An Investigation of the Perception of Special Education Teachers' Feelings of Preparedness to

Manage the Behaviors of Students with Emotional Disabilities

by

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Abstract

The purpose of this study was to examine special education teachers' feelings of readiness to manage the behaviors of students with emotional disabilities. Specifically, the study investigated how prepared special education teachers feel to meet the behavioral needs of students with emotional disabilities. The study's qualitative data pecial education teachers representing seven different schools in a district in northeast Tennessee. Special education teachers currently teaching in interventionist, resource, self-contained, or behavior settings participated in the study. Data were analyzed using Creswell's (2013) six-step approach for qualitative analysis. Once all data was collected and coded, three themes emerged in the findings: (1) Behavior Interventions and Strategies, (2) Where Special Education Teachers Learn Behavior Interventions and Strategies, and (3) Supports and Barriers.

These themes provide information to stakeholders involved in the training and preparation of special education teachers.

Keywords: Emotional disabilities, Positive Behavior Interventions and Supports, trauma-informed, Adverse Childhood Experiences (ACES)

Dedication

I dedicate this work to my mom, Sonja Pangle, who has always been my hero and greatest supporter in Heaven and on earth. She was an inspiration of true grace and grit, enduring more ACES than any child should have to endure. Through her, I learned that your past or present does not define who you are. He says who I am, and I am enough.

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My sincere appreciation to my family for their constant love and belief in me through this journey. I do not take the sacrifice you have made lightly, and I am forever grateful. I only hope this journey can serve as an inspiration to my three amazing daughters. It is never too late, you can do it, and you are always enough!

To my RNR family, thank you for affording me the opportunity to grow. All the words of affirmation, weekly check-ins, and encouragement gave me the strength I needed. You were the push I needed to take the plunge and do this thing!

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Table of Contents

List of Tables

Chapter 1

All students have the right to free and appropriate education in the United States (FAPE). This includes students with high and low-incidence disabilities (Individuals with Disabilities Education Act, 2004). On November 29, 1975, the Education for All Handicapped Children (Public Law 94-142) was signed by President Gerald Ford. This act is known as the Individuals with Disabilities Education Act (IDEA). Allowing students with disabilities to access public schools changed the education landscape (U.S. Department of Education, Office of Special Education and Rehabilitative Services, n.d.). Amendments to IDEA set to improve the academic achievement of all students with disabilities in both special and general education settings (Senate Report, 1997). Changes to the Individual Education Plan (IEP) of each student created specific guidelines for measuring success to "include the requirement that a statement of measurable annual goals, including benchmarks or short-term objectives, that would enable parents and educators to accurately determine a student's progress be specified in the IEP" (Yell et al., 1998, p. 12). The new standards allowed special education and general education teachers to measure student progress toward specific goals and objectives.

Allowing students with disabilities to participate in their least restrictive environment with non-disabled students is one of the many goals of special education (Lamport et al., 2012). Hundreds of thousands of students with disabilities now have access to public schools and participate in general education classrooms. Special education services are no longer delivered solely in a self-contained classroom. Intentional participation in an inclusive, general education setting allowed students to close gaps in achievement and social learning (Dessemontet et al., 2011). When provided with appropriate support, students with mild and more moderate disabilities make academic and social progress in an inclusive setting (Abery et al., 2017).

Every student has the right to high-quality education in a safe and supportive environment. Educators are responsible for facilitating a learning environment free from discrimination, with trusting relationships that ensure social, emotional, and academic growth (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022). However, teachers may be inadequately prepared to implement practices for providing all of these components to students with disabilities (Lamport et al., 2021). Meeting the needs of diverse learners is one of the most daunting and challenging tasks facing educators (Futrell et al., 2003). Teachers need the necessary skills to address many needs of students with emotional disabilities in a classroom with increased classroom expectations and demands. Instructional and management challenges are barriers for teachers teaching students with emotional disabilities (Henderson et al., 2005). In addition, teachers must be familiar with disability characteristics, evidence-based interventions for academics, and accommodations for students (Benedict et al., 2014).

Inclusive school practices are one way educators address significant gaps in reading and math scores for students with and without disabilities (Whitlow et al., 2018). Research suggests that students with disabilities may achieve increased academic results because they can learn from general education students, are more motivated to achieve goals, and focus more on academic progress (Ruijs et al., 2010). While inclusion is considered best practice for students with mild to moderate disabilities, it has brought about new challenges for teachers. For example, a class may consist of gifted children, students with specific learning disabilities, English-language learners, hyperactive children, and students with emotional and behavioral differences. Differentiating instruction for such diverse learners is vital (Lamport et al., 2012). In addition, many students with emotional and behavioral differences receive some academic

instruction in the general education classroom (Bettini et a., 2020). Therefore, teachers must prepare to meet these students' academic and emotional needs (Gable et al., 2012). Special education teachers are often responsible for understanding how an inclusive setting will impact a student with emotional disabilities regarding access to the curriculum and social interaction with peers (Obiakor et al., 2012). In addition to off-task and aggressive behaviors, students with emotional disabilities struggle with skills to identify when they need assistance from an adult, the ability to request assistance, how to determine appropriate times to talk to peers and adults, how to engage in conversational turn-taking or the skills to independently transition from one activity to the next (Gann & Kunnavatana, 2016).

Risky behaviors, low academic performance, and strained peer relationships are typically present in students struggling with emotional disabilities in schools (Chitiyo et al., 2021). Therefore, students with emotional disabilities are generally identified within the school system because of their emotional and behavioral excesses and deficits (Lambert et al., 2022). The Individuals with Disabilities Act (IDEA) states that students with emotional disabilities have one or more of the following characteristics for an extended time: (a) inability to learn that cannot be explained by intellectual, sensory, or health factors, (b) unable to build and maintain interpersonal relationships with peers and adults, (c) inappropriate types of behaviors under typical circumstances, (d) pervasive mood of unhappiness or depression, and (e) may develop physical fears or symptoms associated with home or school problems (2017). In addition, adverse childhood experiences and early traumas may carry over into school settings, creating challenges with peer relationships and an inability to set boundaries (Whitlow et al., 2018). Students with emotional disabilities generally exhibit behavioral problems at school that impact their academic performance and have lower scores in reading, math, and science compared with

students with other high-incidence disabilities (Chitiyo et al., 2021; Gage et al., 2014). Off-task behaviors, such as getting out of their seat and talking to peers, can dramatically impact task completion of assignments (Watt et al., 2014). Students with emotional disabilities are more likely to drop out of high school and not attend post-secondary training. They are more likely to engage in drug abuse and acts of violence against themselves and others (Osher et al., 2003). Additionally, 60.5 percent are arrested as adults, and 44.2 percent live on probation or parole (Wagner & Newman, 2012).

Statement of the Problem

Students with emotional disabilities have the poorest social and academic outcomes across special and general education populations. They are more likely to exhibit significant challenging and aggressive behaviors, are more likely to be suspended from school, and have high dropout rates from high school (Cipriano et al., 2018). To be successful in the classroom, students with challenging behaviors should be familiar with school-wide expectations, have opportunities for success in practicing meeting those expectations, and receive support from classroom teachers and skilled adults trained in evidence-based practices (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022).

According to the Behaviorist theory, based on the work of B.F. Skinner, a student's behavior is a glimpse into the past, present, and future. Literature concerning the effects of trauma on behavioral outcomes is plentiful. Students with trauma are more likely to demonstrate unfavorable behavioral outcomes at school (Webb et al., 2022). A Behaviorist theoretical framework purports that behaviors are observable, measurable, and reinforced through positive reinforcement. Collecting meaningful data and implementing a system of support based on the

data increases appropriate behaviors while teaching the student to self-manage inappropriate behaviors (Westover et al., 2021).

Unfortunately, not all special education teachers feel prepared to manage the behaviors of students with emotional disabilities, and finding special education teachers qualified to teach these students may be more challenging than in any other area of special education (Billingsly et al., 2006; Gilmour & Wehby, 2020). Therefore, special education teacher preparedness is vital to the success of increased academic and social outcomes for students with emotional disabilities (Gilmour & Wehby, 2020).

Purpose of the Study

This qualitative study aimed to determine special education teachers' perceptions of preparedness to meet the behavioral needs of students with emotional disabilities. Data was collected via individual interviews with special education teachers in northeast Tennessee. Special education teachers serving students with emotional disabilities answered questions regarding perceptions of preparedness and factors influencing such preparedness.

Research outlines trauma's academic and behavioral effects on children. In addition, there are available evidence-based interventions and strategies proven to meet the behavioral needs of students with emotional disabilities. The study's findings will fill gaps to determine specific areas where special education teachers feel underprepared to meet the behavioral needs of students with emotional disabilities.

Research Questions

The following questions guided this qualitative study to determine special education teacher perception of preparedness to meet the needs of students with emotional disabilities:

1. How prepared do special education teachers feel about delivering interventions and strategies that manage the behavior of students with emotional disabilities?

2. What specific interventions and strategies are used to teach students with emotional disabilities?

3. Where do special education teachers gain the knowledge to teach students with emotional disabilities effectively?

Significance of the Study

In light of the Covid-19 pandemic, students with emotional disabilities have more significant challenges in their social, emotional, and academic development and success (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022). Home quarantine and school closures created stress, loneliness, and depression (World Health Organization, 2020). Special education teachers face challenges never seen in public education (Crosby et al., 2020). Preparation is essential to teacher success (Oliver & Reschley, 2010). Maintaining a low level of distractions in the classroom is vital (Hudson et al., 2018). Teachers must prepare to decrease students' challenging behaviors as much as possible with consistent classroom and individual strategies (Lamport, 2012).

Schools struggle to retain special education teachers supporting students with emotional disabilities (Bettini et al., 2020). While special educators teach an increasingly diverse group of students, they often feel underprepared for the job (Metlife, 2011). The resources special

education teachers gain through preparation may improve their ability to handle the demands of teaching students with disabilities (Gilmour & Wehby, 2020). However, special education teachers serving students with emotional disabilities may be less experienced and inadequately prepared to address student challenges effectively (O'Brien et al., 2019).

The research outlines trauma's academic and behavioral effects on children and evidence-based practices to help overcome these challenges. These practices generally recommend ongoing professional development for teachers and include flexible instructional practices, classroom management, and an emphasis on the relationship (Crosby et al., 2020; Crosby et al., 2015). However, more data is needed regarding how special education teachers should obtain this knowledge. In addition, little research has been conducted to evaluate the extent to which special education teachers feel prepared to teach students with emotional disabilities (Oliver & Reschley, 2010). This study allows special education teachers to share experiences concerning preparedness and influences affecting preparedness. Interviews with special education teachers will identify specific elements in higher education preparation that make teacher candidates feel more prepared to teach students with emotional disabilities. Additionally, data will identify specific elements in professional learning and training essential to teaching students with emotional disabilities and gaps in the current training. The findings will guide participating schools in which areas special education teachers need additional training and support. Recommendations for higher education preparation programs will be provided. Also, a professional learning framework will be developed based on the information obtained.

Definition of Terms

The following terms are used in the study:

Accommodations: "Accommodations provide equitable access during instruction and assessments and do not change the construct being assessed nor compromise the integrity or validity of the assessment or content. Accommodations are intended to reduce or mitigate the effects of a student's disability; however, accommodations do not reduce learning expectations. Although accommodations do not change the construct intended to be measured by the assessment or the meaning of the resulting scores, they provide equity and serve to level the playing field for students with disabilities" (Tennessee Department of Education, 2018, p.41-42).

Inclusion: An environment where students with disabilities are educated alongside typically developing peers in the general education classroom (Aron & Loprest, 2012).

Individualized Education Plan (IEP): "An IEP is a written document for a student with one or more disabilities, which is developed, reviewed, and revised annually by the IEP team. Federal and state laws and regulations specify the information that must be documented in each student's IEP and requires that an IEP be in place by the beginning of the school year. Generally, the document identifies the student's individual needs based on his/her specific area(s) of exceptionality (deficit) and how the school will strategically address those needs" (TDOE, 2018, p 6).

Least Restrictive Environment (LRE): "Each public agency must ensure that to the maximum extent appropriate, children with disabilities are educated with children who are non-disabled; and special classes, separate schooling, or other removals of children with disabilities from the

regular educational environment occurs only if the nature or serenity of the disability is such that education in the regular class with the use of supplementary aids and services cannot be achieved satisfactorily" (IDEA, 2017).

Emotional Disturbance: "Emotional disturbance is an umbrella term for different but related social-emotional deficits and disorders. These significant mental health and/or behavior issues manifest as dysregulation in thoughts, feelings, and/or behaviors" (TNDOE, 2018, p. 5).

Functional Behavior Assessment (FBA): "An FBA involves data gathering from various sources (e.g., direct observations, teacher and parent input, developmental history, behavior tracking systems) to help determine reasons why an individual is displaying behaviors (i.e., the function of the behavior) to for teams to create an effective behavior plan" (TNDOE, 2018, p. 97).

Limitations of the Study

This qualitative study was conducted with special education teachers currently teaching in public schools in northeast Tennessee. Survey results reflect the views of special education teachers' perceptions of preparedness that meet the behavioral needs of students with emotional disabilities. Participants voluntarily agreed to be interviewed. Therefore, perception may not reflect teachers from other school districts in Tennessee or other state regions.

Organization of the Study

Under IDEA, all students with disabilities have the right to receive a free and appropriate education (Individuals with Disabilities Education Act, 2004). Therefore, special education and general education teachers collaborate on ways to meet the student's needs and create an understanding of accommodations and modifications across settings. In addition, special

education teachers should provide support for students with challenging and aggressive behaviors that may be present in the classroom (Obiakor et al., 2012). However, special education teachers may not be fully prepared to support students with emotional disabilities. Chapter Two provides a literature review, including the history of special education, special education teacher preparation regarding students with emotional disabilities, the diagnosis process for students with emotional disabilities, Adverse Childhood Experiences (ACES), trauma-informed practices, and current interventions for students with emotional disabilities.

Chapter 2

Review of Literature

This research investigates the perception of special education teachers' preparedness to teach students with emotional disabilities. A literature review will provide relevance to the topic and overall purpose. Chapter two includes a historical review of special education, special education teacher preparation, Adverse Childhood Experiences (ACES), identification of emotional disturbance, interventions for students with emotional disturbance, and trauma-informed practices.

Historical Review of Special Education

In 1918, each state enacted compulsory education legislation requiring all children of the required ages to attend school, thus instituting a new framework for identifying special needs students (LaNear & Frattura, 2007). Despite efforts for all school-aged children to attend school, students with disabilities were often excluded from public school (Yell et al., 1998). Public schools were not considered appropriate for students with disabilities. Many teachers believed they learned differently and would be served best in a segregated school; common schools were for "normal" children (Spaulding & Pratt, 2015).

The Civil Rights Movement of the 1950s and 1960s sought to bring change and equality for all, and this movement quickly translated into rights for students with disabilities (Yell et al., 1998). In the landmark case *Brown vs. Board of Education* of 1954, the United States Supreme Court ruled that segregation based on personal characteristics (e.g., race or disability) was unconstitutional, thus propelling parents of children with disabilities and advocacy groups to rally for educational rights (Hicks-Monroe, 2011). With strong support from families and

advocacy groups, the federal government began to develop and implement practices for children with disabilities (IDEA, 2004).

The Rehabilitation Act of 1973 became a pivotal turning point for individuals with disabilities. For the first time in history, federal law stated that it was unconstitutional to exclude or segregate an individual based on disability (Aron & Loprest, 2012). However, it was still unclear what protections the statute offered; some believed the sole purpose was to correct problems with the rehabilitation of individuals with disabilities, while others thought it to be an extension of the Civil Rights Act of 1964 (Yell et al., 1998). Parents and advocacy groups used litigation to advocate for federal laws (Spaulding & Pratt, 2015).

In 1975, Congress passed the Education for All Handicapped Children Act to support states in meeting the needs and protecting the rights of all individuals with disabilities aged 3-21. The EHA protects infants, toddlers, and school-aged children and their families (IDEA, 2004). Before passing the EHA of 1975, "only one in five children with identified disabilities attended public school, and many states explicitly excluded children with certain types of disabilities from school; these included children who were blind or deaf and children labeled "emotionally disturbed" (Aron & Loprest, 2012, p. 100). Section 504 of the Rehabilitation Act of 1973 gives students the right to free and appropriate education (U.S. Office of Special Education and Rehabilitative Services, 2010). Amendments to the Education for All Handicapped Children Act (1990) renamed the law the Individuals with Disabilities Education Act (IDEA, 2004). Significant changes to the law included (a) a change to person-first language in which *handicapped students c*hanged to *child/student/individual with a disability*, (b) autism and traumatic brain injury were classified separately, and (c)transition planning is included in every student's IEP by age 16 (Yell et al., 1998).

In 2001, Congress enacted No Child Left Behind (NCLB) to ensure that all students in school districts make adequate yearly progress toward academic standards on yearly state testing (Colker, 2013). NCLB requires students with disabilities to make sufficient progress alongside their non-disabled peers; however, this requirement often subjects students with disabilities to a one size fits all assessment scheme (LaNear & Frattura, 2007). In addition, No Child Left Behind has defined the qualifications needed by teachers who work in the classroom and deliver classroom instruction. All teachers of core academic subjects should be highly qualified (U.S. Office of Special Education and Rehabilitative Services, 2010). States are required to develop plans to reach this goal.

With the alignment of NCLB and IDEA, Individualized Education Plan (IEP) teams determine how students with disabilities access the general education setting and participate in an inclusive setting (Hunt et al., 2012; Yell et al., 1998). All educators on the IEP team understand how decisions impact students' daily lives, the curriculum, and academic and social interactions with peers (Obiakor et al., 2012).

Special Education Teacher Preparation

Special education teachers are responsible for many aspects of teaching and learning, including case management, individualized instruction, and collaboration with general education teachers (Robinson et al., 2019). With so much responsibility, hiring qualified and prepared teachers is vital. Therefore, a lack of qualified special education teachers impacts the quality of education for students with disabilities (Billingsley, 2004). "Special education has never enjoyed a fully qualified teaching workforce, and, in this sense, has never fully delivered on the promise of a free appropriate public education (FAPE) for all students with disabilities" (Mason-Williams

et al., 2020, p. 45). Teacher preparatory programs are vital to the effectiveness of teaching students with disabilities. Prater and Sileo (2004) further define the implications of preparedness:

> Teacher preparation programs in Institutions of Higher Education (IHE) in the United States have been criticized for (a) centering too much on pedagogy and not enough on teacher competencies or standards, (b) being detached from the realities of education settings, and (c) providing minimal field experience for pre-service teachers (p. 1).

In response to the 1998 reauthorization of the *Higher Education Act,* a system of reporting information on teacher preparatory programs and teacher candidates' progress was enacted. Institutions of Higher Education collect information on the quality of their teacher preparation programs, including state licensure test scores and the number of teachers hired on provisional or emergency credentials (Prater & Sileo, 2004).

Providing a fully qualified special education workforce is even more essential when considering students with emotional disabilities. Students who perform poorly academically are at greater risk for behavior concerns, as they may display inappropriate behavior to escape an academic task (Oliver & Reschly, 2010). Therefore, special education teachers are tasked with intentional efforts to develop expertise in meeting the needs of students with emotional disabilities. Brownell et al. (2010) state that for special education teachers to reach this level of expertise, teacher preparation programs must provide experiences throughout the program in both special education and general education settings. The integrated approach lends itself to collaboration with general education teachers in meeting the needs of students with emotional disabilities receiving services in the general education setting. In addition, special education teachers receiving job-embedded training have demonstrated a positive effect on students with disabilities regarding academics and challenging behavior (Feng & Sass, 2014).

Feng and Sass (2012) found that comprehensive special education teacher preparation programs correlate to increased academic achievement for students with disabilities.

> Pre-service preparation in special education has statistically significant and quantitatively substantial effects on the ability of teachers of special education courses to promote gains in achievement for students with disabilities. In particular, certification in special education, an undergraduate major in special education, and the amount of special education coursework in college are all positively correlated with teachers' performance in special education reading courses (p. 1).

Classroom management is typically discussed in traditional special education preparatory programs, although more than this discussion may be needed to implement practices in the school setting. Often, teacher candidates focus on instruction and lesson plans and must pay more attention to managing behaviors. According to Hudson et al. (2018), practicum and internship experiences may not provide the intensity of skills needed to be successful in the classroom. In addition, teaching students with more significant disabilities requires a skill set and understanding that may reach beyond traditional special education preparatory programs (Bannister-Tyrrell et al., 2018). Students with exceptionalities include physical limitations, cognitive disabilities, behavioral disorders, or a combination. Using classroom observations and school walk-through data, Sindelar et al. (2004) found that teacher candidates from comprehensive special education programs had superior classroom management compared to teachers from non-traditional or add-on programs.

Preparing educators to teach students with emotional disabilities effectively involves implementing interventions across various school levels, including professional staff learning, organizational change, and evidence-based practices (Hanson & Lang, 2016). Professional

learning for staff serves as a means to increase knowledge regarding the prevalence of childhood trauma and the associated cognitive, behavioral, and emotional effects of trauma (Maynard et al., 2019). Research indicates that educators that experience meaningful professional learning experiences demonstrate learning results, especially in addressing student behavior and classroom management (Bettini, Cheyney, Wang, et al., 2015; Robinson et al., 2019). Professional learning can also increase the ability to recognize signs and symptoms of trauma and de-escalate situations before they become a classroom disruption or prevent student learning (Maynard et al., 2019). Organizational changes include shifting the perception of the student and learning how to reduce and diffuse incidents of traumatization and re-traumatization. In addition, Cole et al. (2009) recommend that schools modify disciplinary practices, minimize disruptions in the classroom, and model respectful relationships. Evidence-based, trauma-informed practices begin with screening and support of students with trauma. Schools may directly screen struggling students or partner with outside agencies and providers. Ideally, trauma‑informed schools would provide screening and interventions directly or indirectly at all levels (Maynard et al., 2019). However, schools may be limited in resources to provide all levels of support.

Adverse Childhood Experiences

According to the Centers for Disease Control and Prevention (2022), adverse childhood experiences are events in a child's life (0-17) that may be potentially traumatic. In addition, adverse childhood experiences lead to chronic health problems, mental illness, and substance abuse in adolescence and adulthood. Children exposed to adverse childhood events at a young age may exhibit high rates of post-traumatic stress disorder and social and emotional challenges (Grasso et al., 2016). "Overall, ACEs experienced early in development appear to negatively

impact the risk of developmental, social, and behavioral delay among children" (Cprek et al., 2020, pp. 22-23).

The Center for Disease Control and Kaiser-Permanente conducted the original ACE study from 1995-1997 (Center for Disease Control and Prevention, 2021). Over 17,000 people completed an anonymous survey regarding childhood experiences, health status, and behaviors. Childhood experiences within the survey included:

- acts of violence

- abuse or neglect

- witnessing violence in the home or community

- having a family member attempt suicide or die from suicide

The CDC and Kaiser Permanente also found:

> …other aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance abuse problems, mental health problems, or instability due to parental separation or household members being in jail or prison (2022, p. 8).

Data from the 2014 Behavioral Risk Factor Surveillance System reports that 62% of participants experienced at least one adverse childhood event, and 25% reported experiencing three or more events in childhood (Merrick et al., 2018).

> ACEs are categorized into two groups on the Behavioral Risk Factor Surveillance System (BRFSS)ACE module: abuse and household challenges. Each category is divided into multiple subcategories. Neglect items were added to the BRFSS ACE module in 2019. The prevalence of ACEs from the BRFSS data was similar to that of the original ACE study. ACEs are common across all populations. However, some populations are more

vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work, and play (CDC, 2022).

ACES affect more than 34.8 million children and youth in the United States (Koball et al., 2020). With such a high prevalence of ACES reported it is essential for stakeholders supporting students to be mindful of their effects. "Recognition of trauma is one of the first steps in addressing the effects of trauma" (Vu et al., 2022, p. 12). Children and youth experiencing trauma and undesirable situations at home will likely be less attentive and engaged at school. In addition, students struggling to meet basic needs at home may not be concerned with meeting school expectations, such as completing homework or putting total effort into academic tasks (Webb et al., 2022).

Koball et al. (2020) investigated the link between childhood ACES, medical diagnosis, and pharmacological treatment. Over 1,100 children aged 6-17 completed the ACES survey. The children with at least one ACE and who had a subsequent healthcare visit met the conditions to participate. Data found that children with ACES had an increased likelihood of health concerns, including asthma, ADHD, and behavioral problems.

Identification of Emotional Disturbance

The Individuals with Disabilities Education Act (IDEA) for special education services evaluates children and youth with challenging behaviors. IDEA (2018) defines emotional disturbance as an inability to learn that cannot be explained by intellectual, health, or sensory factors, as well as an inability to maintain interpersonal relationships. The percentage of students identified with emotional disturbance varied across states, from 1.65% to 17.36%. The Division for Emotional and Behavioral Health (2020) outlines behaviors and characteristics of emotional disturbance, including

- Hyperactivity (short attention span, impulsiveness),

- Aggression or self-injurious behavior (acting out, fighting)

- Withdrawal (not interacting socially with others, excessive fear or anxiety); and

- Immaturity (inappropriate crying, temper tantrums, poor coping skills)

- Learning difficulties (academically performing below grade level)

- Distorted thinking, unexplained motor acts, and abnormal mood swings.

"For over 40 years, the special education category for emotional disturbance (ED) has elicited considerable confusion and controversy for educators" (Hanchon & Allem, 2017, p. 176). However, the Centers for Disease Control and Prevention (2021) acknowledge that emotional disturbance is often an umbrella term for several mental disorders to including, but not limited to

- Anxiety Disorders

- Bipolar Disorders,

- Conduct Disorders

- Eating Disorders,

- Obsessive-Compulsive Disorder

- Psychotic Disorder

- Schizophrenia

The criteria school psychologists use to identify students with emotional disturbance was proposed over 60 years ago and later made into Public Law 94–142 in 1975 (Hanchon & Allen, 2017). While each state has the autonomy to interpret the category of ED, research has shown that most states have adopted classification language identical or similar to the federal definition (Becker et al., 2011). As a result, school psychologists and multidisciplinary teams make decisions about students primarily based on interpretations of five classification criteria

(Algozzine, 2017). The Individuals with Disabilities Act (IDEA) states that students with emotional disabilities present one or more of the following characteristics for an extended time: (a) inability to learn that cannot be explained by intellectual, sensory or health factors, (b) unable to build and maintain interpersonal relationships with peers and adults, (c)inappropriate types of behaviors under typical circumstances, (d) pervasive mood of unhappiness or depression, and (e) may develop physical fears or symptoms associated with home or school problems (2017).

An emotionally disturbed child is one who, after receiving educational and behavioral support and counseling, still exhibits persistent and severe behaviors that impede the learning process (Algozzine, 2017). To further complicate the process, teachers and staff recognize students with externalizing symptoms more easily, and these students are disproportionately identified for assessment of ED than students with internalizing disorders (Hanchon & Allen, 2017; Gage, 2013). Therefore, to produce a more accurate and comprehensive evaluation of the student, multidisciplinary teams use measures such as parent interviews, teacher interviews, diagnostic interviews with the student, observations across multiple settings, and behavior rating scales from a minimum of two sources (Allen & Hanchon, 2013).

Interventions for Students with Emotional Disturbance

Given the nature of possible challenging behaviors of students with emotional disturbance, exclusionary discipline is often the consequence. However, these methods may have adverse outcomes and do little to encourage appropriate replacement behaviors (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022). Proactive, systematic approaches that shift the focus to instruction and supports that are implemented with fidelity may increase positive academic and behavioral outcomes for students with emotional disabilities (Scott et al., 2019). Universal design for learning (UDL) and positive behavioral

interventions and supports (PBIS) are interventions used for all students (U.S. Department of

Education, Office of Special Education and Rehabilitative Services, 2022). UDL is an

evidence-based practice that challenges teachers to consider ways to be intentional about

instruction that promotes multiple means of engagement, representation, and expression. This

process for learning can help increase understanding and achievement for students with

disabilities, including emotional disabilities (Basham et al., 2020).

   PBIS is a multi-tiered level of support for school-wide and individual behaviors. By using

this tiered system, all students have behavioral strategies and support. However, based on the

nature and frequency of challenging behavior, smaller groups and individual students may

require more intensive support and services (U.S. Department of Education, Office of Special

Education and Rehabilitative Services, 2022). According to the Center for Positive Behavioral

Interventions and Supports, school-wide positive behavior support interventions may result in the

following:

- Improved academic outcomes and social and emotional competence

- Significant reduction in inappropriate behavior

- Reduction of office referrals, suspensions, and expulsions

- Reduced use of restraint and isolation

Some students may require more individualized and intensive support to address inappropriate

and challenging behaviors. Supports may include a Functional Behavior Assessment (FBA) and

corresponding behavior intervention plan (BIP) as well as counseling services (Center on

Positive Behavioral Interventions and Supports, 2022). The FBA identifies the function or reason

behind the inappropriate behavior. These factors may include (a) setting events (i.e., events that

may influence the behavior from occurring and may happen prior to coming to school), (b)

antecedents (i.e., events or actions that trigger and immediately precede the unwanted behavior), and (c)consequences (i.e., the events or actions that occur as a result of the behavior). The FBA is used to understand challenging and unwanted behaviors (Drasgow & Yell, 2001). In addition, the data collected is examined to determine a meaningful hypothesis as to why the behavior is manifesting. Understanding the factors contributing to inappropriate behavior is essential in developing and implementing an effective treatment plan (Hanchon & Allen, 2018).

The first step of the FBA is to clearly define the behavior to ensure that it is observable and measurable. "Data collection provides information on the frequency, duration, conditions, location, and individuals present when the interfering behavior does and does not occur" (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022). Once the multi-disciplinary team understands the factors contributing to the behavior's occurrence and non-occurrence, an effective BIP and additional support are designed, added to the IEP, and implemented (Sugai et al., 2000). The BIP should be proactive and multidimensional (Drasgow & Yell, 2001). Multiple strategies are used across settings to prevent challenging behaviors and teach replacement behaviors (Yell et al., 2000; Drasgow & Yell, 2001). In addition, the BIP utilizes multiple positive behavioral supports that address the function of the challenging behavior that does not rely on punishment or coercion (Dunlap & Koegel, 1999).

To effectively implement these practices, teachers, and administrators have specific knowledge and skills to support and respond to children with challenging behaviors (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022). Often, teacher preparation programs provide limited to no instruction on responding to challenging and inappropriate behaviors, especially in students with disabilities (Freeman et al., 2014). Job-embedded professional learning may strengthen the teacher's foundational knowledge and

provide specific learning opportunities in areas where skills are limited (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022).

Trauma-Informed Practices

Trauma-informed practices involve intentionally acknowledging the trauma, how the trauma impacts children and youth, and ways to offer support that do not re-traumatize the student (Crosby, 2020). The need for trauma-informed education in schools has contributed to new teaching practices, school climate, and professional learning for educators (Thomas et al., 2019). The emergence of these practices is a direct result of increased trauma in children and youth. Almost two-thirds of adults report experiencing childhood trauma (Anda et al., 2006).

Research shows that childhood trauma can affect academic and behavioral performance at school; furthermore, traumatic stress significantly hinders social, emotional, cognitive, and brain development (Perfect et al., 2016). In addition, childhood trauma can affect a child's ability to self-regulate emotions (Wolpow et al., 2009). Responding to students with challenging behaviors from a trauma-informed perspective means shifting the question from "What is wrong with you?" to "What is happening to you?" While some PBIS practices address interventions for students with negative behaviors due to trauma, great importance is placed on the school and classroom culture (Thomas et al., 2019). A trauma-informed approach is based on six fundamental principles and is similar to a multi-tiered framework (Maynard et al., 2019).

The Substance Abuse and Mental Health Services Administration (2014) states that a trauma-informed organization includes the following six principles: safety; trustworthiness; transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues. In addition, school trauma-informed practices may include social-emotional learning, restorative practices, and an emphasis on school culture and climate

(Thomas et al., 2019). For example, trauma-informed practices promote student-teacher relationships as a "primary vehicle for addressing student needs and establishing a sensitive classroom climate" (Crosby et al., 2020, p.3).

Summary

Special education has a rich history of advocating for students with disabilities. From the civil rights movement of the 1950s and 1960s to today, equality and education for all students have been the goal (Yell et al., 1998). Special education teachers are responsible for many aspects of teaching and learning, including case management, individualized instruction, and collaboration with general education teachers (Robinson et al., 2019). However, with the increase of students with emotional disabilities, special education teachers may not be prepared to meet the needs of students. Adverse Childhood Experiences and trauma significantly impact a student's ability to cope with stressors and self-regulate challenging behaviors. Special education teachers serving students with emotional disabilities may feel unprepared to address student challenges effectively (O'Brien et al., 2019). Qualitative research is needed to investigate special education teachers' perceptions of preparedness to teach students with emotional disabilities. Data may indicate areas of improvement and training to ensure all students can access free and appropriate education, regardless of disability.

Chapter 3

Research Methodology

There is a large amount of research concerning the adverse effects of trauma on students' academic and behavioral outcomes (Crosby et al., 2020; Grasso et al., 2016; Hanson & Lang, 2016). However, while the emergence of trauma-informed practices has shed light on the barriers students face, not all teachers are prepared to address these students' academic and behavioral needs (Gilmour & Wehby, 2020). In addition, there is limited literature concerning special education teachers' perceptions of preparedness to teach students with emotional disabilities. Therefore, this study aimed to determine special education teachers' perceived preparedness level to teach students with emotional disabilities.

Research Questions

1. How prepared do special education teachers feel about delivering interventions and strategies to manage the behavior of students with emotional disabilities?

2. What specific interventions and strategies are used to teach students with emotional disabilities?

3. Where are special education teachers gaining the knowledge to teach students with emotional disabilities effectively?

Research Design

The Behaviorist theoretical framework is based on the work of B.F. Skinner purports that behaviors are measurable, observable, and reinforced through positive reinforcement (Westover et al., 2021). According to Skinner (1974), the Behaviorist framework approaches behaviors as clues to past behaviors, current behaviors, and conditions relating to future behavior. "This theory can work well when learning objectives involve quick, behavioral responses that are not

complex in nature" (Westover et al., 2021, p. 138). Today, this strategy is used in schools to manage and shape behaviors (Cason-Clemons, 2020). Therefore, a Behaviorist theoretical framework was used as the underlying structure of this research study.

A qualitative research methodology was chosen for this research study. Qualitative research strives to understand how people make sense of experiences, describe those experiences, and delineate common themes for better understanding (Merriam & Tisdell, 2016). Therefore, for this study, participants can share experiences concerning preparedness and influences affecting preparedness with teaching students with emotional disabilities. Participants provided qualitative data through one-on-one interviews recorded and transcribed utilizing Zoom. In addition, transcription data were coded and analyzed.

Site Selection

This study was conducted in a school district in northeast Tennessee, which includes 7,403 students in kindergarten through twelfth grades across twelve schools for the 2021-2022 school year (Tennessee Department of Education, 2022). The following represents the ethnicity of the student body: 78% white, 12% Black or African American, 6% Hispanic, and 4% Asian, Native American, or Other Pacific Islander. In addition, the Tennessee Department of Education (2022) reports that 30% are economically disadvantaged, and 17% are students with disabilities.

Participants in the Study

After gaining permission from Milligan University's Institutional Review Board (see Appendix A), approval was obtained from the participating school district via the Department of Performance Excellence. The researcher obtained permission after submitting an "Approval Form for Research Proposals" and the corresponding proposal. As a result, special education

teachers currently teaching in a special education capacity were eligible to participate in the study.

Eligible participants include special education teachers teaching in an interventionist, resource, self-contained, transition-school to work, or behavior setting. An email invitation was sent to all special education teachers with a brief study description and the researcher's contact information. After one week, follow-up emails were sent to special education teachers to encourage participation. Participants then scheduled interviews to be conducted after school or on the weekend. The participants' demographic information was not essential for eligibility to participate in the study. However, pertinent information was collected to establish trends in the data.

Role of the Researcher

The researcher served as a tool to collect the data in the qualitative research study (Merriam & Tisdell, 2016). Data was collected through one-on-one interviews with participants. Interviewing is necessary when we cannot observe behavior, feelings, or how people interpret the world around them. Therefore, a series of semi-structured interview questions were used in each interview (see Appendix B). The semi-structured questions allowed for open-ended responses and flexibility within the order of the questions and follow-up.

The researcher recorded all interviews via Zoom while taking additional notes regarding emotions and non-verbal communication. The participants were offered the questions in advance to prepare for the interview. The researcher works in the same school district as the participants and may be familiar with some participants.

Data Collection Methods and Procedures

This qualitative research study collected data via one-on-one personal interviews with special education teachers. Semi-structured interview questions were prepared to determine if special education teachers feel prepared to meet the academic and behavioral needs of students with emotional disabilities. The one-on-one interviews took place virtually via Zoom. In addition, the researcher used the member-checking process to ensure the validity and reliability of the data. Member checks allow participants to verify the meaning behind interview statements (Merriam & Tisdell, 2016).

Using a second coder produces rich data analysis that one coder may not achieve (Church et al., 2019). Therefore, a second coder was utilized in this study. Both the researcher and the secondary coder completed line-by-line review and coding. Findings were analyzed for discrepancies.

Before the Study

Before collecting data, the study was approved by Milligan University's Institutional Review Board (IRB) process (Appendix A). In addition to the IRB process, permission was obtained from the participating school district's Department of Performance Excellence. According to Merriam and Tisdell (2016), good questions are the key to getting meaningful data. Therefore, the researcher created interview questions and led pilot interviews to fine-tune them, making them easily understood.

Selection of Participants

An email describing the study and criteria for participation was sent to all special education teachers in a school district in Northeast Tennessee. Eligible participants were requested to respond to the email with interest in participating in the study. Special education

teachers representing primary and secondary grade bands were invited to participate. All selected participants were informed of the right to decline participation in the study. Then, each participant reviewed and submitted the Google Consent Form (Appendix C).

Implementation of the Study

Once willing and eligible special education teachers emailed their interest to participate in the study, the researcher made contact via a personal visit, email, or phone call. The researcher reviewed the study's purpose and allowed participants to ask questions regarding the study.

Interview times were scheduled and held over the next several weeks via Zoom. All interviews were recorded for transcription and analysis. Following the interview, the researcher listened to each recording for accuracy. Finally, emergent themes were identified and coded after the interviews.

The interview process utilized semi-structured and open-ended questions throughout the interview process. Interviewees were free to share perceptions and feelings of preparedness to teach students with emotional disabilities. After completing interviews and transcription, participants received phone calls or personal conversations to utilize member checking. The member-checking process serves as a method to establish the reliability and validity of the data.

Data Analysis

Qualitative research often uses interviews to collect data needed for the study. "Interview questions can ask for experiences, opinions, feelings, knowledge, sensory, and demographic data" (Merriam & Tisdell, 2016, p. 136). After collecting the interview data, the researcher prepared and coded the data according to themes, looking for meaning and insight in the participants' responses. Creswell's (2009, p.172-173) six-step process assisted the researcher in the analysis process. The process included the following:

(1) Organizing and preparing the data for analysis

(2) Review the transcribed interviews for overall themes and tone

(3) Coding and organizing the data into chunks

(4) Describing the emerging themes

(5) Convey findings of the analysis through narrative

(6) Interpret the findings

The researcher compiled results for overarching themes and patterns after the data analysis. The themes and patterns of the findings will be discussed further in Chapter Four.

Ethical Considerations

Potential participants received an email and an invitation to the study. Participation in the study was voluntary, and participants could decline participation.

Each selected participant signed an informed consent form and selected days and times to be interviewed. Interviews were conducted via Zoom. The researcher took notes during the interviews to note emotions and non-verbal communication. "Ensuring validity and reliability in qualitative research involves conducting the investigation in an ethical manner" (Merriam & Tisdell, 2016, p. 237). Identifiable information about the participants was not used. Furthermore, the researcher committed to sharing the feelings and experiences of the participants with accuracy and confidentiality.

Member checks are used to increase validity and reliability. Each participant was contacted via phone or personal conversation to solicit feedback on the preliminary and emerging findings from the data (Merriam & Tisdell, 2016). In addition, all data was password protected and erased at the conclusion of the study.

Chapter 4

Data Analysis and Findings

This study examined special education teachers' perceptions of readiness to instruct students with emotional disabilities. Specifically, the study investigated how prepared special education teachers feel to meet the behavioral needs of students with emotional disabilities. Following IRB approval, emails of interest were sent to all special education teachers in the selected school district. The special education teachers completed a Google Form indicating participation interest and basic demographic information. In addition to this information, participants gave informed consent to participate in the research study. Participants were then contacted to determine the interview day and time. Qualitative data were collected via one-on-one Zoom interviews.

The qualitative data for this study was acquired exclusively from personal interviews utilizing semi-structured and open-ended questions. As stated in Chapter 3, "interview questions can ask for experiences, opinions, feelings, knowledge, sensory, and demographic data" (Merriam & Tisdell, 2016, p. 136). The study's qualitative data were gathered from 11 special education teachers representing seven different schools in a district in northeast Tennessee. The participants' demographics included special education teachers currently teaching in interventionist, resource, self-contained, or behavior-focused settings. The demographics of the participants are represented in Table 1.

Table 1

School Site Demographics

Participant	Grade Level	Years of Experience	Subject Area
Teacher 1	Middle School	1-5 years	Self-Contained
Teacher 2	Middle School	1-5 years	Resource
Teacher 3	Middle School	1-5 years	Self-Contained
Teacher 4	Middle School	6-10 years	Interventionist
Teacher 5	High School	11-15 years	Self-Contained
Teacher 6	High School	1-5 years	Behavior
Teacher 7	Elementary School	1-5 years	Self-Contained
Teacher 8	Middle School	1-5 years	Behavior
Teacher 9	Elementary School	1-5 years	Self-Contained
Teacher 10	Elementary School	11-15 years	Interventionist
Teacher 11	High School	11-15 years	Self-Contained

 Each interview lasted approximately 20 minutes. In addition, the seven sites provided 11 completed Google Forms and interviews. The data set included three males and eight females.

Analysis of Data

Data was analyzed using Cresswell's (2013) six-step process for analyzing and interpreting qualitative data. The process included organizing and preparing the data, reviewing the transcribed interviews for overall themes and tones, coding and organizing the data, describing themes, conveying narrative findings through narrative, and interpreting the findings.

Each interview was recorded on the Zoom (2023) platform, then transcribed and coded for emerging themes. Throughout the coding process, overall themes and subthemes emerged for analysis.

Global Themes

The following global themes became apparent throughout the interviews: (1) Behavior Interventions and Strategies, (2) Where Special Education Teachers Learn Behavior Interventions and Strategies, and (3) Supports and Barriers to Accessing Knowledge. See Appendix C for interview questions. The following sections will explore global themes and emerging subthemes with supporting narratives. Participants are identified by the pseudonym "Teacher" followed by an assigned number.

Behavioral Interventions and Strategies

The dominant theme across all data is the use of behavioral strategies and interventions to meet the needs of students with emotional disabilities. The behavioral strategies and interventions are used by all participants across settings, including interventionist, resource, self-contained, or behavior settings. The diverse subthemes suggest teachers are utilizing practices that fall into one of the three categories: Positive Behavior Interventions and Supports (PBIS), trauma-informed practices, and classroom practices. While participants mentioned examples of all three subthemes, they had strong opinions regarding the classroom use of interventions and strategies. Table 2 provides a breakdown of the number of subthemes that were coded.

Table 2

Behavioral Interventions and Strategies

Participant	PBIS	Trauma-Informed Practices	Classroom Practices
Teacher 1	X		
Teacher 2	X		
Teacher 3		X	
Teacher 4		X	
Teacher 5	X		
Teacher 6	X	X	
Teacher 7	X		X
Teacher 8	X		X
Teacher 9	X	X	X
Teacher 10	X	X	
Teacher 11	X		X
	9	5	4

Positive Behavior Interventions and Supports

PBIS practices were mentioned as interventions and strategies used to meet the behavioral needs of students with emotional disabilities. Standard PBIS practices mentioned by participants include a system of rewards, observations for Functional Behavior Assessments (FBA), and Behavior Intervention Plans (BIP). One teacher feels PBIS can be effective for one student rather than for another. Teacher 10 reported:

One thing that I have used that is both of those things is a daily point sheet. For some students getting points is their jam; for others, they do not understand or do not care about points. I love the point sheet with one particular student with autism, but another friend needs a reward that is more tangible. You have to get to know your kids and what works for them.

Teacher 3 spoke about experiences evaluating student behavior to determine appropriate rewards for students with emotional disabilities.

The only thing that I really remember is that you always have the antecedent. You got to find out what happened before. That does not always work when you have kids who cannot talk or tell you what is happening. It was never a true intervention. I don't remember particular interventions. I did practice writing an FBA, but it wasn't on a real child. It was based off a scenario. I learn better by looking at a real student. Let's see the behaviors and talk through this issue. It was just, here's a scenario...use your imagination.

While the teachers listed strategies that align with PBIS, not all teachers felt it was beneficial for students with emotional disabilities regarding a school-wide approach. Teacher 4 said:

On a school level, I have seen PBIS work, but the students had to meet certain criteria to participate. When these students do not meet the requirements, they feel left out and may have the attitude of "I can't get this reward anyways, so I might as well not even attempt to have a good day."

Several participants named a "Token Economy" or rewards based on a daily point sheet as an intervention for students with emotional disabilities. However, data reveals this may be less effective for students with the most significant inappropriate behaviors. Teacher 9 reported, "sometimes a Token Economy System will work for a bit, and then it stops working." Teacher 9

feels that "the only strategies we were given were token boards and flip charts, using reinforcers. Nothing really about why the student may be exhibiting these behaviors other than a cognitive or physical disability."

Trauma-Informed Practices

Several teachers mentioned examples of Trauma-Informed practices as those used for students with emotional disabilities. These practices aim to teach students to self-regulate behaviors or ask for support. Students are encouraged to express how they feel and then choose appropriate responses. Teacher 6 believes encouraging self-regulation is appropriate for students with emotional disabilities. Teacher 3 noted that leading students through self-regulation is effective, but they do not feel prepared to do so with efficacy.

> I would definitely say there are parts that have worked, and probably if I got formal training on it, it would be better. I made these things that showed the zones, and here's some strategies you can do. A lot of my kids couldn't necessarily pick what would help them on their own, but through working with them and trying different things with them. With one student, I would have them blow bubbles to regulate breathing, and that was great for them. So I have used parts of it, but I have not had full actual success with it.

Teacher 3 echoed this sentiment, commenting that while they are aware of interventions that promote self-regulation, training is lacking and leads to feelings of unpreparedness.

> The only intervention that I have been told about is Zones of Regulation, but I have never been trained on it. I was given a book and told to look through it. I tried to do some digging on my own and used Emotional ABCs. Its website talks about emotions, but it was still too high for my student's comprehension. So I've tried to find things on my own.

Several teachers stated that encouraging students to ask for a break or re-directing them to a less frustrating task is beneficial with behaviors in the classroom. A common response among the participants was the lack of support in the classroom to apply trauma-informed interventions adequately. Classes are getting larger, and staff support is getting smaller. As Teacher 9 pointed out:

> Whenever I first started teaching, I had a smaller class, and I had one student I used the Triad Box for, and we made a lot of growth. Now, when I try to use it with a bigger group and don't have much support, it's harder to get it going and be fluent and independent like it should be. So, that used to work. Now it just takes a lot of time to get a student in it.

Teacher 4 was part of a program where students were encouraged to participate in self-determination by rating their day. Students have opportunities to make choices to get back on track and self-regulate inappropriate behaviors. Each day a wellness check was conducted at the start of class. Students rated feelings on a scale of 1-10, with "one being a terrible day and 10 being a great day." Students had the opportunity to share feelings or sit in a quiet place. The following steps encouraged students to engage in a step-by-step process to get back on track. "Sometimes that looks like a simple 5-minute meeting, and sometimes that was a long meeting with more people."

Classroom Practices

Multiple participants identified consistent classroom practices to help students manage their behaviors. Findings revealed that classroom management style plays a role in delivering strategies that address the behaviors of students with emotional disabilities. Teacher 7 finds consistency to be one of the most effective strategies in their classroom.

More of an expectation, the consistency of the strategy of whatever I am using. I have

found that the more consistent I am, the better results I get. Knowing your student and

who they are as a person and using that consistency and relationship-building are the best

I have found to work. The worst is just snapping and over or under-reacting, and not

having that consistency are things that do not work at all.

Teacher 8 agreed with consistency and stated, "The best is a calm environment, and as structured

as possible with little change or advanced notification of a change."

Several participants teach in a self-contained classroom with students with emotional

disabilities who require language support. Helping students express frustration or being

overwhelmed is challenging when vocal communication is not an option. These teachers have

described a mode of communication as key to managing behaviors. Teacher 7 explained, "using

a visual schedule for students that would freak out if there was a change in their day. I would

make a visual schedule and add things if I knew there was a change to their day." Teacher 11

uses visual supports as a daily practice in the classroom. "I feel like visuals help a lot, especially

with my non-readers. You can get as detailed as you want."

Student buy-in is essential to Teacher 8. Along with consistency, students help create

classroom expectations and are given positive reinforcement for appropriate behavior. Teacher 8

believes that classroom practices and PBIS effectively manage student behaviors. When asked

about behavioral strategies, Teacher 8 stated:

Having classroom expectations and allowing the students to help create and buy into the

expectations, keeping consistent with the expectations, and using positive rewards for

students demonstrating appropriate behavior. I have three tiers of rewards based on the

level of support and reinforcement needed. Treat them the same as students with no

known emotional disabilities.

In summary, data suggest that utilizing various behavioral interventions and strategies in the

classroom is a practice used by special education teachers in the study.

Where Special Education Teachers Learn Behavior Intervention and Strategies

Teacher participants expressed where they have received special education training.

Specifically, teachers discussed their training regarding strategies and interventions used to

manage the behaviors of students with emotional disabilities. While all participants felt prepared

to create lesson plans and support students academically, they often suggested that preparation is

lacking for teaching students with emotional disabilities. Themes of a lack of training emerged at

the college and district level. Table 3 reveals the responses of participants when asked, "Thinking

about your higher education program, what strategies or interventions, if any, were provided to

help meet the needs of students with emotional disabilities?"

Table 3

Strategies or Interventions Provided in Higher Education

Participant	None	PBIS	Trauma-Informed Practices	Classroom Practices
Teacher 1	X			
Teacher 2		X		
Teacher 3	X			
Teacher 4	X			
Teacher 5	X			
Teacher 6	X			
Teacher 7		X	X	
Teacher 8				X
Teacher 9	X			
Teacher 10	X			
Teacher 11	X			
	8	2	1	1

Higher Education

Participants frequently noted that they did not receive any formal training from their higher education teacher preparation program regarding interventions and strategies for students with emotional disabilities. This includes teachers with varying years of experience and universities. Teacher 1 said they were "not prepared. I have not had any training on emotional disabilities." Teacher 6 reported they are in their second year of teaching and only received

training on classroom management and lesson plans; they do not know how to teach students with emotional disabilities, "especially those related to trauma."

Several participants spoke about one class in college that instructed on the basics of conducting a Functional Behavior Assessment. However, the general consensus was that the training could have been more beneficial to participants. Teacher 9 stated:

I had one class on how to write an FBA and BIP, and that was it. I don't think we studied any specific strategies. They talked about accommodation but not even how to use visuals to support them behaviorally. We did have to write an FBA, but I have not had to do that, so....

Teacher 10 shed some light on their experiences regarding higher education preparation to meet the behavioral needs of students with emotional disabilities. The teacher shared:

Coming into teaching, I was very naive and had no idea what I was coming into. I had one class in college, but it was very generic, and we focused on just one very specific behavior. We went and observed a student, but that was it.

Teachers preparing to teach in self-contained classrooms expressed no focus on emotional disabilities in the coursework. Teacher 11 said, "I don't really think for the CDC classroom there was enough education about those students with emotional disabilities."

One participant had the opportunity to attend a one-day training on Adverse Childhood Experiences (ACES). Teacher 7 expressed, "We did a one-day training and talked about ACES (Trauma-Informed Care). I left that training wishing there was a whole course on this." In a follow-up conversation, Teacher 7 spoke about how impactful the one-day training was to her as a student and teacher, "that training changed my life and perspective on students with emotional

disabilities. I think trauma-informed training is so important when working with fragile individuals."

District Level Training

Teacher participants expressed a lack of training within their current district. Those who have worked previously in other districts also spoke to those experiences. Most participants felt training in this area was lacking in their current school district. Several teacher participants said they had access to behavior specialists if they had concerns about a particular student but that no formal training was provided for them on emotional disabilities. In addition, restraint and isolation training provided by the behavior specialists in the school district was stated as training provided by the school district to provide support for students with emotional disabilities. Data suggests that a reactive approach to meeting the behavioral needs of students with emotional disabilities is a common subtheme. Table 4 shows a breakdown of subthemes coded within the overall theme of district training.

Table 4

Strategies or Interventions Provided in School District

PBIS	Trauma-Informed Practices	Classroom Practices	Behavior Support Staff	Restraint and Isolation Training
2	3	2	4	4

The participants all participated in restraint and isolation training. However, teachers quickly noted that although they mentioned interventions and strategies within their district, many had yet to have official training. Teacher 3 states, "they gave me a Zones of Regulation book but no formal training on it." Teacher 9 also feels that there is little training in these areas and stated:

> We talk about how to de-escalate, but we only briefly talk about it. There is no instruction on how to prevent them from getting to that point. They have also told me about the Zones of Regulation, but again, there has been no formal training on it.

The district's behavior support staff is a resource for all special education teachers in the district. Teacher 5 has had success gaining support from staff members and stated, "I would say I have had good support from behavior specialists. Typically when I call, it is an intense situation, and they are responsive to come help." Teacher 11 agreed that the behavior support staff is a great resource. Teacher 3 has had a different experience with behavior support and said, "there are behavior people we can reach out to, but I have reached out before and have gotten nobody to come and help me."

Some of the teachers received training from other school districts in previous jobs. The skills gained at the training can benefit students with emotional disabilities. Teacher 2 gained valuable experience from a mentor teacher in another school district while student teaching and stated, "She taught me about positive reinforcement and redirection." Teacher 4 spoke to practices from a previous school district in another state:

> We were a Renaissance School, which is a PBIS program that recognizes all things. We were trying to find ways to catch a kid being good or coming to school and participating, really incentivizing small things for the students so all felt included.

Participants explained that despite obtaining licensure in special education, they often feel unprepared and left to figure out how to meet the needs of students with emotional disabilities independently. Teacher 9 provided a detailed description of their feelings of unpreparedness.

I give it my best effort. I feel underprepared. I wish I had more training. A lot of times, if

I reach out for support, typically, they come in and say I am doing a great job and to keep

doing what I am doing. That's fine, but I wish I knew more or could do more.

Other teachers feel prepared in one specific area but are not prepared to meet the needs of most

students with emotional disabilities. Teacher 5 stated, "Currently, I would not say I feel very

prepared at all. I feel experience in certain specific areas. In other areas, I have no idea."

Finally, the theme of classroom practices emerged as district training. Teacher 8 received

guidance and training from school administrators regarding classroom management for students

with emotional disabilities.

My administrators wanted the rules simple in the classroom, so students could easily

understand the expectations and rules. If the student understands the expectation, we are

all on the same page regarding what is expected and the consequences for not meeting

expectations. We have collaborative meetings with special education staff as well as

support from the behavior specialists when needed. I wish we could dip deeper into

helping these students a lot more.

Overall, the participants felt they had not received adequate training from college preparation or

school districts to manage the behaviors of students with emotional disabilities.

Levels of Supports and Barriers to Accessing Knowledge

A key element to the feelings of preparedness to meet the behavioral needs of students

with emotional disabilities is access to obtaining knowledge. Data in previous sections suggest

participants have not accessed knowledge through higher learning or their district. Participants

shared experiences of areas where they have received support. In addition, they expressed

barriers to accessing meaningful knowledge.

Supports to Accessing Knowledge

Collaboration with other teachers and staff represented a robust and consistent subtheme. Participants feel as though they learn ways to deliver interventions and strategies to manage the behaviors of students with emotional disabilities through observing other teachers. The knowledge obtained can then be translated into their classroom with students.

Teacher 1 said, "The experiences have prepared me more. Seeing what my team teacher does and seeing it in real life helps prepare me because not every kid is the same." Teacher 6 has been able to observe other teachers and take practical knowledge back to their classroom. "I would say this is my best learning tool. I am getting better every day. I can evaluate the situation and determine what level of distress the student is in at the time."

Hands-on experiences in the classroom are another dominant theme in gaining knowledge. Participants expressed that with a lack of higher education and district training, personal experiences provide on-the-job training. Teacher 9 described:

Being hands-on has helped with the learning curve. I do well with thinking on my feet and adapting to the situation. New teachers I know now are struggling with student behavior, and they are coming to me because they feel unprepared and do not know what to do. I am trying to support them with what I have tried, but I feel underprepared as well.

Teacher 7 has used classroom experiences as a catalyst for personal growth. Teaching students with emotional disabilities and trauma motivates them to find ways to deliver interventions that work for students.

This has prepared me the most. Whenever you get into a situation where you do not have any prior instruction on how to handle students with trauma, and something occurs that have you deal with a student that is experiencing these things and traumas, I want to

avoid this at all cost. I would look at the information on my own about students with trauma.

Finally, personal experiences have prepared two teachers to feel supported in delivering meaningful classroom interventions and strategies. Experiences at home translated into compassion and relationships with students and families. Teacher 8 confided, "I have a stepson that deals with the same thing. I can understand where the student and parents are coming from on a more personal level. It adds a level of empathy and understanding with no judgment." Teacher 11 has had the unique experience of managing the behaviors of a student with emotional disabilities.

> Fostering a student with emotional disabilities gave me first-hand experiences. It was an eye-opener for me. In my personal experience, this gave me true insight into what it takes to have a student with emotional disabilities, and it helped me see what the parents go through at home vs. what we see at school. It helps to be a little more patient and try different things. Keep trying and staying positive until you can help.

Teacher 6 feels confident that hands-on classroom experiences will help to provide interventions and strategies that manage the behaviors of students with emotional disabilities. They stated, "I would say this is my best learning tool. I am getting better every day. I can evaluate the situation and determine what level of distress the student is in at the time."

Active administrative support is presented as a subtheme for teacher support. Participants acknowledge that support from the administration lends itself to accessing knowledge on a different level. Teacher 11 said, "Administration support. That has helped tremendously. Just sitting in the room with you vs. actively helping you makes a very big difference." Teacher 10 echoed this sentiment, stating:

I think one of the things I have learned is that the support you have from your school can either make you or break you. When you have supportive administrators that will get in there with you, it really helps.

Barriers to Accessing Knowledge

Access to training presented itself as a barrier to participants accessing knowledge. Participants discussed areas where meaningful instruction would provide a feeling of preparedness to teach students with emotional disabilities. Teacher 5 stated:

I feel like we have not had enough trauma-based strategies. Typically, that is not what we are seeing with the population I teach, but that does not mean I do not need those strategies with other students or future students.

Teacher 7 believes more training in trauma-informed practices would benefit their feeling of preparedness to manage the behaviors of students with emotional disabilities and stated:

My first year with teaching, I requested to attend trauma-informed practices training because of the students I was working with that were experiencing trauma and were identified with emotional disorders. It wasn't approved. I feel like the negative side is typically, school systems take a reactive approach to emotional traumas and behavior. As someone that is living it every day, I can show a different way to do things or model a different way to do things, or give feedback to teachers that are working with students with trauma and behaviors and try to give them a set of guidelines to figure out what is going on and the best way to support that kid.

Teacher 9 summarized the feelings regarding preparedness in one simple statement, "I just wish I was more prepared."

Chapter 5

Summary of Findings, Discussions, Recommendations, and Conclusions

Evolving legislation over the past several decades has resulted in more inclusive and individualized practices for students with disabilities (Lamport et al., 2012; Tennessee Department of Education, 2018). These practices include behavioral interventions and strategies for students with emotional disabilities. However, special education teachers need more preparation to meet the behavioral needs of students with significant behavioral needs (O'Brien et al., 2019). As a result, schools find it challenging to retain special education teachers who support students with emotional disabilities (Bettini et al., 2020).

This study aimed to examine special education teachers' feelings of readiness to instruct students with emotional disabilities. Specifically, the study investigated how prepared special education teachers feel to meet the behavioral needs of students with emotional disabilities. A qualitative approach allowed special education teachers the freedom to share their perceptions and feelings concerning their experiences managing the behaviors of students with emotional disabilities. Chapter 5 is written through the interpretive lens of the researcher, with an analysis and recommendations to follow.

The following research questions guided the study: (1) How prepared do special education teachers feel about delivering interventions and strategies that manage the behavior of students with emotional disabilities? (2) What particular interventions and strategies are used to teach students with emotional disabilities? (3) Where do special education teachers gain the knowledge to teach students with emotional disabilities effectively?

This qualitative study gathered information through one-on-one personal interviews with special education teachers currently teaching in interventionist, resource, self-contained, or

behavior settings. The participants represented three elementary schools, two middle schools, and one high school. Once the data were transcribed, analysis and coding were completed utilizing Creswell's (2013) six steps for discovering themes and subthemes.

Summary of the Findings

The findings in this section represent the themes identified from the collected data. Chapter 4 of this study includes the analysis and presentation of themes. The findings reflect the personal accounts and feelings of the 11 special education teachers participating in the study.

*Behavioral Interventions and Strategi**es***

A global theme that emerged from the data is that there are three primary sources of information for managing the behavior of students with emotional disabilities. While participants could mention examples of these sources, there were varied opinions as to the effectiveness of the interventions. Examples of interventions and strategies that special education teachers use include Positive Behavior Interventions and Supports (PBIS), trauma-informed practices, and classroom strategies.

Nine out of 11 participants recognized PBIS as a way to manage the behaviors of students with emotional disabilities. Specific examples included systems of rewards, token economy, and daily point charts. However, teacher participants quickly mentioned that these practices only worked for some students or worked for a short time and no longer appeared effective. As Teacher 10 stated, "one thing that I have used that is both of those things (effective and ineffective) is a daily point sheet." Participants recognized that while these interventions and strategies may work for some students, it was not a one-size fits all approach. In addition to including these strategies in the classroom, several participants mentioned that the district employed behavior support staff available in some situations to conduct observations, Functional

Behavior Assessments, and the accompanying behavior support plan. However, the participants did not all feel included in the process or have an understanding of determining the function of the behavior and how that may help with the effectiveness of the PBIS strategies. Teacher 7 summarized this sentiment by stating, "behavior specialists provide immediate feedback if they are in the room, but I would not say there is any specific training. It's less about why the behavior is happening and more about what to do when they are aggressive."

Trauma-informed practices are a second source of information for managing students with emotional disabilities, as nearly half of the participants mentioned. These practices include teaching students to self-manage challenging behaviors and frustrations, breathing strategies, and building relationships. Participants feel as though they know basic information about trauma-informed practices. However, they would like to understand better how to use these practices daily with students with emotional disabilities. Teacher 9 states, "I try to teach them some calming strategies, breathing, having something else to do with their hands instead of punching something, a calm down space." However, they quickly mention that they must learn more to be effective.

Participants who have had the opportunity to attend training in trauma-informed practices agree that it is effective for students with emotional disabilities. Teacher 7 has researched the effects of student trauma and how it can manifest as challenging behaviors in the classroom. In addition, understanding the trauma and the student's mindset helps build a relationship. "I would look at the information on my own about students with trauma. I have felt that building relationships have helped me to be most successful."

Four teacher participants noted classroom practices as strategies used to manage the behaviors of students with emotional disabilities. Examples are clear classroom expectations, consistency, symbol-supported text, and visual schedules. Participants find that consistent classroom practices are essential in managing behaviors. Teacher 7 expresses this sentiment, stating:

> More of an expectation, the consistency of the strategy of whatever I am using. I have found that the more consistent I am, the better results I get. Just knowing your student and who they are as a person and using that consistency and relationship-building are the best I have found to work.

Participants discussed the importance of explicit modes of communication for students and consistency of expectations to aid classroom management. Teacher 5 believes the best way to communicate is to determine a communication method. Teacher participants reported that communicating with students is essential in managing challenging behaviors. Determining the most effective way to communicate with students will allow the teacher to identify the students' wants and needs. For example, teacher 11 stated, "I feel like visuals help a lot, especially with my non-readers. You can get as detailed as you want." Participants stated that understanding the wants and needs of a student may alleviate potential frustration and challenging behaviors.

Where Special Education Teachers Learn Behavior Interventions and Strategies

Teacher participants stated two areas where they have learned about specific interventions and strategies to manage the behaviors of students with emotional disabilities: higher education programs and school districts. All 11 participants mentioned at least one strategy from each of these areas. However, the consensus was that information was limited and vague. As a result,

participants felt underprepared to manage the behaviors of students with emotional disabilities based on training in higher education and through their current school district.

Eight out of 11 participants stated they did not receive training in their higher education teacher preparation program regarding students with emotional disabilities. The preparation for teacher participants focused on lesson planning and educational support levels in the classroom. While these are beneficial areas, participants wanted more training concerning students with trauma and emotional disabilities. For example, teacher 6 stated, "My college prep helped with classroom management and lesson plans but did not address how to teach students with emotional disabilities, especially with trauma."

Participants felt district training did not always provide meaningful training to prepare them to manage the behaviors of students with emotional disabilities. Some stated that they needed guidance with more explanation or training. For example, several participants were given materials on an intervention for helping students self-regulate behaviors. However, they needed to be provided training or an explanation of how to implement it in the classroom. Participants were left to read the materials independently and felt uncomfortable using the strategies with fidelity.

Behavior support staff are available to support teachers struggling to meet the needs of students with emotional disabilities or challenging behaviors. Some participants welcomed the support and the "perspective from outside eyes" it offers. Unfortunately, others received little support from the staff. Whether or not teacher participants received support from staff coming to complete observations and conduct a functional behavior assessment, they did not receive training on the process. Thus, teacher participants stated that a lack of support leaves room for additional training.

Levels of Supports and Barriers to Accessing Knowledge

Special education teachers must have access to knowledge of effective interventions and strategies when managing the behaviors of students with emotional disabilities. Participants indicated a great need for more training in this area. However, many have found support from other special education teachers and staff. Participants stated that collaboration with special education teachers with more experience managing the challenging behaviors of students with emotional disabilities and hands-on experiences were top supports. However, little to no training at the college and district level was stated as a barrier to feelings of preparedness to meet the needs of students with emotional disabilities.

Nine out of 11 participants stated that support from other teachers and staff was vital in learning interventions and strategies to manage the behaviors of students with emotional disabilities. For example, Teacher 2 stated, "I feel like we need to work as a team to be there for the student. All teachers need to collaborate on how to best meet their needs." Meaningful collaboration occurs between teachers and administrators. Regarding teacher support, Teacher 8 revealed that having a consistent teacher to rely on for encouragement was important. They go on to say, "This is not easy. It can break you down."

Teacher participants stated that having administrative support helps when students express challenging behaviors. For example, Teacher 11 said that administrative support had been a tremendous help, whether they were sitting with you or actively helping manage the behavior. Teacher 10 echoed this sentiment: "When you have supportive administrators that will get in with you, it really helps."

Several barriers to accessing knowledge emerged from the findings. Participants stated that courses in their higher education program and limited training at the school level are barriers

to managing the behaviors of students with emotional disabilities. Most participants feel they have not received the necessary training to meet the needs of their students with emotional disabilities. Higher education courses did not address trauma-informed practices or teach how to implement effective interventions and strategies to manage the behaviors of students with emotional disabilities. In addition, training at the district level has a reactive approach. Teacher participants receive some training on managing aggressive behavior but not on proactive measures or potential reasons behind the challenging behaviors.

Discussion of the Findings

All students are required to meet school behavioral expectations. However, students with emotional disabilities face unique behavioral challenges requiring teachers to obtain specific skill sets with behavior management (Lambert et al., 2022). Therefore, special education teachers need to feel prepared to manage the challenging behaviors of students with emotional disabilities. According to the Behavioralist Theory, based on the work of B.F. Skinner, behaviors are clues to the past, present, and future (1974).

Furthermore, the theory purports that behaviors are "observable and measurable and can be reinforced with positive feedback" (Westover et al., 2021, p.138). Therefore, the theory suggests challenging behaviors can be replaced with more appropriate ones over time. In addition, traumatic events and Adverse Childhood Experiences (ACES) create additional challenges for students regarding relationships and setting boundaries (Whitlow et al., 2018). For example, childhood trauma affects a student's ability to self-regulate emotions (Wolpow et al., 2009). Students with emotional disabilities need to be taught clear expectations and have support meeting those expectations. Support from teachers trained in evidence-based practices is vital to

their success (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2022).

The results indicate that special education teachers believe that they have not received adequate training in their higher education program to meet the needs of students with emotional disabilities. Therefore, special education teacher preparation programs can support teacher preparation programs by including courses which address the three primary sources of behavior interventions and strategies. Sources of effective, evidence-based ways to manage the behaviors of students with emotional disabilities include Positive Behavior Interventions and Supports (PBIS), trauma-informed practices, and classroom management. Prior research supports the claim that special education teachers that serve students with emotional disabilities are inadequately prepared to meet the student's needs and manage challenging behaviors (O'Brien et al., 2019).

In addition to course work, the data, and prior research suggest that teacher candidate practicum experiences should include settings that serve students with emotional disabilities. Currently, programs may not provide the intensity of skills needed to manage the behaviors of students with emotional disabilities (Hudson et al., 2018). Findings from the data reveal that participants had significantly low exposure to students with emotional disabilities through class projects and practicum experiences.

The study revealed a need for more training at the district level. Current training regarding students with emotional disabilities includes a reactive approach to challenging behaviors. All participants have participated in isolation and restraint training, including a section on de-escalating aggressive behavior. However, training surrounding trauma and its effects on behavior is not included. Participants felt that trauma-informed education and school

practices are essential. Professional learning for special education teachers serves as a means to increase knowledge regarding the prevalence of childhood trauma and the associated cognitive, behavioral, and emotional effects of trauma (Maynard et al., 2019). School districts need to be intentional about ongoing professional learning and training in trauma to help manage the increasing number of students diagnosed with emotional disabilities. Increased training could help prepare special education teachers with the skills to recognize trauma and manage the behaviors of students with emotional disabilities (Maynard et al., 2019).

Participants discussed the impact of collaborating with other special education teachers as a means of support and learning. School districts should encourage teachers to observe classrooms and settings where interventions and strategies effectively manage the behaviors of students with emotional disabilities. Teacher mentorship can be a practice used by new and veteran teachers alike.

Limitations of the Study

The nature of data collection limited this study. All data were collected via personal interviews. Therefore, observations and additional artifacts could not verify responses gathered from teacher participants. Additionally, participants were recruited from one school district. In addition, most participants were female, with only two representing male teachers.

The participants did not represent a diverse population. However, they represent the current teacher employment rates for the district. While the participants represented all secondary schools in the district, only half of the elementary schools were represented. This study conducted research in one region of Tennessee. All participants live and work in a suburban area. Other regions in the United States may represent different perceptions.

Recommendations for Future Practice

The following recommendations result from the study's findings. Each recommendation aligns with study data and prior research, suggesting that special education teachers require more training and preparation to manage the behaviors of students with emotional disabilities. Therefore, the following are recommendations for practice in higher education:

- Teacher candidates receive instruction in various courses teaching evidence-based interventions and strategies that allow the teacher to manage the behaviors of students with emotional disabilities.

- Teacher candidates receive behavioral interventions, including PBIS, trauma-informed practices, and classroom management strategies throughout the teacher preparation program.

- Teacher candidates participate in a course on childhood trauma, trauma-informed best practices, and its effects on a student's behavior across settings is offered to all special education teacher candidates.

- Teacher candidates participate in internships and practicum placements in classrooms designed for students with emotional and behavioral disabilities.

- Teacher candidate receives professional learning on conducting a Functional Behavior Assessment and designing and implementing an individualized Behavior Intervention Plan.

The following are recommendation for school districts:

- School districts provide ongoing professional learning opportunities regarding childhood trauma and its effects on children.

- School districts provide professional learning on trauma-informed practices to be used in the classroom and across school settings.

- Special education teachers receive professional learning on practices used to teach students to self-regulate their challenging behaviors.

- Special education teachers participate in professional learning on the data collection process to determine the function of the student's behaviors and create an individualized behavior plan.

- Special education teachers receive professional learning regarding PBIS, trauma-informed practices, and classroom management practices.

- Special education teachers new to the district are partnered with another special education teacher.

- School districts emphasize and encourage collaboration across school programs to allow for observation of best practices in managing the behaviors of students with emotional disabilities.

Recommendations for Further Study

The study was conducted in one suburban school district in northeast Tennessee. Duplicating the study in other school districts in the United States could determine if the results represent the perceptions of other special education teachers or if they are specific to this region. In addition, the number of participants could increase to represent a more diverse population. School districts with a more diverse population may feel more or less prepared than the teachers in the current study.

An additional recommendation for further study is to conduct a mixed-methods approach. A mixed-methods approach could investigate if teacher perceptions of managing the behaviors of

students with emotional disabilities align with school behavior data. Finally, the researcher could conduct observations of special education teachers implementing interventions and strategies to manage the behaviors of students with emotional disabilities. Observational data would be used to identify effective practices in the classroom and recommendations for refinement.

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Appendix A
Milligan IRB Approval Letter

MILLIGAN
UNIVERSITY

Date: December 14, 2022

Principal Investigator: **Tanya Cable**, Graduate Student, Milligan University
From: The Institutional Review Board (IRB) at Milligan University
Project: *Special Education Teacher Perception of Preparedness to Teach Students with Emotional Disabilities*
IRB Tracking Number: 2022-43
IRB Approval Number: Exe2212131452
Subject: **Declaration of Exemption**

The Milligan University Institutional Review Board (IRB) has reviewed your research application and has determined that your proposed research is exempt from further review based on federal guidelines provided in 45 CFR 46.104(d)(2)(i) in that you have demonstrated your research to be:

Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) **and** *The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot be readily be ascertained, directly or through identifiers linked to the subject.*

You are expected to conduct your research in accordance with the research plan that was presented for review. Substantive modifications to your research plan will require another formalized review of your plan by our office. Please remember that while we are not specifically reviewing your informed consent, all researchers should provide potential participants with an informed consent statement that includes all pertinent information.

Best wishes as you conduct your research! Please feel free to contact the IRB office by email should you have any questions; IRB@milligan.edu

On behalf of the IRB Committee,

David D Gibbons, Ph.D.
Chair, Institutional Review Board
Milligan University

Appendix B

Interview Questions

1. Tell me about how prepared you feel to meet the behavioral needs of students with emotional disabilities.

2. What interventions and/or strategies have you used to meet the behavioral needs of students with emotional disabilities?

3. Explain the most/least effective interventions and strategies in working with students with emotional disabilities.

4. Thinking about your higher education program, what strategies or interventions, if any, were provided to help meet the needs of students with emotional disabilities?

5. Thinking about the school districts in which you have taught, what strategies or interventions, if any, were provided to help meet the needs of students with emotional disabilities.

6. How have experiences prepared you to meet the needs of students with emotional disabilities?

7. Have any factors contributed positively or negatively to your feelings of preparedness to teach students with emotional disabilities?

Appendix C

Google Form Informed Consent

Informed Consent for Tanya Cable

Your participation in this research is completely voluntary. No personally identifiable information will be associated with your responses in reporting of information. Milligan's Institutional Review Board has provided clearance for this study. Should you have any questions or would like to receive a final copy of this research, please feel free to contact me at tcable@k12k.com or (828)506-0925.

This form is automatically collecting emails for Kingsport City Schools users. Change settings

Would you like to participate in this research study?

◯ Yes

◯ No

Participants Name: *

Short answer text

School Name: *

Short answer text

Participants Email: *

Short answer text

Years of Experience: *

○ 1-5

○ 6-10

○ 11-15

○ 16-20

○ 25 or more

Subject Area *

○ Interventionist

○ Resource

○ Self-Contained Classroom

○ Behavior Setting

○ Other

Area of Licensure(s)

Short answer text

To your knowledge, have you taught students with emotional disabilities?

○ Yes

○ No