

Engagement

- Youth with emotional disturbance are most likely to get in trouble (e.g., be bullied, suspended, expelled, arrested)

Academic supports

- Youth with emotional disturbance, intellectual disabilities, autism, and multiple disabilities are less likely to receive academic help outside of regular school hours
- Youth with emotional disturbance, autism, and multiple disabilities are less likely to have parents help with homework or attend school events

Preparation for life after high school

- Youth with emotional disturbance are not among groups at highest risk for not transitioning successfully

Additional information can be found in the publicly released [NLTS2012 reports](#).

WHAT WE KNOW—AND WHAT WE NEED TO KNOW—ABOUT ACADEMIC, SOCIAL, AND EMOTIONAL NEEDS OF STUDENTS WITH EBD

During this session, the TWG considered the unique needs of those with EBD and what information is needed to better serve this population of students.

Defining the population of students with EBD. Members discussed the heterogeneity of students with emotional and behavior problems and the subjective nature of the EBD label. Members questioned whether we really understand the needs of this population, because existing data we have about students with EBD, such as NLTS 2012, inform us only about those who are identified with an EBD label, rather than *all* students with EBD-related problems. For example, studies have shown that students with internalizing disorders may be under identified in the EBD population. A “deeper dive” into existing data sources is needed to better understand the characteristics and needs of this population. There are also students who exhibit extensive and intensive behavior problems who for a variety of reasons, are never identified under the EBD label. When data such as NLTS2012 provide results about “students with EBD”, we need to recognize that existing data may not represent the entire population of students with significant behavior problems in schools. Because of this, the field needs to think about students with “intensive service needs” rather than focusing on students only with the EBD label.

The TWG discussed that one barrier to EBD identification and intervention delivery is the stigma of having an EBD label. At the kindergarten level, an estimated 70 to 80 percent of parents of students with EBD are highly involved in their child’s education. By middle school, this percentage drops to around 40 percent—perhaps due in part to the perceived stigma of having a child with EBD. Parents of children with emotional, behavioral, or mental health issues often feel judged (i.e., that the child’s problems are their fault). Complicating this problem is a lack of data on how perceived stigma may vary among cultures. The existence of this stigma should be

recognized and considered in intervention development research, in order to appropriately identify students and to ensure that all students who need services receive them.

Multidimensional needs of students with EBD. TWG members remarked that interventions for students with EBD have tended to focus on behavioral management (e.g., classroom management, social skills, and anger management) often to the exclusion of other needs of these students. For example, IES projects that have examined academic outcomes for students with disabilities show that the academic performance of students with EBD is lower than most disability groups, yet the literature does not provide practitioners with much guidance on academic interventions for students with EBD. Academic interventions exist for students with other disabilities, but members questioned whether we can assume that academic interventions developed for students with learning disabilities (LD), for example, would be appropriate and effective for students with EBD. TWG members suggested that researchers conducting academic intervention research be purposeful in addressing students with EBD, and collect data on student behavior to determine if academic interventions alone can improve outcomes for these students. The Office of Special Education Program's National Center on Intensive Intervention was noted as a resource that is advocating for programs that address behavior and academic needs of students.

Neuroscience research discussed suggests that early-life experiences can affect brain development, including executive function, which can in turn affect behavior and academic outcomes. It was noted that often students with EBD have greater risk exposure than their peers, and the field does not understand well the relationship between risk exposure and EBD identification and intervention. Risk exposure could have a significant moderating effect on the findings of EBD intervention research. Much of the existing risk research examines health and mental health outcomes, but we need a better understanding the impact on academic outcomes as well. Members called for more uniform measurement of childhood exposure to risk factors (e.g., family risk factors of trauma, neglect, abuse, and community risk factors such as exposure to violence) for students with EBD to begin to address these issues.

In addition, results of meta-analyses examining the relationship between language deficits and behavior issues suggest that these two challenges are often comorbid in students with EBD. Some students who ultimately receive an EBD label initially had language delays. Intervention development research for students with EBD should consider academic, behavioral, and language processing needs. In particular, it was noted that students with EBD are able to expressively communicate effectively, but often struggle with receptive language. This argues for attention also to be paid to understanding how teachers talk to students – the language used may impact student perception and understanding, and therefore their behavior. Measurement was discussed as challenging, so additional research is also needed to better understand how to measure language deficits for students with EBD. TWG members encouraged EBD intervention development researchers to collaborate with speech-language pathologists to address these issues.

The state of practice for students with EBD. TWG members discussed the importance of considering context when interventions are implemented with students with EBD. Every school setting is unique and multifaceted. The departure of a principal who is supportive of

interventions, for instance, can change a school’s educational environment. School leaders can play a critical role in the success of interventions. Teachers will need a range of contextual supports to successfully implement an EBD intervention—above and beyond training in intervention implementation—including time, resources, and access to colleagues. As one TWG member observed, it is not helpful to train a general education teacher on an effective intervention for their student(s) with EBD, and expect him or her to implement it with fidelity without a range of supports, particularly when teachers are responsible for a large number of students (e.g., high school).

TWG members argued that recruiting talented new professionals to this field and promoting their success should be a priority. Members recognized however, that more data is needed on the characteristics and skills of successful teachers of students with EBD. Teachers of students with EBD have higher rates of burnout, yet there are some teachers who thrive with this population of students. Addressing how talented new professionals can be recruited to this field and promoting their success should be a priority.

TWG members also recommended that intervention development research consider the role of every adult who interacts with EBD students, including teachers, administrators, para-professionals, counselors, cafeteria workers, security monitors, and bus drivers. They will all encounter students with EBD and can play important roles in creating a positive school culture and climate for students.

Members also noted that students with EBD typically have needs that extend beyond the school walls, and we need to address student needs across home, school, and community settings. Interventions should be informed by stakeholders from relevant sectors, such as juvenile justice, mental health, and community/social services. IES could bridge the separate funding and purpose of these entities by partnering with the Office of Juvenile Justice and Delinquency Prevention, the Substance Abuse and Mental Health Services Administration (SAMHSA), and others, to support comprehensive, integrated intervention development and evaluation. TWG members noted that providing wrap-around supports to students with EBD can be successful, such as having a local mental health agency co-located within a school to provide onsite support for students with ED.

Finally, members noted what is often missing from the research literature and practice is an understanding of the quality of services students receive. The focus is usually on what they receive with little if any attention paid to quality. TWG members noted the need for assessments to be able to better measure and differentiate the quality of services students with EBD receive.

WHAT WE KNOW—AND WHAT WE NEED TO KNOW— ABOUT POLICIES, PROGRAMS, AND PRACTICES FOR ELEMENTARY STUDENTS WITH EBD

TWG members expressed the need for a better understanding of all factors that are relevant to academic success for this population, including context, curriculum, and instructional practices.

Early identification. TWG members indicated that early recognition of problem behavior is critical to improving short and long-term outcomes for students, and schools are often not doing very well in this area.

Staff Preparation. It was noted that schools tend to be reactive rather than proactive toward students with EBD. Children with intense behavior problems, particular secondary-aged students, are often transferred to alternative settings that have teachers skilled in dealing with emotional and behavioral issues. The general consensus was that teachers and administrators—both general and special education—are frequently inadequately prepared to meet the time-, energy-, and cost-intensive needs of students with EBD. To reduce this trend, teachers and other school district staff should be provided with more training and supports because they are often unprepared to support students with EBD in general education settings. TWG members also called for more effective methods to promote behavior change in the adults who teach and interact with students with EBD. Coaching as a professional development strategy for teachers holds promise, but questions remain about why it works and how much is required, as well as the coaching needs of other staff such as para-professionals. For an EBD intervention to succeed, administrators, teachers, and para-professionals also need accurate information on the time requirements and cost/benefits of the program.

Systems Approach. TWG members noted that schools often lack the support systems to ensure adoption of such interventions with fidelity, adaptation to specific settings and populations, and the infrastructure necessary to sustain such programs. To be effective, an intervention must work at all levels (e.g., the student, classroom, school, and school system). There is much to learn about how to determine whether a system is “ready” for innovation and intervention. One promising model for scaling up innovation is the methodology used in the Positive Behavior Interventions and Supports (PBIS) literature.²

A systems approach may be enhanced by additional information about costs of programs, including cost-benefit and cost-effectiveness of programs. A large evidence base exists for PBIS, and the Office of Special Education Programs supports a technical assistance center for school systems interested in implementing PBIS.³ A TWG member discussed a recent study that found every \$100 invested in effective EBD interventions results in a later savings of \$105 per student in the form of reduced demand for community-based social services. This is particularly true when interventions are implemented as early as possible in the child’s elementary school career. Despite the success, schools still may face barriers in investing in some EBD interventions because the economic benefits are delayed and not recouped directly by the school system. High quality interventions may be more expensive because of more resources, support, and people necessary. It is difficult for schools to invest in something whose payoff may be years down the road.

There are also existing processes in place that can sometime impede development and/or implementation of interventions. For example, a current procedure requires that instruction and interventions for a student with EBD be informed by an individual functional behavioral assessment. In other words, intervention needs to be targeted to the individual need of a

² Scott TM, Anderson CM, Alter P, *Managing Classroom Behavior Using Positive Behavior Supports* (Pearson, 2012).

³ See <https://www.pbis.org/research/tier1supports/evaluation-studies>

