

## Students with Emotional/Behavioral Disorders: Promoting Positive Outcomes

by Camilla A. Lehr and Jennifer McComas

Public schools are designed to provide instructional programs that foster the educational success of all students and shape citizens who can contribute in positive ways to society. Working to promote successful school experiences for students with emotional/behavioral disorders (EBD) can be a particularly challenging task because of the necessity for multi-faceted and cohesive programming to effectively meet multiple needs.

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### ***Identification of Students with Emotional or Behavioral Disorders***

An emotional/behavioral disorder can be described in the following way:

- Emotional or Behavioral Disorder (EBD) refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age appropriate, ethnic or cultural norms that they adversely affect performance in such areas as self care, social relationships, personal adjustment, academic progress, classroom behavior, or work adjustment.
- EBD is more than a transient, expected response to stressors in the child's or youth's environment and would persist even with individualized interventions, such as feedback to the individual, consultation with parents or families, and/or modification of the educational environment.
- The eligibility decision [for special education services] must be based on multiple sources of data about the individual's behavioral or emotional functioning. EBD must be exhibited in at least two different settings, at least one of which is school related.
- EBD can co-exist with other [disabling] conditions.
- This category may include children or youth with schizophrenia, affective disorders, anxiety disorders, or who have other sustained disturbances of conduct, attention, or adjustment. (National Association of School Psychologists, 2004, p. 1)

Information from the *Twenty-fourth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA)* (U.S. Department of Education, 2002) indicates that states served 5,775,722 students ages 6 through 21 under IDEA in 2000-2001. Nearly 474,000, or about 18%, of those students were identified as students with EBD. This is less than 1% of the entire student population in 2000-2001. The *Report of the Surgeon General's Conference on Children's Mental Health* (U.S. Public Health Service, 2000) proposes the actual number of students with EBD is much higher. This suggests that many of the children and youth who could qualify for service under IDEA may not be identified and may not receive adequate supports to assist them with emotional and behavioral challenges they face both in and out of school settings.

On the other hand, we find that children and youth who are African American are disproportionately over-identified as having EBD. Many concerns have been expressed about minority children being misplaced in special education, especially in certain disability categories. Researchers have determined the level of risk for various subgroups associated with being identified as having EBD. Using data from the U.S. Department of Education, analyses suggest that Black children are 2.88 times more likely than White children to be labeled as having mental retardation and 1.92 times more likely to be labeled as having an emotional/behavioral disorder (Losen & Orfield, 2002). Although students with disabilities are entitled to receive supports and services tied to their individual needs, the concern is that too often minority students are educated in separate settings, subject to lower expectations, and excluded from educational opportunities. While minority populations are often at greater risk of living in poverty, many individuals argue that the effect of poverty does not adequately explain the racial disparities in identification of EBD. Research suggests that unconscious racial bias, stereotypes, inequitable implementation of discipline policies, and practices that are not culturally responsive may contribute to the observed patterns of identification and placement for many minority students.

### ***School and Post-School Outcomes***

Much of what we know about students with EBD has been gathered through the National Longitudinal Transition Study (NLTS). This study collected data on the lives of youth with disabilities in their high school years and in their transition to adulthood during the early 1990s (Wagner et al., 1991). Overall, outcomes

for youth with EBD were found to be “particularly troubling.” These youth showed a pattern of disconnectedness from school, academic failure, poor social adjustment, and involvement with the criminal justice system. Data from the Office of Special Education Programs shows that youth with EBD are at greatest risk of dropping out of school as compared with students in other disability categories; in 1999-2000, 51% of students with EBD age 14 and older dropped out of school (U.S. Department of Education, 2002). Furthermore, we know that as a group, a higher percentage of these youth are incarcerated or are not employed as compared to other students with disabilities after high school.

### **Instructional Settings**

Where are students with EBD served? In general, they experience general educational instruction to a lesser degree than youth with disabilities as a whole. On average, 16% of youth with EBD take all of their courses in special education settings (compared with 9% of youth with disabilities as a whole who take only special education courses). Many also attend alternative schools, which are generally designed to serve students placed at risk of school failure due to circumstance or ability (e.g., behind in credits, suspended, pregnant or parenting). In addition to these settings, a high proportion of youth who are incarcerated have disabilities. One conservative estimate suggests that about 32% of youth in juvenile corrections have disabilities (Quinn, Rutherford, & Leone, 2001). Nearly 46% of the incarcerated youth with a disability were identified as having EBD. Most often, the transition back into the traditional school setting for these students is unsuccessful, and they go elsewhere (e.g., alternative schools, back into juvenile corrections, or drop out altogether).

### **Risk Factors Contributing to Student Outcomes**

Findings from the current National Longitudinal Transition Study – 2 (NLTS2) suggest that students with EBD differ from the general population of youth in ways other than their disability (Wagner & Cameto, 2004). For example, as compared with the general population of youth, youth with EBD are more likely to live in poverty, have a head of household with no formal education past high school, and live in a single parent household. Nearly 38% of the NLTS-2 sample had been held back a grade, 75% had been suspended or expelled at least once, and about two-thirds were reported to have co-occurring attention deficit/hyperactivity disorder (ADHD). Students with EBD also experience greater school mobility than other youth with disabilities; 40% had attended five or more schools since kindergarten. Moving to multiple schools can be considerably disruptive and significantly decrease the chances of continuity across instructional programs. In addition, frequent moves increase the difficulties associated with establishing positive long-term relationships with adults and peers, and can heighten feelings of alienation and limit the sense of belonging.

### **Shifting From Deficits to Strengths**

We know quite a bit about students with EBD (e.g., characteristics, numbers, factors placing them at increased risk of school failure, where they are served, outcomes). Fortunately, we also know much about effective strategies that we can use with these students to improve their success in school and after they leave school. Shifting from a deficit model that focuses on multiple risk factors and moving toward a focus on strengths is a difficult, yet necessary, step for those who hope to foster resilience, enhance competence, and facilitate successful school experiences for students with EBD.

### **Beginning with a Solid Foundation**

With the move toward greater inclusion and providing instruction in the general education curriculum, there is an increased need for general education teachers to be well-informed about how to effectively educate students with EBD. It is essential for teacher education programs to train general educators to work

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with the increasingly diverse populations in their classrooms (including students with varying disabilities, abilities, socioeconomic standing, and cultural backgrounds). Necessary skills include the ability to actively engage students in coursework that is relevant to student backgrounds and interests, effectively organize a classroom environment, and manage student behavior using strategies that are evidence based (e.g., techniques to increase active student responding, small group or peer tutoring, applied principles of reinforcement, use of immediate feedback). In addition, opportunities for staff development must be provided on a regular basis to update and maintain skills.

### **Providing Supports at Varying Levels: The Three-Tiered Model**

Students with or at risk for EBD can be provided with supports at a variety of levels. A three-tiered model that provides a framework for thinking about the provision of supports includes prevention at the primary, secondary, and tertiary levels (Sugai & Horner, 2002):

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- Primary prevention. Includes strategies and programs that are designed to prevent the development of problems, target all students, provide students and school staff with a strong foundation for teaching appropriate behaviors, and have a low cost per individual. Examples include school-wide positive behavioral supports, school climate improvement projects, and collaboration between family, school and community.
- Secondary prevention. Includes programs that decrease the frequency or intensity of problems, are designed to address alterable factors that place students at risk (e.g., angry or violent behavior), and have a moderate cost per individual. About 10-15% of students may need more intensive supports at this level. Examples include conflict-resolution lessons, peer-tutoring programs, and social-skills instruction.
- Tertiary prevention. Includes programs designed to remediate established problems, reduce the duration, and preclude negative outcomes. Programs are highly individualized and student centered, provide an effective and efficient response to students most in need, and have a higher cost per individual. About 1-5% of students will have chronic problems that require more intensive supports. Examples include wrap-around services, individual functional behavior analysis, and individualized behavior management plans.

Educators and administrators at elementary, middle, and high schools can use this model to guide prevention and intervention efforts.

### **Building Competence Across Domains**

In addition to offering interventions across different levels, interventions must address relevant domains of competence for students with EBD. Effective interventions not only prevent problems, but also assist in building skills

and competencies. Skill areas and examples of interventions especially relevant to students with EBD are listed below:

- Academic. Using effective strategies to promote academic achievement, including explicit and systematic instruction in reading; using alternatives to out-of-school suspension to increase opportunities for learning.
- Social/behavioral. Implementing school-wide social development programs; using functional behavior assessment to understand and change behavior.
- Emotional. Implementing school-wide and individual strategies to promote mental health; providing instruction and opportunities for self-advocacy, counseling.
- Vocational. Providing access to vocational assessments; providing relevant opportunities to learn outside of school (e.g., work programs, extracurricular opportunities).
- Transition. Providing mentoring supports to facilitate transition and adjustment to school; using orientation and welcoming procedures to ease transition between schools; incorporating self-determination skills for transition from school to work.

### **Conclusion**

Complex problems such as facilitating success for students with EBD are rarely solved with simple, uni-dimensional strategies. One issue critical to the selection and program planning process involves examining the resources available for program implementation. Sustained, cohesive programming is essential, in contrast to offering isolated programs that do not reach out to include collaborative efforts with others throughout the school, or with parents and community members. Students with EBD have many strengths, and their teachers are talented individuals. Nonetheless, effective, cohesive, programming is necessary and presents specific challenges

that require understanding the issues faced by students with EBD, advanced skills in program implementation, and a comprehensive approach that is cohesive, multi-faceted, and multi-tiered.

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*Camilla A. Lehr is a research associate with the Institute on Community Integration, University of Minnesota, Minneapolis. She may be reached at 612/624-0722 or [lehrx001@umn.edu](mailto:lehrx001@umn.edu). Jennifer McComas is an associate professor in the Department of Educational Psychology at the University of Minnesota. She may be reached at 612/624-5854 or [jmccomas@umn.edu](mailto:jmccomas@umn.edu).*

