Promoting Self-Determination for Students With Emotional and Behavioral Disorders

David J. Landers
St. John Fisher College

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Students with emotional disturbance (ED) oftentimes feel as though their ideas and opinions are ignored or not taken seriously. Unfortunately, they are often justified in feeling this way. As ED students have some of the highest dropout rates in the United States, it should be our goal as educators to do whatever is necessary to keep them in school and help them to succeed. Using these students' naturally strong will seems the best method of doing this. Allowing them to have some power over their own education may help to assuage their feeling of powerlessness. Yet how do we promote self-determination in ED students without seeming irresolute? When does it become necessary to take over the executive process? How do we ensure that the responsibility lies on the student? This paper will describe a number of strategies that may be used to optimize academic and behavioral performance for students with emotional disturbance.
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Introduction

Over the past two decades, the federal government has taken great strides toward providing equal educational opportunities for all, including those students diagnosed with emotional/behavioral disorders (E/BD). These strides began taking place in 1990, when “congress authorized a new program for youth identified with E/BD under part C of IDEA” (Carran, Kerins & Murray, 2005). This directive promoted “the development of seven goals aimed at fostering the emotional development and adjustment of children and youth with emotional and behavioral problems” (Carran, et al., 2005). Yet this was only the beginning of federal mandates into special education.

Fourteen years later, in 2004, IDEA was updated under the ‘No Child Left Behind’ act, and it called for further emotional supports for students with E/BD (Bursuck, Friend, Kutash & Wagner, 2006). This legislation encouraged the inclusion of special education students into the general class environment. In 2006, “approximately 7 of 10 students classified with [emotional disturbance] ED attended general education schools in their neighborhoods” (Bursuck, et al., 2006). This was a step toward placing all students in the least restrictive environment possible.

And yet, according to some research, “when applied to students with ED, however, the trend toward inclusive practices raises many questions and concerns” (Bursuck, et al., 2006). These concerns include the welfare of the students in question, the welfare of the general education students, and the teacher’s ability to manage disruptive behaviors caused by students with E/BD. In fact, “some research has indicated that general education teachers can feel unqualified and therefore are reluctant to teach students with ED” (Bursuck, et al., 2006). In addition, it is often difficult to provide all of
the necessary services for ED students while they are in the general education setting. It is said that, "despite the fact that IDEA mandates behavioral support plans for students with ED, only about half of these students actually receive them" (Bursuck, et al., 2006).

In the world of education and, more specifically, in the world of special education, there is a serious lack of trained professionals to educate those in the E/BD population. In fact, "nationally, 98% of school districts report shortages of qualified special education teachers" (Bradley, Gonzalez, Henderson & Klein, 2005). This shortage seriously undermines delivery of appropriate education and serviced to E/BD students.

A large part of this issue is the tendency of attrition -- that is, special education teachers moving into general education positions. It has been shown that attrition rates for E/BD teachers to general education positions is higher (10%-16.3%) than attrition rates for other special education teachers (8%-14.1%) (Bradley, et al., 2005). Hence, many teachers in self-contained E/BD classrooms are often unqualified or underqualified for the position they are in due to inexperience or a lack of training.

The question arises: how are students to succeed if they do not get the required supports? Much of the research indicates that this is the central issue with E/BD students. In fact, "the very highest dropout rates among students with disabilities are found among students with emotional or behavioral disorders" (Alwell, Cobb, Johns & Sample, 2006). ED students who drop out of school tend to show "limited participation in community and post-secondary education activities" as well as "high rates of unemployment, underemployment, and incarceration" (Carter, Glaeser, Lane & Pierson, 2006).

These circumstances are caused by a number of issues, but none are as evident as "these students' lack of competence in a broad range of social skills and lack of
situational knowledge on how to use the social skills in their repertoire under stressful or challenging social pressures” (Alwell, et al., 2006). That is, students with ED often feel that they are alienated from society and are unable to maintain self-control in situations that involve high stresses.

Yet the situation is not hopeless for students with E/BD. According to Carran et al., it has been shown that:

“students receiving intensive specialized services in non-public education centers completed/graduated at a much higher rate than national averages and regional samples. This finding may reflect differences in programming factors that clearly are not available in most public special education facilities serving this population” (2005, p.132).

This is not to say that ED students cannot be successful in general education classrooms, yet it does suggest that ED students need special attention in school. They require special training in order to be successful once they are out of school. Many claim that the skills that need to be taught are self-advocacy and self-determination.

The question at hand is this: What is best practice when attempting to encourage self-determination in students with emotional and behavioral disorders? It is this researcher’s belief that student success in this regard is directly related to how much the teacher involves the student in his or her educational process.

Significance

Students who are classified with emotional/behavioral disorders tend to exhibit “chronic and diverse academic, emotional, behavioral, and/or medical difficulties that pose significant challenges for their education and treatment in schools (Reddy &
Richardson, 2006). Their issues are almost always innately interwoven, and these areas of difficulty affect all other realms.

Of course, “students with [emotional disturbance] exhibit higher levels of behavioral problems and lower social competence than their peers without disabilities” (Carter, et al., 2006). Because behavioral issues are the most obvious problem that E/BD students exhibit, “social and behavioral interventions are the most exclusive focus of secondary education programming for adolescents with ED” (Carter, et al. 2006). These interventions are often necessary in order to guarantee the safety of the E/BD student, theirs peers, and the teachers themselves.

This is not to say that students with E/BD are incapable of displaying appropriate behavior in a classroom setting; yet it is important that a teacher or other professional working with the student be aware that this is his or her primary zone of difficulty. These behavioral inadequacies have a far-reaching impact on how the student’s peers view him or her. Behavioral problems – coupled with social incompetence – cause further troubles in the realm of academic and psychological advancement. In fact, “a substantial number of high school students with ED display academic deficits, placing them far below grade level in basic academic skills in areas of reading and mathematics” (Carter, et al., 2006). It is not apparent whether this academic deficit is a side effect of the student’s social ineptitude or a cognitive deficit, yet it remains apparent that behavioral interventions are not the only tools that should be used with E/BD students.

Students with emotional disturbance have difficulty coping with so many social, academic, and behavioral stresses. Therefore, “individuals with [emotional and behavioral disorders] not only have a high dropout rate, but they also have more
difficulty adjusting to adulthood than young adults with learning disabilities or mental retardation" (Carran et al., 2005). The issues that E/BD students face are much more far-reaching than receiving a low grade or a poor grade on their report card. These students have such difficulty maintaining their behavioral composure that they are often incapable of adjusting to adult life – especially if they were negatively discharged from school.

All of this points to “the pressing need to develop and implement effective academic interventions for adolescents with ED” (Carter, et al., 2006), even while we continue to provide social and behavioral interventions. With the individual student’s future in mind, it is important for us to provide him or her with strategies that will work. Not only should we maintain academic and behavioral interventions during school hours, but it is also important to give the E/BD student self-monitoring, self-determination, and self-advocacy strategies.

Review of Literature

Functional Behavioral Assessment

Functional Behavioral Assessment (FBA) is among the most frequently-used assessment tools used in special education today. It is not used as an intervention strategy, yet:

“the legal requirements for functional behavioral assessment in the Individuals with Disabilities Education Act (2004) indicates that students with disabilities can be suspended up to ten days without educational services, but before a change in placement, an FBA is required” (Erickson, Jackson, Moscovitz & Stage, 2006, p. 463).
Because of the focus on keeping students in the least restrictive environment (LRE), FBAs are used as a measure to prevent the placement of students in special settings who could succeed in public schools. It is because of this practice that there are many more disabled students mainstreamed into general education settings than there have been in the past.

In the case of students with greater needs, "students eligible for special education because of emotional disturbance (ED) are more likely to experience an FBA owing to their disability" (Erickson, et al., 2006). This is due to the multifaceted nature of the disorder and the need for those students to be in a setting with greater support systems – for example, special classrooms with a number of teachers and aides, as well as greater therapeutic involvement.

A functional behavioral assessment does not often involve the student in the assessment process. Most often, teachers and therapists use "interviews and behavior rating scales or checklists" (Erickson, et al., 2006) to determine the nature and degree of a student's needs. FBAs are completed with the "intention of developing hypotheses about the function of a problem behavior" (Erickson, et al., 2006). That is, an FBA seeks to explain why a student acts out negatively and what purpose that action has from the student's point of view, whether it is for attention, communication, language barrier, or any number of other issues.

The greatest concern with FBA is that it is often based on perceptions rather than fact or on student-based input. Some measures have been taken to ensure the authenticity and integrity of the FBA. For example:
“if the intervention is conducted without integrity, follow-up meetings with the participants are required to re-establish a fit with the environmental context and skills of the teacher implementing the intervention” (Erickson, et al., 2006, p. 468).

Therefore, teachers and other individuals involved in the FBA process are accountable for the integrity of the student’s assessment.

While measures have been taken to maintain assessment integrity, it has been shown that “FBA with students with ED is controversial as to its efficacy within public education settings” (Erickson, et al., 2006). The concern is in the perceptions that are made by various people in the FBA process. Studies have shown that “indirect instruments showed much variability in the percentage of inter-informant agreement for the perceived antecedents and consequents” (Erickson, et al. 2006). That is, oftentimes, there is little agreement between the teachers, therapists, and parents in regard to the cause and desired effects of the problem behavior. Perhaps this issue could be avoided with a model that directly encouraged students with ED to share their own perspectives.

Overall, according to Erickson, et al. (2006):

“FBA can be successfully conducted in public school settings, although adequately supporting the consultation process requires considerably diligence on the part of the consultant to ensure treatment integrity”

Cognitive Behavioral Intervention

Among the most frequently-used strategies that are used when working with students with emotional disturbance is cognitive behavioral therapy, also known as cognitive behavioral intervention. Cognitive Behavioral Interventions (CBIs) “typically
combine metacognitive skill-building with classic contingency management systems" (Alwell, et al., 2006). That is, they teach students to think about their own mental processes and change the automaticity of impulse behaviors through a series of distinct steps.

Cognitive Behavioral Interventions are generally “delivered over a defined period of time within a school or residential treatment setting” over a “ten to fifteen week range” (Alwell, et al., 2006). The CBI strategies are typically taught in a “curricula used within the broader genre of social skills competency development” (Alwell, et al., 2006). This oftentimes occurs as a specific curriculum with a specific duration during which time students learn particular strategies on how to deal with conflict situations in school and at home. The teacher also has the option to integrate CBI education into other subjects, such as ELA, math, and social studies.

In 1991, Susan Etchidt studied commonly-used practices in implementing cognitive-behavioral intervention strategies. She categorized these strategies into five distinct steps, which Alwell, et al. (2006) summarize as follows:

Table 1

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Motor Cue / Impulse Delay</th>
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<tbody>
<tr>
<td>Step 2</td>
<td>Problem Definition</td>
</tr>
<tr>
<td>Step 3</td>
<td>Generation of Alternatives</td>
</tr>
<tr>
<td>Step 4</td>
<td>Consideration of Consequences</td>
</tr>
<tr>
<td>Step 5</td>
<td>Implementation</td>
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</tbody>
</table>
Through the five steps of cognitive behavioral intervention, students are encouraged to “actively resist impulses for a period of 10-30 seconds” (Alwell, et al., 2006). This step is known as impulse delay, as it forces the student to stop and think about their reaction for a set period of time. In this, students are taught to recognize “one or more stimuli that have historically produced anxiety, stress, or violent responses from the participant” (Alwell, et al., 2006). The metacognitive skills used here are part of a greater training in self-monitoring and self-determination.

Upon realizing the stimuli that cause negative reactions, the student is taught to “engage in self-relaxation or self-talk activities” (Alwell, et al., 2006). In this important step, the student empowers himself or herself to take control of his or her own impulses. Next, the student is taught to “cycle through a series of problem-solving processes as alternative behaviors are envisioned and the differential consequences of these behaviors are considered” (Alwell, et al., 2006). Hence, the third and fourth steps of Etscheidt’s process are complete and the student is able to implement his or her own decision in regard to proper behavior.

While these steps all involve the student taking control of his or her emotions and impulses, it is also important to maintain a level of adult direction. Not only does this involve the teachers and other staff who work with the student, but the parents as well. Oftentimes, those who initiate and implement cognitive behavioral interventions call for parental support by requesting:

“positive parental attention to appropriate behavior, the use of a home point system, the use of grounding or privilege loss to deal with
unacceptable behavior, and training parents to anticipate impending problems” (Alwell, et al., 2006, p.272).

By involving the parents in the CBI process, the students continue to get consistent support both at home and at school. This is fundamentally important when helping students with emotional disturbance or other disabilities to learn proper behavior and self-advocacy skills.

According to Alwell, et al. (2006), their research shows that “cognitive behavioral interventions work well to reduce dropout and physical and verbal aggressive behavior in youth with disabilities.” This may be due to the self-determinate and metacognitive factors of CBI.

Peer Tutoring

Another strategy that requires students to study themselves and others in order to attain a common goal is known as peer tutoring. It has been used consistently in general education classrooms, but is found much less often in special settings. Yet, according to a study by V.G. Spencer (2006), “peer tutoring has been demonstrated to be an effective instructional strategy for elementary, middle, and high school students with emotional and behavioral disorders.” As there are studies showing positive effects in all age groups, perhaps this should be studied and even implemented more fully.

There are two main classifications of peer tutoring. “Same-age peer tutoring” (Spencer, 2006) encourages classmates of the same age level to act as both tutor and tutee for each other in a form called “reciprocal peer tutoring” or “reverse-role tutoring” (Spencer 2006). Oftentimes, this is seen in general education writing centers, yet it should
also be used just as often in special settings to have students practice anything from academics to social skills training.

“Cross-age peer tutoring” (Spencer, 2006) has also been utilized, oftentimes in elementary schools. In most instances, one may see intermediate students helping primary students learn how to read or do simple academic exercises. For example, a sixth-grade student may help a first-grader with reading exercises. In a special setting, this may involve a student who has a greater mental age working with a student that functions on a lower level. Cross-age tutoring usually places one student in charge of another rather than encouraging a reciprocal format.

In Spencer’s research with students with emotional disturbance, cross-age tutoring “revealed positive effects on the attitudes of both tutors and tutees” (2006). Perhaps this is a reflection of a rare instance in which an older student with ED is able to feel a sense of power and responsibility. On the other hand, in a different study based on same-age non-reciprocal tutoring, “the tutors did not show an increase in general social functioning, but the students made positive comments regarding the tutoring program and the students they tutored” (Spencer, 2006). Therefore, as students relate aging to a gain in power or responsibility, it seems that same-age tutoring does not provide such apparent displayed of power of one student over the other. Hence, the students’ need for influence is not fulfilled.

While there remain questions about the efficacy of different peer tutoring formats, “the research has shown that peer tutoring provides numerous potential benefits for both the tutor and the tutee” (Spencer, 2006). These benefits occurred less often in reading than in other subject areas, yet peer tutoring always encourages students to maintain
proper social behaviors in stable contexts (Spencer, 2006). Therefore, there is great benefit for students with E/BD who need to work on teamwork.

Considering that students with emotional and behavioral disorders often have difficulty behaving properly in social contexts – most notably with peers – studies have shown “an increase in positive peer interactions between students with emotional and behavioral disorders” (Spencer, 2006) when the teacher used peer tutoring as a form of social skills training. The innate necessity of interaction and cooperation between partners in order to succeed at a given task, as well as responsibility for self and for others, provides a form of experience for the students.

Self-Advocacy

According to Schreiner, self-advocacy, or “the ability to speak up for what we want or need,” is expected in higher education, in the work place, and in the adult world in general if one wants to attain success (2007). According to a study by Brewer, Fowler, Test, and Wood in 2005, it includes the following four components:

a) knowledge of self  
b) knowledge of rights  
c) communication  
d) leadership

Unfortunately, many special education teachers do not teach these components. This is because “instructional strategies designed to promote self-advocacy are typically either unknown to teachers or not taught by classroom teachers” (Brewer, et al. 2005). In other words, this is not an issue of lack of desire, but an issue of lack of knowledge and experience.

The recipe for self-advocacy includes “self awareness and self realization” (Schreiner, 2007). While most students in the school system automatically learn these
skills as they grow older and more mature, this is not always the case for students with disabilities. Studies have shown that “because many students with disabilities do not incidentally acquire self awareness or self realization, these skills must be taught explicitly” (Schreiner, 2007) by the teacher or another professional.

Until the point is reached where students can take part in writing their own goals, “the embedding of specific self-advocacy goals into an IEP is one of the strongest assurances that such instruction will take place and be monitored for accountability” (Schreiner, 2007). As long as the teacher is solely responsible for writing the IEP goals, he or she should make a point to write self-advocacy goals so that the student may get to that point in the future.

It has also been shown that “students with disabilities must have an accurate and realistic understanding of themselves and use that information properly” (Schreiner, 2007) in order to advocate for themselves. There are many different strategies that may be used to “teach self-advocacy skills, including role playing, prompting, and videos, as well as published curricular activities” (Brewer, et al., 2005). This may either take the form of a separate social skills unit or it may be integrated into other subject areas.

The educational goal that would be attainable only by a student who is a capable self-advocate is to be involved in the writing of his or her own IEP goals. Yet, in order to get students to “increase their participation in their education and transition planning meetings,” the teacher must provide “instruction in goal setting, problem solving, knowledge of self, and communication, as well as knowledge of rights and leadership skills” (Brewer, et al., 2005).
While not at the same level as their peers without disabilities, "students labeled as having serious emotional disturbance or attention deficit disorder demonstrated the strongest awareness about the nature of their special education programs" (Schreiner, 2007) in comparison to students with other disabilities. This is promising in that it shows the capability of students with ED to recognize subtleties and patterns in their surroundings, which may translate into seeing subtleties and patterns within themselves. This is the first step in metacognition, which leads to a student’s greater involvement in his or her own education. According to Brewer, et al (2005), there is evidence that:

"students who learned to explain their learning disability and knew about available services increased the frequency with which they approached teachers about needed accommodations and reported greater feelings of responsibility for their education than before the instruction." (p.102)

In short, self-advocacy training can work. It can show students how to speak up for their wants and their needs.

Self-Determination

In contrast to the notion of self-advocacy, which encourages speaking up for one’s own needs, self-determination is part of a much broader schema. It is “fundamental to the success of students with disabilities in any transition to adulthood and is particularly salient to their success in attaining a degree in post-secondary settings” (Belch, 2004). Therefore, self-determination training is often implemented in high school special education classrooms and is used to help prepare students for life after school.

The four components of self-determination are “assertiveness, self-advocacy, creativity,
and independence” (Belch, 2004). Hence, according to research, self-advocacy is only a small part of self-determination.

It has been shown that self-determination is a “critical component of effective transition planning for students with disabilities” (Davis, Thoma & Williams, 2005). Yet, much like self-advocacy, “many secondary teachers do not include activities for students that will foster self-determination as part of their transition planning” (Davis, et al., 2005). This is oftentimes due to a lack of training in these areas.

Unfortunately, according to some special education teachers, “adolescents with [emotional disturbance] were found to have lower ratings of self-determination than students with [learning disabilities]” (Carter, et al., 2006). In their own point of view, “students with ED identified infrequent opportunities at school and home for engaging in self-determined behaviors” (Carter, et al., 2006). The fact that both teachers and high school special education students are able to recognize a lack of self-determination opportunities is disconcerting. This is evidence of a need for further teacher and student training aimed at transition periods.

As students with emotional disturbance often go straight from high school to an adult life, “the component skills of self-determination are correlated with an improved quality of life for adults” (Davis, et al., 2005). These are the skills that need to be taught and practiced so that the students may thrive in the outside world. In teaching life skills, self-determination training “helps prepare students with disabilities for the many decisions that they will need to make after high school” (Hughes, Konrad, Test & Wood, 2005). There are many ways to go about doing this, but one program called Get a Life “simulates the experiences of working for pay, living on a budget, managing income and
expenses, and making decisions and learning from them” (Hughes, et al., 2005). *Get a Life* accomplishes this in a gradual yet effective way in which the students slowly take on new challenges as the semester progresses. Students in this program go through four distinct phases. These include:

Table 2

<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Phase 1</td>
<td>Establishing an Occupation &amp; Income</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Setting Up and Managing a Budget</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Payroll</td>
</tr>
<tr>
<td>Phase 4</td>
<td>Dealing with the Unexpected</td>
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</tbody>
</table>

(Hughes, Konrad, Test & Wood, 2005)

The teacher first provides students with job options and instructs them in the difference between taking a job with the highest current pay and the one that provides the greatest opportunity for growth in the future. He or she then helps the students to set a budget based on their weekly wage. The teacher may also take this opportunity to teach students how to cash pay checks and various options in terms of what to do with the money they have attained. Finally, the teacher should provide random unexpected expenses in order to teach the students the value of saving. (Hughes, et al., 2005).

The *Get a Life* program is a prime example of what successful self-determination training looks like. It may either be implemented as a separate class, a unit, or it may be integrated into the daily routine of a classroom. Depending on student needs, any of those options would be effective.

Self-Directed IEP
Self-advocates and students who are self-determined have a deep involvement in their own education process. A central piece of every special education student's process is the student's Individualized Education Plan (IEP). It has been shown that “without intervention, individuals present at their IEP meeting seldom express preferences or actively participate in a meaningful way” (Arndt, Konrad & Test, 2005). Although students at the age of sixteen are legally required to attend their IEP meetings and younger students are often encouraged, attending a meeting does not always correlate to participation in that meeting.

Studies have shown that “lack of student involvement in the IEP process is not due to the students' inability to learn the skills needed to participate” (Arndt, et al., 2005). On the contrary, “students with widely-varying disabilities have been able to demonstrate active involvement in their IEP planning” (Arndt, et al., 2005). Unfortunately, this ability does not always come about naturally for students with special needs. Oftentimes, parents and teachers need to actively and explicitly teach the child the self-determination skills to participate in his or her IEP planning. In addition, “when students participate in choosing their IEP & transition goals based on their own preference and interests, they feel more invested in the process” (Arndt, et al., 2005). Investment in an educational process is often the best means of achieving success.

One means by which students may learn the self-determination skills required to participate in their IEP meetings is a multimedia learning program called Self-Directed IEP (Arndt, et al., 2005). This program is presented as a series of ten lessons, including two videotapes and serves as a guide to several ways to improve a student's "choice making, problem solving, decision making, goal setting, self-advocacy, and leadership"
(Arndt, et al., 2005). According to those who use Self-Directed IEP, these are the necessary skills that a student must master before he or she is able to actively take part in his or her IEP meeting.

While implementing Self-Directed IEP, the testing administrator, a high school special education teacher, felt that the program “explained the IEP process to the students, actively solicited their input, and taught the skills necessary to participate effectively in the IEP planning meeting” (Arndt, et al., 2005). What is more important is that, in both mock IEP meetings and in real IEP meetings, “students were able to generalize skill acquisition” (Arndt, et al., 2005). That is, students with disabilities began to speak more openly and participate more fully in the IEP planning process than they previously had.

Most important is the students’ perspective on the Self-Directed IEP program. According to the research, “students felt they had a greater voice in planning their futures” (Arndt, et al., 2005). The feeling of investment in the education process is central to a special education student’s success in meeting his or her goals. In the participants’ own words:

- “I didn’t know what an IEP really was. I didn’t want to look stupid. I just sat there.”
- “I didn’t know I could do this. Now I sorta know how.”
- “I’ve been to my IEP meeting, but didn’t really understand all that stuff. I know more now.” (Arndt, et al., 2005)
Each of these students points to either a previous feeling of powerlessness or a newfound acquisition of control over his or her education. Especially for students with emotional disturbance, a sense of authority in his or her own life is the key to all other doors.

Self-Monitoring

The variety of social and academic challenges that students with emotional and behavioral disorders face requires a special type of intervention. It has been shown that "teachers can use self-management plans with students of all ages and for both social and academic behaviors" (Jolivette, Patton & Ramsey, 2006). The tremendous value of self-management is in its adaptability to multiple students, age groups, and situations. Therefore, students with both academic and behavioral issues can be taught how to monitor their own progress and performance in both areas.

According to a study by Jolivette, Patton, and Ramsey:

"Self-management strategies allow students to take ownership of their behavior, involve them in the process of determining whether they are displaying appropriate behaviors, compare their behaviors to the preset criteria, and reinforce themselves appropriately." (2006, p.14)

There are five steps that successful teachers take when implementing a self-monitoring plan.

Table 3

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Identify and operationally define the behavior to be changed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Determine the criteria for mastery.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Discuss appropriate and inappropriate behaviors and reason for the self-management plan.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Introduce the system for self-management.</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Step 5</td>
<td>Provide guided practice.</td>
</tr>
</tbody>
</table>

(Joivette, Patton and Ramsey, 2006)

These steps are generally conducted by the teacher, but they are influenced by the student’s wants and needs. In other words, the teacher discusses goals with the student and proceeds to guide them through the five steps to reach those goals.

Whether the issue is behavioral or academic, once the issue is defined and the teacher and student agree on a goal, the system for self-management can be employed. The student is often given a form or a checklist with the rules and goals they have set with the teacher. In the beginning, the student is asked to assess their own performance at each transition time. If the student’s assessment shows that the student has successfully reached all of these goals – and the teacher agrees – the student is provided reinforcement: either tangible or intangible (Joivette, et al., 2006).

Oftentimes, the reinforcement is either edible or part of a collection – for example: stickers, stamps, or coloring pages. Yet, as time goes on, it is important to remember that “the goal of self-management is to encourage students to become more intrinsically-motivated” (Joivette, et al., 2006) rather than being motivated by outside factors. Therefore, it is oftentimes better to implement praise as the form of reinforcement. In fact, “praise has been demonstrated to have a positive effect on students with E/BD in both academic and behavioral areas” (Kalis, Parker & Vannest, 2007).

When implementing praise as reinforcement, it is important to be specific with the praise. Research shows that “only five percent of praise statements are behavior-specific” (Kalis, et al., 2007). Successful praise states the desirable behavior and encourages the
student to continue that behavior – for example, ‘I really like how you decided to use your words to express your frustration.’ That way, the student knows that the teacher or person ‘in charge’ noticed the student’s effort to attain his or her goals.

Of course, we cannot expect any child to be perfect. That is why it is important to “start small and think simple” (Jolivette, et al., 2006). In picking the most important and fundamental battles, the student does not become overwhelmed by goals that seem unattainable. Next, “expect students to inaccurately report their appropriate or inappropriate behaviors at first” (Jolivette, et al., 2006). Whether inaccurate reporting on the part of the student is an act of defiance or ignorance, it is the teacher’s job to make sure that the student attains positive reinforcement for positive behaviors and academic milestones. By the same token, it is also the teacher’s job to help the student realize when they have behaved inappropriately or done something unacceptable. As the student will not be able to independently self-monitor right away, the hope is that he or she will be able to be independent in the future.

Conclusion

My primary goal in my research was to gain a broad range of ideas so that I could compare different strategies in terms of efficacy and ease of use. I found that different styles and strategies utilize a graduated amount of student involvement. For example, Functional Behavioral Assessments do not involve much student input, whereas CBI and peer tutoring aim to teach students about their own needs. Self-advocacy training is an important part of self-determination, and both include a greater amount of student involvement in their design. In the end, the goal is for self-determined students to be able to direct their own IEP and monitor their own behavior and academic progress.
There were a number of things that I liked about the strategies that I researched. I have found that I prefer strategies that involve teachers and students assessing student progress together. The methods that seek student input on his or her education future are nominal. I also like strategies that focus on preparing students for the real world after school. Many self-determination training programs teach students about working and living in society. Strategies that encourage the greatest amount of student involvement appear to create a sense of investment in the student’s education, and this tends to lead to greater academic and behavioral success.

I have a number of concerns with the aforementioned intervention strategies as well. Many seem to be overly scripted, which teaching in itself can not be scripted due to how unpredictable it can be. This is especially true of special education. Yet, with flexibility, any strategy can be modified to fit the students’ needs. Also, I only observed a focus on parental involvement in one of the articles. I would expect it is important to keep the parent(s) informed and use their input when possible. Finally, the research leads me to question the balance between student autonomy and teacher influence. That is: how does one prevent the minimization of a teacher’s influence while still encouraging students to take control?

In any case, the research that I have conducted through literature will be of great use to me in the future. It has provided me with a range of ideas that may work for a variety of different students. It has also refocused me on student-centered education, where instruction is truly about meeting the students’ needs. Finally, the literature forms a basis for my own research.
Methodology

The immediate goal of my action research is to determine which strategies are used most often in the western New York region, as well as which strategies are viewed by teachers, administrators, and therapists to be the most effective in creating self-determined students. My research was conducted among education professionals in the Rochester, New York and Buffalo, New York area over a one-month period.

My preferred method of data collection was an online survey that I designed through surveymonkey.com. I decided to put the survey online in order to grant the greatest anonymity, convenience and ease of use for the greatest number of recipients. I believe that, by creating a short six-question survey online, I was able to acquire the maximum number of responses possible and gather both quantitative and qualitative data quickly and efficiently.

The survey contained six questions, of which four were multiple-choice, one was a rating scale, and one allowed for a free-form text response. The first two questions sought demographic information, and the remaining four included three quantitative responses and one qualitative response. The questions were as follows:

1) What type of classroom do you work in? (Check all that apply)
2) What grade level(s) are your students with E/BD? (Check all that apply)
3) Which of the following strategies do you use in your classroom? (Check all that apply)
4) Please rate the following strategies for effectiveness in teaching students self-determination.
5) What strategies do you use in your classroom to encourage self-determination and student independence? (Free-form text response)

6) In your experience, what percentage of students with emotional & behavioral disorders is able to be mainstreamed into the general education classroom?

Outcomes

Of the 52 teachers, administrators, and therapists I sent the online survey to, 23 responded. Among these 23 respondents, I acquired the following data.

![Chart 1](image)

The respondents to this demographic question seemed well-distributed with a slight leaning toward special education. Many of those that responded work as therapists in multiple settings, therefore I allowed for multiple choices. Of the 23 people who responded to this question, thirteen work in self-contained classrooms, twelve work in blended or integrated classrooms, and eight work within general education settings.
This is the result that I desired and expected, considering that the topic itself is focused on emotionally disturbed students – most of which are in either self-contained or blended classrooms. There is a possibility that such a diverse demographic could be detrimental, as this could cause the responses to be unfocused and over-generalized.

**Chart 2**

What Grade Level(s) are Your Students with Emotional & Behavioral Disorders?

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood</td>
<td>4</td>
</tr>
<tr>
<td>K-3rd</td>
<td>2</td>
</tr>
<tr>
<td>4th-6th</td>
<td>6</td>
</tr>
<tr>
<td>7th-8th</td>
<td>9</td>
</tr>
<tr>
<td>9th-12th</td>
<td>5</td>
</tr>
<tr>
<td>Adult</td>
<td>2</td>
</tr>
</tbody>
</table>

In deciphering the demographic of my respondents, I also sought to discover which age groups they most often worked with. From the data I collected, it appears that the greatest number of respondents work with students at the intermediate level (9), although many work with early childhood students (6) and primary (4). There are also a surprising number of educators surveyed who work with the high school population (5), although few respondents (2) work with adults who are diagnosed with emotional and behavioral disorders.

It is apparent that many educators who responded to this question work with multiple age groups as well as multiple settings – as determined by question 1. For this
question, there were 32 responses among 23 individuals who responded. Therefore, a number of those who took the survey decided to choose multiple responses to this question.

These responses surpassed my expectations, as there was greater diversity among respondents than I had planned on. This could either have a beneficial or a detrimental effect on my data. On one hand, this provides more global responses that may show certain strategies that are effective across the ED population. On the other hand, the question arises as to whether there are certain strategies that work well with younger students in contrast to an entirely different set that are more effective with older students. Again, there is a chance that my responses may be overly generalized and lack focus because of this demographic diversity.

![Chart 3](chart3.png)
Of the 22 respondents who answered this question, the greatest percentage (77.3%) claimed that they use Functional Behavioral Assessment in their classroom. Self-monitoring also received a high percentage of use (50%). Peer tutoring and life skills training (40.9%), as well as self-directed IEP (36.4%) are moderately used among the educators who responded to my survey. Self-advocacy training is used less often (27.3%) among students with E/BD. Cognitive Behavioral Interventions are used least often (9.1%) among the teachers, therapists, and administrators that were surveyed.

I had expected FBA to be frequently used among educators in the area, as it is federally mandated for students with disabilities before formal disciplinary action can occur. In fact, I would have expected greater than 77.3% of respondents to utilize this strategy. The reason for this result may be that a number of respondents are support staff rather than teachers. Self-monitoring and life skills training also fell approximately where I had expected them at 40-50% use.

I had not expected self-directed IEP to fall below 50% use. It is important to note that it was slightly lower than that (36.4%). According to my research, self-directed IEP should be used with the majority of students with E/BD. Considering the large number of respondents who work with early childhood and primary students, it makes sense that the educators who responded would not have these students write their own IEP goals. I was also surprised by the low percentage of respondents who utilize Cognitive Behavioral Intervention, as this is often used with self-contained students and those in lower grade levels.
Among those who chose to respond, life skills training had the highest average rating of all provided strategies (3.5) with self-directed IEP falling closely behind it (3.4). FBA was also rated well (3.25). Self-monitoring and self-advocacy training received mediocre average ratings (3.0-3.07), while peer tutoring (2.8) and CBI (2.67) were rated the lowest.

While my prior research had led me to expect self-directed IEPs and life skills training to be rated highly effective in teaching students self-determination, there were a number of surprises among these results. I had not expected FBA to have such a high effectiveness rating among educators and I had thought that peer tutoring and self-monitoring would be much higher in comparison. It would have made sense for self-monitoring to parallel self-directed IEP much more closely, as they have similar methodologies for promoting self-responsibility in students. Once again, CBI was rated below my expected level, as it appears that CBI is seen as neither useful nor effective in
promoting self-determination. This result may also be accredited to a lack of familiarity with CBI among those surveyed.

I was surprised that no strategies had an average score lower than 2.5 out of 4. Because of this, I had to read the data on a much finer scale than I otherwise would have. As it was, there were a great number of respondents who did not use these strategies, so many of the strategies presented were rated ‘N/A’. Hence, while there were nineteen people who rated FBA, only six educators rated CBI. This may have had a negative impact on the accuracy of my data. For this reason, I determined that the best way to measure the data was to record only those who gave a response and average all numerical responses.

<p>| Chart 5 |
|------------------|------------------|------------------|------------------|
| <strong>Suggestions to Encourage Self-Determination &amp; Independence</strong> |
| • <strong>Class-wide positive reinforcement plan:</strong> Fill a jar w/ marbles for positive behaviors. Reward CLASS each time jar is filled. | • <strong>Role play, discussion groups, clearly defined expectations and routines, positive reinforcement programs.</strong> |
| • Setting up the classroom and individual incentives for the students where they will feel a sense of responsibility and ownership of their own actions. | • <strong>Provide visuals</strong> so students can check their own work/progress towards different goals/objectives. Give students clear &amp; consistent expectations. |
| • <strong>Reflection.</strong> Daily goals &amp; reflections at the end of each day. Reflection on positive areas and difficulties. <strong>Staff provides daily feedback to the student on what the STUDENT has chosen to write about!</strong> | • A lot of <strong>visuals</strong> so that students are not as dependent on their staff for what they need to do. <strong>Group activities</strong> that encourage the students to share and to find their materials. |
| • Give students responsibilities that they are accountable for. | • <strong>Planners</strong> to record assignments. <strong>Classroom web site</strong> to record information &amp; assignments. <strong>Classroom behavior plan.</strong> |
| • Positive approximations. Parental feedback. | • <strong>Verbal, visual, tangible reinforcement</strong> |</p>
<table>
<thead>
<tr>
<th>Promoting Self-Determination</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Daily Agenda, Student Calendar/Agenda, Regular individual interviews/reviews of strategies and how they are working. Cooperative Learning Strategies, Folder Reviews, Behavior Contracts</td>
<td>- Classroom jobs, use of developmentally-appropriate practices, meeting the child at their developmental level, verbal praise, peer models.</td>
</tr>
<tr>
<td>- Equal expectations for all students while being mindful of IEP &amp; 504 modifications. Do not allow students with special needs to use their classification as a crutch.</td>
<td>- Avoid power struggles, be positive, and incorporate social skills training, social stories, and having pre-established consequences for misbehavior.</td>
</tr>
<tr>
<td>- Card system for behavior.</td>
<td>- Choices, verbal cues, hand-over-hand, picture cues.</td>
</tr>
<tr>
<td>- Peer tutoring/peer models. student chooses for himself the area he wishes to work in and the materials he wishes to work with.</td>
<td>- Verbal praise, tangible reinforcement (stickers, snacks). Verbal/Visual cues for appropriate behavior fading to independence, age-appropriate peer models.</td>
</tr>
<tr>
<td>- Points system &amp; personal rewards; positive reinforcement.</td>
<td>- Self-monitoring. Address the child/student when he/she is not in crisis. When a student is in crisis, the teacher must remain flexible and not try to discuss consequences/behavioral changes until the crisis is over.</td>
</tr>
</tbody>
</table>

While tabulating responses to the question of what strategies current educators suggested while working with ED students, a number of patterns were found. Seven of the 20 respondents mentioned clear, consistent expectations and routines, while five mentioned individualized positive reinforcement plans. Five respondents mentioned visual cues to go along with verbal cues. Four of those who responded mentioned verbal praise and three talked about peer models or peer tutoring.

I had expected clear and consistent expectations to receive several mentions, just as I had thought individual positive reinforcement plans would. I had not expected only
one person to mention classroom-wide reinforcement plans, but perhaps the ED population responds best to individual reinforcement rather than classroom-wide reinforcement. It also surprised me that only two respondents mentioned choices and two discussed daily feedback. The variety of responses to this question was interesting yet, considering the wide demographic of respondents, it would make some sense to see many different responses.

There were a number of respondents who mentioned aspects of dealing with ED students that seemed to have especially poignant advice. One respondent mentioned avoiding power struggles. Another spoke of addressing students while they’re not in crisis and, instead, waiting for the crisis to be over before discussing consequences and behavioral changes. Two other responses that I found interesting were one that mentioned consistent parental feedback and another who mentioned daily goals and reflection.

Chart 6
What Percentage of Students with E/BD can be Mainstreamed into General Education Classrooms?
Of the 22 respondents to the question of mainstreaming, there was a very low percentage who claimed that more than 50% of their students with emotional and behavioral disorders are able to be mainstreamed into general education classrooms. Five respondents (22.73%) stated that less than 10% of their ED students could be mainstreamed, while seven (31.82%) claimed that 10-25% could join the general education classroom and seven others claimed that 25-50% of their ED students could be mainstreamed. Only two (9.09%) respondents stated that 50-75% of their students with E/BD could be mainstreamed and one (4.55%) stated that more than 75% of his or her ED students could take part in general education classrooms.

In the vast majority of cases (86.4% of the time), educators of students with emotional and behavioral disorders claimed that their students could be mainstreamed less than half of the time. While I had expected most respondents to state that less than half of their E/BD students could be mainstreamed, I had not expected such an overwhelming majority. This could be the result of safety precautions or lack of opportunity for emotionally disturbed students, but it seems that the recent focus on providing students with the least restrictive environment possible would skew the figures to include more frequent cases of mainstreaming for all students with special needs.

Strengths and Limitations

While no study is inherently perfect, there were several strengths among my action research. My work fills a need for research, as not everybody in the special education field has a background with students with emotional and behavioral disorders. As the ED population requires a much different type of behavior planning, it is important to spread the information gathered here.
The online survey format I chose to gather data was optimal for anonymity. Also, the survey itself was short and concise, leading to a great degree of time efficiency and ease of use. I made the questions and responses as concrete as possible, hence giving an even greater degree of simplicity. I made sure to gather important demographic figures to inform my data and asked questions that would grant me both qualitative and quantitative responses. The exceptionally wide demographic that I received could be seen as a strength in that it caused me to be able to gather data that can be utilized with various age groups and different types of classrooms.

Unfortunately, the wide demographic could also be a limitation, especially considering the small number of responses that I received. Both of these factors may have had a negative impact on the focus of this study. They may have caused the data to vary too greatly and be over-generalized rather than attentive to a specific grouping of students with E/BD.

The way that the questions were worded, using a great degree of special education lingo, may have led to a greater degree of accuracy with people who have special education training and a lesser degree of accuracy for those with less training in the special education field. Also, while the online format is good for anonymity, it can also cause problems with those who do not understand the wording of certain questions. None of the respondents were able to inquire and, hence, their responses may have lost a degree of precision. Finally, whenever conducting surveys, there is a chance of respondent bias. That is, those who responded may have simply tried to be helpful or said what they thought I wanted to hear. This can sometimes taint the quality and accuracy of responses.
Future studies should seek a larger number of respondents. With a larger grouping, the study could either be broken down to a more narrow focus or adapted to different audiences— for example parents, teachers, medical professionals, or caretakers. In this way, the information could be made available to different audiences. Future studies may also want to gather data through a variety of different forums. Limiting gathering to one format can also limit quality of responses.

**Implications for Practice**

Through my research— specifically the action research portion— I was able to formulate an answer to my basic research questions. According to teachers, administrators, and therapists in the Western New York region there are certain strategies that are more useful in terms of encouraging self-advocacy in students with emotional and behavioral disorders.

Research has shown that Functional Behavioral Assessment is a practical tool when one’s aim is to inform related staff of a student’s tendencies. It has also been shown that life skills training and self-directed IEP are useful in teaching self-determination. Both strategies tend to give students a real life application and a sense of ownership in their education. Therefore, I believe my research has shown that giving students a feeling of empowerment can lead to self-advocacy in students with E/BD. Research supports my original hypothesis that student success is directly related to how much the teacher involves the student in his or her educational process.

On the other hand, there are certain strategies that are seen as less constructive on a broad scheme. The CBI and peer tutoring were both rated low in regard to usefulness and how often they were used. I believe this was a result of how specific those two
strategies are. In the diverse demographic of the people who responded to my survey, I could not expect strategies that apply to particular populations of students would be rated well. Therefore, it is implied that educators should keep specialized student strategies in the back of their minds for use in individual cases while applying broader strategies on a more consistent basis.

One result that was particularly surprising to me was the vast majority of students with E/BD that would not be mainstreamed into general education settings. Whether this means that these students would be in self-contained rooms for the duration of their educational career or that they could not join general education students for specials or other activities, this data holds vast implications for practice. As an educator, one must be a strong advocate for his or her students. In many cases, that will mean finding creative ways to mainstream students. This will require communication between general education and special education staff, as well as consideration of both academic and non-academic situations for mainstreaming. If we are to focus on creating less restrictive environments for all students, we must loosen our hold and grant a degree of trust toward them, even if this means that our students will need to do some learning on their own. In the end, a student that is involved in making decisions about their education has a greater chance of achieving academic success.
References


