

Training and Support for Parents of Children with Emotional and Behavioral Disorders

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Abstract

Parents and guardians of children with the special education eligibility of emotional disturbance often have difficulties knowing how to appropriately and effectively handle their children's disruptive behaviors at home. Even though their children may be making behavioral improvements in school, often times their behaviors are still very problematic at home. So why is it that children with emotional and behavioral disorders (EBD) may display more appropriate behaviors in the school setting than they do at home? One possible explanation is that the parents and guardians of these children do not have the same training and knowledge concerning effective behavioral strategies typically implemented in behavioral classrooms. This article explains the dire need for school districts to implement training sessions and support groups for parents and guardians of children with EBD. The article also details possible topics for training sessions and provides ideas concerning compensation for presenters.

Training and Support for Parents of Children with Emotional and Behavioral Disorders

Tony, a ten year old boy, began receiving services under the special education category of emotional disturbance in October. When he was first placed into the special education behavioral classroom he displayed an array of disruptive behaviors. These behaviors included hitting his teacher and peers whenever he became angry, which occurred at least five times every day. His behaviors also included screaming profanities at the top of his voice whenever he did not get what he wanted. His teacher did not know that so many four letter, profane words actually existed in the English language. He also refused to complete any assignment and often crumbled up worksheets and tests, smiled mischievously at his teacher and proceeded to make slam dunks into the waste paper basket. However, after six months in the special education behavioral classroom something magnificent happened. Mrs. Holder, a veteran special education teacher, had implemented a variety of both academic and behavioral strategies with Tony beginning the first day he arrived in the classroom. After some trial and error and tremendous dedication and patience on Mrs. Holder's behalf, Tony's once aggressive and disruptive behaviors began to improve.

Mrs. Holder was delighted at the progress and she could see that the anger in Tony's eyes had been replaced with tranquility and happiness that at one time had not been there. One Thursday morning, Ms. Tooke, Tony's mother, called Mrs. Holder crying. She asked if she could come to school that afternoon for a parent / teacher conference. When Ms. Tooke arrived at school that afternoon, Mrs. Holder was taken aback. Tony's mother had a black eye and her arm was in a

sling. Mrs. Holder quickly discovered that Tony had inflicted this harm onto his mother. Ms. Tooke began to tell a detailed account about how Tony became enraged the night before when she had asked him to take out the trash. They had argued and when she explained to Tony that he was grounded for a month, he punched her in the face with his fists and pushed her to the kitchen floor.

After a lengthy discussion with Ms. Tooke, Mrs. Holder discovered that this was not the first time Tony had inflicted such physical harm to his mother. Mrs. Holder also found out that Tony yelled and verbally abused his mother on a daily basis. Even though he had demonstrated markedly improved behaviors at school, Mrs. Holder was disheartened and deeply saddened to discover that at home his behaviors had escalated in both severity and frequency. As the summer months quickly approached and Tony would be home more, Ms. Tooke was at a complete loss, desperate for help, and most disconcerting – afraid of her son.

Definition of Emotional Disturbance

What exactly is the definition of emotional disturbance? According to the Individuals with Disabilities Act of 2004, emotional disturbance is defined as the following:

Condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance.

- *An inability to learn that cannot be explained by intellectual, sensory, or health factors.*
- *An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.*
- *Inappropriate types of behavior or feelings under normal circumstances.*
- *A general pervasive mood of unhappiness or depression.*
- *A tendency to develop physical symptoms or fears associated with personal or school problems.*

Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted unless it is determined that they have an emotional disturbance.

According to the U.S. Department of Education (2007), in the United States alone the prevalence of students identified as having an emotional disturbance is approaching half a million.

Impact on Family Unit Impact on Family Life

Stress in the family unit. Severe emotional and behavioral disorders (EBD) have the potential to be extremely traumatic, costly, and disheartening to parents and other family members. According to Fox, Vaughn, Wyatte, and Dunlap (2002), the child's behavior eventually impacts every dimension of the family. In some situations, the family's everyday schedule and routine becomes focused on the child with EBD. For example, waking the child up for school and getting them dressed readily becomes an emotionally exhausting event. Additionally, Guralnick (2000) states that the child's behavioral problems create tremendous stress within the family unit. Harrower, Fox, Dunlap, and Kincaid (2000) conclude that families may decide that it is simply

easier and less stressful to remain within the confinement of their home instead of risk public displays of their children's behavioral difficulties. A family, that at one time enjoyed attending church services or dinner with friends now decline these invitations fearful of experiencing an embarrassing behavioral episode from their child. Furthermore, people are less likely to visit the family at home, since parents and other close family members also become literally emotionally exhausted with the relentless and escalating behavioral difficulties.

Finally, students with EBD can exhaust financial resources at a rate faster than the average child (Duchnowski & Kutash, 1996). For example, it is probable that a family's financial resources become easily consumed by visits to psychiatrists and costly medications. The situation might be more exasperating and hopeless if the family does not have medical insurance or does not qualify for governmental medical assistance such as Medicaid.

Impact of Emotional and Behavioral Disorders During Teenage Years

Limited skills to overcome difficulties. Students who are eligible for special education services under the category of emotional disturbance often experience difficulties in their educational and life journeys. Of course, all children are different, so individuals' experiences vary.

Unfortunately research conducted by Carter and Wehby (2003) shows that these children's teen years are filled with difficulties, which they have limited skills to overcome. These students often succumb to peer pressure at a higher rate than other children because they experience difficulty with decision making due to inherent emotional swings. Research conducted by Carson, Sitlington, and Frank (1995) found that many teenagers with EBD experiment with illegal drugs, sexual encounters, and alcohol either because they crave an escape to everyday life situations or because of poor impulse control. According to Boreson (2003), as a result of multiple sexual encounters at a young age, female students with EBD are six times more likely than female students without EBD to become pregnant more than once during their teenage and young adult years.

Likewise, these children and teenagers experience tremendous difficulties with forming relationships and bonds with peers and adults. Friedman, Kutash, and Duchnowski (1996) express that some children and teenagers with EBD either refuse to form close bonds and relationships with others or they sabotage the relationships once they have been formed.

Academic difficulties. The research depicting the academic achievements of students classified as having an emotional disturbance is disconcerting. According to Kaufmann (2005) and Walker, Ramsey, & Gresham (2004), when compared to students who qualify for other special education eligibilities, students with emotional disturbance have higher incidences of suspensions, expulsions, grade retention, rates of dropping out of school, and failure to graduate from high school. According to Wagner (1992), fifty to sixty percent of all students classified as having an emotional disturbance do not complete high school. Out of the individuals who did receive a high school diploma, few attended any type of postsecondary educational training. Research conducted by Zhang, Katsiyannis, & Kortering (2007) and Wagner (1992) also indicated that a large percentage of individuals with EBD are arrested at least once in the two years after leaving school.

Reasons for dropping out of school. Scanlon and Mellard (2002) explored the reasons that students with and without disabilities drop out of high school. The study consisted of two hundred seventy-seven individuals with and without learning disabilities and emotional behavioral disorders. Data was collected concerning the participants' experiences in school and factors that influence their decisions to drop out of high school and their experiences since leaving school.

The data showed that programs for students classified under the special education eligibility of emotional disturbance are seldom available at the secondary level; instead, these students are provided with special education programs for learning disabilities, therefore not meeting their needs. Data results also indicated that reading difficulties are a prevalent cause for students dropping out of high school. Finally, lack of self-confidence also contributed to drop out rates (Scanlon & Mellard, 2002).

Obtaining and Maintaining Employment as Adults

Research by Carter and Wehby (2003) demonstrated that individuals with EBD have an unemployment range from 42% to 70% during the first five years after high school. Carter and Wehby's (2003) research pinpointed the factors leading to these grim unemployment rates. The participants in the study included forty-seven employed adolescents ranging in ages from fifteen to twenty years old. The participants in the study had to meet certain criteria in order to be involved in the study. First, the participants had to have been employed with a community business for a minimum of one month. Participants also had to be enrolled in a class for students with behavioral or emotional disorders. Finally, these employed students had to consent to participation in the study.

The participants were administered a questionnaire to complete. The questionnaire consisted of four parts that included participant information, employment skills performance, employment skills importance, and job satisfaction. Forty-seven adults responsible for supervising the participants in their daily jobs were also given the questionnaire to complete, excluding the job satisfaction section. The data revealed that the adolescents with behavioral and emotional difficulties rated their job performances much more favorably than did their employers. Findings also indicated that the adolescents and employers had differing views regarding the importance of certain work behaviors.

In order to be successful in adulthood, it is crucial that adolescents with EBD be offered instruction that addresses job skills that are mandatory to maintaining employment. Not only should they be taught appropriate behaviors, but also which behaviors are most important to control in their personal and professional lives.

Interventions for Students with Emotional and Behavioral Disorders

Exposure to positive behavioral strategies. In order for students with the special education eligibility of emotional disturbance to improve their behaviors in both the school and home setting, parents must be exposed to the positive behavioral interventions and strategies

implemented by highly trained school staff members. I taught students with emotional and behavioral disorders for nine years. In my experience, I have witnessed repeatedly the same phenomenon. My students' behaviors dramatically improved once they began receiving services in a special education behavioral classroom. However, I received phone calls from distraught parents sometimes daily reporting the out of control behaviors their children exhibited at home during after school hours, weekends, holidays, and summer breaks. Most of the parents had experienced limited opportunities to learn behavioral interventions and strategies that had proven so effective in the school setting. I attempted to explain and reiterate to my students' parents the importance of planning a schedule for the children and using positive behavioral reinforcements when behaviors were appropriate. However, these parents still struggled with their children's behaviors at home on almost a constant basis.

Limited support systems. Unfortunately, the parents of my students also had extremely limited support systems in place to assist them in times of crisis. They had no one to call to assist them when situations became out of control and no one to listen to their frustrations and stories of anguish. Most importantly, they had limited individuals in their lives who were experiencing the same situations. Their co-workers would come to work on Monday mornings telling stories of how their families went to the park for a picnic on Saturday afternoon and then spent the remainder of the day watching movies and making cookies. However, the parents of my students had quite different stories to impart to their friends and co-workers after a long, exhausting, and traumatic weekend with their children. Most of the times these parents did not confide in their co-workers or friends because they did not want to be characterized as having poor parenting skills. Instead, these parents kept silent and lived in their own private torment with no one to comfort, support, or assist them.

Training and Support Groups for Parents

I realized that in order for children to make the same behavioral improvements at home as they frequently do in special education behavioral classrooms, the parents of these students must be taught how to implement the same effective, research-based strategies that are implemented in schools. The parents / guardians of these students also must have a support system that they can turn to for assistance, guidance, and if nothing else – just to talk about their feelings and experiences.

Objectives

Imparting knowledge. The first objective for the “Training and Support Groups for Parents of Children with Emotional and Behavioral Disorders” includes providing parents with knowledge of the effective interventions and strategies implemented daily in special education behavioral classrooms. The presenters dealing with this aspect of training will not only impart the knowledge, but also closely work with parents in teaching them how to implement these strategies.

Support groups. The second objective includes providing an atmosphere in which parents can share their stories in a supportive and nonjudgmental setting. In these support groups the parents will finally be able to openly express their concerns with other individuals experiencing the same types of situations. The facilitators of these meetings should stress the importance of building

support systems and to always maintain the perspective that the behaviors of these children can and will improve. The goal of the support group will be to offer encouragement, support, and hope to these parents by encouraging them to never give up on their children. The facilitators of the support group will reiterate that behavioral changes will take time to occur. They will also teach the parents that if one behavioral technique does not seem effective, then the parents must persevere until they find a strategy that does result in positive behavioral changes.

Timelines and Recommendations for Topics During Meetings

Timelines. With careful consideration, I recommend two meetings each month for a period of seven months. This time frame provides the information and will support the parents’ needs, without becoming overwhelming.

Recommendations for topics. The following chart depicts recommendations for topics for the fourteen meetings. Of course, these are only recommendations and each school district should present topics and select times appropriate for their individual needs and schedules.

Recommendation of Topics

7:00 – 8:00	“Creating Consistent Schedules and Routines – A Crucial Aspect of Behavioral Management”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Positive Reinforcements – A Key to Improved Behaviors – Part I”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Positive Reinforcements – A Key to Improved Behaviors – Part II”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Issuing Appropriate Consequences to Your Child”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Setting Limits”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Consistency – A Critical Aspect in Behavior Management”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“De-escalation Part I – Managing the Situation Before Behaviors Become Out of Control”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“De-escalation Part II – Managing the Situation Before Behaviors Become Out of Control”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Healing Time – How to Recover and Heal After Your Child has a Significant Behavioral Episode”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Remaining Calm in Times of Crisis”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Medications – Understanding the Side Effects and Knowing What Questions to Ask Your Health Care Professional”

8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Taking Care of <u>YOU</u> – Tips on How to Take Care of Yourself – Physically and Emotionally”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Siblings of Children with Emotional and Behavioral Disorders”
8:00 – 9:00	Support Group Meeting
7:00 – 8:00	“Looking Towards a Bright, Hopeful Future”
8:00 – 9:00	Support Group Meeting

Detailed Descriptions of Parent Training Sessions

Creating consistent schedules and routines. During the first session, “Creating Consistent Schedules and Routines – Crucial Aspects of Behavior Management,” the facilitator will teach the parents and guardians how to create effective schedules and routines for their children. In special education behavioral classrooms, a key component to the success and effectiveness of class is precise planning. In my experience, students with EBD tend to make poor behavioral choices when they have excessive free time and are uncertain of expectations. According to Gargiulo (2009), “By creating and developing effective schedules, teachers can minimize the likelihood of disruptive behavior” (p. 299).

The planning of a schedule and maintaining a consistent routine in the school and home settings allow the children to understand exactly what they should be doing at a particular time. Students with EBD respond extremely well to structure and organization. The steps involved in creating and implementing schedules and routines is a component that can easily be taught to parents and guardians.

Positive reinforcements. According to Bos and Vaughn (2006), “Reinforcement is the most significant means of increasing desirable behavior” (p. 36). Taylor, Smiley, & Richards (2009), define positive reinforcement as “The contingent presentation of a consequence following a student response to increase that response” (p. 197). Examples of positive reinforcements may include tangible rewards such as healthy treats, renting a favorite movie, having a picnic at the park, or receiving stickers that may later be traded in for a preferred activity. According to research by McGinnis, Friman, and Carlyon (1999), intrinsic motivation is not decreased by the implementation of positive reinforcements that are tangible in nature.

Implementing positive reinforcements in a responsible manner is a key component to improving behaviors in students with emotional and behavioral disorders. The second and third sessions teach parents how to select positive reinforcements and how to appropriately devise behavior plans so that their children understand exactly how and when the positive reinforcements can be earned.

Issuing appropriate consequences. The fourth training session entitled, “Issuing Appropriate Consequences to Your Child” teaches parents / guardians how to make the consequences appropriately fit the behavior. Parents / guardians who attend this training will learn the different types of appropriate, research-based consequences, such as time-out, response cost, loss of privileges, and extinction. They will learn how to appropriately and responsibly implement these

consequences when needed. It is crucial for parents and teachers to issue firm, logical consequences for inappropriate behaviors. For example, if a child has a tantrum at school and destroys school property, a logical consequence would be that the child must clean up the mess he or she has created and then make financial restitutions. If the child has destroyed another child's notebook, then he or she must work completing chores after school in order to replace the damaged property. It is extremely vital that teachers and parents remain calm when issuing consequences and that the consequences are not unrealistic or impossible to implement.

Parents / guardians will also learn what the current research states concerning physical types of consequences, such as corporal punishment or physical restraint. For example, Alberto and Troutman (2006) state that only as an absolute last resort should any type of physical consequences (i.e. physical restraint) be delivered to children. Only situations where the child is participating in self-injurious behaviors or displaying extreme aggression might a physical restraint be appropriate.

Setting limits. During the fifth session entitled, "Setting Limits" the parents and guardians learn the skill of communicating to their children which behaviors are appropriate and which behaviors will not be tolerated. All children test limits. It is imperative that parents respond to the testing of limits in a firm and consistent manner. For example, a parent tells a child that he can watch television for thirty minutes and then he must complete his homework. Chances are the child will ask his parents if he may watch television for forty minutes or an hour. The parents must remain consistent and abide by what they previously stated. If the parents allow the child to watch television for an hour, then the next day the child will test the limit and ask to watch television for an hour and ten minutes. However, more importantly, the child will know that his parent can be convinced to change the rules.

Consistency. During the sixth session, "Consistency – A Critical Aspect in Behavior Management" the parents learn that consistency is one of the most important key factors in behavior management. Without consistency, rules set forth by parents and teachers have little to no merit. A child must know that every time he argues with his parent or has a tantrum a consequence will be issued. If the child only receives a consequence every three out of ten times, he will continue to test limits and more than likely the inappropriate behaviors will escalate.

De-escalation. The topic of de-escalation will be covered during the seventh and eighth sessions. During these sessions, parents and guardians will learn the key components of how to de-escalate a child in crisis. In this session parents will learn effective techniques of how to identify when their children are becoming upset and angry so that they can intervene before behavioral episodes occur. Many times a behavioral episode can be averted by talking to the child in a low, calm voice. Parents and guardians attending this session will also be instructed in certain calming techniques to assist their children if their behaviors have escalated.

Healing time. "Healing Time – How to Recover and Heal After Your Child Has a Significant Behavioral Episode" is the topic for the ninth session. Many times during a significant behavioral tantrum, a child may do or say things that he or she later regrets. The relationship between the parent and child must be mended and repaired so that hurt feelings do not continue. During this time, the parents must reiterate to the child that he or she is still dearly loved; however, inappropriate behaviors will not be tolerated.

Remaining calm. The tenth session, “Remaining Calm in Times of Crisis” teaches parents the skills necessary to remain calm and in control of a situation that has become a crisis. This session focuses on how to remain calm and think clearly so that the best actions can be taken to help resolve the situation.

Medications. “Medications – Understanding the Side Effects and Knowing What Questions to Ask Your Health Care Professional” is the topic of the eleventh session. According to Weisz & Jensen (1999), in the United States the percentage of children who require medications to treat psychological disorders is between nine and thirteen percent. Research conducted by Runnheim, Frankenberger, and Hazelkorn (1996), indicated that stimulant medications were prescribed and used by 40% of students with EBD to assist in controlling their behaviors.

This session is of the utmost importance to parents because it reviews questions that need to be asked in order to fully understand the medications their children are prescribed. This session reviews the side effects of numerous medications, what pertinent questions to ask health professionals, and ways to research and learn more about the medications these children are prescribed.

Taking care of YOU. Many times parents can become so consumed in their children’s behavioral problems that they neglect to take care of themselves and the other relationships with family members. The twelfth session, “Taking Care of YOU – Tips on How to Take care of Yourself – Physically and Emotionally,” offers key ideas on how parents can make time for themselves in order to focus on their own physical and emotional health.

Siblings. Siblings may sometimes feel neglected because so much of their families’ resources, both financially and emotionally are expended on the children with emotional and behavioral disorders. During this session, parents will be presented with ideas of how to make the siblings of children with EBD understand that they are loved, appreciated, and valuable members of the family.

Hopeful future. The final training session is entitled, “Looking Towards a Bright, Hopeful, Future.” During this last session, parents will be taught the importance of remaining hopeful and optimistic when looking to the futures of their children. By this point in the program, the parents will hopefully be implementing everything they have learned regarding behavior and their children will be making behavioral improvements. This last session will also be used as a time to reflect on the sessions and for the parents to make suggestions for how the sessions could be improved in the future.

Participants and Proposed Funds

Participants. It is my recommendation that these sessions be available at no cost to the parents and guardians of children with the special education eligibility of emotional disturbance. This will enable these individuals to benefit from the training and support group sessions without being concerned about financial costs.

Proposed funding. I recommend that the presenters for the training sessions be selected from those individuals who work daily with students with emotional and behavioral disorders. Compensation for their participation in presenting in the parent training and support groups can

be accomplished in one of two ways. It is proposed that each presenter receive a monetary amount for each parent training and support group in which they participate. However, an alternative expenditure would be to offer an allotted amount of time off for each employee instead of monetary compensation.

Conclusion

Teachers who work with students with the special education eligibility of emotional disturbance often have the advantageous opportunities of attending numerous trainings provided by the school districts in which they teach. As professional educators they have also benefitted from years of intense education pertaining to an array of both academic and behavioral strategies. However, at the end of the school day, they send their students home. Many of the parents / guardians of these children may be highly educated and have degrees of their own. Unfortunately, they have not benefitted from the same specific behavioral training provided to their children's teachers. Is it really surprising that some of these parents struggle on a daily basis with their children's behaviors? For behavioral improvements to occur in both school and home settings it is of vital importance that parents and teachers both effectively implement similar behavioral strategies. In order for this to occur, the parents or guardians of these children need specific training. The training should consist of information concerning effective behavioral strategies and step-by-step instructions on how to implement these strategies.

Typically, behavioral teachers also benefit from having one or more paraprofessionals in the classroom with them at all times. These paraprofessionals provide a great deal of support to both the students and teachers in the classrooms. However, the parents and guardians of students with EBD may not know of anyone experiencing the same parenting challenges that they are facing. They may not have anyone to turn to in their time of need or anyone who understands what it is like to parent a child with emotional and behavioral disorders. These parents need to have the opportunity to communicate their feelings and experiences with other parents who are currently walking in the same shoes. With the implementation of parent training sessions and support groups, the home environments of these children will hopefully improve and so will the lives of the parents.

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