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**The Importance of Early Intervention for Students With or At-Risk for Emotional
Disturbance or Conduct Disorder**

By

Jesse Richards, Jr.

A Thesis Submitted in Partial Fulfillment of
The Requirements For a Masters Degree
in Education

California State University at Monterey Bay
The School of Professional Studies
Department of Education

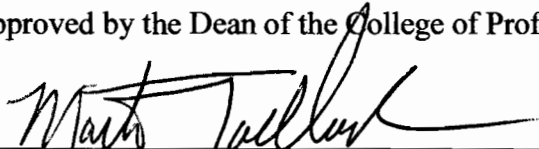
December 2006

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Disturbance or Conduct Disorder

By Jesse Richards, Jr.

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Abstract

This action thesis was designed and implemented as a professional development workshop for the educators at Sunnyside Elementary in Huntington, California. Participants included 20 female and 3 male kindergarten through fifth grade teachers from Sunnyside Elementary. The importance of early behavioral intervention for students with or at-risk of an emotional disturbance or conduct disorders was discussed. Additionally, the definitions for emotionally disturbed and conduct disorder were examined and the eligibility criteria for students with emotional disturbances were reviewed. Intervention strategies from the *Emotional or Behavior Disorder Intervention Manual* were discussed. Hypothetical student cases were discussed using a sample *Daily Point Sheet* in conjunction with intervention strategies from the intervention manual. Lastly, a self-constructed brochure, developed for the purposes of educating both parents and teachers about the parameters of Sunnyside Elementary's Special Day Class for students with emotional disturbances, was reviewed. Results of this action thesis have indicated that the participants left the workshop with a greater knowledge of (1) the definitions of emotionally disturbed and conduct disorder, (2) eligibility criteria for students with emotional disturbances, (3) intervention strategies for at-risk students, and (4) the program parameters for the Special Day Class for students with emotional disturbances at Sunnyside Elementary.

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Chapter 1

Introduction

My action thesis was intended to help support regular education teachers, school administrators and elementary aged students at Sunnyside Elementary School. Due to a high rate of behavioral referrals, there is a strong need at my school site to explain the differing characteristics between students with emotional disabilities and students with conduct disorders. Many professionals routinely ask me how a child can qualify for my special day class for emotionally disturbed children due to behavioral concerns. I believe that my proposed action will help thoroughly answer questions, provide clarification with regards to qualifications for such programs, as well as support the teachers with tools they can use for non-qualifying children. Furthermore, my action helped educators understand the importance of early behavioral intervention by discussing intervention strategies and providing daily point sheets that teachers can use with students with emotional disabilities in general education classes and students with conduct disorders who do not qualify for special education services.

Statement of the Problem

I have spoken with many regular education teachers at my site who are overwhelmed by their current class size and case loads alike. I have been told by teachers, the ones who have students that require an exuberant amount of their time and energy, that they are more likely to send students to their site administrators with a behavioral referral than to use creative interventions. Children's behavior problems can pose tremendous challenges to families, schools, society and themselves. Once established, problem behavior tends to persist (Webster-Stratton, 2000; Campbell &

Ewing, 1990; Patterson, Capaldi, & Bank, 1989; Loeber & Dishion, 1983). Left untreated, children's behavior problems typically multiply, intensify, and diversify over time, thus putting the child at increased risk for academic failure, social isolation, and peer rejection (Campbell & Ewing, 1990). At my current school site there is an obvious need to help support regular education teachers with creative intervention ideas for students who display problem behavior. I proposed to design a professional development workshop for educators that explains the difference between children with an emotional disturbance and children with conduct disorders. Additionally, the presentation contained widely used up to date intervention strategies both for children with emotional disabilities and conduct disorders. These intervention strategies will be taken directly from the *Emotional or Behavior Disorder Intervention Manual* that is published by Hawthorne Educational Services. I also explained how to implement a daily point sheet that monitors students' daily school routines. Based on personal experience, this point sheet is very simple to understand and use. The point sheet is also a daily communication tool between a teacher and parent/guardian. I anticipate that the action I addressed will provide positive changes for regular education teachers, students with emotional disabilities and conduct disorders and their parent/guardians, and to our school community as a whole.

Background

This is my sixth year working as an Education Specialist for the Sunnyside School District. I have continued working in the same assignment as a special education Special Day Class program teacher in charge of elementary students who have been educationally diagnosed as emotionally disturbed. An individual diagnosed as

emotionally disturbed often exhibits significant behavioral problems as a result of their disability. Behavioral problems can include but are not limited to: extreme resistant to controls, extreme defiance toward adult directives, and physical aggression towards themselves or others. Physically aggressive behaviors can include the throwing of objects, fighting with peers and adults, verbal profanities, racial-motivated gestures and yelling, sexualized behaviors, and self-injury. This is a population of students that I feel passionate about helping. I feel challenged in my workplace, which has led to positive feelings of being satisfied in the direction my life is headed. I am continually involved in the home life of all of my students. I have daily communication with parents/guardians about their child's academic performance, behavioral aptitude, and emotional well-being. My current job assignment has lead me to reflect upon what I observed in earlier years of my life and who I am now.

I learned about life in two completely different Californian environments. One is located in the most Northwest part of our state and the other is in the Southern beach communities of our state. To the North is a rural town called Smith River. It is my family's true home and I refer to it as my tribal homeland. As a young child I spent every summer in Smith River learning many of life's lessons through observing cultural family dynamics, creative game play and explorations, and learning to respect the natural environment and animals which we coexisted with. Within the community, there were individual family members who seemed a bit disconnected from our tribal members. These individuals were more violent towards others, seemed less happy with their own life, and often made rash and unwise decisions, which usually had harsh consequences. I

had no true understanding of why these individuals acted in such a manner different from myself.

I received my formal education in the beach communities of Southern California in an area called Orange County. My friends and their families were much different from my family members to the North. The population was much larger and culturally diverse. Pollution, crime, and unnecessary waste was clearly visible and was an obvious cultural undertone. Although these areas were geographically opposite environments and displayed completely different cultural values, they shared one glaring resemblance within their populations, individuals with emotional disabilities and conduct disorders.

I can remember peers from every school I had ever attended with the similar disrespectful attitudes towards themselves and the society around them. The individuals I knew from Northern and Southern California shared a familiar home life. There was usually only one parent involved in the individual's life at best. Curfews and house rules were rarely enforced, if at all. Future goals and expectations were completely lacking from these individual's lives. It was not until my first years as an Education Specialist in special education that I made the connection between some of the similarities that these individuals with emotional disabilities or conduct disorders shared and I feel very committed to helping them succeed in public education.

Before discussing the topic further, it is important to define a few terms that will be used throughout this thesis. The first is an Education Specialist; an Education Specialist is defined as an individual who is authorized to provide instruction and related services to individuals with a primary disability of specific learning disabilities, mild/moderate mental retardation, other health impairment, and serious emotional

disturbance, in kindergarten, grades 1 through 12, and in classes organized primarily for adults, across the continuum of program options available pursuant to Education Code Sections 56031, 56360, and 56361. The continuum includes: regular classrooms, resource rooms, special day classrooms, special schools, home/hospital settings, correctional facilities, non-public, non-sectarian schools and agencies, and alternative instructional settings other than classrooms. The next term is conduct disorder. The National Mental Health Association defines conduct disorder as a repetitive and persistent pattern of behavior in children and adolescents in which the rights of others or basic social rules are violated. The child or adolescent usually exhibits these behavior patterns in a variety of settings-at home, at school, and in social situations-and they cause significant impairment in his or her social, academic, and family functioning. The last term is emotionally disturbed. The IDEA (1997) definition of emotionally disturbed states that it is a condition characterized by one or more of the following characteristics over a long period of time and to a marked degree which adversely affects educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers or teachers; (c) inappropriate types of behaviors or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. A student must meet one or more of the above criteria to qualify as ED and must also meet all three limiting criteria of severity, duration, and impact on school performance.

User Limitations

This action thesis was designed with the intent to serve regular education teachers, students with emotional disabilities and conduct disorders and their parent/guardians, and our school community as a whole. It does not address issues related to school suspension for students with problematic behaviors nor does it study and examine specific identifiable students. Instead, hypothetical student cases were discussed. The information and handouts that educators receive during the professional development workshop are intended to be used in a public school setting. However, individuals in a home setting can use the information and materials as a starting point to help create their own behavior support program.

Action Thesis Question

What are the necessary components of an effective in-service on the differences between students with emotional disabilities and conduct disorders and what are some effective ways to support the students at-risk for these disorders?

Chapter 2

Introduction

Early intervention for students at-risk for an emotional disturbance or conduct disorder is crucial. Students are often unidentified until severe behaviors are exhibited. The National Mental Health Association (2006) stated in an online fact sheet that the most successful approaches intervene as early as possible, are structured and intensive, and address the multiple contexts in which children exhibit problem behavior, including the family, school, and community. Kazdin (1987) argued that if children manifesting severe antisocial behavior patterns are not successfully intervened with by the end of third grade (age 8), then this disorder should be regarded much like a chronic disease. Researchers in the area of antisocial behavior seem to agree that early, effective intervention is essential for successfully affecting this disorder (Greenwood, 1995; Cicchetti & Nurcombe, 1993; Reid, 1993).

Characteristics of Emotional Disturbance

The diagnostic criteria for a student with an emotional disturbance(ED), according to the IDEA (1997), states that it is a condition characterized by one or more of the following characteristics for six months or longer and to a marked degree which adversely affects educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers or teachers; (c) inappropriate types of behaviors or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. A student must meet one or more of the

above criteria to qualify as ED and must also meet all six limiting criteria. The six limiting criteria include: 1) the disability is of such severity that the student's educational needs cannot be met in the general classroom, 2) the presenting educational difficulties are not the result of social maladjustments, 3) the presenting educational difficulties are not the result of a behavior disorder, 4) the behavior has been observed for a period of time longer than six months and to a marked degree, 5) the inability to learn cannot be explained by intellectual or sensory factors or by limited school experience or poor attendance, and 6) these deficits adversely affect the student's educational performance and the student's needs cannot be met within the general education classroom setting (IDEA, 1997). The reliability of identifying students as emotionally disturbed is an ongoing problem in schools for many reasons. First, evaluation measures such as *The Behavior Evaluation Scale-2* are available but may not be used as the sole means for identifying students as emotionally disturbed. Secondly, informal and formal assessment measures must be used in conjunction with observations of the student and additional measures. (McCarney, 1994). Formal assessment measures may include standardized cognitive and academic tests as well as rating scales. Informal measures may include student observations and interview data collected from teachers, parents, and other staff involved with the child. Thirdly, the behavior and emotional status of these students should be pervasive across multiple settings and should be identified similarly by many individuals that interface with the student. Lastly, it is difficult to obtain congruent viewpoints from multiple observers due to viewer objectivity and personal experience. In examining the exclusionary terms within the eligibility criteria, there appears to be some degree of subjectivity that again makes it difficult for individuals in an IEP team to

determine whether a student qualifies under the Emotionally Disturbed criteria (Cohen, 1994). The subjectivity refers to the inability of individuals on the I.E.P. team to agree if a student is emotionally disturbed or conduct disorder due to differing personal experiences and lack of clarity in the definitions. Students with conduct disorders are described as falling into a “boundary area,” as the federal definition of serious emotional disturbance excludes students who are socially maladjusted (Cohen, 1994). This is related to one of the above mentioned six exclusionary criteria.

Current literature states that individuals with emotional disturbances, compared to their peers without emotional disturbances, have poorer social skills, lower academic achievement, and higher incidences of psychiatric conditions. (Armstrong, Dedrick, & Greenbaum, 2003). Substance abuse and criminal activity are at above normal rates for youth with emotional disturbances as reported by the National Adolescent and Child Treatment Study (Greenbaum, Dedrick, Friedman, Kutash, Brown, Lardieri, & Pugh, (1996). Furthermore, students identified as emotionally disturbed are more likely to have lower high school graduation rates, limited post-secondary participation, fewer employment opportunities, and less financial independence (Armstrong, Dedrick, & Greenbaum, 2003). In the 2000-2001 school year, 473,663 children and youth with an emotional disturbance were provided special education and related services in the public schools (U.S. Department of Education, 2002). The long-term outcomes for this population have continued to be poor. Students with emotional disturbances tend to have poorer school performance and higher rates of school dropout, unemployment, and arrests (Anderson & Mohr, 2003).

Helping Children with Emotional Disturbances

By most accounts, early detection/intervention is the most powerful course of action in improving life long problems associated with children at risk for emotional disturbance (Serna, Nielsen, Lambros, & Forness, 2002; Kauffman, 1999; Hester & Kaiser, 1998). The most severe students diagnosed with an emotional disturbance may require a self-contained classroom or more restrictive environment (Robertson, Bates, Wood, Rosenblatt, Furlong, and Casas, 1998). As discussed in chapter one, severe problem behaviors can manifest themselves in a number of ways such as extreme resistant to controls, extreme defiance toward adult directives, and physical aggression towards themselves or others. Physically aggressive behaviors can include the throwing of objects, fighting with peers and adults, verbal profanities, racial-motivated gestures and yelling, sexualized behaviors, and self-injury. Students who are emotionally disturbed can benefit from elements of effective programs (U.S. Department of Education, 2001). One effective element is a special education teacher who is specifically trained to work with children who have been diagnosed with an emotional disability (U.S. Department of Education, 2001). Another effective element is to provide mental health services in the form of group and individual counseling (U.S. Department of Education, 2001). Social skills curriculum and training may also be imbedded into the daily program. Additionally, these programs tend to have at least one instructional assistant that works closely with students to aid in the student's emotional and academic success in and out of the classroom (Nelson, Jordon, Rodriguez-Walling, 2002). Although these programs sound hopeful, they lack the funding and support to be widely available to all who need them (Cohen, 1994).

The research also indicates that some students that are identified as emotionally disturbed can be effectively served within the regular education setting if supports are sufficiently allocated and effectively implemented (U.S. Department of Education, 2001). Services in inclusive settings, such as Project WRAP in 16 suburban school districts southwest of Chicago, enable general educators to effectively include behaviorally challenged students into regular education classes. Project WRAP was designed to have educators involved in transforming mainstream environments to effectively serve many students who would normally be placed in more restrictive and costly settings (U.S. Department of Education, 2001).

A method of determining appropriate interventions for students with an emotional disturbance could be a functional behavior assessment (Hall & Hall, 2003). A team of people, including a school psychologist and/or individuals who are trained to observe a student's behavior, are responsible for a functional behavior assessment. The team will try to determine the function (i.e. reason) for the student's behavior. A functional behavior assessment will provide likely answers to two interconnected questions: 1) What is causing the student to behave in such a manner and 2) what does the student's behavior allow them to gain or avoid. The team assessing the student will identify what typically happens just before the target behavior (maladaptive behavior), known as the antecedent, and then identify what typically happens right after the target behavior, known as the consequence. In assessing the maladaptive behavior(s), the team also records the frequency, rate, intensity, and latency of the behavior(s) in order to evaluate the effectiveness of the intervention in reducing the targeted behaviors (Hall & Hall, 2003). The team designs functionally-based interventions and tracks the data to determine

patterns of behavior and effective strategies for intervening when these behaviors occur in the future. Continued observation of the target student guides changes in interventions if necessary based on the data collected. The extent to which interventions are effective will be dependent on whether the results produced the desired outcome or not (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006).

Based on the results of a functional behavior assessment, a behavior intervention plan can be developed. A behavior intervention plan outlines the individual's strengths, interests, family or living situation, and an overview of the issues of concern. Additional components of a behavior intervention plan include the targeted problem behavior, the hypothesized function of the problem behavior based upon the functional behavior assessment, the desired replacement behavior, methods of teaching the replacement behavior, methods of measuring progress, positive consequences for displaying the replacement behavior, negative consequences for displaying inappropriate behavior, accommodations to assist the student in displaying the replacement behavior, and the persons responsible for implementing the plan. Effectiveness can be determined by charting student outcomes and reviewing the data collected (Behavior Intervention Plan, PUSD, 2003). While the functional behavior assessment process can be quite effective, it does require a significant amount of time and resources to implement effectively. Thus, for students who may be at-risk for Emotional Disturbance, early and less intensive preventative supports may reduce the student's future likelihood of requiring the more intensive support of a functional behavior assessment (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006).

Characteristics of Conduct Disorders

The National Mental Health Association defines conduct disorder (CD) as a repetitive and persistent pattern of behavior in children and adolescents in which the rights of others or basic social rules are violated. The child or adolescent usually exhibits these behavior patterns in a variety of settings-at home, at school, and in social situations- and they cause significant impairment in his or her social, academic, and family functioning. In educational literature, it has been determined that individuals with conduct disorders often demonstrate a persistent pattern of antisocial rule breaking or aggressive behavior which impairs their ability to function (Kazdin, 1987). Additional characteristics include lying, stealing, truancy, or running away from home (Cohen, 1994). Furthermore, characteristics include increased criminality, substance abuse, and conflict within the individuals' community, school and family (Frick, Lahey, Loeber, & Stouthamer-Loeber, 1992).

Conduct disorders affect between 1 to 4 percent of 9 to 17 year-olds (U.S. Department of Health and Human Services, 1999). If left untreated, the characteristics of children with conduct disorders tend to become increasingly more intense over time (Forness, Kavale, & Lopez, 1993). The long-term outcomes for this population are poor if early interventions or treatments are not provided. If left untreated, outcomes may include inability to adapt to adulthood, problems with relationships, inability to maintain employment, and delinquency. Unfortunately, the reliability of identifying students as conduct disordered and later diagnosed as Emotionally Disturbed is extremely inconsistent (Kauffmann, 1989). Some students with conduct disorders qualify for special education services under specific learning disability or other health impairment if their

disability is affecting their academic progress. Additionally, the Diagnostic & Statistical Manual of Mental Disorders (DSM-IV) considers a conduct disorder to be a genuine mental disorder. Hence, a school system may be obligated to provide either special education or related services to some students with conduct disorders as required by Section 504 (Cline, 1990). Section 504 provides protection for anyone who has a physical or mental impairment that substantially limits one or more major life activity, such as learning. Students identified as having a conduct disorder may qualify for services under Section 504 by needing only related services, such as counseling (Cohen, 1994). However, as indicated in IDEA there is no specific special education eligibility criteria for students identified as having a conduct disorder. In addition, in order to receive special education services and interventions under the other health impaired category, a student identified as conduct disordered must demonstrate academic deficits. Students not demonstrating academic deficits may then be left with minimal or no service options (IDEA, 1997).

Helping Children with Conduct Disorders

The National Mental Health Association (2006) stated that researchers are gaining a better understanding of the causes of conduct disorders, as well as aggressive behavior more generally. Antisocial behavior, adolescent delinquency, vandalism, drug and alcohol involvement, access to weapons, association with antisocial peers, and interpersonal violence are strongly linked dimensions of a life path that increasing numbers of children and youth are adopting (American Psychological Association, 1993). Researchers have shown that antisocial behavior patterns that begin early in a child's life and that are severe, occur across multiple settings, and are expressed in diverse forms,

constitute a powerful risk factor for a host of negative, long term outcomes (Patterson, 1982; Robins, 1966, 1978). These outcomes often include, but are not limited to, school failure and dropout, rejection by teachers and peers, involvement in delinquent activities, bad conduct discharges from the military, unemployment, life-long dependence on social services systems, adult criminality, and higher hospitalization and mortality rates (Patterson, Reid, & Dishion, 1992; Kazdin, 1987).

Students with conduct disorders are usually served in a regular education classroom with behavioral accommodations to their school environment (Cohen, 1994). Effective behavioral accommodations in these settings can include adult supervision to the restroom, heightened adult supervision on the playground, and a daily communication to the students' parent or guardian. Given that many students with conduct disorders have behavior problems that adversely affect their learning, they could be eligible for services outside of special education under Section 504 (CASE, 1992; Cline, 1990; Nelson and Rutherford, 1990). The National Mental Health Information Center recognizes conduct disorder as one of the most difficult to treat but state that benefits can be achieved by implementing effective interventions. Effective interventions include training for parents on how to handle child or adolescent behavior, family therapy, training in problem solving skills for children or adolescents, and community based services that focus on the young person within the context of family and community influences.

Distinguishing Between ED and CD

As defined by the IDEA, emotional disturbance does not apply to children who are socially maladjusted. The law indicates that a student may not qualify for special education services as Emotionally Disturbed if the presenting educational difficulties are

the result of social maladjustments (IDEA, 1997). This exclusionary clause is highly debated among professionals. The confusion is that nowhere in the law is the term socially maladjusted defined (Cohen, 1994). Congressional testimony during the period when the federal definition of serious emotional disturbance was being developed concluded that congress, in using the term social maladjustment, intended to exclude only adjudicated juvenile delinquents (Cline, 1990). However, common practice indicates that children who exhibit characteristics related to conduct disorders are often considered socially maladjusted (Cohen, 1994). Likewise, students who are seemingly socially maladjusted and/or diagnosed with conduct disorders are often considered ineligible for special education services (Merrell & Walker, 2004) and go without the necessary services and supports (Forness, Kavale, & Lopez, 1993). This highlights the importance of early intervention for children who are at-risk and do not qualify for special education services and supports.

Further clarification of the differences between a conduct disorder and an emotional disturbance is needed (Cohen, 1994). Students with emotional disturbance often exhibit severe behavioral problems as do students with conduct disorders. Likewise, when school personnel observe a student engaging in destructive behavior, they often want to place them in a smaller group setting such as a self-contained classroom offered in special education (Osher & Hanley, 2001). In Sunnyside School District, distinguishing between Emotionally Disturbed and Conduct Disordered can be determined in one major way. In order for a student to be given the label emotionally disturbed, they require a related medical diagnosis (i.e.: depression, attention deficit hyperactivity disorder) that would support the educational classification of emotionally

disturbed (L. Richards, personal communication, May 10, 2006). Conversely, a diagnosis of conduct disorder focuses on the persistent pattern of antisocial, rule breaking or aggressive behavior that impairs their ability to function rather than a dysfunction in their emotional status as an impairment to their functioning (Forness, Kavale, & Lopez, 1993).

Even with clarification between conduct disorders and emotional disturbance, many other mitigating factors remain (Cohen, 1994). One of the reasons given most frequently for not allowing students with conduct disorders to be identified and served is the fear that identifying such students will greatly increase the number of students receiving such services. Additionally, schools may be hesitant to identify students with conduct disorders as disabled because of accountability issues faced by schools.

Providing services for students does not guarantee success (Cohen, 1994). Likewise, this would be a liability for the school district if the student were to cause harm to school property, themselves, or peers. The students' misbehavior could be deemed the school district's responsibility due to the possible inappropriateness or lack of services being provided. There is also an unwillingness to identify students with conduct disorders due to the fact that schools do not want to place students with behavior problems in the same classrooms as students with emotional problems. Lastly, there is a severe shortage of qualified professionals prepared to teach students with behavioral problems and/or emotional disturbances (Cohen, 1994).

Importance of Preventative Measures for Students At-Risk

Early interventions can lead to more positive outcomes for at-risk children. Classroom teachers can be the best resource to provide early identification and intervention (Hall & Hall, 2003). A Positive Behavior Support program can offer early

intervention in a systemic way within a school system (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006). A Positive Behavior Support program involves three levels of programming: primary, secondary, and tertiary prevention.

The first level is referred to as universal or Primary Prevention. Primary prevention is a school-/classroom-wide system for all students, staff and settings. Primary prevention consists of rules, routines, and physical arrangements that are developed and taught by school personnel to prevent initial occurrences of problem behavior; this is implemented with all students at a school. This is most successful if the school as a whole supports the adoption and use of evidence-based practices. Practices that meet these criteria include teaching and rewarding students for complying with the set rules, routines, and procedures. By teaching and encouraging positive behavior, office referrals can be greatly reduced. Primary prevention has been shown effective with approximately 80% of students (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006). Programs to help schools with at-risk students, such as a School-Wide Positive Behavior Support program, help teachers educate all students in a positive manner, especially those with problem behavior. In order for Positive Behavior Support programs to be successful, it should have the following components. First, there must be an agreed upon and common approach to discipline. Second, a positive statement of purpose is established. A small number of positively stated expectations for all students and staff should be agreed upon. Next, it is necessary that there be procedures in place for teaching these expectations to students and for encouraging displays and maintenance of these expectations. Additionally, there should be procedures for discouraging displays of

rule-violating behavior. Lastly, there should be procedures for monitoring and evaluating the effectiveness of the discipline system on a regular and frequent basis. This last procedure determines the effectiveness of the individual program and dictates which changes may be needed in the program at any particular school site (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006). School-wide positive behavior support programs have been shown to be effective (Clonan, Lopez, Rymarchyk, & Davison, 2003). An urban elementary school implemented a School-Wide Positive Behavior Support Program developed a spreadsheet to track and analyze office discipline referrals and provide support for input, analyses, feedback, and response. The school served students at elevated risk for violent or related behaviors. Risk factors included high poverty/low income households, juvenile gun violence, and homicides relative to the rest of the city, state, and nation. The study used multiple methods, with primary outcome measures being office referrals and staff perceptions of student behavior (both positive and negative) and acceptability and integrity of the intervention. The results of the study indicated that the school experienced fewer office discipline referrals in year 2 of the study when compared to year 1 of the study. The Positive Behavior Intervention Support practices were particularly effective at targeting and decreasing the incidence of referrals for disruptive behavior. A similar comparison of average office discipline referrals per day from the bus served as further evidence of its success. Additionally, teacher and staff responses generally indicated a high level of acceptability and integrity of Positive Behavior Intervention Support program implementation. In regards to benefits, participants indicated that the Positive Behavior Intervention Support program “gives the school a common language” (Clonan, Lopez, Rymarchyk, & Davison, 2003).

In a paper presented by the University of Miami entitled “A two year follow-up study of children at risk for developing SED: Implications for designing prevention programs”, the authors used the Systematic Screening for Behavior Disorders (SSBD) as an instrument for classification of risk status and stated it appeared to be well suited for the purpose of screening children who might be referred for evaluation for educational and mental health services. It was concluded that a defined population of at-risk children may benefit from simple, universal interventions like those described previously while others who are at greater risk might benefit to a greater extent from selective and more intense interventions (McKinney, Montague, & Hocutt 1998). For those that do not respond to primary prevention strategies, secondary prevention becomes necessary.

For some students, universal or primary prevention is not adequate in addressing their behavioral needs. Some students may require more intensive intervention but require less support than is available for individual students who need focused, individualized interventions (i.e. tertiary prevention). For these students, a brief functional behavior assessment should be conducted and a behavior plan should be developed. Intervention strategies should involve small groups of students (i.e. divorce support group, social skills club) or simple individualized intervention strategies (i.e. a daily point sheet that addresses that student’s particular needs). The student should be taught to use new skills as a replacement for problem behaviors. Additionally, the learning environment for this student may need to be rearranged in order to prevent undesirable behaviors (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006). Another example of a secondary level of prevention is the Check-In/Check-out Program. This program is designed for students who are starting to engage

in problem behavior. The goal of this program is to prevent students from escalating their behavior by providing them with more frequent verbal and written feedback. A dedicated staff member who is in charge of checking students in and out on a daily basis creates a daily report. The daily report is sent home for the parents to sign and to return to school the following day. The goal of the program is for the student to receive at least 80% of the daily possible points. The students, on a daily basis, self score the program points. These points are deposited into a students Check-In/Check-Out account daily and can be traded in for activities, prizes, or free time. The Check-In/ Check-Out team will meet weekly to determine if the students program should stay the same, be adjusted, or be faded off the program (Crone, Hawken, & Horner, 2004). In an article entitled “First Steps to Success: An early intervention approach for preventing school antisocial behavior”, the authors concluded that educators must target this student subpopulation as early as possible in their school careers in order to have a chance of diverting them from a destructive, antisocial path during their lives. Additionally, the authors concluded that early interventions, especially those involving parents, appear to (a) teach relationships between choices and their resulting consequences, (b) develop the social-behavioral and academically related competencies that allow children to cope effectively with the demands of friendship making and the performance requirements of teachers and instructional settings, and (c) reduce the long-term probability that at-risk children will adopt a delinquent lifestyle in adolescence (Walker, Kavanagh, Stiller, Golly, Severson, Feil, 1998). Secondary prevention is specifically targeted for students who do not appear to be benefiting from primary prevention. It allows teams to select features of the process to provide more focused behavior support to students with behavior needs that do not

require intensive, individualized plans such as those provided in tertiary prevention. The number of office referrals a student has received may determine the need for secondary prevention (i.e. a school may decide that four office referrals indicates a need for secondary prevention).

Students who require a greater need for individualized intervention and/or prevention can benefit from tertiary prevention. Tertiary prevention specializes in individualized systems for students with high-risk behavior. Tertiary prevention focuses on the needs of individuals who exhibit patterns of problem behaviors that are dangerous, highly disruptive, and impede the learning of self or others. This level of intervention requires a team of individuals including the student and the people that know the student best. Intervention(s) should be tailored to the student's specific needs and circumstances with all team members working together to create positive change. The goal of tertiary prevention and intervention is to intensely address problem behavior(s) and to increase the student's adaptive skills and opportunities for an enhanced quality of life (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006).

If intervention is not implemented, students at-risk are more likely to exhibit persistent patterns of negative behaviors well into adulthood (Education Reform Studies, 2006). Thus the goal of early intervention is to prevent maladaptive behaviors before they become pervasive (Hester, Baltodano, Gable, & Tonelson, 2003). However, if primary and secondary positive behavior intervention support systems do not succeed, a student's maladaptive behaviors should be addressed at a tertiary level of intervention. Tertiary prevention is most effective when universal and secondary prevention supports are in place. The design and implementation of tertiary prevention supports are most

effective when they are implemented in a comprehensive and collaborative manner. The team of individuals should include the student, parent(s), teacher(s), and individuals that specialize in behavior intervention. However, it should be noted that the exclusive reliance on experts in behavior intervention is not found to be as effective as is their participation with a full team of individuals that have a vested and honest interest in the student's growth (Sprague & Horner, in press). Students at the tertiary level of intervention require intensive supports often offered through special education services, wrap-around services, Functional Behavior Assessment, and Behavior Intervention Plans. The main difference between tertiary and other levels of support is the focus of the interventions. The interventions in a tertiary prevention program are individualized and focused on the individual needs of the target student. They are also focused on the specific circumstances related to the individual student. Interventions should be flexible, focused, and personalized. Effective tertiary interventions produce measurable changes in behavior. Effective interventions should improve the student's behavior and their overall quality of life (Technical Assistance Center on Positive Behavioral Intervention and Supports, 2006).

In a two year study where teachers used the Systemic Screening for Behavior Disorders (SSBD; Walker & Severson, 1990) to identify children with externalizing or internalizing behaviors, researchers concluded that prevention programs that are based on early identification of learning, behavioral, and emotional problems can lead to early intervention and better outcomes for children. If unchecked, the problems of young children may be exacerbated by environmental conditions in general education classes to

a level where the only alternatives are expulsion or placement in a special education program.

The Importance of Family Involvement

A common feature involving both students with emotional disabilities and conduct disorders is the importance of family involvement (Osher, 1998; Cohen, 1994). Conduct Disorders may progress very directly from parental failure to monitor behavior in early childhood to academic failure to poor peer relations and/or rejection by peers in the early school years, eventually leading to affiliation with other youth with antisocial behavior in the later school years (Patterson, DeBaryshe, & Ramsey, 1989). Positive parental influences for children with an emotional disability or conduct disorder may include but not be limited to: a positive parent-child relationship, parental supervision, consistent discipline, behavioral parent training, and communication of family values. The Center for Substance Abuse Prevention (2000) noted that a positive parent-child relationship, positive discipline methods, monitoring and supervision, and communication of healthy family values were found to have positive implications in adolescent development (Ary, Duncan, Biglan, Metzler, Noell, & Smolkowski, (1999). A case study of 91 elementary-aged students identified as being at-risk for emotional disturbance implemented intervention programs that included case management services to the children in the study and their families (Hocutt, McKinney, & Montague, 2002). A case manager/advocate was assigned to groups of 20 students to supervise the assessment of family strengths and weaknesses, develop an individualized family service plan, and ensure that all needed services were coordinated and accessible. However, due to budgetary constraints, follow-through in case management was problematic and support

services were not provided as originally planned. As a result, the functioning of these families remained stagnant. As indicated in this study, financial resources often impact the accessibility of family supports for children at-risk for emotional disturbance. The Department of Health Promotion and Education at the University of Utah stated that many of the precursors of serious adolescent problems can be reduced or eliminated through early intervention to improve parenting and family systems dynamics from prebirth to adolescence (Kumpfer & Alder, 2003). Parents of high-risk children can be provided early parenting and family support programs from birth to 5 years of age to improve cognitive and behavioral outcomes in children (Nixon, Sweeney, Erickson, & Touyz, 2003). Early elementary school parent training or family skills training programs have been found very effective in reducing aggression, conduct disorders, attention deficit/hyperactivity, and oppositional defiant disorders (Taylor & Biglan, 1998; Sanders, 1996; Kazdin, 1995, 1993).

Some negative parental influences have included divorce, parental drug abuse, physical or sexual abuse, and poor parenting skills. A study by Locke and Newcomb (2003) states that childhood experiences and early environmental factors are important considerations when assessing, diagnosing, and treating children with an emotional disturbance. An individual's early experiences set a foundation for many aspects of young adult functioning, and when experiences are adverse, there is a potential for a wide range of maladaptive consequences (Miller-Perrin & Perrin, 1999). In a study that examined emotionally disturbed students who were incarcerated at the California Youth Authority, it was found that nearly 45 percent of the youths came from a single-parent household with a mean number of 3.7 siblings. About 46 percent of the individuals

received at least investigative services from county child welfare agencies as a result of a report of abuse or neglect after age six (Jonson-Reid, Williams, & Webster, 2001). Additionally, the study suggested the need to improve appropriate mental health screening and service mechanisms in the areas of child welfare and school settings in hopes of early intervention. Childhood maltreatment has many forms and often coexists with other adverse childhood experiences, such as having a parent with alcohol or drug problems (Briere, Berliner, Bulkley, Jenny, & Reid, 1996; Jung, 2001). It has also been reported that interadult conflict causes distress, fear, and anger in children, and exposure to intense and frequent parental marital conflict is associated with child behavior problems (Nicolotti, El-Sheikh, & Witson, 2003).

As mentioned above, there are many factors that can affect children with an emotional disturbance or conduct disorder. The importance of early identification and support for these individuals is a crucial problem that deserves a great deal of attention. School professionals, mental health workers and the parents/guardians of these students should work together in providing the necessary early interventions for these children (Nelson, Jordan, Rodrigues-Walling, 2002). Family involvement and accountability are key components in students' success. The outcomes and accountability systems need to be culturally relevant and respect the family's belief about wellness, illness, and treatment (Osher, 1998). In order to enlist regular parental support, school support systems need to consistently include parents in the decision making process and hold them accountable for their own part in creating positive change in the child and the family (Anderson & Mohr, 2003).

Chapter 3

Methodology

The purpose of this project was to develop an in-service training designed to enhance the ability of general education teachers to identify students at-risk for conduct disorders or an emotional disturbance and to provide them with effective, user friendly strategies to support these students. Due to a high rate of behavioral referrals, there was a strong need at my school site for an explanation on the differences between students with emotional disabilities and students with conduct disorders. Additionally, many Sunnyside Elementary staff members appeared unclear on how a child may qualify for special education services in a class designed for students identified as emotionally disturbed. For those students who were at-risk and/or that did not appear to qualify for special education services, research based intervention strategies that could be implemented in general education settings were needed.

It was determined that the in-service would take place during a bi-monthly staff meeting when there would be the greatest number of Sunnyside staff members available. It was not previously discussed or advertised with the participating staff. Participants included twenty female and three male kindergarten through fifth grade teachers from Sunnyside Elementary. Current grade level of teachers was not considered important due to the transience of teachers at Sunnyside to change grade levels from year to year.

A "Needs Assessment for Sunnyside Staff" was developed with five questions related to the current needs of the staff members' student populations. Questions were developed to assess the present need for behavioral interventions and to identify the most problematic student behaviors. Questions were determined based on recent teacher

inquisitions related to problematic behaviors occurring in their classes. Additionally, the “Needs Assessment for Sunnyside Staff” was intended to follow a familiar pre-referral format used prior to referring a student to Student Study Team (S.S.T.) at Sunnyside Elementary. Sunnyside Elementary staff are required to document specific behavioral difficulties, the degree of negative impact, and the attempted interventions. Following implementation of interventions, teachers are required to document their effectiveness.

A definition for Emotionally Disturbed was obtained from the *Individuals with Disabilities Education Act* (IDEA) of 2004. The definition of Conduct Disorder was obtained from the *National Mental Health Association* (NMHA). These definitions were chosen since they are specifically used in identifying students with conduct disorders and emotional disturbances within Sunnyside School District and in various areas across the nation.

Intervention strategies were taken from the *Emotional or Behavior Disorder Intervention Manual* published by Hawthorne Educational Services. This is a resource book that is readily available at Sunnyside Elementary. Additionally, this is an educational resource that our administration has encouraged all staff to reference when they are experiencing behavioral difficulties in their educational setting. This is a simple research-based intervention manual that is easy to use, follows a simple format, and is relatively inexpensive (approximately \$30). The format of the intervention manual indicates problems related to specific areas of behavior such as academic progress, social relationships, personal adjustment, interpersonal relations, and social/community expectations. Each problem is followed by a list of intervention strategies. For the purposes of this in-service, the manual was reviewed and specific interventions were

extracted and compiled to address the most common behavioral concerns. The interventions were chosen based on perceived effectiveness and ease of use in general education settings.

A self-constructed *Daily Point Sheet* (see Appendix C) was developed and shared with the participants. As previously discussed in the literature review, point sheet programs such as the Check-In Check-Out have been a very effective secondary level intervention for at-risk youth (Chrono, Hawken & Horner, 2004). The point sheet was created as a simplified model of what is already being utilized in the Special Day Class for students identified as emotionally disturbed at Sunnyside Elementary. It was designed to document students' behaviors at various predetermined times in the school day. The point sheet was broken into three segments to document behavior at three relatively convenient times (i.e. first recess, lunch break, and dismissal time). Additionally, there is an area for homework completion and personal goal information. The teacher records points earned at the end of each segment and records narrative comments related to the student's behavior and performance. A student can receive between zero to two points during each of the five recordable areas. A student must receive at least seven out of ten points in a single school day to have a successful day. If a student does not receive the seven points, they are required to sit at the benches during recess the following day. At the end of each school week, student points can be redeemed for items from a teacher's treasure chest, computer time passes, homework passes, or whatever may be agreed upon between the teacher and student. Additionally, student progress should be examined and discussed monthly or sooner if the teacher, parent, or student feels it necessary. Lastly, if

a student is able to earn the minimum number of points for four consecutive weeks, the student should be ready to phase out of the Daily Point Sheet program.

Next, a self-constructed brochure entitled “Sunnyside Elementary School Special Day Class for Students with Emotional Disabilities-A Parent’s Guide for Program Placement” was developed for the in-service (see Appendix D). I created and shared this brochure to help regular education teachers to both understand and explain, to their students’ parents, the parameters of the SDC-ED class at Sunnyside Elementary School. As previously discussed in the literature review, the importance of family involvement is crucial during a child’s early school years (Osher, 1998). This brochure was developed to inform both educators and parents about the SDC-ED class at Sunnyside. I anticipate this brochure will help general education teachers better involve families by allowing parents an opportunity to read and understand the severity of behaviors in my SDC-ED classroom. Furthermore, the brochure may act as a springboard to begin dialogue between a regular education teacher and the parent in regards to a student’s behavior in their classroom. This was developed due to the large number of questions asked by both parents considering an ED placement for their child and for teachers unaware of the details of the SDC-ED program at Sunnyside Elementary. Upon a site visit, parents often appear apprehensive and unaware of what the SDC-ED program is. They express concern about the severity of behaviors from other children and the safety and growth of their own child. Teachers often feel a sense of urgency in wanting to place behaviorally challenged students in the SDC-ED program at Sunnyside Elementary. It is frequently apparent that teachers do not understand the complexity of diagnosing a student as emotionally disturbed. Additionally, teachers commonly indicate that they have students

that “belong” in a class for emotionally disturbed students without a clear understanding of what the current ED class population looks like. In the brochure, I explain what behaviors the true population of students in the SDC-ED classroom may exhibit. The brochure also will help general education teachers compare the behaviors their students are displaying to the severe behaviors that are occurring in the SDC-ED classroom at Sunnyside. I feel that this may encourage general education teachers to intervene with at-risk students rather than simply refer them. The content of the brochure was based on personal experience and commonly asked questions and concerns over the last four years as an education specialist. Additionally, the brochure outlines the details of the program in general as well as the point and level systems already in place. As previously stated in the research, family involvement and accountability are important components in student success (Anderson & Mohr2003).

Lastly, a self-constructed post assessment questionnaire was developed and completed by the participants at the conclusion of the in-service. The post-assessment questionnaire was designed to assess the effectiveness of the in-service by answering questions related to the areas that were discussed in the in-service. Additionally, the post assessment questionnaire was designed to identify strengths and weaknesses of the in-service, whether they would utilize the intervention manual in the future, additional useful intervention strategies, and topics of future interest.

Chapter 4

Action

The following in-service information was shared with teachers at Sunnyside Elementary School to better inform and educate them on the importance of early intervention of students with or at risk of an emotional disturbance or conduct disorder. The in-service lasted for approximately 75 minutes. Upon arrival, teachers were given the “Needs Assessment for Sunnyside Staff” (See Appendix A). Participating teachers initially appeared apprehensive about this addition to their staff meeting, as unfortunately it had not been previously announced to the entire staff. Teachers were given approximately ten minutes to complete the questionnaire. Most teachers completed the questionnaire within five minutes. A few teachers answered the questionnaire with greater deliberation and detail. These were collected following completion. The regular staff meeting was held while the “Needs Assessment for Sunnyside Staff” questionnaires were reviewed to identify areas of specific need and topics of discussion. Following the regular staff meeting, a presentation on the legal definitions of Emotionally Disturbed and Conduct Disorder were reviewed. The eligibility criteria for Emotional Disturbance were also discussed. Teachers appeared increasingly interested in the presentation when the differences between ED and CD were discussed. While teachers were instructed to not share details about specific students (i.e.: names), several teachers shared stories about behavior challenges that they either were currently experiencing or had experienced in their class in the past.

Next, specific areas of need and intervention ideas (See Appendix B) were then discussed based on the results of the “Needs Assessment for Sunnyside Staff” and what

teachers had just shared aloud. Some teachers appeared enlightened by the information shared while others appeared apprehensive about the effectiveness of these strategies and about the students that may not qualify for special education services due to the exclusionary “maladjustment” and “behavior disorder” clauses in the Emotionally Disturbed eligibility criteria. This sense of trepidation was likely related to the ineffectiveness of interventions that they had identified and attempted on their own with their most significant behaviorally challenged students. I was there to provide an overview of strategies that had been empirically demonstrated to be effective for at-risk students. Specific hypothetical cases were shared demonstrating the effectiveness of some of the stated intervention strategies. Additionally, an emphasis on early intervention was discussed. Early intervention was encouraged at a school-wide level. Teachers appeared willing to explore this option in the future.

Next, a self-constructed *Daily Point Sheet* was shared with the participants (See Appendix C). This point sheet was first shown blank and then a hypothetical sample student was discussed and recorded on the *Daily Point Sheet* to demonstrate implementation. This point sheet was presented as a more intensive option for students that might be at a secondary prevention level of behavior challenge. For example, students that had not demonstrated significant change in their behavior related to more common intervention strategies such as those presented in the Behavior Intervention Manual were a good candidate for a *Daily Point Sheet*. The *Daily Point Sheet* should be used in conjunction with the intervention strategies proposed in the *Emotional or Behavior Disorder Intervention Manual*. From this manual, ten specific sample target behaviors were discussed that would commonly be displayed by at-risk students in

general education classrooms (i.e.: a student that constantly gets out of their seat without teacher approval). Prevention strategies and positive reinforcement strategies were shared in relation to proposed hypothetical behavioral concerns (i.e.: “catching” the student being good [sitting in their seat] and rewarding them as frequently as possible with verbal praise, assigning them as line leader, or a tangible reward). All ten of the targeted behaviors discussed in the training, along with their associated interventions, are listed in Appendix B. Each targeted behavior was discussed and intervention strategies for each were discussed. This naturally opened up a discussion amongst teachers discussing intervention strategies that have both worked and not worked in their classrooms.

Then, a self-constructed brochure entitled “Sunnyside Elementary School Special Day Class for Students with Emotional Disabilities-A Parent’s Guide for Program Placement” was distributed to the participants (See Appendix D). When primary prevention is not sufficiently effective and secondary intervention such as a *Daily Point Sheet* is met with limited success, more intensive intervention may be necessary. If secondary strategies were ineffective, teachers were advised to request a functional analysis or behavior intervention plan from the school psychologist at Sunnyside School. This is particularly true for students whose behavior begins to pervasively impede their ability to learn. Additionally, teachers were taught that this would be a good time to refer a student for a special education evaluation, specifically for an evaluation related to services provided for a student identified as Emotionally Disturbed. Details of Sunnyside Elementary School Special Day Class for Students with Emotional Disabilities were discussed. Specific behaviors from hypothetical students were shared and sample behavioral interventions were discussed. For example, if a student is exhibiting physical

or verbal threats at a pervasive level, the classroom is “cleared” by one instructional assistant while the two remaining adults assist the child in de-escalating. De-escalation can include placing their head on their desk, room silence, calm conversation/communication, or having them move to a study corral if necessary to decrease visual and auditory stimulation. Additionally, components of the SDC-ED class structure were shared with the participants. Components included: a shortened school day, individual and group counseling services provided by Sunnyside County Mental Health agency, small class size, adult to student ratio, specific point sheet used in the SDC-ED class, level and point system dynamics and highlights of the process for conducting a functional assessment and developing an individualized behavior intervention plan.

Lastly, a self-constructed post assessment questionnaire was distributed to the participants. Similar to the “Needs Assessment,” some participants completed this quickly and without careful deliberation. Others put more time and thought into completing this questionnaire. These were reviewed following the completion of the professional development workshop. Overall, participants shared that they felt more informed upon the completion of the in-service. Several participants reiterated interest in implementing a school-wide discipline system.

Chapter 5

Discussion

This action thesis was designed and implemented as a professional development workshop for the educators at Sunnyside Elementary School in Huntington California. The purpose of this in-service was to demonstrate the importance of early behavioral intervention for students with or at-risk of an emotional disturbance or conduct disorders. Additionally, it was my intent to educate teachers at Sunnyside Elementary about the definitions and eligibility criteria for emotional disturbance and conduct disorders and the specific program outline and severity of student behaviors that occur in the Special Day Class for Emotionally Disturbed students at Sunnyside Elementary. Lastly, the purpose of this in-service was to enhance the ability of general education teachers to identify students at-risk for conduct disorders or an emotional disturbance and to provide them with effective, user friendly strategies to support these students.

What are the necessary components of an effective in-service on the differences between students with emotional disabilities and conduct disorders and the effective ways to support the students at-risk for these disorders? The educational literature indicates that early detection/intervention is the most powerful course of action in improving life long problems associated with children at risk for emotional/behavioral disorders as well as conduct disorders. The in-service was designed to address the issues discussed in the literature and to educate teachers on the importance of early intervention for students with or at-risk of emotional and behavior disorders.

Classroom teachers can be the best resource to provide early identification and intervention. This guided my vision for an in-service on the topic of early intervention for

students with or at-risk for emotional and behavioral difficulties. Specifically, I chose teachers from my school, Sunnyside Elementary. Sunnyside Elementary houses the program for students with emotional disabilities and Sunnyside staff members were the most easily accessible for the purposes of this action thesis. If early intervention is not implemented, students at risk are more likely to exhibit persistent patterns of negative behaviors well into adulthood. It was apparent to me that the staff at Sunnyside Elementary was in great need of additional ideas for intervention strategies to support our growing problem of children with behavioral challenges. I believed that introducing and reviewing with hypothetical case studies a simple and easy to use intervention manual called the *Emotional or Behavior Disorder Intervention Manual* (McCarney, 2003) could achieve this. Research indicates that intervention strategies such as social skills training, counseling, positive parental involvement, functional behavior assessment, behavior intervention plan, classroom modifications, heightened adult supervision, parental training, family therapy, and community-based services are effective intervention methods. Intervention ideas such as these are often offered in a more intensive program such as my class for students identified as emotionally disturbed. I hoped that sharing information about the parameters of the Special Day Class for Emotionally Disturbed students at Sunnyside Elementary would enlighten teachers about the severity of the population in the class as well as the intervention strategies that are useful with students who exhibit a pervasive level of challenging behaviors.

Due to lack of funding and problems with identification, children who are at-risk for conduct disorders or emotional disturbances are often left untreated. Current definitions and eligibility criteria for conduct disorder and emotional disturbance are

confusing and exclusionary in some terms. For example, the eligibility criteria for students with emotional disturbance indicates that the student may not qualify for special education services as Emotionally Disturbed if the presenting educational difficulties are the result of social maladjustments or the result of a conduct disorder. Literature indicates that there are assumed connections between conduct disorders and social maladjustment and this has caused much confusion among educators at Sunnyside Elementary.

Emotional disturbance does not apply to children who are socially maladjusted but nowhere in the law is the term socially maladjusted defined. Hence, this issue continues to cause much controversy. In an attempt to alleviate some of this confusion, the definitions of emotionally disturbed and conduct disorder were discussed.

Additionally, the eligibility criteria for students with an emotional disturbance were reviewed.

Guided by educational literature, this in-service was developed to educate teachers at Sunnyside Elementary about early intervention. The in-service was offered during a bi-monthly teacher staff meeting. Participants included twenty female and three male kindergarten through fifth grade teachers from Sunnyside Elementary. After teachers completed a "Needs Assessment," identifying specific behavioral difficulties and the degree of negative impact those behaviors have on their classroom environments, the definitions for emotionally disturbed and conduct disorder were discussed. Eligibility criteria for students with emotional disturbances were also discussed. Next, intervention strategies for students with or at-risk of developing emotional or conduct disorders were discussed. Teachers were introduced to an educational resource called the *Emotional or Behavior Disorder Intervention Manual* (McCarney, 2003). This resource is readily

available to the Sunnyside Elementary staff. Additionally, a simple sample *Daily Point Sheet* was shared with participants. Hypothetical cases were discussed and charted on daily point sheets with additional positive reinforcement strategies shared based on the behaviors of each hypothetical student case. Lastly, teachers were then given a self-constructed brochure developed to educate both parents and staff about the program guidelines of the class for students with emotional disturbances at Sunnyside Elementary. The in-service was concluded with a post assessment questionnaire in order to gather information about the effectiveness of this in-service and guide future efforts and content needed to improve this in-service.

The in-service was greeted with mostly positive feedback. Most teachers that attended the in-service verbally reported that such an in-service was needed and valuable. Teachers reported leaving the in-service more knowledgeable about the differences between emotional disturbance and conduct disorders, the importance of early intervention, strategies used for early intervention, and the parameters of a class for students with emotional disturbance. Also, most teachers reported that they enjoyed the simplicity of the format of the in-service and found it easy to follow along. A few of the teachers in attendance expressed that they would have preferred to have had a choice about whether or not to attend such a workshop. One teacher expressed that she was not a “behavior expert” and would prefer a “behavior specialist” to intervene with behaviorally challenging students in her classroom. However, based on the majority of the teachers’ feedback, I feel that the in-service was successful. Additionally, the materials that were prepared for the in-service will be a valuable resource to general education teachers. One

possible weakness could have been my own self-perceived level of nervousness during the presentation.

In the future, advance notice would be provided for the in-service and teachers who are interested would be asked to complete the “Needs Assessment” prior to the in-service. This would allow more time for the deliberation of in-service topics and specific intervention strategies related to those specific topics. Additionally, this could have been offered as a countywide workshop. Sunnyside Elementary School is in the Sunnyside School District and there are many county schools in Sunnyside County that I could possibly include in a future in-service. In the future, this in-service could be presented as a “First Thursday Workshop” where teachers are given the option to attend well in advance and are either given district credit units or a “buy back day” for their attendance. Additionally, I may be able to hold a Saturday in-service if I am able to find other presenters in Sunnyside County who are interested in holding an all day conference. Another possible change may entail using a video presentation of hypothetical situations acted out by students. If I was able to create this type of medium, I believe it might possibly better captivate my audiences’ attention. I also feel that with continued public speaking practice, I will enable myself to deliver a presentation to an audience with less nervousness.

The implications of the findings of this action thesis have mostly been positive. I feel the impact of this action thesis has (1) increased teacher knowledge of the importance of early intervention, (2) improved teacher familiarity with the definitions of emotionally disturbed and conduct disordered and enhanced teachers knowledge of the eligibility criteria for students with emotional disturbances, (3) stimulated teachers

awareness of intervention strategies for children with behavioral challenges and their ability to access a variety of intervention strategies, and (4) educated them about the parameters of the Special Day Class for students identified as emotionally disturbed at Sunnyside Elementary.

The implications derived from this action thesis are five-fold. First, it would be useful to present this in-service countywide since the countywide kindergarten through fifth grade class for students with emotional disturbance is housed at Sunnyside Elementary. Upon permission of the special education department from the Sunnyside School District, this could be accomplished by holding an in-service during the “First Thursday Workshop” presentations. When intensive behavioral challenges arise at any school within Sunnyside County, all inquiries for intervention and possible placements are directed to the Special Day Class for students with emotional disturbances at Sunnyside Elementary. Thus, sharing this information with all potential referring general education teachers would be an important next step. Second, it would be useful to establish a team of individuals both at the district level as well as the county level who have more extensive training in order to screen and support through early intervention any students that are identified as at-risk. This could be accomplished by setting up a meeting at the Sunnyside School District during a monthly principals meeting to discuss possible training scenarios. Establishing such a county-wide team would give all the principals a possible additional group of individuals to contact when the need arises. Third, Sunnyside County could benefit from a School Wide Positive Behavioral Support plan both at the district level and countywide. This could be done by requiring all schools within our school district and countywide to thoroughly train several leaders at each

school site on how to implement a School Wide Positive Behavioral Support Plan. Training could be conducted during the summer months and programs could be implemented at the beginning of the school year. The purpose of district- and county-wide training and implementation of School Wide Positive Behavior Support would be to help reduce the number of office referrals, help improve school climate, and create a common vision and language among all countywide schools. Fourth, at the state and federal levels, there is a great need for further delineation of the term “socially maladjusted.” This step would involve educational leaders at the state and federal levels to adopt revisions and updates to the current definition. These revisions would help aid an I.E.P. Team in determining if a student qualifies for special education services under the category of emotional disturbance. Lastly, as changes occur in the legal qualifying criteria for conduct disorder, possibly resulting in new services specifically designed to help this population, the content of this in-service training could be revised in order to reflect current best-practice. This continuous revision process could help with the future differentiation between students with emotional disabilities and students with conduct disorders and the dilemmas encountered in attempting to provide these students with the most appropriate services.

REFERENCES

- American Psychological Association. (1993). *Violence and youth: Psychology's response*. Washington, DC: Author.
- Anderson, J. A., & Mohr, W. K. (2003) A developmental ecological perspective in systems of care for children with emotional disturbances and their families. *Education and Treatment of Children*, 26,52-74.
- Armstrong, K. H., Dedrick, R. F., & Greenbaum, P. E. (2003). Factors associated with community adjustment of young adults with serious emotional disturbance: A longitudinal analysis. *Journal of Emotional and Behavioral Disorders*, 11, 66-91.
- Ary, D. V., Duncan, T. E., Biglan, A., Metzler, C. W., Noell, J. W. & Smolkowski, K. (1999). Development of adolescent problem behavior. *Journal of Abnormal Child Psychology*, 27, 141-150.
- Behavior Intervention Plan, PUSD Special Education Forms, (2003). Retrieved March 2006 from <http://special.ed.peoriaud.k12.az.us/downloadBIP>.
- Briere, J., Berliner, L., Bulkley, J. A., Jenny, C. & Reid, T. (1996). *The APSAC handbook on child maltreatment*. Newberry Park, CA: Sage.
- Campbell, S. B., & Ewing, L. J. (1990). Follow-up of hard-to-manage preschoolers: Adjustment at age 9 and predictors of continuing symptoms. *Journal of Child Psychology and Psychiatry and applied Disciplines*, 31(6), 871-889.
- Center for Substance Abuse Prevention (2000). *The national cross-site evaluation of high risk youth programs: Final report*. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.
- Cicchetti, D., & Nurcombe, B. (Eds.). (1993). *Toward a developmental perspective on conduct disorder*. *Development and Psychopathology*, 5(1/2).
- Cline, D. H. (1990). A legal analysis of policy initiatives to exclude handicapped/disruptive students from special education. *Behavioral Disorders*, 15, 159-173.
- Clonan, S. M., Lopez, G., Rymarchyk, G., & Davison, S. (2003). *Persistently safe schools: The national conference of the Hamilton Fish Institute on School and Community Violence*. Syracuse University Violence Prevention Project.
- Cohen, M. K. (1994) *Children on the boundary: The challenge posed by children with conduct disorders*. National Association of State Directors of Special Education, Alexandria, VA.

- Council of Administrators of Special Education (CASE). (1992). Student access: A resource guide for educators: Section 504 of the Rehabilitation Act of 1973. Albuquerque, NM: Author.
- Crone, D. A., Hawken, L. S., & Horner, R. H. (2004). Responding to problem behavior in schools : The behavior education program. New York: Guilford Press.
- Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), American Psychiatric Association, Washington D.C., 1994.
- Education Reform Studies, (2006). Retrieved March 2006 from www.ed.gov/pub.
- Forness, S. R., Kavale, K. A., Lopez, M. (1993). Conduct disorders in school: Special education eligibility and comorbidity. *Journal of Emotional & Behavioral Disorders*, 1, 101-109.
- Frick, P., Lahey, B., Loeber, R., & Stouthamer-Loeber, M. (1992). Familial risk factors to oppositional defiant disorder and conduct disorder: Parental psychopathology and maternal parenting. *Consulting and Clinical Psychology*, 60(1), 49-55.
- Greenbaum, P. E., Dedrick, R. F., Friedman, R. M., Kutash, K., Brown, E. C., Lardieri, S.P., & Pugh, A.M. (1996). The National Adolescent and Child Treatment Study: Outcomes for youth with emotional and behavioral disabilities. *Journal of Emotional and Behavioral Disorders*, 4, 130-146.
- Greenwood, P. W. (1995). The cost effectiveness of early intervention as a strategy for reducing violent crime. Paper prepared for the University of California Policy Seminar Crime Project, RAND, Santa Monica, CA.
- Hall, P. S. & Hall, N. D. (2003). Educating oppositional and defiant children. Alexandria, VA: Association for Supervision and Curriculum Development.
- Hester, P. P., & Kaiser, A. P. (1998). Early intervention for the prevention of conduct disorder: Research issues in early identification, implementation, and interpretation of treatment outcome. *Behavioral Disorders*, 24(1), 57-65.
- Hocutt, A. M., Mckinney, J. D., & Montague, M. (2002). The impact of managed care on efforts to prevent development of serious emotional disturbance in young children. *Journal of Disability Policy Studies*, 13, 51-60.
- Individuals with Disabilities Education Act, 20, U.S.C. Ch. 33, Sec 1400, (1997).
- Jonson-Reid, M., Williams, J. H., & Webster, D., (2001). Severe emotional disturbance and violent offending among incarcerated adolescents. *Social Work Research*, 25, 213-222.

- Jung, J. (2001). *Psychology of alcohol and other drugs*. Newbury Park, CA: Sage.
- Kauffman J. M. (1989). *Characteristics of children's behavior disorders* (4th Ed.). Columbus, OH: Merrill.
- Kauffman, J. M. (1999). How we prevent prevention of emotional and behavioral disorders. *Exceptional Children*, 65, 448-468.
- Kazdin, A. E. (1993). Adolescent mental health: Prevention and treatment Programs. *American Psychologist*, 48, 127-140.
- Kazdin, A. E. (1995). *Conduct disorders in childhood and adolescence* (2nd ed.). Thousand Oaks, CA: Sage.
- Kazdin, A. E. (1987). *Conduct disorders in childhood and adolescence*. Newbury Park, CA: Sage.
- Kumpfer, K. L., & Alder, S. (2003). Dissemination of research-based family interventions for the prevention of substance abuse. In Z. Sloboda & W. J. Bukoski (Eds.), *Handbook of drug abuse prevention* (pp. 75-119). New York: Kluwer Academic/Plenum.
- Locke, T. F., & Newcomb, M. D. (2003). Childhood maltreatment, parental alcohol/drug-related problems, and global parental dysfunction. *Professional Psychology: Research and Practice*, 34, 73-79.
- Loeber, R., & Dishion, T. (1983). Early predictors of male delinquency: A review. *Psychology Bulletin*, 94(1), 68-99.
- McCarney, S. B. (1994). *The Behavior Evaluation Scale-2*. Columbia, MO: Hawthorne Educational Services.
- McCarney, S. B. (2003). *Emotional or Behavior Disorder Intervention Manual-Revised*. Columbia, MO: Hawthorne Educational Services.
- McKinney, J. D., Montague, M., Hocutt, A. M. (1998). A two year follow-up study of children at risk for developing SED: Implications for designing prevention programs. Paper presented at the Annual Convention of the Council for Exceptional Children.
- Merrell, K. W., & Walker, H. M. (2004). Deconstructing a definition: Social maladjustment versus emotional disturbance and moving the ebd field forward. *Psychology in the schools*. 41, 899-910.

- Miller-Perrin, C. L., & Perrin, R. D. (1999). *Child maltreatment: An introduction*. Newbury Park, CA: Sage
- National Mental Health Association, (2006). Fact sheet on conduct disorders. Alexandria, VA. Retrieved March 2006 from <http://www.nmha.org>.
- Nelson, C. M., Jordan, D., Rodrigues-Walling, M. (2002). Expand positive learning opportunities and results. *Journal of Child and Family Studies*, 11, 13-22.
- Nelson, C. M., Rutherford, Jr., R. B. (1990). Troubled youth in the public schools: Emotionally disturbed or socially maladjusted. In P. E. Leone (Ed.), *Understanding troubled and troubling youth*, 38-60. Newbury Park, CA: Sage.
- Nicolotti, L., El-Sheikh, M., & Whitson, S. M. (2003). Children's coping with marital conflict and their adjustment and physical health: Vulnerability and protective functions. *Journal of Family Psychology*, 17, 315-326.
- Nixon, R., Sweeney, L., Erickson, D. B., & Touyz, S. W. (2003). Parent-child interaction therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *Journal of Consulting and Clinical Psychology*, 71, 251-260.
- Osher, T. W. (1998). Outcomes and accountability from a family perspective. *Journal of Behavioral Health Services & Research*, 25, 230-233.
- Patterson, G. R. (1982). *Coercive family process: A social learning process*. Vol. 3. Eugene, OR: Castalia Press.
- Patterson, G. R., Capaldi, D., & Bank, L. (1989). An early starter model for predicting delinquency. In D. J. Pepler & K. H. Rubin (Eds.), *The development and treatment of childhood aggression*, 139-169. Hillsdale, NJ: Lawrence Erlbaum.
- Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, 44, 329-335.
- Patterson, G. R., Reid, J., & Dishion, T. (1992). *Antisocial boys*. Eugene, OR: Castalia Press.
- Positive Behavior Intervention Certificate Program, (2005). Retrieved March 2006 from www.udel.edu.
- Reid, J. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology*, 5(1/2), 243-262.

- Robertson, L. M., Bates, M. P., Wood, M., Rosenblatt, J. A., Furlong, M. J., & Casas, J. M. (1998). Educational placements of students with emotional and behavioral disorders served by probation, mental health, public health, and social services. *Psychology in the Schools, 35*, 333-345.
- Robins, L. (1966). *Deviant children grown up*. Baltimore: Williams & Wilkins.
- Robins, L. (1978). Sturdy childhood predictors of adult antisocial behavior: Replications from longitudinal studies. *Psychological Medicine, 8*, 611-622.
- Sanders, M. R. (1996). New directions in behavioral family intervention with children. T. H. Ollendick & R. J. Prinz (Eds.), *Advances in clinical child psychology, 18*, 283-330. New York: Plenum Press.
- Serna, L., Nielsen, E., Lambros, K., & Forness, S. (2000). Primary prevention with children at risk for emotional or behavioral disorders: Data on a universal intervention for Head Start classrooms. *Behavioral Disorders, 26*(1), 70-84.
- Sprague, J. R., Horner R. H. (in press). *The Handbook of School Violence and School Safety: From Research to Practice*. School Wide Positive Behavioral Supports. University of Oregon.
- Taylor, T. K. & Biglan, A. (1998). Behavioral family interventions for improving child-rearing: A review for clinicians and policy makers. *Clinical Child and Family Psychological Review, 1*, 41-60.
- Technical Assistance Center on Positive Behavioral Interventions & Supports, (2006). Retrieved March 2006 from www.pbis.org
- U.S. Department of Education, (2001). *Twenty-third annual report to congress on implementation of the Individuals With Disabilities Education Act*. Washington, DC: Author.
- U.S. Department of Education, (2002). *Twenty-fourth annual report to congress on implementation of the Individuals With Disabilities Education Act*. Washington, DC: Author.
- U.S. Department of Health and Human Services, (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: Author.
- Walker, H., & Severson, H. (1990). *Systematic screening for behavior disorders (SSBD)*. Longmont, CO: Sopris West.
- Walker, H. M., Kavanagh, K., Stiller, B., Golly, A., Severson, H. H., Feil, E. G. (1998). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavior Disorders, 6*, 66-81.

Webster-Stratton C. (2000). Oppositional-defiant and conduct-disordered children. In M. Hersen & Ammerman, R.T. (Eds.). *Advanced abnormal child psychology* (2nd ed.) 387-412. Mahwah, NJ: Lawrence Erlbaum Associates.

APPENDICES

APPENDIX A

NEEDS ASSESSMENT FOR SUNNYSIDE STAFF

NEEDS ASSESSMENT FOR SUNNYSIDE STAFF

The purpose of this in-service is to help identify your most problematic student behaviors. Once these behaviors have been identified, we will discuss new ways to implement intervention strategies for students who exhibit these challenging behaviors. Please answer the following questions.

1. What are your most severe student misbehaviors?

2. From your list above, which one impacts the classroom environment the most?

3. To what degree?

1-----2-----3-----4-----5

4. What types of interventions have you used?

5. Have you witnessed any changes in the problematic behavior as a result of these interventions?

-----YES-----NO-----

Please explain

APPENDIX B

INTERVENTION STRATEGIES

Intervention Strategies For Students with Behavioral Problems

(The following intervention strategies were taken from the “Emotional or Behavior Disorder Intervention Manual” published by Hawthorne Educational Services, Inc.)

Domain: *Destroys school or other students’ property*

- ♥ Limit the student’s access to materials (i.e.: provide the student with only those materials necessary at any given time).
- ♥ Teacher should keep close proximity to the student when using class materials.

Domain: *Does not follow verbal directions*

- ♥ Maintain visibility to and from the student. The teacher should be able to see the student, and the student should be able to see the teacher. Make eye contact possible at all times when giving verbal directions.
- ♥ Avoid placing the student in situations that require listening for an extended period of time. Provide instruction in small chunks and require frequent student feedback.
- ♥ Deliver a predetermined signal (i.e.: clapping hands, turning lights off and on) before giving verbal directions.

Domain: *Does not remain on-task*

- ♥ Set time limits for completing assignments.
- ♥ Encourage the student to develop a 30-second definition of his/her goal to help him/her stay on-task and focused (i.e.: “I will complete ten math problems without a reminder from the teacher to stay on-task. The better I focus and stay on-task, the better I will perform.”).
- ♥ Follow a less desirable task with a more desirable task. Make completion of the first necessary to complete the second.

Domain: *Is reluctant to attempt new assignments or tasks*

- ♥ Help the student with the first few items on a task. Gradually reduce the amount of help over time.
- ♥ Provide the student with a schedule of daily events so that he/she knows exactly what and how much there is to do in a day.

♥ Prevent the student from becoming over-stimulated by an activity (i.e.: frustrated, angry, etc.).

Domain: *Fights with other students*

♥ Teach the student problem-solving skills: (a) identify the problem, (b) identify goals and objectives, (c) develop strategies, (d) develop a plan of action, and (e) carry out the plan.

♥ Structure the environment (i.e.: seating arrangement, supervision, etc) to reduce opportunities for the student to become physically aggressive toward other students.

♥ Maintain supervision. Do not leave the student alone with other students.

♥ Reduce activities which might be threatening to the student (i.e.: announcing test scores aloud, making students read aloud in class, emphasizing the success of a particular student(s), etc.).

Domain: *Is easily angered, annoyed, or upset*

♥ Allow the student to take a break to regroup when he/she is becoming angry, annoyed, or upset.

♥ Maintain consistent expectations.

♥ Maintain a positive/calm environment (i.e.: positive comments, acknowledgment of successes, quiet communications, etc.).

♥ Look for the warning signs (i.e.: arguing, loud voices, etc.) that the student is getting upset or angry. Intervene to change the activity to prevent more serious problems from occurring.

Domain: *Makes inappropriate comments to other students*

♥ Write a contract with the student specifying what behavior is expected (i.e.: communicating with other students in an appropriate manner) and what reinforcement will be made available when the terms of the contract have been met.

♥ Have the student put himself/herself in the other student's place (i.e.: "How would you feel if someone called you dumb or stupid?").

♥ Avoid embarrassing the student by giving him/her orders, demands, etc., in front of others.

Domain: *Responds inappropriately to typical physical exchanges with other students*

- ♥ Avoid placing the student in crowded situations where he/she might feel uncomfortable.
- ♥ Do not force the student to interact with others.
- ♥ Point out the natural consequences of failing to respond appropriately to typical physical exchanges with others (i.e.: other students will avoid him/her, loss of friendships, loss of opportunity to interact with peers, etc.).

Domain: *Fails to comply with teachers or other school personnel*

- ♥ Structure the environment so the student remains active and involved in appropriate behavior.
- ♥ Give the student responsibilities he/she prefers.
- ♥ Maintain consistent rules, routine, and general expectations of conduct and procedure.

Domain: *Is impulsive*

- ♥ Allow the student to take a break to regroup when he/she is acting impulsively.
- ♥ Teach behaviors that promote self-control. Allow the student to gain his/her composure before continuing an activity (i.e.: placing hands on desk, sitting with feet on the floor, making eye contact with the person who is talking, etc.).
- ♥ Structure the environment to reduce distracting stimuli (i.e.: place the student on or near the front row, provide a carrel or quiet place away from distractions, etc.). This is to be used as a means of reducing distracting stimuli and not as a form of punishment.
- ♥ Encourage the student to recite a mantra to himself/herself when entering a situation where he/she may be inclined to act impulsively (i.e.: be patient, be patient, be patient).
- ♥ Encourage the student to pause and consider his/her thoughts before acting on them.

APPENDIX C

DAILY POINT SHEET

NAME _____

DATE _____

PERSONAL GOAL _____

ACTIVITY	POINTS EARNED	COMMENTS
Classroom Instruction		
Classroom Instruction		
Classroom Instruction		
Homework		
Personal Goal		

TOTAL POINTS _____

PARENT/GUARDIAN _____

HOMEWORK _____

_____ADDITIONAL COMMENTS: _____

NAME: John

DATE: 03-01-06

PERSONAL GOAL: To follow instructions from school staff the first time they are given.

ACTIVITY	POINTS EARNED	COMMENTS
Classroom Instruction	2	Raised hand and responded appropriately
Classroom Instruction	0	Yelled out "I don't wanna sit down" when asked to take their seat during classroom transition
Classroom Instruction	2	Allowed to be a room helper and clean-up after science activity
Homework	2	Neatly completed
Personal Goal	1	Only one outburst today!!

TOTAL POINTS: 7

PARENT/GUARDIAN _____

HOMEWORK: Math- pg. 76 even problems 2-18
Language Arts- continue working on book report
Reading- please read aloud to parents for 30 minutes

ADDITIONAL COMMENTS:

Mrs. Smith,

I still need the permission slip for our upcoming field trip on 3-10-06. I would also like to meet with you regarding some of John's missing assignments.

Mr. Richards

APPENDIX D

**SUNNYSIDE ELEMENTARY SCHOOL
SPECIAL DAY CLASS
FOR
STUDENTS WITH EMOTIONAL DISABILITIES
A PARENT'S GUIDE FOR PROGRAM PLACEMENT**

**Sunnyside Elementary School
Special Day Class
for
Students with Emotional Disabilities**

A Parent's Guide for Program Placement

WELCOME!!

Hello! Thank you for considering Mr. Richards' ED program. Before making this very important decision about your child's educational program, I would first like to explicitly explain the parameters of the ED program here at Sunnyside Elementary. Please read the following thoroughly. This is not a choice to be made without careful consideration!

What is the purpose of the ED Program?

♥ The purpose of Sunnyside's special day class program for students with emotional disabilities is to provide an educational program for students that have been identified and educationally diagnosed as emotionally disturbed according to the Education Code.

What are some interventions and modifications that can be implemented prior to considering ED placement?

- ♥ Often students with behavioral problems are considered for an ED Program due to frustration of the teacher in regular education.
- ♥ Individuals that are "acting out" in the school environment are doing so for a variety of reasons. Reasons may range from family conflict, divorce, lack of sleep, attention seeking, attention deficits, poor social skills, low cognitive ability, low self-esteem, change in routine, lack of or change in medications, etc.
- ♥ It is critical to identify the reasons behind the behaviors that are exhibited and attempt appropriate interventions in accordance with the cause(s) of the behaviors. For example, if a student is exhibiting extreme defiance in the classroom, it may be possible that they are seeking peer attention and/or approval. In this case, the teacher may want to attempt to provide opportunities for the student to attain peer attention in more positive ways.
- ♥ Creativity is key to constructing productive interventions in the regular education setting. All options should be attempted before consideration for the ED Program.

Who comes to the ED Program?

- ♥ Children that have been diagnosed as emotionally disturbed are sometimes considered for placement in the ED Program at Sunnyside.
- ♥ Some identified students can be served within the regular education setting if their emotional state allows them to function in a regular education classroom. Sometimes these students are recommended for counseling services through Sunnyside County Mental Health or offered academic support through their school's Resource Program or a Special Day Class within Sunnyside School District.
- ♥ The most severe ED cases that require a self-contained classroom or more restrictive environment are considered for placement in the ED Program at Sunnyside. Severe cases include students that exhibit significant behavioral problems as a result of their disability. Behavioral problems can include but are not limited to: extreme resistance to controls, extreme defiance towards adult directives, and physical aggression towards themselves or others. Physically aggressive behaviors have included throwing of objects, fighting with peers and adults, verbal profanities, racial-motivated gestures and yelling, sexualized behaviors, and self-injury.

Why would a student benefit from the ED Program?

- ♥ The ED Program at Sunnyside typically serves from six to eight students. The program is run by one special education teacher specifically trained to work with children who have been diagnosed with an emotional disability. Additionally, the program has two instructional assistants that work closely with each student to aid in the students emotional and academic success in and out of the classroom.
- ♥ The program provides Mental Health Services for all students. Group and individual counseling is offered.
- ♥ Social skills training is embedded in the daily program.
- ♥ The program provides daily communication logs (i.e.: daily point sheet with narrative comments tracked every 30 minutes) between home and school.
- ♥ The program is built upon a “Level System” which rewards positive behavior and inhibits negative behavior through loss of privileges.

What is the Level System?

- ♥ The Level System is designed to foster extrinsic and intrinsic motivation. The students earn daily points that can be used to “purchase” items from the student store. Points are also removed for inappropriate behaviors. Points are earned or removed from the time the student gets on the bus to the time they exit the bus at the end of the day.
- ♥ Parental support of the Level system is critical to the success of this program.
- ♥ Levels range from 1 to 5. Students move up the Level system by exhibiting appropriate behaviors. Conversely, students move down the Level system for inappropriate behaviors.
- ♥ At Level 1, all student privileges are suspended and the student must work in isolation in a cubicle located in the classroom. Recess and lunch privileges outside of the classroom are not allowed.
- ♥ Level 2 is achieved when the student is able to demonstrate one successful day. Recess and lunch privileges outside of the classroom are not allowed.
- ♥ Level 3 is attainable when the student completes five consecutive successful days. Additionally, students are able to mainstream by the tenth consecutive day in Level 3.
- ♥ Level 4 is reached when the individual achieves twenty consecutive successful days. When a student reaches Level 4, he/she is given additional privileges in and out of the classroom such as watering the garden unsupervised or aquarium privileges.
- ♥ Level 5 is accomplished after a student completes sixty consecutive successful days. When a student reaches Level 5, they are considered eligible to graduate/exit from the program and reintegrate completely with regular education (sometimes with resource services). Quite often, the growth from Level 1 to Level 5 takes one to two years in the program.

Who do I contact with questions or concerns?

- ♥ Mr. Richards can be reached via phone at (888) 888-8888, ext. 888. Voice mail services are available at this number and your phone call will be promptly returned.
- ♥ Mr. Richards can also be reached via e-mail at jrichards@sunnyside.org
- ♥ The Director of Special Education, Karen Jones, can be reached at the Sunnyside School District Office at (888) 888-8888.
- ♥ The Program Specialist, Sue Smith, can be reached at the Sunnyside School District Office at (888) 888-8888.

APPENDIX E

POST ASSESSMENT FOR SUNNYSIDE STAFF

POST ASSESSMENT FOR SUNNYSIDE STAFF

The purpose of this post assessment is to discuss your thoughts/feelings on the information that was discussed in today's in-service. Please answer the following questions.

1. Do you feel that the information that was discussed today was in an organized concise format?

-----YES-----NO-----

2. Do you feel that the information that was discussed today was easy to understand?

-----YES-----NO-----

3. Do you feel that the intervention manual that was discussed today can be an effective resource?

-----YES-----NO-----

4. Do you feel competent in your ability to implement intervention strategies from the intervention manual?

-----YES-----NO-----

5. Are there any areas of behavior modification techniques that you would like more information about?

6. How would you rate this professional development workshop?

1-----2-----3-----4-----5

Comments: _____
