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**EXPERIENCE AND KNOWLEDGE OF ELEMENTARY SCHOOL TEACHERS
OF EMOTIONALLY AND BEHAVIORALLY DISORDERED STUDENTS**

by

Ashley Higginbotham

A Thesis

Submitted to the
Department of Psychology
College of Science and Mathematics
In partial fulfillment of the requirement
For the degree of
Master of Arts in School Psychology
at
Rowan University
May 3, 2017

Thesis Chair: Roberta Dihoff, Ph.D.

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Dedications

I dedicate this manuscript to my parents, Alfred and Diane and my brothers, James and Mark, for their constant love and support.

Acknowledgments

I would like to acknowledge my thesis chair, Dr. Roberta Dihoff, and her graduate assistant, Alicia Clendaniel, for their constant support in the completion of this thesis.

Abstract

Ashley Higginbotham

EXPERIENCE AND KNOWLEDGE OF ELEMENTARY SCHOOL TEACHERS OF EMOTIONALLY AND BEHAVIORALLY DISORDERED STUDENTS

2016-2017

Roberta Dihoff, Ph.D.

Master of Arts in School Psychology

There is very little and out dated research concerning effective teacher methods for managing emotionally and behaviorally disordered children in educational settings. With growing rates of EBD children, it is important that this population gets the attention of researchers to ensure success for them. This study attempted to evaluate the relationship between experience and knowledge of teachers in regards to managing emotionally and behaviorally disordered students. Variables included number of years of teaching, number of EBD students each teacher had in the past five years, and participation in courses or workshops on EBD students. Seventeen teachers of EBD students responded to the survey. Pearson correlations in SPSS were used to identify any significant relationships between the variables. The results of the study proved to be insignificant, perhaps due to the small sample size and outdated survey.

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Chapter 1

Introduction

The purpose of this research study was to evaluate the relationship between experience and knowledge of teachers in regards to managing emotionally and behaviorally disordered (EBD) students in the classrooms. This study was based off a survey that measured years of teaching experience, number of EBD students taught in the past five years, coursework and workshops, and knowledge of how to properly manage EBD students in the classroom. While exploring previous studies and existing research, it appeared that little research had been done on the topic of managing EBD students in classrooms, and most of which is outdated. The purpose of this study was to determine if experience alone was a good indicator of effective EBD student management skills. The study hypothesized that the amount of experience teachers have with emotionally or behaviorally disordered students will positively correlate with their knowledge of how to properly manage the behaviors of emotionally and behaviorally disordered students in their classrooms. One limitation of the study is that the sample size is not large enough to completely represent the population of teachers who handle emotionally or behaviorally disordered students in their classrooms. Another limitation is that the survey used for the study may have been outdated. It was constructed based on a survey that was created in 1991, which was based off research done prior to that year. The small sample did not reflect most of the population, and the survey may not have been a good indicator of knowledge.

Need for study

Anderson and Hendrickson (2007) found that special education teachers who worked with EBD students through their student teaching, felt the most comfortable continuing their careers with EBD students, and proven to do so. Another study focused on regular education teachers and their willingness to accept EBD students into their classroom (Chaile, 1992). While this study found no significance in the knowledge of EBD students and willingness to accept them into the classroom, it did propose the idea that there is a population of teachers who feel that they do not have the skills to manage the behaviors of EBD students.

Classroom instructional competence, and classroom management skills are indicators of how effective a teacher is when managing the behavior of a student (Beyda, Zentall, & Ferko, 2002).

Operational Definitions

Knowledge of Emotionally or Behaviorally Disordered Students: Teachers' knowledge of how to handle emotionally or behaviorally disordered students was measured by items on the survey. The teachers' responses will be compared to the responses of professors of education at Rowan University.

Experience with Emotionally or Behaviorally Disordered Students: Teachers' experience with emotionally or behaviorally disordered students was measured by items on the survey. The survey asked how many students identified as emotionally or behaviorally disordered they have had in the past five years.

Assumptions

It was assumed by the researcher that in this study a number of teachers would willingly fill out the required survey in order to receive the necessary data. It is also assumed by the researcher that all teachers have knowledge on how to handle students who are emotionally or behaviorally disordered. It was then assumed that some teachers would have more experience and greater knowledge in regards to students with emotionally or behaviorally disordered students.

Chapter 2

Literature Review

There is very little research that focuses on the managing of emotionally and behaviorally disordered students in the classroom. Educational research should be viewed as a continuum to insure progression, however Mooney and his colleagues discovered (2003) that there is a lack of applicable research regarding EBD students. The study examined research from 1975-2002 to determine trends in academic interventions for students with emotional disorders. The results concluded that the research over those years that a) most research was done in a special education setting, b) research usually included single-subject designs, c) treatment data were absent, d) research includes underrepresentation and overrepresentation (females and minorities), and d) there is an overall decline in research focused on EBD children and adolescents in an academic setting.

The lack of research proposes an issue, because around 440,000 emotionally and behaviorally disordered students (8.6%) make up the student population. This number has increased by 20.1 percent over the past ten years and it is still predicted to increase (U.S. Department of Education, 2016). It is possible that this number is even higher, due to families rejecting the label (Brauner and Stephens, 2006). However, more research with effective treatment methods, including treatment in an education setting, will normalize the label and encourage families to get their children help.

The emotionally and behaviorally disordered population requires more research regarding effective teaching strategies. These students are more likely to suffer

academically, in terms of achieving under grade level (Kauffman, 2001) and failing to master basic academic skills that are essential to later functioning (Gunter & Denny, 1998). These academic difficulties ultimately have lasting consequences. Overall, students with ED frequently encounter academic difficulties such as lower grades, more failing grades, greater retention rates, and a greater likelihood of dropping out (Locke & Fuchs, 1995; Wagner, 1995). As of 2003, the U.S. Department of Education estimated about 50% of EBD students drop out of school, resulting in low employment levels and poor employment histories. For these reasons, teachers must be able to act effectively in the classroom. Intervention research with students with EBD needs to be examined by school administrators, teachers, and even parents to be able to make sound improvements in the child's life (Mooney, et al., 2003).

Defining Emotional and Behavioral Disorders

Emotional and behavioral disorders do not have a common definition. It is more often used as an umbrella term for poor work habits, lower academic achievement scores, poor social skills, and great extremes of behavior such as being aggressive or withdrawn in children (Meadows et al., 1994; Walker, Ramsey, & Gerham, 2004). Poor social skills include not being able to relate to other appropriately (Rosenberg, Wilson, Maheady, & Sindelar, 2003). Behaviors also include disrespect, failing to follow directions, and being off-task (Safran & Safran, 1988). In a study conducted by Chaille (1992), emotional and behavioral disorders were defined as a group of mental disorders in children. The disorders included conduct disorders (aggression, destructive, disobedient, uncooperative, distractible, disruptive, persistent), anxiety-withdraw disorders (drawn, shy, depressed,

hypersensitive, cry easily, have little confidence), immaturity (short attention span, frequent daydreaming, little initiative, messiness, and poor coordination), socialized aggression (often members of gangs, may steal or vandalize because the peer culture expects it).

Federal definitions are often used to ensure that children suffering from emotional and behavioral disorders are obtaining One federal definition comes from the Individuals with Disabilities Education Act (2010) as follows:

(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) 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 under paragraph (c)(4)(i) of this section.

Another federal definition derives from the Substance Abuse and Mental Health Administration (1993), which reads:

“...persons from birth to age 18 who currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-III-R, and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Definitions of what emotional and behavioral disorders are do not signify any particular diagnosis, but hold legal value of mandated services to assist these children (Brauner & Stephens, 2006). For example, “serious emotional disturbance” refers to a diagnosed mental health problem that disrupts the child’s ability to function socially, academically, and emotionally. However it is not a formal DSM- IV diagnosis, or even a formal DMS-V diagnosis.

Because there is not an exact definition to identify children with emotional and behavioral disorders, incidence and prevalence of these children is difficult to determine (Brauner & Stephens, 2006). As of 1999, the U.S. Department of Health and Human Services reported that one in five children and adolescents have had a mental disorder that falls into the emotional and behavioral disorder category and on point in their lives up to adolescence.

It is estimated that incidents of emotional and behavioral disorders are increasing. According to Brauner and Stephens (2006), because of the lack of a standard and correct inclusive definition for minimum functional level, it is difficult for public health care

workers and other professionals, including teachers, to offer children and their families the proper mental health. Under reporting is due to families' fears of their child being labeled. It is also due to the lack of follow up treatment because of the belief the child will "grow out of it;" no pursuit of treatments relates to the problem of the child not being reported and accounted. Brauner and Stephens (2006) insist that more screenings of emotional and behavioral disorders to create a greater consensus of identifying emotional and behavioral disorders in children. It is feared that if more information is not collected, these children will continue to suffer from their mental health issues, and that may lead to sentencing to a juvenile justice system or parents giving up custody to obtain services for them (U.S. Department of Health, 1999).

Overall, it is very difficult to define emotional and behavioral disorders in children. Many definitions throughout creditably acclaimed sources display similarities, however there is not a consensus. This brings to question: How are teachers, whether in regular education or special education, to identify behaviors related to emotional and behavioral disorders and how to properly manage those behaviors.

Specific Emotional and Behavioral Disorders

Specific diagnoses found in the Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition that are typically labeled as emotional and/or behavioral disorders include conduct disorder, oppositional defiant disorder, anxiety disorders, depressive disorders, and attention deficit hyperactivity disorder (Egger & Angold, 2006).

Conduct disorder. Conduct disorder (CD) is defined as a repetitive and persistent pattern of behavior that violates the rights of other or other substantial rules (American Psychiatric Association, 2013). The four groups include aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules. Subtypes include childhood-onset type (at least one symptom shows prior to age 10 years), adolescent-onset type (symptoms show no symptoms prior to age 10 years), and unspecified onset (no indication on whether or not symptoms shown prior to age 10 years). In the childhood-onset type, individuals are usually male. They display signs of aggression towards others, and disturbed peer relationships. It is also common to have concurrent attention-deficit/hyperactivity disorder (ADHD). Another comorbidity includes oppositional defiant disorder.

Oppositional defiant disorder. Oppositional defiant disorder is defined as having a pattern of irritable moods, argumentative, defiant behavior, and vindictiveness (American Psychiatric Association, 2013). The severity of the disorder depends on the number of settings the behavior is displayed; mild: one setting, moderate: two settings, severe: three or more settings. In families in which childcare is disrupted, it is more prevalent in those children and adolescents.

Anxiety disorders. Anxiety disorders involve the persistent anticipation of a threat that causes distress in the individuals everyday life (American Psychiatric Association, 2013). The most common found anxiety disorders found in children include generalized anxiety disorder, social anxiety disorder, and separation anxiety disorder.

For generalized anxiety disorder in children, the child only has to display one symptom of restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension, or sleep disturbance, along with excessive worrying. The symptoms must be present for at least six months. Children with generalized anxiety disorder tend to worry about their competence or the quality of their work or performance.

Children with social anxiety disorder have a marked fear of social situations in which they may experience negative judgment (American Psychiatric Association, 2013). However, this fear must also be present in peer social groups, not only with adults. The fear may be expressed by crying, tantrums, freezing, shrinking to the ground or refusal to speak in social situations.

Separation anxiety disorder is defined by excessive fear or worry concerning separation from an attached individual (American Psychiatric Association, 2013). This fear is typically lasting four weeks for children. Children may avoid going to school or participating in extracurricular activities.

Depressive disorders. In the current DSM V, depressive disorders and bipolar disorders were separated because of concerns of bipolar disorder being overly diagnosed in children (American Psychiatric Association, 2013). A new diagnosis of disruptive mood dysregulation disorder was added to represent the children suffering from persistent irritability and frequent episode of uncontrollable behavior. Children with this pattern of behavior, usually develop include diagnosis of depressive disorders or anxiety orders as adults, rather than bipolar disorders.

Attention deficit hyperactivity disorder. Attention deficit/hyperactivity disorder (ADHD) is defined as a persistent pattern of inattentiveness and/or hyperactivity (American Psychiatric Association, 2013). There are three specifiers, which include predominantly inattentive, predominantly hyperactive-impulsive, and the combined specifier. ADHD symptoms must begin to show during childhood.

ADHD in children is commonly associated with poor school performance and social rejection (American Psychiatric Association, 2013). ADHD is commonly co-diagnosed with conduct disorder, oppositional defiant disorder, learning disorders, anxiety, depression, and bipolar disorder.

EBD Students in Education

Children and adolescents, who are classified as having an emotional or behavioral disorder, are eligible for services under the Individuals with Disabilities Education Act (U.S. Department of Education, 2016). Because these students require careful individualized planning (Simpson, 2004), the IDEA assures three primary services for students under this identification:

1. Regular educators and general education must be included in the development of the individualized education programs (IEPs)
2. The IEP team must explore the need for strategies and support systems to address any behavior that may impede the learning of a child with a disability or that of his or her peers.
3. States must address the needs of in-service and pre-service personnel, as they relate to the development and implementation of positive intervention strategies.

Once the students are identified, the IDEA assures the student for proper placement ranging of a variety of learning environments that depend on the State and localities. Majority of EBD students receive their services in environments separated from students who do not suffer from similar disorders. It has been recorded that as of the 1970s, identified EBD students have been served in special education classrooms with minimal interaction with non-disabled peers, (Simpson, 2004).

The IDEA not only assures proper funds for these students, but also protects their rights, including placement of a least restrictive learning environment (U.S. Department of Education, 2016). However, it has been noted that students with emotional or behavioral disorders tend to be placed in more restrictive settings than students with other disabilities (Kaufman, Lloyd, Hallahan, & Astuto 1995; Lewis, Chard, & Scott, 1994). The separation of EBD students from their general peers maybe due to their struggle with environmental changes and transitions (Strayhorn, Strain, & Walker, 1993). Many studies have been conducted to evaluate the effectiveness of inclusion for EBD students, and many have found that inclusion is typically not for the best interest of the student (Meadows, Neel, Scott, & Parker, 1994). Reasons for the failure of inclusion for these students include regular teacher being disturbed by EBD behaviors (Mooney and Algozzine, 1978; Vandivier & Vandivier, 1981), lack of effort in students' IEP (Meadows et al., 1994), and lack of focus on teaching non-academic skills (Nickerson and Brosos, (2004). Chaille (1992) actually discovered through a study that there is a strong population of teachers who do not feel that they have the skills to manage the behaviors of EBD students, and Marder (1992), has actually completed a study that

revealed that only 11 percent of school properly implemented behavior management plans. Of these schools, there tends to be a commonality of fragmented, inadequate, or inappropriate curriculum plans (McLaughlin, Leone, Warren & Schofield, 1994). A “curriculum of control” does not interest EBD students nor support their emotional needs, resulting in friction between the student and school staff (Cessna & Skiba, 1996; Knitzer et al., 1990). Specific incidences of ineffective teacher behavior that create negative behaviors include sarcasm, ignoring an appropriate request, and criticism (Beyda, Zentall, & Ferko, 2002). It was also found that “down time” and passive teaching condition correlated with off-task and negative behaviors of EBD students.

On the contrary, some schools are able to achieve high outcomes with EBD students (U.S. Department of Education, 2016). These are the schools that are able to provide EBD students, as well as other students, with resources such as tutoring, counseling, and behavior plans, as well as collaborating with family and other service providers (Cheney & Osher, 1997). They are also able to put effort into early intervention for students who are at risk of developing an emotional or behavioral disorder (Nelson, Crabtree, Marchard-Martella, & Martella, 1998).

Effective Teacher Traits for Managing EBD Students

Classroom management skills are indicators of how effective a teacher is when managing the behavior of a student (Beyda, Zentall, & Ferko, 2002). However, when managing students with behavioral or emotional disorders, effective teachers are determined by their additional skills, along with their attitudes for having EBD students in their classroom (Kauffman and Wong, 1991). Through thorough research, Sutherland

and his colleagues (2008) found that students who are emotionally and behaviorally disordered are significantly more responsive to teacher behaviors, than their peers who do not have an emotional and behavioral disorder. Poor student-teacher relationships are likely to result in aggressive behavior from the student, low academic achievement, and social failure with peers.

Little research has evaluated the effects of teachers behaviors on EBD students, however the overall consensus that teacher attitudes, beliefs, and behaviors that characterize effective instruction and classroom management of most students as measured by academic achievement and classroom behavior (Kauffman & Wong, 1991). Anderson and Hendrickson found that experience with EBD students is a good indicator that teachers will possess those qualities. The study found that teachers who did their student teaching in an environment with EBD students, felt the most comfortable to continue working with that population, along with retaining knowledge on the population and proving to be effective as a teacher for that population. Tolerance is another indicator of an effective teacher (Kauffman and Wong, 1991). A tolerant teacher a) can readily bring a students behavior into line with their standards and tolerance, b) are less demanding and more tolerant of the kinds of behavior that most teachers find unacceptable, or (c) will readily modify their standards and tolerance to accommodate the needs of an optional student. Brophy and Rohrkemper (1981) found that teachers rated most effective tended to use instructive intervention, instead of power-assertion when hanging a problem with an EBD student. Larrive (1982, 1985) created a very detailed list of strategies for teachers to use when managing mildly handicapped students, including

EBD students, who are mainstreamed. The list is as following: a) giving positive feedback, b) giving sustained feedback, c) responding supportively to students in general, d) responding supportively to low ability students, e) responding supportively to learning-problem behavior, f) asking questions that the student can answer correctly, g) presenting learning tasks for which students have a high success rate, h) using time efficiently, i) intervening in misbehavior at a low rate, j) being punitive at a low rate, k) using criticism at a low rate, l) keeping the need for discipline low, m) using little time for student transitions, n) keeping off-task time low. Other specific skills include cooperation, teacher support and explicit instructions (Kauffman and Wong, 1991).

Teachers who are more likely to tolerate abnormal behaviors, such as social defiance, withdraw, anxiety, depression, and hyperactivity, have proven to be special education teachers (Algozzine, 1977). These problems pose as being disruptive and a nuisance to two groups of teachers, however special educators are typically more tolerant of the behavior Safran and Safran (1987). Overall special education teachers had a generally higher tolerance and lower expectations than teachers of general students (Kauffman and Wong, 1991).

In general, special education teachers are less effective than general education teachers (Kauffman & Wong, 1991). They lack demanding qualities that create a more effective learning environment for students. Also, general educators typically have higher achieving students in their classrooms, compared to special education teachers. However, effectiveness with EBD students requires teacher characteristics different from those required for effectiveness with other students including other students including others

who are difficult to teach but not identified as EBD. Walker and Rankin (1983) found significant positive correlations between teachers' effective instructional practices and their demands for appropriate behavior, lack of tolerance for misbehavior, and resistance to placement of handicapped students in their classrooms. Teachers with these traits are more likely to be found in a regular education setting.

Effective Strategies for Managing EBD Students

As previously stated, a strong student-teacher relationship is key for assuring improvement in behavior and academics for any student, but particularly students who are emotionally and behaviorally disordered. These strong relationships create an environment of trust for the student to really understand what is needed and expected by the teacher to really improve (Sutherland, Lewis-Palmer, Stichter, & Morgan, 2008). Teachers should also focus on using clear explanations and routines, posting and teaching rules of the classroom, and actively creating a positive classroom environment. The use of these rules and procedures significantly affect the outcomes of the students (Marzano, 2003). Other strategies to ensure improvements for EBD students in terms of academics and behavior include keeping an organized classroom, maintaining a pace of instruction, changing curriculum when needed, use of full instruction time, and frequent teacher movement around the classroom (Sutherland, Lewis-Palmer, Stichter, & Morgan, 2008). These strategies provide an organized and predictable classroom setting, allowing the student to ease comfortably into knowing how the room is ran, which also strengthens the relationship with the student.

Scott and his colleagues (2007) developed a technique based called Positive behavior support (PBS) to provide teachers with a framework of effective instruction for emotionally and behaviorally disordered students. The main idea behind PBS is that behaviors can be predictable and preventable, if teachers follow a four step model to 1) predict how, when, where the problem will occur and who will be involved, 2) develop rules and routines to prevent the predicted problem, 3) implement strategies consistently, and 4) collect data on outcomes of the developed strategy to prevent the problem. PBS can be used school-wide or class-wide. School-wide focuses more on social interactions between and students, and class-wide focuses on the day-to-day behaviors in the classroom and academic needs.

Chapter 3

Methods

The study hypothesized that the amount of experience teachers have with emotionally or behaviorally disordered students will positively correlate with their knowledge of how to properly manage the behaviors of emotionally and behaviorally disordered students in their classrooms. The variables used for this study included years of teaching, number of EBD students in the classroom in the past five years, the participation in a class or workshop on EBD students, and knowledge of EBD students.

Sample

Twenty-five elementary special education teachers with experience with emotionally and behaviorally disordered students from one school were approached to take a survey on their experience and knowledge regarding EBD students; seventeen teachers chose to participate. The school was chosen based on location and approval upon the administration. Of the 25 special education teachers, 18 replied. One out of the 18 chose not to participate, and those results were omitted. Of the 16 volunteer special education teachers, most (41%) had 11 to 15 years of teaching experience, and most (53%) have had over 20 EBD students in their classroom in the past five years. About half (53%) of the teachers have had an undergraduate or graduate class on EBD students, and most (82%) have participated in teacher workshops on EBD students.

Instrument

The survey was designed based on the work of Chaille (1992) of Illinois Wesleyan University which focused on general education teachers' training, knowledge,

and attitudes towards mainstreaming EBD students. Demographic questions and questions on experience were modified to create more detailed answers as to “how many years teaching,” “level of grade taught in the past five years,” and “how many identified emotionally and behaviorally disordered children taught in the past five years.” The sections of the survey regarding preparation and attitudes were removed.

The “knowledge” portion of the survey included a list of effective and ineffective strategies when dealing with EBD students. Participants were to select the items that they felt were effective, and leave blank the items that they felt were not effective. Effectiveness and ineffectiveness of each item determined by the information presented in Chaille’s study (1991).

The survey also included a section on how prepared the participants felt about handling EBD students in their classrooms. This section included three statements, in which participant responded using a five-point Likert scale.

Procedure

The surveys were distributed online through email through the school’s secretary. The surveys include a form of consent, and participation was voluntary and anonymous. The participants were given three weeks to complete the survey, which took approximately five minutes to complete.

Statistical Analysis

Pearson Correlations were used to determine the significance between experience and knowledge of EBD students. The first correlation examined years of teaching experience and knowledge, the second correlation examined number of EBD students in

the classroom in the past five years and knowledge, and the third correlation examined participation in courses and workshops on EBD students and knowledge. A final correlation examined all three variables and knowledge.

Each respondent was given a composite score for knowledge. One point was given for each correct response for a minimum score of “0” and a maximum score of “17.” Composite scores for classes and workshops were also formed by assigning a point to each course or workshop attended, for a minimum score of “0” and a maximum score of “2.”

When examining the independent variables, scores for years teaching, number of EBD students, and training were combined, and then compared with knowledge scores. A significance level of $p < .05$ was used in all Pearson Correlations.

Chapter 4

Results

Of the 16 volunteer special education teachers, most (41%) had 11 to 15 years of teaching experience, and most (53%) have had over 20 EBD students in their classroom in the past five years. About half (53%) of the teachers have had an undergraduate or graduate class on EBD students, and most (82%) have participated in teacher workshops on EBD students.

No significant relationship was found between experience and knowledge of effective classroom management techniques for emotionally and behaviorally disordered, $r(17) = .34, p < .05$. See *Figure 1*. for more information.

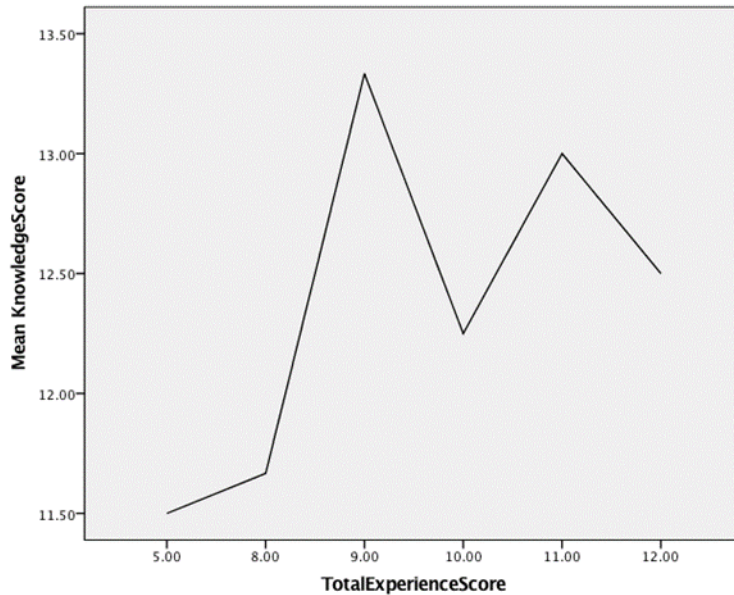


Figure 1. Correlation of experience and knowledge

By looking at the figure it can be noted that the participant with the least about of experience did score the lowest on the knowledge portion of the survey. However, the trend did not carry through for the rest of the same. The highest school of knowledge scored in the middle of the score of experience. The highest score in experience scored in the middle of the knowledge scores.

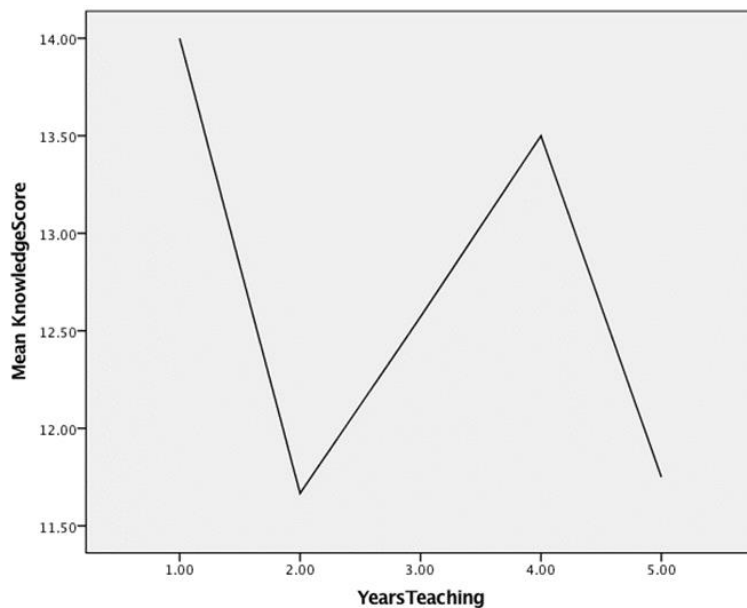


Figure 2. Correlation of number of years teaching and knowledge

There was still correlation in terms of experience and knowledge, specifically in number of years teaching, $r(17) = .61, p < .05$. As seen in Figure 2., the participant with the least years of teaching experience has scored the highest on the knowledge portion of the survey, and the participant with the most years of teaching experience has the lowest score of knowledge.

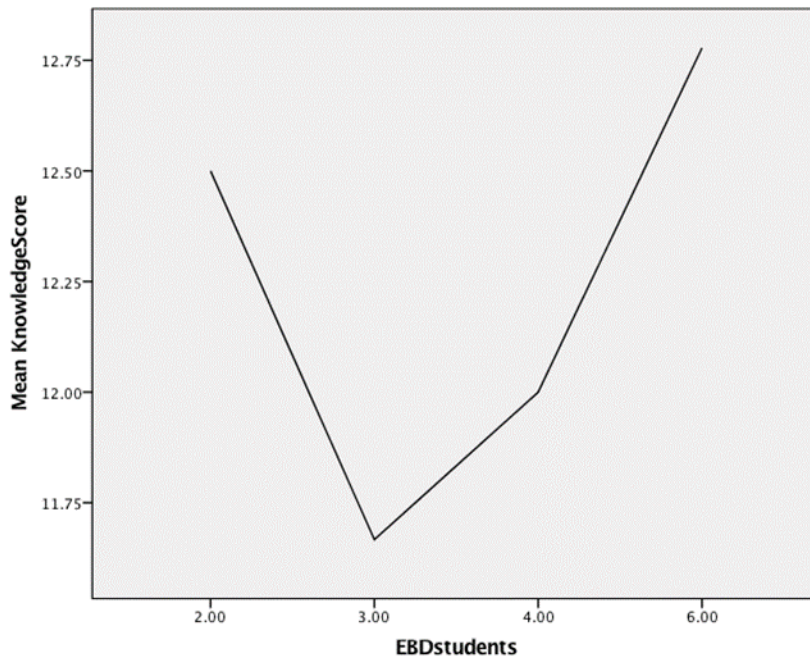


Figure 3. Correlation of number of EBD students and knowledge

There was no correlation found between number of EBD students a teacher has had in the classroom for the past five years and knowledge, $r(17) = .45, p < .45$. Figure 3 shows that participants with the most experience having EBD students in their class scored the highest on the knowledge portion of the survey. However, the participants that scored the next highest, had the least amount of experience with EBD students in their classroom. The participants that had the lowest knowledge score, had the second least amount of EBD students in their class, which relates more closely to the hypothesis.

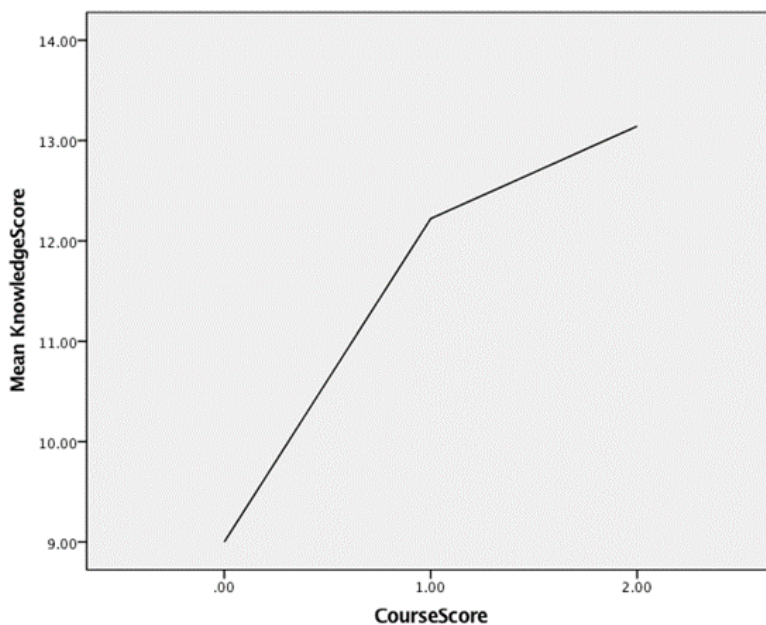


Figure 4. Correlation of courses and workshops, and knowledge

There was a correlation found between teachers' participating in courses and workshops on emotionally and behaviorally disordered students and knowledge, $r(17) = .02, p < .05$. As Figure 4. depicts, teacher participation in courses in and workshops on EBD students does related to the knowledge of EBD students.

Chapter 5

Discussion

Limitations

This study contains several limitations. The first limitation is the obviously inadequate sample. The sample size is small and only pulls participants from one school district. The sample is also only made up of elementary school teachers and dismisses the accounts of general education teachers. This sample does not accurately represent the population of teachers who handle emotionally or behaviorally disordered students in their classrooms.

Another limitation is that the survey used for the study appears to be outdated, along with the research mentioned in the literature review that looks to determine effective strategies for handling EBD students in the classroom. The survey was constructed based on a survey that was created in 1991, and most research have been conducted from the 1970s to the early 2000s. It is possible that the survey may not be a good indicator of knowledge for the fact that some of the effective methods listed on the survey may no longer be as effective today.

A final limitation involves the measuring of the variables. As previously stated, the variable of knowledge may be based on outdated information. It is also unclear what the true definitions are for some of the variables. For an example, it is unknown how the emotionally and behaviorally disordered students were identified. The variable of course work and workshops also does not tell the researcher a lot of information. For an example, it is unknown how many classes or workshops each participant attended. It is

also unknown of the content of the course or workshop (undergraduate or undergraduate class; topics covered in class or workshop). The study does not take into account the number of classes or workshops on EBD students participants attended. Also, other variables like “willingness to accept EBD students in the classroom” and “student teaching experiences” are not evaluated.

Summary

The purpose of this study was to determine if experience is enough to ensure effective methods when handling EBD students in the classroom, or if more action needs to be done to have the needs of these students met. The present study was inclusive, however, offers several interesting points. The more experience with EBD students may relate to knowledgeable teachers are of those students, as founded by Anderson and Hendrickson (2007). Anderson and Hendrickson also found that teachers who did their student teaching with EBD students, showed high levels of effective strategies in the classroom in their first two years in the field. This helps supports the study’s results that the teacher with the least amount of experience teaching probably is better retaining the information learned. When analyzing the result that teachers who have been teaching a longer period of time demonstrated less knowledge, it may be because the teacher begins to fell “burnt out.” Ashton and Webb (1986) found that the longer teachers teach students with lower success rates, the more frustrated they become, resulting in less effective learning environments. The strong correlation of course and workshop attendance may suggest that training on EBD students in classrooms is very beneficial for a comfortable and effective learning environment for the student.

The study has accounted for common methods that teachers find effective for EBD students in the classroom. Many participants agreed in several of the methods, including setting well-known and understood classroom rules, ignoring inappropriate behavior, and establishing “respect each other” and “be courteous” as classroom rules. Stating “I am disappointed when you don’t follow my directions” was the most common method that was answered incorrectly. Most of the participants thought of the statement as being ineffective when it is actually effective.

Future Direction

The research for this study presents a useful foundation for future studies to expand on this issue. Further research is necessary to better understand effective methods for managing emotionally and behaviorally disordered students in the classroom. This research should focus on current, effective methods for managing EBD behavior. Due to the existence of the question, this is an area of research that calls for further evaluation.

Future researchers should include a larger, more diverse sample of types of teachers that includes general educators along with educators of different grade levels. The research should also determine other variables that can predict a teacher’s effectiveness on EBD students, such as willingness to accept a student of that population into the classroom. In doing so, future researchers may have the ability to generalize findings.

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