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Abstract

This paper examines the unfortunate circumstances regarding the education of students with significant emotional and behavioral problems. Students that are at risk or identified as having an emotional or behavioral disorder face the bleakest outcomes when compared to any other disability category. A comprehensive discussion on the identification and eligibility of emotional and behavioral disorder is presented, including implications, student outcomes, components of a Multimethod Assessment, and the use of Multi-Tiered System of Support. Best practice for school psychologists are discussed in the areas of assessment, Multi-Tiered System of Support, and the collaboration with school staff, parents, and other professionals.

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Chapter I: Introduction

Childhood is generally regarded as a carefree time of life, yet many children and adolescents experience emotional difficulties growing up. Children identified with an emotional or behavioral disorder face many challenges at home and school. These challenges include maintaining social relationships, academic achievement, and regulating their emotions and behavior.

Consider a child's behaviors on a continuum, with no specific point that separates misbehavior from a serious emotional problem. Instead, a problem can range from mild to serious. A child is said to have a specific "diagnosis" or "disorder" when his or her behaviors occur frequently and are severe (Minnesota Department. of Education, 2006). When a student's emotional or behavioral concerns starts to interfere with their ability to learn, it becomes the school's responsibility to provide additional services under the special education category of Emotional Disturbance (Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).). Many states have chosen to re-label this category as Emotional or Behavioral Disorder (EBD) (Gresham, Hunter, Corwin, & Fischer, 2013).

Outcomes for students with emotional behavioral disabilities are the poorest of any of the disability categories in special education (Siperstein, Wiley, & Forness, 2001). National studies found that students with EBD have an average GPA of 1.4, are absent an average of 18 days per school year, and 58% drop out (Bradley, Doolittle, & Bartolotta, 2008). When compared to their same-aged peers, these students are at a much higher risk for being arrested, abusing substances, becoming low income earners, and long-term dependence on mental health services (Mayer, Lochman, & Van Acker, 2005).

Approximately 17% of school-aged children require mental health services (Walker, Ramsay, & Gresham, 2004). Yet, only 1% of these students receive such services in special education (Merrell & Walker, 2004). This leaves a large "service gap" between students with emotional and behavioral disabilities and the number actually being identified and served in special education (Forness, Kim, & Walker, 2012). Too often schools address behavior problems with zero tolerance policies that include negative consequences like detention, suspension, and expulsion (Skiba & Rausch, 2006). Traditionally, schools wait for behavior problems to become severe enough to warrant additional support through special education. A possible alternative solution to the "wait-to-fail" approach is early identification and intervention for at risk students (Gresham, 2005). Also known as Multi-Tiered System of Supports (MTSS) or Response to Intervention (RIT), which intends to effectively and efficiently provide appropriate services to students in need of social, emotional, or behavioral support (Saeki et al., 2011). Many education professionals are currently advocating for a Multi-Tiered System and Supports model in the identification of EBD that can provide appropriate behavioral, social, and emotional supports to meet the *needs* of all students (Saeki et al., 2011).

Statement of the Problem

Traditional methods that are used to assess, identify, and treat students with emotional and behavioral disabilities have been ineffective. This is confirmed by the under identification and under service of students with emotional and behavioral needs (Gresham, Hunter, Corwin, & Fischer, 2013). Schools are now considering the move towards a Multi-Tiered System and Supports to address emotional and behavioral concerns. In doing so, student evaluations may shift from an emphasis on assessment and eligibility for special education to early identification and intervention. School psychologists are well equipped in their unique training and knowledge

to provide leadership in the development and implementations of a multitiered delivery model in the emotional and behavioral domains.

Purpose of the Study

The purpose of this study is to conduct a comprehensive literature review to examine the assessment and eligibility practices regarding emotional and behavioral disorders within school settings. Best practices for a school psychologist's role in assessment and implementing MTSS models are discussed. Student outcomes for children with EBD are bleak, and the service gap is only widening. Therefore, knowledge on effective assessment methods and evidenced-based intervention are presented. My thesis provides information on the necessary components to conduct a comprehensive assessment and the implementation of Multi-tiered System of Supports for students with emotional behavioral disorders.

Research Questions

The following research questions will be addressed in this literature review.

1. How do emotional and behavioral disabilities impact student outcomes?
2. What are the necessary components of a multimethod assessment in the identification of an emotional and behavioral disability?
3. Can the use of a multi-tiered service and support (MTSS) model provide a preventative and effective method for meeting the needs of students with an emotional and behavioral disability?

Definition of Terms

The following terms are used throughout this literature review.

Emotional and Behavioral Disability (EBD). A special education category that describes a student's emotional or behavioral concerns that are so severe they cannot succeed without individualized instruction.

Multimethod assessment. Is a comprehensive assessment that incorporates multiple sources of information to determine whether a student may qualify for special education services?

Multi-Tiered System of Supports (MTSS). Is a data-driven problem-solving model for students with academic, emotional, and behavioral concerns with evidence-based practices at level of increasingly intensive support.

Response to Intervention (RTI). Is a problem-solving process used to assess and remediate academic and behavioral concerns using 3-tiered service delivery that focuses on a child's response to intervention.

Assumptions and Limitations of the Study

This study will review literature about the assessment and eligibility process and intervention strategies geared towards a school setting. There are multiple assumptions about this research. First, it assumes that a thorough comprehensive literature review of current research was conducted. Second, that current research published on evidence-based interventions strategies is effective. Finally, that research content regarding emotional and behavioral disorders is accurate and applicable. The goal is to provide the reader with a better understanding of emotional and behavioral disorders, assessment and eligibility practices, effective intervention strategies, and the role held by the school psychologist.

Chapter II: Literature Review

This chapter will address the following topics related to: 1) the identification of Emotional and Behavioral Disorders; 2) implications of student outcomes; 3) key components of a Multimethod assessment; 4) and the rational of using a Multi-Tiered problem-solving model to meet the emotional, social, and behavioral needs of all students. The goal is to provide a comprehensive understanding of the assessment and eligibility criteria for students identified with EBD.

Identification of Emotional and Behavioral Disorders

EBD is a special education category used to describe a student's emotional and behavioral problems that have become so severe, that they cannot succeed without individualized instruction (Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).). It is important to know that EBD is not a clinical diagnosis. Some examples of emotional and behavioral disorders in the DSM-V that often affect children with EBD include: anxiety disorders, oppositional defiant disorder, obsessive-compulsive disorder, major depressive disorder, and conduct disorder (Minnesota Dept. of Education, 2006; McConaughy & Ritter, 2008).

Merrell and Walker (2004) describe a classification system in which children with EBD are characterized by either externalizing or internalizing behaviors. Externalizing behaviors include overt problematic behaviors such as disruptive, noncompliance, and aggression (Merrell & Walker, 2004). Noncompliance is a common externalizing behavior that is defined as not following directions within a reasonable amount of time. Aggression, whether physical or verbal, is another example of externalizing behavior, resulting in continual conflict with those around them. Internalizing behaviors are characterized by a lack of social skills, anxiety, depression, and

other mood disorders (Merrell & Walker, 2004). Students with internalizing behaviors are less likely to be disruptive and less likely to be identified as having an EBD (Merrell, 2001).

Individuals with Disabilities Education Act 2004. The Individuals with Disabilities Education Improvement Act (IDEA) classifies EBD as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that negatively 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." Emotional disturbance also includes schizophrenia. This does not apply to children who are socially maladjusted unless it is determined they have an emotional disturbance. (Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).)

Eligibility for special education services. A student who demonstrates at least of the five characteristics, or has a diagnosis of schizophrenia, and meets all three qualifying conditions can be considered to have ED (Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).).

This definition is not without its flaws. Many criticize the definition as being unclear, subjective, and redundant (Gresham, Hunter, Corwin, & Fischer, 2013; Merrell & Walker, 2004). For instance, the educational impact criterion often interpreted to apply only to difficulties in academic functioning, which does not include deficits in social or vocational difficulties related to education (Greshan, 2005). Implementing this narrow interpretation may have

contributed to the under identification and under service of students with emotional and behavioral needs (Gresham, Hunter, Corwin, & Fischer, 2013).

Another criticism of the definition of ED is the inclusion of the social maladjustment clause (Merrell & Walker, 2004). It states that maladjusted students should not be identified as ED. Many believe that this directly contradicts criteria B, "the ability to build and maintain satisfactory interpersonal relationships with peers or teachers" (Greshan, 2005). This contradiction is confusing because it simultaneously includes and excludes a subset of students who all struggle to maintain satisfactory relationships. More importantly, it can result in a portion of students with emotional needs, who legally require services ignored and unserved.

Becker et al. (2011) found that seven states (California, Colorado, Indiana, Iowa, Kentucky, Minnesota, and Wisconsin) changed their definition of ED by removing the social maladjustment exclusionary clause. To guide best practice school psychologists are encouraged to focus first, on whether the child meets the criteria for EBD. If the criteria are met, any evidence of social maladjustment is irrelevant for determining eligibility for special education (McConaughy & Ritter, 2008). Knowing whether a student with EBD is also socially maladjusted is important when planning interventions. Often children with externalizing problems require mental health treatment and social services outside of school, along with special education (McConaughy & Ritter, 2008).

Emotional and behavioral problems can overlap and co-occur with other types of problems. In certain instances, children with other identified disability areas may also be eligible to have EBD, based on IDEA 2004 criteria. If emotional and behavioral problems are clearly a function of another disorder, they should not automatically be classified as EBD (Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).).

Implications

Children with EBD struggle to maintain relationships, behave in culturally acceptable ways, regulate their emotions, and perform well academically (Greshan, 2005). Patterns of abnormal behavior and extreme moods can have adverse effects on academic achievement and social relationships. Children with severe emotional disabilities often engage in self-inflicted injury, suicidal behaviors, and substance abuse (Walker, Ramsay, & Gresham, 2004). These students are more likely to have poor interactions with teachers and peers, diminished academic performance, and an increased number of disciplinary infractions.

Student outcomes. Research to date suggests that the social and behavioral challenges of students with EBD interfere with instruction and result in learning difficulties. In fact, national studies have found that students with EBD have an average GPA of 1.4, are absent an average of 18 days per school year, and 58% drop out rate (Benner, Kutash, Nelson, & Fisher, 2013).

Students with EBD tend not to have full access to primary academic prevention provided to all students in school because they are often educated in self-contained settings (Kauffman, Mock, & Simpson, 2007). Researchers observing self-contained classrooms serving youth with EBD reported that the majority of teachers provided little or no instruction (Benner, Kutash, Nelson, & Fisher, 2013). While research has examined the achievement gap that widens over time between students with EBD and their peers, perhaps the larger issue is the gap in opportunity to primary prevention and the supplemental explicit instruction offered within secondary and tertiary prevention systems.

One of the biggest obstacles to improving academic learning is the assumptions that instruction cannot happen unless student behavior is under control. This can result in the teacher's attention focused on how to manage disruptive behavior, instead of teaching the lesson

plan. Researchers have found that about 58% of devoted classroom instructional time is lost due to problem behavior (Benner, Kutash, Nelson, & Fisher, 2013). The opportunity for academic learning time is smaller still for students with EBD. In some studies students were found to be engaged and successful for less than two hours of the school day, due to teachers only devoting approximately 30% of the school day to academic instruction (Wehby, Land, & Falk, 2003).

Data from the Special Education Elementary Longitudinal Study and the National Longitudinal Transition Study-2 found that, compared with peers with and without other disabilities, students with EBD experience the poorest school and post-school outcomes (Wagner, et al., 2006). These students are at a much higher risk for being arrested, using and abusing illegal substances, obtaining and maintaining employment, lower income earning, and long-term dependence on the welfare system and mental health services (Mayer, Lochman, & Van Acker, 2005).

Multimethod Assessment of Emotional and Behavioral Disorders

Children behave differently from one setting to another. Like how they act at home versus their behavior at school or from one classroom to the next. Perspectives on children's behavior also vary and agreement on acceptable behavior differs from one person to the next. Differing views on child behavior highlight the importance and need for multiple sources of information to assess a child's behavior across setting. When assessing a student for EBD information should be collected from at least three major sources: parent reports, teacher reports, and direct observations.

Standardized rating scales. Standardized Rating Scales provide an efficient way to collect parent and teacher reports regarding a student's behavior. Numerous scales have been developed to assess the emotions and behaviors of children. When choosing which standardized

rating scale to administer consider what syndrome the scale was empirically based and if the normative sample was large and covered a wide age range for both genders. It is important that the scale used meets psychometric standards and found to be both reliable and valid.

It is also important that a rating scale provide useful information for assessing EBD and developing appropriate interventions. In order to determine the usefulness of a rating scale certain criteria need to be examined. First, examine if the items pertain directly to observable behavior. Items should measure the student's behavior that can be observed, not the consequence of that behavior, or inference about their behavior. Another criterion to look at is how the items are scaled. Generally, multipoint scales have been shown to better discriminate the degree of a behavior, compared to dichotomous scales (e.g. yes/no or true/false) (McConaughy & Ritter, 2008). The next criterion is determining if a child's score is unusually high or low when compared to a normative sample. The last criterion to examine when determining if a rating scale is both appropriate and useful is whether the forms and procedures allow comparisons among multiple raters who observe the child in different settings (e.g. parents and teachers).

Behavior Assessment System for Children- Second Edition (BASC-2). The Behavior Assessment System for Children is one example of a standardized rating scale. The BASC-2 has separate forms for parent and teacher reports, as well as youth self-reports of problems. The Parent Report Scale and Teacher Report Scale are scored on ten empirically based clinical syndromes: Aggression, Anxiety, Attention Problems, Atypicality, Depression, Hyperactivity, Conduct problems, and Learning Problems (teacher form only), Somatization, and Withdrawal. The BASC-2 measures co-occurring problems and provides a total problem scores. Each problem is rated on a four-point scale: 0 = never; 1 = sometimes; 2 = often; and 4 = almost always. The parent and teacher forms also provide scores for internalizing, externalizing, and

several clinical scales for specific types of concerns. Both forms also provide six positive scales to assess a child's strengths and competencies, which include: Activities of Daily Living, Adaptability, Functional Communication, Leadership, Social Skills, and Study Skills (Reynolds & Kamphaus, 2004).

There are many advantages to using standardized rating scales when assessing a child's emotional and behavioral state. The information collected is quantifiable and can be found to be psychometrically reliable and valid. Information is organized systematically by aggregating problems into groups of syndromes and broad scales. By including multiple items, rating scales can provide data on a large range of potential problems instead of only referral concerns or problem behaviors. Rating scales are cost effective and can be completed in ten to fifteen minutes and scored by hand or computer. Certain rating scales provide multiple forms that can be used to compare similar data from multiple observers, such as teachers, parents, and children themselves. Most importantly, rating scales provide a way to assess a problem behavior objectively and determine the severity by comparing an individual to a large normative sample from the general population.

Limitations still exist even though standardized rating scales provide good quantitative data on student behavior. Rating scales do not identify the cause of a child's problem. Most rating scales assess a child's current functioning over a small amount of time (e.g. 2-6 months). Additional information should be obtained regarding the environmental circumstances, antecedent and consequences of a problematic behavior. Another limiting factor is that rating scales are not objective measures of a child's problem, they are based on the perceptions of others. Perceptions can vary from one rater to another. Lastly, although rating scales may appear easily administered and scored interpreting the results can be much more complex.

Standardized self reports. Standardized Self Reports allow us to obtain information on a child's own view of their problems and competencies. Children are typically asked to rate lists of feelings and/or behaviors on either a dichotomous or a multipoint scale.

The BASC-2 Self-Report of Personality (SRP) for ages 8-25 is an example of a standardized self-report scale. The SRP contains 139 items for ages 8-11 and 176 items for ages 12-21. The items are rated on the same four-point scale as the BASC-2 parent and teacher reports. The SPR it scored on 14 empirically based problems scales: Anxiety, Attention Problems, Attitude to School, Attitude to Teachers, Atypicality, Depression, Hyperactivity, School Adjustment, Sensation Seeking, Sense of Inadequacy, Social Stress, Somatization, and Substance Use. The SPR also has four positive behavior scales: Interpersonal Relations, Relations with Parents, Self-Esteem, and Self-Reliance (Reynolds & Kamphaus, 2004).

When interpreting the results from standardized self-reports consider the age and cognitive ability of the child. Older children are usually better able to reflect on their emotions and behavior compared to younger children. For this reason, most standardized self-reports are not appropriate for children under eight years of age (McConaughy & Ritter, 2008). Still, even adolescents can have difficulty understanding their functioning. In addition to the child's age, their reading ability, insight, motivation, and willingness to share personal information should be considered in analyzing their responses.

To paint a comprehensive picture of a child's functioning, cross-informant comparison should be done. Comparing the scores on self-reports with those obtained from parents and teacher reports allows us to look for differences in problem pattern behaviors. Differences in problem patterns reported across informants are not viewed as a way to determine which perspective is correct, rather, they provide us an area to explore further. Giving a better

understanding of differences in environmental circumstance, relationships, and other factors that may affect the child's behavior. On the other hand, similarities across informants may indicate areas of consistency across environmental factors and relationships. Comparison scores on standardized rating scales and standardized self-reports provide quantitative evidence that meets the requirements for the IDEA 2004 definition of EBD.

Interviews. Interviewing in the school setting have been traditionally used to assess a student's emotional and behavioral problems. For a comprehensive EBD assessment interviews should be conducted with parents, teachers, and the child when possible.

Communication with parents about their child's emotional and behavioral problems is crucial component of the assessment process. Parent can provide insight regarding the child's overall functioning that is unique compared to information from other informants. Interviewing parents can be challenging at times because of time constraints, scheduling difficulties, or even the fear that they will be blamed for their child's problems. Collaborating and listening to parents in a respectful way, without judgment, will help to build a productive problem solving relationship. Another important consideration is to use interview time efficiently and focus on gathering information on key factors related to the child's behavior (McConaughy & Ritter, 2008).

A semi-structured interview is a fitting format to use with parents for school assessments. In some cases, parents may have previously completed a standardized rating scale and the interview would focus on key problem areas. Before the interview begins confidentiality should be discussed with the parents. The interview would start with questions pertaining to the details of the presenting problem. Once this has been identified, the following questions are aimed at gathering information on the frequency, duration, and severity of the problem. Other questions

would also seek to understand the antecedent, sequential, and consequences conditions that are in place. The interviewer should also ask the parents to share their feeling regarding the targeted behavior, their expectations, and typical responses to this behavior (McConaughy & Ritter, 2008).

Parent interviews should also gather information on family factors and stressors that may precipitate or intensify their child's problems. Some examples would be changes in family structure, a sudden loss, or upsetting events at home or school. One way to reduce the time it takes to gathering information on family history is to provide a developmental history and family circumstance questionnaire (McConaughy & Ritter, 2008).

Teachers have numerous opportunities to observe a student's behavior, social interactions and academic performance. Teacher interviews are a key component in the assessment of a child's functioning within the school environment (Busse & Beaver, 2000). In general, the interview should be with the teachers who know the student best, or who spend the greatest amount of time with the student. It may be necessary and beneficial to interview multiple school staff who regularly interacts with the student. If time constraints are a concern it may be more practical to interview multiple informants using a more structured approach. Standardized rating scales and questionnaires can be used to interview and gather information from multiple informants.

The teacher interview starts with questions regarding the teachers' concerns about the student. Once the specific emotional and behavioral concerns are identified, the teacher may need to prioritize problems to focus on a main area of concern. The rest of the interview should follow a problem-solving model and questions should gather information on the duration, frequency, antecedent, sequential, and consequent conditions of the problem. Teachers should be

asked about the student's academic performance even if the primary concern is behavioral or emotional. This is essential in determining if emotional and behavioral problems have an adverse effect on the student's academic performance, which is required by IDEA 2004 definition of ED.

Conducting a semi-structured interview with the student can provide useful information during an emotional and behavioral assessment. Semi-structured interviews provide a unique opportunity to evaluate a student's patterns of problems, coping strategies, and their perceptions of significant person and events related to the problem (McConaughy & Ritter, 2008). A student interview also provides an opportunity for direct observation of the student's behavior. Observations during the interview can be compared to reports from other informants including parent and teacher reports. "A well-conducted student interview can help establish rapport and build a bridge from assessment to intervention" (McConaughy & Ritter, 2008).

Direct observations. Direct observations are another key component and data source that should be included as part of a comprehensive assessment of EBD. Observations should occur in relevant settings where the problems are happening, as well as, less problematic situations for comparison. It is best to conduct observations in short durations across different days instead of relying on a single lengthy observation (McConaughy, 2005).

An independent observer is required to observe and record overt behaviors and environmental conditions related to the behaviors. Direct observations should focus on target behaviors susceptible to change. It is important to record antecedent and consequent events as well. Observations employ narrative recordings or systematic direct observations.

A narrative recording is when the observer writes a description of events that happen within a specified time frame. Descriptive time sampling, antecedent-behavior-consequent

analysis, and daily logs are a few examples of methods used to collect data. Narrative recordings are used to operationally define behaviors that are targeted for interventions.

Systematic direct observations are another approach to gather information while observing a student. Some advantages of systematic direct observations are: they focus on specific targeted behavior; behaviors are operationally defined in measurable terms; observations are conducted with standardized procedures; times and setting are specified; standardized format to score and summarize the observation. Systematic direct observations provide quantitative data that can be tested for reliability and validity that can be compared to data from other sources (McConaughy, 2005).

A Multimethod approach for assessing EBD requires gathering and integrating information from multiple data sources. Multimethod assessment of EBD assumes that no single method of informant can capture every important aspect of a child's emotional and behavioral functioning. To conduct a comprehensive assessment some combination of standardized parent and teacher rating scales, standardized self-reports, parent and teacher interviews, and direct observations are recommended to produce a quality outcome.

Multi- Tiered Assessment of Emotional and Behavioral Disorders

Recently, schools have turned to Multi-Tiered System of Supports (MTSS) to meet the emotional, social and behavioral needs of all students. The multitiered problem-solving model, also known as the Response to Intervention (RTI) Model, is a three-tiered model of service delivery that places an emphasis on screening, prevention, and increasingly individualized supports. A major benefit of the RTI model is that the intensity of the intervention matches the severity of the problem behavior/concern (Greshan, 2005). As a student moves through the tiers of the problem-solving model, their response to intervention is continually assessed. Progress

monitoring is a procedure that frequently collects data for a targeted behavior to evaluate any change in behavior while interventions are implemented. Progress monitoring is fundamentally important to MTSS because it informs whether a change in intervention is needed.

Positive Behavioral Interventions and Supports (PBIS) is one well-known model used by schools to address behavior concerns. In the PBIS model decisions are evidence-based, data driven, and applied through three different levels within the school environment. Tier 1 is primary prevention and universal strategies applied to all students, Tier 2 is secondary prevention and targeted strategies applied to groups of at-risk students for developing chronic behavior problems, and Tier 3 provides assessment-based and comprehensive supports that address individual needs for students with pervasive behavioral and emotional problems (Goh & Bambara, 2010).

Universal screeners. Meeting the needs of students with EBD starts with effective universal screening (Lane, 2007). Students identified with EBD may present externalizing behavior problems, that will easily capture their teacher's attention, or internalizing behaviors problems that can be overlooked by teachers (Walker, Ramsay, & Gresham, 2004). Screening tools for EBD should assess for externalizing and internalizing problems, social and adaptive skills, and ideally lead to treatment (Gresham, Hunter, Corwin, & Fischer, 2013). Two examples of screening tools are the Student Risk Screening Scale (Drummond, 1994) and the Student Internalizing Behavior Scale (Cook et al., 2011).

The Student Risk Screening Scale (SRSS) is a short screening tool developed to identify students at risk for antisocial behaviors: primarily externalizing behaviors (Drummond, 1994). The SRSS has been empirically validated with an internal consistency of $\alpha = 0.81$ and a test-retest reliability of $r = 0.73$. Teachers rate each student in their class on a 0-3 scale for each item.

(0 for Never and 3 for Frequently) Possible scores can range from 0-21, and then form three risk categories. A student is considered low risk if scores fall between 0-3, moderate risk if scores fall between 4-8, and high risk if scores meet or exceed 9 (Drummond, 1994).

The Student Internalizing Behavior Scale (SIBS) is similar to the SRSS but focuses on identifying student with internalizing behavior problems. The SIBS is an empirically validated measure, with an internal consistency of $\alpha = 0.80$ and a test-retest reliability of $r = 0.75$. Teachers rate each student in their class on a scale of 0-3 on items that focus on behaviors that reflect loneliness, peer victimization, sadness, and nervousness. Scores can range from 0-21, with a cut score of 8 used to discriminate between students who do and do not demonstrate internalizing behavior problems (Cook et al., 2011).

Intervention considerations. Social and emotional problems can vary widely from externalizing and internalizing behaviors, to deficits with interpersonal relationships. This variability presents a challenge when developing interventions and certain considerations should be made when designing treatment plans for a student with EBD.

There are a number of factors to consider when choosing an intervention for a student with EBD and determining its effectiveness. To start with, the intervention needs to sufficiently match the presenting problem. The intervention needs to be appropriate for the intended child, in the intended context (Gresham, Hunter, Corwin, & Fischer, 2013). In addition, different interventions may vary in effectiveness depending on the type and severity of the presenting problem. Also, whether the problem is chronic and the extent of severity should be considered. Behaviors that are more chronic are more likely to require more intensive interventions with a longer duration (Gresham, Hunter, Corwin, & Fischer, 2013).

Another factor to determine is whether the problem is a skill or performance deficit. Skill deficits occur when a student does not have the ability to perform a desired task or behavior. Performance deficits are more motivational in nature. With a performance deficit a student knows how to perform the desired task or behavior, but does not. It is important to understand the type of deficit because the intervention and treatment is different for each type. To treat a skill deficit the requisite behavior needs to be explicitly taught, versus the treatment for a performance deficit, which involves manipulating environmental factors to increase the probability of the desired behavior (Gresham, 2010)

Interventions must be evidence-based and implemented with integrity when using a multitiered problem-solving model. Evidence-based interventions are effective treatments that have been validated by research. All evidence-based interventions should include clearly stated characteristics of the sample population, a treatment manual, and results from two different investigative teams. To determine if an intervention is effective, it has to be implemented with integrity. Treatment integrity is the degree to which the intervention was implemented as planned (Greshan, 2005). We need to know if the intervention was implemented as intended before any decisions are based on the results.

Tier 1 interventions. Tier 1 interventions are provided to the whole class, school, or district. All students are monitored on an individual level and those who do not respond to intervention progress to a more intensive tier of intervention. One example of a universal intervention is the Classwide Intervention Program (CIP), which solely teaches social skills to students (Gresham, Hunter, Corwin, & Fischer, 2013). The goal of CIP is to give students within the classroom an opportunity to learn new or improve on their social skills. The CIP is intended

to be taught three times a week in 25 minute sessions, making it time efficient and an instructional priority.

Tier 2 interventions. Tier 2 interventions are targeted interventions used to address the presence of an emotional or behavioral disorder. As mentioned before, the chosen intervention needs to appropriately match the presenting problem. Tier 2 interventions should not only address the problem behavior, but teach replacement behaviors as well (Gresham, 2010).

Interventions for externalizing behaviors typically include: manipulating antecedents and consequences, incidental teaching, differential reinforcement, behavioral contingencies, and shaping desired behavior (Gresham, Hunter, Corwin, & Fischer, 2013). Check in/ checkout (CICO) is one popular program used for tier 2 interventions. In the CICO program, the student is assigned to a mentor who meets with them before school to discuss behavioral expectations and set behavioral goals. The mentor problem-solves potential barriers and practices appropriate behavior with the student. Multiple times throughout the day the student receives feedback from teachers on a daily progress report. At the end on the school day the student and mentor meet to review their behavior for the day. If the student met their goal the agreed on reward is earned. Research has found CICO programs to be effective at decreasing disruptive behaviors across age groups and well accepted by school personnel (Gresham, Hunter, Corwin, & Fischer, 2013).

Interventions for internalizing disorders usually involve cognitive behavior pull-out (Gresham, Hunter, Corwin, & Fischer, 2013). Cognitive behavioral interventions teach students how to identify maladaptive thoughts and behaviors, as well as how to self-monitor and replace them with adaptive ones. These interventions usually occur in small group or individual counseling sessions, and are paired with modeling desired behavior. Cognitive behavioral

interventions are the goal standard in treating internalizing disorders, but can be time-consuming and difficult to fit within a school schedule.

Tier 3 interventions. Tier 3 interventions are provided to students with emotional and behavioral problems that do not respond to Tier 2 interventions. Tier 3 interventions should consist of a functional behavioral assessment and a behavioral intervention plan (BIP). Functional behavioral assessment (FBA) is comprised of a collection of data from a variety of sources in order to pinpoint the function of a specific behavior. This is done by examining the antecedents, consequences maintaining behaviors, and operationally defining the target behavior. Once the function of the behavior is identified, replacement behaviors are determined that will still fulfill the same function of the maladaptive behavior. The information gained in a FBA can then be used to create a BIP.

In order for Tier 3 services to be effective, school personnel need to be able to accurately link the function-based data to a BIP. Failure to do so will result in poorly defined problem behaviors, replacement behaviors, and ultimately ineffective treatment outcomes. The standards to evaluate intervention outcomes for social and emotional behaviors are not as clearly defined as academic standards. The standards for social and emotional behavior outcomes tend to vary by district, school, and cultural expectations. Regardless of these differences, it is important that data be collected, graphed, and analyzed in a consistent and frequent manner (Gresham, Hunter, Corwin, & Fischer, 2013).

A large body of literature over the past ten years has evaluated the effectiveness of implementing a Multi-Tiered System of Supports to address both academic and behavioral concerns. Findings include improved academic performance, a decrease in office discipline referrals, and more positive attitudes for schools. Studies using single-case designs and quasi-

experimental methods have shown a connection to improved student behavior, social-emotional learning, and academic outcomes (National Association of School Psychologists, 2009).

Best Practices for the School Psychologist

Practicing school psychologists should refer to the National Association of School Psychologist position statement on appropriate supports that meet the need of all students, as well as those who are identified with an emotional or behavioral disorder. “The National Association of School Psychologists (NASP) supports the use of multitiered problem-solving strategies to address the behavioral, social, emotional, and academic needs of all students. Problem-solving models provide needed supports to all students in inclusive settings when problems are first identified. When supports are provided in the general education environment, students have continued exposure to core instruction” (National Association of School Psychologists, 2009). The implementation of the MTSS model allows for early support before a problem worsens. Sometimes students require more intensive and individualized interventions and progress monitoring. Students that require Tier 3 services and do not show an appropriate response to intervention may qualify for special education. The multidisciplinary team will base their decision off a comprehensive assessment that includes examining the student ongoing interventions and progress monitoring data through Tier 1-3.

School psychologists play a critical role in not only the identification and evaluation of students with emotional and behavioral disorder, but at all levels of support. Training in data-based decision making allow them to partner with their schools to review data at each tier, evaluate research-based findings, and develop evidence-based interventions. School psychologists can assist in designing academic interventions and curriculum modifications

within in a multitiered problem-solving model. They can also help design methods to evaluate student progress at every tier.

School psychologists can collaborate with a various individuals who influence the lives of students who struggle with behavioral, social, and emotional challenges. They can coordinate and deliver wrap-around services to families in complex situations. School psychologists facilitate well-rounded services in order to prevent a gap in services that frequently affect children in need of intensive supports. Within the problem-solving model, school psychologists can advocate for the mental health needs of all students by promoting universal screenings, developing targeted interventions, and in the implementations of intensive individual interventions.

School psychologist should advocate for evidence-based and culturally competent practices for all students, and help schools transform practices that result in poor and ineffective student outcomes. Research suggests that schools too often manage behavior problems with exclusionary discipline through suspension and expulsion, which places students at a greater risk of dropping-out and entering the juvenile justice system (Skiba & Rausch, 2006). School psychologists are important to the implementation of the MTSS models by leading school teams and facilitating the design and delivery of mental health supports at each tier for all students and families.

Chapter III: Summary and Discussion

The following chapter summarizes the literature on the assessment and eligibility criteria for students identified with EBD. Three research questions were address throughout the literature review. First, how do emotional and behavioral disabilities impact student outcomes? Second, what are the necessary components of a Multimethod assessment in the identification of an emotional and behavioral disability? Third, can the use of a Multi-Tiered Service and Support model provide a preventative and effective method for meeting the needs of students with an emotional and behavioral disability? Finally, this chapter will propose recommendation for future research on the assessment of students with emotional and behavioral disabilities.

Summary and Discussion

Students at risk or identified with EBD often demonstrate disruptive and extreme behaviors that result in conflict with those around them. These students also demonstrate deficits in social skills and frequently diagnosed with comorbid disorder such as anxiety, depression, and other mood disorders (Merrell & Walker, 2004). Consequently, these characteristics can persist over a long time and negatively impact not only their academic performance but their ability to maintain and build relationships with peers and teachers. Unfortunately, students identified with an emotional or behavioral disorder face the worst outcomes when compared to other disability categories. Further indicating the need for schools consult school psychologists and other knowledgeable professionals to collaborate with to prevent students at risk for these adverse outcomes.

It is vitally important to understand the necessary components of a Multimethod assessment in the identification of an emotional and behavioral disability, in order to addresses the under-identification and under-service of students with EBD. Multimethod assessment of

EBD assumes that no single method of informant can capture every important aspect of a child's emotional and behavioral functioning. To conduct a comprehensive assessment school psychologist need to use a combination of standardized parent and teacher rating scales, standardized self-reports, parent and teacher interviews, and direct observations. School psychologist and other education professional assess the information they have gathered to determine the best ways to provide support by linking assessment result to evidence-based interventions. The overall goal of a Multimethod assessment is to gain a comprehensive understanding of students' emotional and behavioral concerns to determine if a student has a need for additional services.

Over the past ten years, a large body of literature has evaluated the effectiveness of implementing a MTSS model to address both academic and behavioral concerns. Findings include improved academic performance, improved student behavior, a decrease in discipline referrals, and more positive attitude for schools (National Association of School Psychologists, 2009).

The success of the MTSS model is contingent on the implementation of evidence-based interventions at all three tiers. Tier 1 interventions are intended to by efficient, cost effective and are provided to the whole class, school, or district. All students are monitored on an individual level and those who do not respond to intervention progress to a more intensive tier of intervention. Tier 2 interventions are targeted interventions used to address the presence of an emotional or behavioral disorder. Interventions need to appropriately match the presenting problem as well as teach replacement behaviors. If a student does not respond to Tier 2 interventions, more intensive interventions are provided in Tier 3. At this tier, interventions need to include a functional behavioral assessment and a behavior intervention plan. For Tier 3

interventions to be successful, school psychologists need to collaborate with other school personal in accurately linking the function-based data to a behavior intervention plan. The inability to link function-based data to interventions can result in poorly defined problem behaviors, replacement behaviors, and ineffective treatment outcomes.

Recommendations for Practice

School psychologist as well as school personnel, need to be aware of the negative implications that stem from the assessment and eligibility of students with emotional and behavioral disabilities. Research has shown that a large service gap exists between students with emotional and behavioral disabilities verses the number actually being identified and served in special education. Additionally, research has shown that students identified with EBD are affected by numerous adverse outcomes both while in school and throughout their life. Having a clear understanding of the risk factors and implications would assist in early screening efforts to find student who are in need of social, emotional, and behavioral interventions before symptoms become more severe. Therefore, it is recommended that Multimethod assessment use appropriate measures that are objective, reliable, and valid.

It is highly recommended that schools use a systemic multi-tiered system of supports that incorporates data-based decision making in the assessment of students with EBD. The following recommendations regard the implementation of a MTSS model: 1) that schools select evidence-based intervention strategies that they can implement with fidelity. 2) That student progress is monitored with objective and valid measures. 3) That schools universally screen all students for emotional and behavioral concerns on a routine basis.

Recommendations for Future Research

The standards to evaluate intervention outcomes for social and emotional behaviors are not as clearly defined as academic standards, and tend to differ by school, district, and cultural expectations. This is problematic in determining both the student response to intervention and the effectiveness of the intervention. Future research should continue to examine how schools can effectively and efficiently make data-based decisions using standards to evaluate intervention outcomes for emotional and behaviors expectations. This would assist districts and schools in determining both the student response to intervention and the effectiveness of the intervention.

The use of a Multimethod assessment and MTSS model should increase early detection and correct identification of students with emotional and behavioral disorders. Another suggestion for future research is to examine the efficacy of prevention and early intervention programs for students with emotional and behavioral concerns in greater detail. Lastly, future research should continue to assess prevalence rates and adverse outcome for students with emotional and behavioral disorders.

A growing number of students require mental health services, yet very few receive adequate services in the school setting. Students who are dealing with emotional and behavioral disorders need school professional to provide early support before problems develop or get worse. School systems and school psychologists that are prepared to identify and assess these concerns, provided struggling students a greater chance a success. As a result, supports all students receive the supports they need in an inclusive environment with continued exposure to instruction and the opportunity to learn.

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