper 1993; Kauffman et al. 1995; Sugai & Horner 2002 and, Vaughn et al. 2006)

Westwood (2003) extends this by requesting that educators move away from a ‘deficit model’ of operating (Westwood 2003, p.7) and instead examine factors outside of the child, including quality and type of instruction, realistic teacher expectations, relevance of the curriculum, the classroom environment, the inter-personal dynamics within the class social group and the rapport with the teacher. Westwood (2003) states that there is less aggression in caring, supportive schools.

It is important to remember students’ basic psychological needs when creating a learning community whose members feel safe and supported (Jones & Jones 2007; Porter 2004; Atkinson & Hornby 2002). Researchers have found that the “focus is too often on rewards and punishments and fails to acknowledge the vital role social atmosphere plays in influencing social behaviours.” (Jones & Jones 2007, p. 7) Recognition of the importance of students’ psychological needs is perhaps why

Jones & Jones (2007) highly recommend Glasser’s ‘Seven Steps to Effective Problem Solving’ stating that they believe it to be “extremely useful in schools” (Jones & Jones 2007, p. 358) Their reasoning for this is: problem solving is accomplished in a short time, it follows a step by step procedure which is easy to learn, the student is actively and meaningfully involved, it focuses on specific and observable behaviour where data can be collected and the student is held accountable for the results. The seven steps to effective problem solving are outlined in Appendix B.

In addition to the ‘Seven Steps to Effective Problem Solving’, Glasser also fully endorses the use of what he terms “seven connecting or choice theory habits” (Glasser 2005, p. 25). These habits are caring, listening, supporting, contributing, encouraging, trusting and befriending. Glasser also offers the very useful but not frequently stated fact that young [and EBD] students are very sensitive to facial expression, gestures and tone of voice. He cautions to ask oneself “is my demeanor or the words I am using going to disconnect me from [the student] or is it going to keep or increase the connection we already have.” (Glasser 2005, p. 104)

Many teachers report one of their main concerns is the child who disrupts lessons, seeks too much attention from the teacher or peers and fails to co-operate. Some writers suggest that the inclusion of students with behaviour disorders in regular classes will
continue to “present the biggest challenge to teachers now and in the future” (Visser 2000 in Westwood 2003, p.65). Teachers with children with EBD in their classes need the moral and professional support of colleagues. They also need acknowledgement and understanding that the student’s behaviour is not due to his/her own inability to exercise effective control. There is a tendency in some schools to see the management of student problem behaviour as a sole teacher concern and not a whole school matter (Westwood 2003).

Classroom Placement Options

Although full inclusion is always the goal for students with EBD, the best interests and the needs of each student need to be the paramount concerns in the decision making process (Kauffman et al. 1995; Cooper, 1993). Sometimes students with severe EBD show such strong behavioural extremes, the general classroom cannot provide for their needs (Kauffman et al. 2002) In addition, their behaviours may be very disruptive and/or pose a dangerous influence to the learning and personal safety of others (Kauffman et al. 2002). Cooper (1993) refers to this state as “mutual estrangement” (Cooper, 1993, p.4) As the BC Ministry of Education definition states (BC Ministry of Education – Special Education 2006), the problem behaviour shown by students with EBD are severe, pervasive and chronic (Kauffman et al. 1995). It is possible that their needs might be better met in a smaller, more secure setting with greater individualized attention and increased access to a wider range of services. In defending the rights of
students to alternate placement, Kauffman et al. (2002) cite Yell (1998b), “to make a placement decision that all students will be in the general education classroom is just as illegal as placing all students with disabilities in special schools” (Yell 1998b in Kauffman et al. 2002, 156).

Due to zero tolerance policies in schools and an increase in antisocial behaviours, the number of students identified as having EBD has increased (Tobin & Sprague 2000) while the students are being identified as younger ages. There needs to be alternate education in both general and special education classrooms as quick action by utilizing effective teaching strategies (Edwards & Wilson, 2001) enables students with EBD to remain in the neighbourhood school and prevents further escalation of acting-out behaviour. Relatively speaking, alternate education programs are fairly new, existing for approximately the past twenty-five years (Reyes 2001). The common elements of effective teaching strategies in alternate programs are similar to those discussed previously including: high degree of structure; high standards for behaviour, attendance, and achievement; fair and consistent expectations; student personal responsibility and strong parental involvement. An additional element is low teacher to student ratios. (Edwards & Wilson 2001; Powell 2003)

Within the school system, alternate programs are not generally well regarded. However, Gregory (2001) notes that it is a curious fact that students are successful in
the alternate setting and poses the question why this is the case if [as traditionally suggested] the problem is with the student and not the school setting.

Kennedy, Morton & Lang (1999) describe alternate programs as ‘schools for emotional healing’ (Kennedy et al. 1999, p. 126). They describe how the ultimate goal of these programs is full integration but until the student is ready, the program operates as a consistent place that values each person and helps students find positive ways to correct problems. Powell (2003) also describes alternate programs as creating opportunities to build and foster resilience where staff teach with empathy and compassion and believe in the ability of all students. These writers also advise that the focus has changed and programs are growing across the United States. Students are being transferred from general education to alternate classrooms often due to drug offenses, physical attacks/fights, chronic truancy, firearms offenses and continual academic failure. Powell (2003) also notes that essential elements of alternate programs include FBA and pastoral care involving ‘dynamic psychotherapy (Powell 2003 p. 105) instead of behaviour management. Kazdin (2003) also supports the power of psychotherapy in addressing the social, emotional and behavioural needs of students with EBD.
**Socio-emotional Supports**

The conditions that place students in line for a designation of EBD are the result of several factors known as ‘multiple causation theory’ (Vaughn et al. 2006, p. 307) that interact to compound learning challenges. Despite best intentions, it is not possible to separate the social and emotional challenges to allow for academic progress. As discussed in the risk section, these social and emotional challenges include family conditions such as poverty, instability, and risks to health and safety at home, in the school and in the community. Sometimes, as discussed above in alternate placements, the classroom can act as the meeting place for a range of necessary services to occur that will assist in helping the child and his/her family. Other times, the classroom and/or school take on the role of facilitator and assist in arranging the necessary outside services when possible.

Green & Jacobs (1998) discuss how institutionalized psychiatric care for children has been replaced by community outreach and family based care. To be effective, this requires a high degree of organization and skill. Due to demands on the system, serious psychopathology in children may be currently under recognized and under treated (Green & Jacobs 1998).

Kutash et al. (2002) declare that schools are the “de facto mental health system for children” and cite statistics to support this. They discuss how a national initiative was developed in the United States in the 1980s to improve the outcomes for students
with EBD. They refer to a “system of care model” (Kutash et al. 2002, p.2). This model contained evidence based interventions, interagency collaboration, and the family as equal partners. They acknowledge that a large gap in service provision continues and that it is the task of policy makers, planners and academics to ensure schools have capacity to effectively fulfill this role (Kutash et al. 2002).

Atkinson & Hornby (2002) have determined that children’s mental health has been paid insufficient attention in schools. They contend that teachers have a unique place to influence mental health. They state that teachers are the one of the first in line to recognize symptoms and to foster mental well-being. Unfortunately many teachers lack awareness of children’s mental health issues and health professionals are reluctant to share their specialized knowledge (Atkinson & Hornby 2002). Han & Weiss (2005) state that substantial evidence exists which indicates that when properly developed and implemented, school based mental health programs can produce positive effects on children’s behaviour and emotional functioning. However, as with effective PBS, this requires participation of the whole school.

Greenhalgh (1994) notes that one of the short-comings of the current school system is the lack of recognition given to the importance of emotional health. He states that this is the result of teacher training programs giving an oversimplified view of the child (Greenhalgh 1994). Many teacher training programs focus on Piagetian stages of
cognitive development that unfortunately lacks understanding of emotional causes of learning failure (Greenhalgh 1994).

To better meet the holistic needs of students, there is a call for cross agency partnerships (Walker, Starlin 1999; Cranston-Gingras et al. (2002) beginning just outside the classroom door with a whole school commitment. McAulliffe (2002) called this ecological approach to meeting the academic, social and emotional needs of EBD students “three spokes in the trinity of school counseling” (McAulliffe 2002, p. 5).

Fishbaugh et al. (2003) state, “the proverb ‘it takes a whole village to raise a child’ was never truer than when applied to children with a severe behaviour disorder” (Fishbaugh et al. 2003, 91).

Eber, Sugai, Smith and Scott (2002), building upon the work of Sugai & Horner (2002) Sugai, Horner et al. (2000) and Sugai, Sprague, Horner and Walker (2000), looked at the systems involved and connected the necessity of the wraparound process with FBA and PBS. In their discussion of the person centered elements of PBS, Carr et al.(2002) also identify the wraparound process as a central element in effectively meeting the academic, social and emotional needs of students with EBD. This approach looks at a person’s needs in life in a variety of domains including educational, family, social, emotional, health and cultural (Carr et al. 2002).

Franz (2003) writes of the challenges faced by entire communities when trying to help children with complex needs. He discusses the necessity of a ‘system of care’
(Franz, 2003, 244), a grouping of services required to effectively address the unique range of needs presented by each new child and family. According to Franz (2003) the ten essential elements to creating a multidimensional system of care are:

- That it is community based
- The services and supports must be individualized to build on the strengths and meet the needs of children and their families across life domains in order to promote success, safety and permanency in their homes, schools and communities
- The process must be culturally competent
- It is a team driven process
- It is flexible with adequate funding
- It offers both formal and informal community and family resources
- An unconditional commitment exists by all parties
- There is a service and support plan
- There are realistic and measurable goals and objectives

Acting as a closing statement, Boucher eloquently describes the poignancy that frequently occurs when working with students with EBD, “many are curious about youngsters with emotional and behavioural disorders, but are afraid to open the box, as it were, for that terrible things will fly out. Hope, though, is the thing with feathers.” (Boucher 1999, p. 344)
As discussed in the preceding chapter, there is a considerable body of empirically based research that discusses at length successful models of practice for students with EBD. Perhaps because this is an area of fairly high specialization, it does not appear as if the findings of this research are well known and therefore, put into practice in local schools.

**Prevalence Revision**

It is noted that research places the prevalence of students between one percent and six percent (BC Ministry of Education 2006; Vaughn et al. 2006). The subjectivity in designating these students from school to school and the resulting ambiguity has also been noted. For example, from school to school, the recognition of the severity of behaviour changes; some schools have greater tolerance than others and increased ability in dealing with problem behaviour. It is also noted frequently that current research is finding that there is a growing number of students with EBD. Is it possible that more current research is needed to determine the actual prevalence occurring in schools now and that school districts might need to revise their stated expected prevalence? If the prevalence were to be recognized as being higher, perhaps a greater allocation of resources might occur. Additionally, if there is a widely recognized
increased prevalence, a greater effort could be made in improving overall social policies.

*Family Responsibilities*

Research does speak to the impact parenting styles and familial relationship have in placing students at risk of EBD (Cooper 1993; Cooper et al. 1994; Brandon et al. 1999; Fox et al. 2002; Fishbaugh et al. 2003; Atkinson & Goldberg 2004). It also cites the need for strong community supports and the necessity of their services to be of major assistance for children with EBD and their families (Walker & Starlin 1999; Carr et al. 2002; Cranston-Gingras et al. 2002; Eber et al. 2002; Kutash et al. 2002, Franz 2003; Mcauliffe 2003; Vaughn et al. 2006). However, what happens when families are not interested in change, in accessing community resources, in forming a partnership with school/community? It is noted that Charlton & David (1993); Cooper (1993); Cooper & David (1994); and, Raine (2002) are among the researchers who argue that locating the cause of EBD with a family creates a risk of apathy at the school level. The words of Glasser are particularly strong in this regard, “no matter what their family backgrounds, I believe we can convince just about every student who comes to school to do competent work” (Glasser 2005 p. 23). However, even with these cautions in mind, there appears to be some reluctance in acknowledging the possible detrimental effects resulting from lack of parental involvement. The current, local government trend toward encouraging parental support in schools shows a keen respect for parental
responsibility. Further detailed discussion of this issue is certainly far removed from the purposes of this study, however, refusal of families to work in partnership with schools and community agencies presents an area of difficulty that frequently goes unacknowledged and therefore, untreated. Additionally, it places those who wish to advocate for the well being of children in a difficult situation if their wishes are not shared or acknowledged by the children’s families. As well, research shows considerable disparity in locating the role of family dynamics to EBD. Larger consensus would certainly be beneficial in terms of both prevention and intervention.

Further Research

Although several studies spoke of a lack of empirical research in providing effective interventions for EBD (Walker & Stalin 1999; Mcauliffe 2002; Gable 2004; Conroy et al. 2005), this seems to have been remedied in the past five years. Of particular significance is the work at the University of Oregon. However, there is still not a great deal of direct research done involving interventions for young children. This is an area that requires greater attention, particularly given that several researchers (Conroy et al. 2005; Tobin & Sprague 2000; and, Walker & Starlin 1999) state that the numbers of students with EBD are increasing while the age of these students is now decreasing.
Mental Health Programming – Socio-emotional Supports

McEwan, Waddell and Barker (2007) note the lack of child-focused strategy and the rarity of programs to promote mental health or prevent mental disorders for children in Canada. They do, however, tell that British Columbia is the exception of all the Canadian provinces and that the BC Ministry of Children and Family Development has plans to invest considerable sums of money over the next five years (McEwan, Waddell and Barker 2007).

Successful Program Elements

A substantial amount of this research shows a trend toward incorporating practices for use within the EBD field that have met with success in other fields of special education. Particularly, accounts of functional behaviour assessment and positive behaviour support frequently occur and are referred to in very positive terms in regard to successfulness (Walker & Starlin 1999; Conroy et al. 1999; Sugai & Horner 2002; Carr et al. 2002; Fishbaugh et al. 2003; Gable 2004; Lewis et al. 2005; Horner & Sugai 2006; Vaughn et al. 2006; Jones & Jones 2007).

Recently, the Ministry of Education and the Burnaby School District appear to have moved toward a model that includes functional behaviour analysis and positive behaviour support. At present, it does not appear to be as far reaching as discussed in the research undertaken for this project. It is limited to application for individual students, particularly those with a severe behaviour designation. However, according to
the research reviewed, it is still a positive step away from previous more punitive models. One of the most wide reaching positive elements for the Burnaby School District is this [new] model provides a solid basis for the implementation of the practice of Restitution with students with EBD. Previously, the practice of Restitution has been carried out in many classrooms and some entire school settings throughout the district in the past five years, but in general classrooms only. Restitution is most easily described as a combination of Glasser’s Choice Theory and Aboriginal Restorative Justice (see Gossen – *Real Restitution*).

Frequently (relatively speaking, given the low incidence rate), students identified as having EBD in the Burnaby school district are placed in alternate programs. These alternate programs are in separate classrooms within the regular school setting. Historically these programs were referred to as ‘behaviour programs’ and used a model similar to that discussed in Carr et al. (2002), relying almost exclusively on behaviour modification methods. The work of Kauffman and others (Kauffman et al. 1995; Kauffman et al. 2002) and its support of the preservation of these programs presents a very interesting argument in light of the movement toward full inclusion currently supported by the Burnaby School District.

Research provided interesting views of alternate programs. Although many were once considered punitive and carried a stigma, current alternate programs appear to be equated with success. Again, there is a dearth of research involving younger students
which has not been helpful for this project. There was also limited research referring to alternate programs in Canada. As mentioned previously, there is no standard for alternate programs and practices vary from district to district and even from program to program.

*Wraparound – Holistic Support*

The wraparound process has existed in Canada including British Columbia for a long time and has not historically been linked to PBS. Research strongly shows the strength in the wraparound philosophy. However, despite its considerable record of usage in Canada, the area of multi-agency supports is clearly one of the areas with considerable room for improvement. There are disparate approaches even between agencies. It appears, when comparing local practices with those described in the research, that the United States has a much more integrated/seamless approach between the school system and community supports. One example of this is the frequent references made to having social workers and nurses on school staffs. Community based service delivery must be improved if British Columbia is ever to achieve best model practices in community based service delivery. However, this is an area that is highly dependent on government funding. Without stepping too far away from this scope of this project, a quick review of the BC Ministry of Health website (BC Ministry of Health) shows there are some promising projects in the process of being established. These are referred to in Appendix A.
It appears as if there is a considerable amount of work needs to be done for the entire Burnaby school district to move toward a model that practices school wide positive behaviour support and thus, provides holistically for students. It is likely that the schools that have embraced the practice of Restitution school-wide are much closer than other less cohesive schools. In terms of creating a unified policy, it is noted that the BC Ministry of Education has been working on creating resources for creating safe and caring school environments in recent years. Social Responsibility has formed part of the curriculum for the past several years (BC Ministry of Education, 2001). The Ministry of Education has recently made available online its March 2004 publication, “Safe, Caring and Orderly Schools: A Guide” updated its website in recent months.
CHAPTER 4

Summary

The intention of this study was to investigate possible answers to questions about adequately meeting the social and emotional needs along with the academic needs of students with EBD in a school setting as well as determining the role of outside agencies. Looking to the United States and even some provinces within Canada for empirically based data has provided some fairly analogous answers. The difficulties faced by students with EBD evolve from a range of situations and are deeply seated creating a wide variety of needs which research tells that if adequately addressed can be met thus allowing the student to have a much more productive role in society.

Historically, a deficit view has been taken toward these students and a great deal of time and energy has been spent pointlessly assigning blame to dysfunctional families. In addition, the emotional and behavioural difficulty exhibited by these students was seen as a pathological condition that needed changing and punitive programs were put in place to carry this out. In the past decade, research reveals proven practices regarding the view and treatment of students with EBD has changed dramatically. Through the ecological adjustments indicated by FBA and associated PBS, the response to students is much more proactive and positive. No longer isolating, schools have been found to have greater success when there is school wide policy addressing the needs of students with EBD. Additionally, there is research that also supports the benefits of
alternate education in being particularly successful in meeting the academic, social and emotional needs of students with EBD.

Much of the research states that integration of EBD students in a typical classroom is the goal. That is certainly the goal in Burnaby School District. The proactive and positive practices generated by FBA and PBS undoubtedly provide movement toward that goal. However, this is a considerable change from traditional practice. How can this change be implemented throughout schools? Along with this or perhaps, before this occurs, how can educators and other personnel be kept apprised of these innovations?

Because of the legal mandate of IDEA, it is likely that education systems in the United States have moved more quickly to implement the necessary changes. More research is needed to determine Canadian progress. Additionally, research seems to show the United States has greater supports in place regarding prevention and the meeting of social and emotional needs. As shown in Appendix A, Canada is gradually putting early childhood programs in place that may provide necessary early intervention for young children with or at risk of EBD. There is still much to be done in terms of studies and actual services to meet the social and emotional needs of students and families dealing EBD.
Perhaps the biggest question of all still exists, in our current materially well-developed society - why does EBD occur? What can be done to prevent EBD from occurring? A caring society functions to adequately meet the needs of all of its citizens or, to equip them with the tools of self-determination to meet their own needs. Students with EBD require the resources of a caring society. This includes a concerted effort on behalf of the school and the larger community. Ideally and necessarily, the school and outside agencies would work in tandem to provide a range of services to meet the individual needs of students and their families.
Appendix A

This appendix contains an assortment of websites that might provide useful in working children with EBD. The focus was intended to be a Canadian one but, out of necessity contains United States references also. No assertion is made of their empirical validity.

Research Based, Focus on Schools

- Canadian Research Institute for Social Policy – www.unb.ca (CRISP)
  Multi-disciplinary research organization dedicated to: conducting policy research aimed at improving the education and care of Canadian children and youth.
  Series of newsletters – “CRISPfacts” - very informative, topics included prevention research, PBS, anxiety.

- Center for Research on the Education of Students Placed at Risk (CRESPAR) www.csos.jhu.edu/crespar/programs.htm
  John Hopkins University and Howard University
  Mission is to conduct research, development, & dissemination of replicable strategies designed to transform schools for students who are placed at-risk.

- Center of Social and Emotional Education (CSEE) – www.csee.net
  Columbia University, formed 1996
  An organization that helps school integrate crucial social and emotional learning with academic instruction to enhance student performance, prevent dropouts, reduce violence and develop healthy and positively engaged adults

- Council for Exceptional Children – www.cec.sped.org
  Largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. CEC advocates for appropriate government policies, sets professional standards, provides continual professional development, advocates for new and historically underserved individuals with exceptionalities and helps professionals obtain conditions and resources necessary for effective professional practice.

- Council on Alberta Teaching Standards (COATS) – www.teachingquality.ab.ca
Website contains several very useful links and other resources.

- Illinois PBIS Network – [www.pbisillinois.org](http://www.pbisillinois.org)
  Loyola University, Lucille Eber, Network Director
  An Illinois State Board of Education funded initiative promoting effective practices for the good of all children.
  - Extremely informative

- OSEP National Assistance Center on Positive Behavioral Interventions and Supports – [www.pbis.org](http://www.pbis.org)
  United States Office of Special Education Programs (OSEP) established by the US Department of Education to give schools capacity building information and technical assistance for identifying, adapting and sustaining effective school-wide disciplinary practices.
  Provides substantial amounts of useful information

- School Psychology Resources online – [www.schoolpsychology.net](http://www.schoolpsychology.net)
  Resources for psychologists, parents and educators includes research on learning disabilities, ADHD, FBA, autism, parenting, psycho-ed assessments and much more. Substantial amount of online links and other information

Focus on Children and Community

- BC Council for Families – [www.bccf.bc.ca](http://www.bccf.bc.ca)
  Works to help create healthy families in a healthy society. Goal is to empower families. Provide educational resources on topics such as parenting, childhood development, parent-teen relationships, work-life balance.

- BC Ministry of Education – Safe, Caring & Orderly Schools
  [www.bced.gov.bc.ca/sco/resources.htm](http://www.bced.gov.bc.ca/sco/resources.htm)

- Better Beginnings Better Futures – South East Ottawa
  [www.betterbeginning.ca](http://www.betterbeginning.ca)
  Very informative website, possible model for others to follow

  Non-profit, non-governmental education and advocacy organization concerned with Canadian children’s human rights and responsibilities
Child and Youth Mental Health: Initiatives

www.mcf.gov.bc.ca/mental_health/demonstration_htm

Demonstration projects include:
$2 million grant under the Children’s Mental Health Policy Research Program

Recipients included:
The Children’s Foundation – Fraser Region
Plan to implement the ‘Triple P’- Positive Parenting Program whose target application is to increase the community’s capacity to help at risk families – project firmly based on a wraparound philosophy.

ARC Programs – Kelowna
Family based treatment program provides home and community based treatment for children and youth aged 7 to 17 and their families who are experiencing difficulty as a result of child/youth mental health disorder.

Child and Family Canada – www.cfc-efc.ca
A Canadian public education website created by 50 Canadian NPOs to provide quality, credible resources on children and families in an easy to navigate website.

Children’s Mental Health Research Quarterly – First issue Winter 2007
www.childhealthpolicy.sfu.ca
Simon Fraser University (SFU) Faculty of Health Services
Children’s Health Policy Centre – interdisciplinary research group at the Faculty of Health Sciences, SFU
Work focuses on integrating research and policy to improve children’s social and emotional well-being. Promotes the public health strategy of: healthy development of all children, prevention of disorders in children and provide treatment for children with disorders, for children and mental health.

Communities and Schools for Health (CSH) – A Worldwide Movement
www.safehealthyschools.org
A website that explains how communities and schools can work together to promote health, prevent health and social problems, assist children and youth who are at risk and help to support those directly experiencing poor health. In Canada, this approach is called ‘Comprehensive School Health’. In Australia, ‘Health Promoting School’. The World Health Organization (WHO) has developed a Global School Health Initiative which contains tools and fact sheets for the understanding and planning of actual school health programs.
This site contains an incredible amount of valuable information in particular, the section ‘Mental Health & Schools’ which lists resources on how mental health promotion strategies can address severe behavioural problems and disorders.

- Consortium for Health, Intervention, Learning and Development (CHILD)
  www.earlylearning.ubc.ca/CHILD/
  funded by Social Service and Resource Council of Canada (SSHRCC)
  it is a multi-disciplinary, academic-community partnership project established to undertake research that responds to identified community needs and interests for the health of children aged 0-6 years and their families

- Dr. Stirling McDowell Foundation for Research into Teaching
  www.mcdowellfoundation.ca
  An independent charitable organization created by Saskatchewan Teachers’ Federation in response to teachers’ needs for greater involvement in education research. Its goal is to support inquiry, reflection and communication of information and ideas that improve education.

- Families and Schools Together (FAST): A Positive Partnership for Children
  www.familyservicecanada.org
  A parent involvement program helping children succeed academically and socially.

- Family Centred Practices Group – www.fcpg.ca
  Provides early, intensive behavioural intervention and professional development for individuals working with children with special needs and their families.

- The Institute of Family Living – www.ifl.on.
  Resource for therapy and counseling; electronic newsletter.

- Institute for Safe Schools of BC (ISS) – www.iss-bc.ca
  Located at the University College of the Fraser Valley
  It is an inter-disciplinary team of researchers, practitioners, students and community partners committed to providing research and resources that support the creation of safe and socially responsible schools and communities. It has a shared commitment to provide evidence-based approaches for safe, healthy and inclusive communities.

- Invest in Kids – www.investinkids.ca
National charitable organization dedicated to ensuring the healthy social, emotional and intellectual development of children from birth to age 5 by Strengthening parenting knowledge, skills and confidence of all those who touch the lives of Canada’s youngest children. Research based. Programs include The Parenting Partnership and Parent Education.

- Parentbooks – [www.parentbooks.ca](http://www.parentbooks.ca)
  Booklist – Children with Behaviour Challenges

- Safe and Caring Schools – [www.ocdsb.edu.on.ca/General_Info/Safe_and_Caring/curriculum_resources.html](http://www.ocdsb.edu.on.ca/General_Info/Safe_and_Caring/curriculum_resources.html).
  Ottawa-Carleton School District, Ontario
  Provides a wealth of resources.

- Success for All Foundation – [www.successforall.net](http://www.successforall.net)
  Founded by Robert Slavin, John Hopkins University
  Goal is to help students achieve at the highest levels. The top priority is disadvantaged and at-risk students in pre-K to grade 8.

- The Vanier Institute of the Family – [www.vifamily.ca](http://www.vifamily.ca)
  Vision statement: to make families as important to the life of Canadian society as they are to the lives of individual Canadians.
Appendix B

Step 1: Establish a warm, personal relationship with the student. (Develop a "positive relationship bank account" with the student.)

Step 2: Deal with the present behavior. "What happened?" (Develop a timeline/functional assessment.) "What did you do?" (Help students take responsibility for their role in the problem. Help them develop an internal locus of control.)

Step 3: Make a value judgment. "Is it helping you?" (Help students consider their own behavior and underlying assumptions.) "Is it helping others?" (Enhance student's social cognition.) "Is it against a rule/does it violate a compelling state interest?" (Help students understand their own and others' rights and responsibilities within the community.)

Step 4: Work out a plan. "What can you do differently?" (Social skill training) "What do you need me to do?" (Empowerment/functional assessment) "What do you need other students to do?" (Empowerment/functional assessment)

Step 5: Make a commitment. "Are you going to do this?" (Enhance student's accountability/responsibility.)

Step 6: Follow up. "I'll check later and see how the plan has worked." (Supportive/caring environment)

Step 7: No put-downs, but do not accept excuses. "If the plan didn't work, let's analyze why and develop a new plan." (High expectations and persistence in working with students)

Glasser's Seven Steps to Effective Problem Solving

References


Edwards, M. A. & Wilson, V. B. (2001). One Size Doesn’t Fit All. School


