CONJOINT BEHAVIORAL CONSULTATION FOR STUDENTS WITH BEHAVIORAL AND EMOTIONAL DISORDERS: A SINGLE CASE STUDY DESIGN

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ABSTRACT

CONJOINT BEHAVIORAL CONSULTATION

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Students with an emotional or behavioral disturbance (E/BD) are often stereotyped due to the nature of their diagnosis. While in school, these students are often considered social outcasts, seen as a disruption in the regular education classroom, and fail multiple courses that can lead to dropout. Research proves that this population is at-risk for poor longitudinal outcomes that leads them to a life of crime. Conjoint Behavioral Consultation (CBC) can be used as an effective intervention tool that includes the teacher, parent, and student, and is a hopeful solution to the poor outcomes these students are subjected to. The purpose of this study was to examine whether CBC can increase the academic performance of students with an emotional or behavioral disturbance. The participant was a third-grade student in a small rural county in North Carolina, and the CBC involved her mother, her regular education teacher, her exceptional children's teacher, and her social skills teachers. The intervention was discontinued because the severity of the student's symptoms and behavioral outbursts subsequently led to a temporary hospitalization. Implications for future research will be discussed.

CHAPTER ONE: INTRODUCTION

Conjoint Behavioral Consultation for Students with Behavioral and Emotional Disorders: A Single Case Design

Throughout the week, students spend the majority of their days in school. They are introduced to positive influences in their life and typically receive ample opportunity to live successful lives and proceed to promising futures. Unfortunately, not every student has the same opportunities presented to them; students with emotional and behavioral disorders are at-risk to be those students who fail to receive the appropriate schooling and opportunity they are entitled to by law, which leads them to be an underserved population in the educational system. This creates a negative, crippling domino effect on these students and if intervention is not implemented from an early age, they are less likely to be as successful as their same-aged peers. Students who fall under this category are likely to have the following diagnosis: Adjustment Disorder, Anxiety, Obsessive-Compulsive Disorder, Schizophrenia, Mood Disorders, Personality Disorders, Neurotic Disorders, Substance Disorders, and several other comorbid conditions. These students are a unique population and demand individualized attention in order to effectively guide them to success.

Definition of Emotional and Behavioral Disorders

There are two main systems utilized for defining Emotional and Behavioral Disorders. The first is the Individuals with Disabilities Education Act (IDEA, 2014), which categorizes these disorders and places students in an educational environment deemed best fit. Additionally, IDEA is only relevant in the school setting and not applicable outside of the school system. Currently, the regulations given for E/BD by IDEA (2014) are characterized by:

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

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

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

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

(E) A tendency to develop physical symptoms or fears associated with personal or school problems (IDEA, 2004).

In order to be eligible for services, the student(s) must exhibit at least one of the above characteristics; additionally, these characteristics must meet duration, frequency, and intensity requirements. In order to obtain a diagnosis that falls in the E/BD category, the student must be tested across several domains and given appropriate assessment batteries to not only assess emotional and behavioral functioning, but also to measure cognitive and academic functioning to cancel out other viable diagnoses.

The Diagnostic Statistical Manual of Mental Health Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013) is a method for diagnosing psychological disorders. It is most often used in private practices, mental health clinics, hospitals, treatment facilities, and other agencies external to the public-school system. While the DSM-5 does not have a broad, umbrella term for E/BD, it includes many specific psychological disorders that could fit within the IDEA designation of E/BD. The disorders include things such as: Adjustment Disorder, Anxiety, Obsessive-Compulsive Disorder, Conduct Disorder, Oppositional Defiant Disorder, eating disorders, trauma related disorders, and depressive disorders.

To effectively serve the students of this population, a general understanding of Emotional and Behavioral Disorders (E/BD) is a vital foundational base to guide current and future directions in this field. The students who fall under this broad category have unique characteristics and individual differences; these differences make defining E/BD delicate and difficult more often than not. While definitional terms do exist, emotions are subjective rather than objective, and cannot be observed in an empirical manner when compared to other mental health disorders (Gischel, 2008). Thus, concrete definitional characteristics are not given due to the disorder's subjective nature; rather, they are characterized through rules and regulations given by the DSM- 5 and IDEA. IDEA defines itself by being “a law that makes available a free appropriate public education to eligible children with disabilities through the nation and ensures special education and related services to those children” (IDEA, 2004). As previously stated, students that meet the diagnostic criteria to be placed under IDEA guidelines have characteristics unique to them; however, there are generalizations that can be made about E/BD as a whole.

Demographics of Students with E/BD

Students with E/BD typically demonstrate patterns of disconnectedness from school, academic failure, involvement in the criminal justice system, and poor social adjustment (Brier, 1995; Karpur, Clark, Caproni, & Sterner, 2005; Wagner, 1995; Wagner & Cameto, 2004). Additionally, these students will exhibit poor behavioral adjustment, outbursts in inappropriate settings, and have a deprivation in social skills, which might lead to a lack of genuine friendships. General demographic information is used to better understand students with E/BD and identify trends within these populations. These trends and differences can provide insight into the outcomes they may face in their future. Wagner and Cameto (2004) claim that three out of four students with an E/BD are male; additionally, students with E/BD are likely to be in

poverty, in a single-parent household, have attended multiple schools- usually due to suspension or reassignment, and are African American. These students also act out in disruptive behavior and are noncompliant, aggressive, and can be verbally abusive to friends and family (Reid, Gonzalez, Nordness, Trout, & Epstein, 2004; Brier, 1995; Skiba, Horner, Chung, Rausch, May, & Tobin, 2011).

The Emotional and Behavioral Disturbance category under IDEA has an alarming amount of misrepresentation of racial diversity. Race is the largest disproportion among these students; however, students in a low socio-economic home also have a high likelihood of being diagnosed with a disorder that falls under the E/BD category. Multiple studies have demonstrated that African American youth often find themselves falling in this category more often than their white counterparts (Mattison & Aber, 2007; Skiba, Peterson, & Williams, 1997; Skiba, Horner, Chung, Rausch, May, & Tobin, 2011; Voight, Hanson, O'Malley, & Adekanye, 2015; Wagner, 1995). These particular students find themselves in the office for discipline issues more often than other students of different ethnicities despite not showing more aggressive behavior. Latino/a students are also highly likely to find themselves under this category; furthermore, Latino/a students are the most at-risk for having higher dropout rates and disciplinary issues while in school. Additionally, they are less likely to further their education and attend college (Balagna, Young, & Smith, 2013; Goldsmith, 2004). Fortunately, the misrepresentation has been acknowledged and is closely monitored so there is a more accurate representation among all diversities and identities.

Academic Functioning of Students with E/BD

Students who are receiving educational resources for E/BD are likely to face a multitude of adversities, especially in their academia. Poor academic functioning across students with

E/BD is not surprising due to underachievement being a part of the identifying criteria listed earlier; however, it is worth noting that just because these students are underperforming, does not indicate the student does not possess the intellectual ability to succeed academically (Lane, Barton-Arwood, Nelson, & Wehby, 2008). In addition to possible academic failure, students who are identified through this category are highly susceptible to risk factors that are likely to impair the success of their future. These areas are primarily in, but not limited to, retention in school, higher drop-out rates, being heavily involved in the criminal system, having little to no available resources, and receiving negative biases from their teachers and school staff.

Specific academic failure for these students goes beyond just poor or failing grades. These students are likely to have lower graduation rates and are less likely to attend college or any post-secondary school (Reid, Gonzalez, Nordness, Trout, & Epstein, 2004). Nelson, Benner, Lane, and Smith (2004) conducted research on this population over an extended period of time. They discovered that the percentages of students performing below grade level in math and reading were above 85% after 4 and 7 years of observations. Most students with an E/BD diagnosis perform one to two years below their actual grade level (Reid, Gonzales, Nordness, Trout, & Epstein, 2004). Students who are labeled as E/BD in schools have prevalence rates of academic achievement deficits that remain stable or worsen as time passes; however, despite the numbers of students under this IDEA category, this is still a severely unidentified population (Ryan, Reid, & Epstein, 2004). Research has proven that students with E/BD are prone to suffer academically and it is suggested that students receive intensive and comprehensive instructional programs to best help their success (Nelson, Benner, Lane, & Smith, 2004).

Students with E/BD fall into a domino effect that includes multiple adverse challenges. As stated previously, a challenge these students face that aligns with poor academic

achievement, is retention with some severe cases ending in dropping out overall. In addition, while overall graduation rates throughout the United States rose, this category of students had the lowest graduation rates at only 41.9% in 2004. It is also worth noting that the total number of students being diagnosed with E/BD increased (Ryan, Reid, & Epstein, 2004). The number of students with disabilities graduating is increasing steadily as the years go by with the number of students graduating in the 2013-2014 school year being 63.1%; however, that number encompasses all students with disabilities, not just students with a diagnosis that falls under an E/BD category (U.S. Department of Education, 2015).

Historically, students who are placed under the Emotional or Behavioral Disturbance category were in self-contained classrooms that were restrictive and/or non-inclusive; however, with the advancement of awareness and acceptance for this population, there became an increasing trend towards placing these students in their regular education classrooms and in the least restrictive environment (Trout, Nordness, Pierce, & Epstein, 2003). When these students are placed in the correct classroom, whether it is self-contained or not, it can assist an upward trend in academics for these students.

Longitudinal studies thus far have proved that students have only achieved small gains in the areas of academic achievement, social interactions, and long-term adult outcomes. The national studies that provided these data points were the Special Education Elementary Longitudinal Study (SEELS), the National Longitudinal Transition Study -2 (NLTS2), and the National Adolescent and Child Treatment Study (NACTS) (Bradley, Doolittle, & Bartolotta, 2008). These studies show poor outcomes for these students far after they leave high school, and while they are in school, they are failing to meet their required goals. Additionally, according to Bradley, Doolittle, & Bartolotta (2008), these students’ needs are not being met within their time

at school due to the lack of qualified teachers with the ability to teach students under these circumstances.

Behavioral and Emotional Functioning of Students with E/BD

Students who have an Emotional or Behavioral Disturbance are likely to not only suffer in the classroom with academics, but also with the behaviors they exhibit. Research has shown that the behaviors these students exhibit disrupt the classroom and encumber their own personal learning, and often times, disturb the learning of other students in the classroom (Wehby, Lane, & Falk, 2003). The extent of these disruptive behaviors determines whether the student will be placed in a self-contained or general education classroom. Since teachers and support staff allocate most of their attention to the disruptive behaviors, these students often do not get the emotional or academic attention they need. Even when the students are placed in a self-contained classroom, they are still disadvantaged as the instructor is likely to spend roughly 30% of the time on academic tasks, while the remainder of the time is spent de-escalating more disruptive behaviors (Wehby, Lane, & Falk, 2003).

These behaviors that these students exhibit tend to have maladaptive and adverse effects on their educational performance. Additionally, these behaviors significantly differ from age-appropriate behaviors and defy cultural or social norms. Students with Emotional and Behavioral Disturbances tend to skip school, demonstrate unacceptable classroom behavior,disrupt the teachers lesson, lack positive reciprocal interactions with their classroom peers, and often visit their mental health counselors more in school as opposed to their classroom peers (Balagna, Young, & Smith, 2013). These students often exhibit these extreme behaviors for a variety of reasons, which often align with the diagnosis they have received.

Students who have been placed under the Emotional and Behavioral Disturbance category under IDEA could have a disorder that can cause them to suffer from poor emotional regulation. These students internalize their emotions and behavior and often are unable to find a healthy outlet when they are needing to express themselves. Whether these students are placed in self-contained or in general education classroom, research has proven that they are less accepted by peers and are frequently rejected when compared to their same-aged peers. Additionally, they more often than not feel lonely and isolate themselves due to the rejection (Wiener & Tardif, 2004). These students are at-risk for early childhood adversity and exposure to traumatic experiences. The symptoms of their disorders can lead to poor emotional regulation, which can negatively impact their experiences in the classroom, which, as stated previously, causes a domino effect for other undesirable outcomes such as academic failure, and office referrals.

Social Functioning of Students with E/BD

Students with an Emotional or Behavioral Disturbance internalize and externalize their behaviors and emotions. They find it difficult to regulate their emotions, which often lead to outbursts in the classroom or in the home. Because of the emotional outbursts, these students fall victim to becoming social outcasts and are ostracized by other students in their classroom. Historically, these students have not been dealt with properly; they are not receiving the interventions and benefits that being placed under the E/BD category in IDEA should qualify them for. Rather than receiving interventions to promote their positive academic success, these students have only really received interventions that addressed their inappropriate social behaviors (Ryan, Reid, & Epstein, 2004). As previously stated, students under the E/BD category face a multitude of academic adversity that is often left in the dark due to the disruptive social and overt inappropriate behavior they demonstrate in the classroom. These students are heavily

stereotyped and often victim to biases – and at times, discrimination from teachers and other students due to their outlandish social behavior and isolation.

As noted previously, students under the Emotional and Behavioral Disturbance category often face a plethora of adversity in their schools. Furthermore, because of these aforementioned adversities, these students are often placed in self-contained classrooms separate from their same-age peers. Students are placed in these self-contained classrooms due to a lack of progress in their academics, poor socialization with their peers, and/or disruptive behavior. When these students are placed in these classrooms, they often find themselves at a disadvantage when it comes to socializing; they are distanced from their peers, which can lead to a delay in social skills. Even when these students are placed in their regular education classroom, they are still at a disadvantage when they attempt to make lasting and genuine peer relationships with their classmates. (Estell, Jones, Pearl, Van Acker, Farmer, & Rodkin, 2008). Students with disabilities may belong to peer groups that are comparable to their same-age peers, their status among those groups were not comparable and students with E/BD are less likely to be viewed as a "best-friend" by most of these grouped peers.

Aside from the distanced peer groups students with disabilities face, if they are under the Emotional or Behavioral Disturbance category, they have a higher possibility of not belonging to any peer groups. These students are more likely to be rejected by their same-age peers due to the lack of social skills students with E/BD inherit. Not only are these students faced with rejection from their classmates, their teachers and school administrators are also highly likely to be less accepting of these students and have unfavorable opinions of their social development (Farmer, Pearl, & Van Acker, 1996; Karpur, Clark, Caproni, & Sterner, 2005). The social outcomes for

these students these inferential outcomes from happening as the student progresses into adulthood, early intervention strategies are imperative.

CHAPTER TWO: INTERVENTIONS

Overall, the awareness and desire to help these underserved populations have led to upward trends in regard to achievement, behavioral change, and other risk-factors these students are facing; however, the progress has been slower when compared to the progress other IDEA categories have made. One stride that has been universally effective is reinforcing the student's positive behaviors rather than using punishment. Positive Behavioral Intervention and Support (PBIS) is a school-wide initiative that establishes research-based practices to provide effective care and support for students in the classroom, whether they are under IDEA or not (Eber, Lewis-Palmer, & Pacchiano, 2002). Another approach that has been attempted is Response to Intervention (RTI), which focuses on whether or not the student is improving (academically or behaviorally) and determines whether the student has made upward progress on his or her evidence-based intervention; however, this approach is not always effective as students who qualify for EBD services are typically not receiving these interventions when it is most appropriate for them (Gresham, 2005). While the interventions presented to this population are evidence-based and heavily researched, the students they are targeting typically do not have access to the benefits these interventions promise. Often times, multiple trial and error sessions are required in order to effectively guide the student to his or her end goal. In attempt to combat these numbers and get these students the help they need, one study conducted three academic interventions that were categorized with to help these students meet their academic needs. These

interventions are child-mediated, teacher-mediated, and peer-mediated interventions. Child-mediated lays the intervention responsibility with the student by using self-management skills; teacher-mediated leaves the teacher responsible for intervention treatment, usually by modifying their curriculum or by using positive and negative reinforcements; and peer-mediated uses the students peers, rather than adults, to help guide the student's intervention by peer-tutoring and/or cooperative learning (Ryan, Reid, & Epstein, 2004). These intervention types will be discussed in more detail in the sections below.

Child-mediated intervention. In addition to the universal interventions aforementioned, child-mediated strategies are used to help the students use critical thinking and reflection to correct their own behavior. Self-management is a child-mediated intervention that can be described as "strategies that individuals use to alter their behavior, frequently use to alter their behavior, frequently to make a behavior less aversive to others and to replace it with a more appropriate behavior" (Cancio, West, & Young, 2004). Under the self-management umbrella, there are five commonly used interventions: self-monitoring, self-evaluation, self-instruction, goal setting and strategy instruction (Mooney, Ryan, Uhing, Reid & Epstein, 2005). This approach tends to be effective, because it requires the student identify his or her behavior, then go through the aforementioned steps in order to achieve their desired outcome; however, this intervention often needs to be introduced and taught to the student prior since most of the students who qualify under EBD are typically unable to manage their own behavior.

Self-management is not only a tool used for addressing the social, emotional, and behavioral challenges a student faces, but also, it can improve the academic performance demonstrated by those same students. More specifically, when combined with parent participation, self-management is also effective in improving academic behavior for students

under the E/BD category (Cancio, West, & Young, 2004). In addition to being addressed in the school setting, the home environment is critical for the success of this intervention technique. When combined with appropriate self-management intervention in school, parent involvement in their child academics can be one of the most effective tools used to helping the student academically succeed (Cancio, West, & Young, 2004). When the student is equipped with resources to improve his or her self-management, he or she is likely to complete school and classwork, which ultimately leads to the student obtaining better grades in school.

One issue with these interventions is that they are tailored to younger children rather than adolescent aged students; however, the younger the student is at time of receiving an intervention, the higher the likelihood of that student reaping more positive outcomes long-term. Early identification of these students is critical, if left untreated, these inhibited and exhibited behaviors/emotional problems become intractable (Bradley, Doolittle, & Bartolotta, 2008).

Peer mediated. Peer-mediated interventions can be defined as peers, rather than adults, being responsible for the instruction of other students. Examples of peer-mediated include: peer tutoring, cooperative learning, peer modeling, and small group instruction at times (Ryan, Reid, & Epstein, 2004). Peer-mediated interventions have proven to be effective for not only the student being tutored, but also the tutee; it has shown benefits in academic performance, social behavior, and overall interest in school. While peer-mediated interventions are usually implemented in the general education setting, it is also shown to be effective for students in special education settings as well; however, due to the behavioral inconsistencies that students under the EBD category have, there is little research on the effectiveness of peer-mediated interventions and this specific population.

In addition to academic gains, peer-mediated tutoring can also have positive implications for the behavior students under the EBD category exhibit. As previously stated, there is minimal research about peer-mediated interventions due to the inconsistent behavior EBD students can demonstrate; however, if implemented correctly and carefully, it can be a beneficial intervention for all parties involved. One study conducted displayed some positive effects on their student's disruptive behavior. This study presented that EBD students might demonstrate gains in minimizing disruptive behavior because the students appeared to prefer the peer-mediated intervention components as opposed to their typical instruction. More specifically, the students might have engaged and participated more in this setting rather than their typical instructional setting (Sutherland & Snyder, 2007).

The research provided on peer-mediated interventions for the EBD population, however, demonstrates significant gains for both parties involved. In relation to students who fall under the EBD category, positive gains were made academically (Ryan, Reid, & Epstein, 2004). More specifically, these upward scores were most noted in the academic areas of math, history, and reading; whether the student was in the tutor or tutee position, academic gains were noted throughout the intervention. It is worth noting that both the student and educators enjoyed peer-mediated interventions, with students making uplifting comments that helped them better serve the EBD population. While an array of peer-mediated interventions exists, the most effective include cross-age and same-age peer tutoring. Cross-age tutoring involves older students being paired with younger students to deliver instruction, and same-age involves students of similar age being paired together for instruction (Ryan, Pierce, & Mooney, 2008). This method of intervention, while underdeveloped in research, proves to be an effective delivery method for positive academic gains for E/BD students.

Teacher Mediated. With teacher-mediated intervention, the responsibility of treatment falls on the teacher and is either utilized through the manipulation of antecedents, modifying the student's curriculum, or consequences such as implementing a token economy or positive reinforcement towards the student (Ryan, Reid, & Epstein, 2004). Within this method, the teacher is responsible for developing the instruction intervention, and implementing it in order to change the dependent variable (Pierce, Reid, & Epstein, 2004). Unlike peer-mediated interventions, teacher-mediated intervention effectiveness has been heavily researched and studied. Researchers have proved that teacher-mediated instruction is highly effective and demonstrates significant gains in academic performance and minimizing behavioral disruptions (Ryan, Pierce, & Mooney, 2008). Significant gains were noted with this method across all academic areas; however, the most reported gain fell with reading instruction.

Although there are endless academic interventions available to the teacher's disposal, there are a handful that demonstrated the most success and provided tremendous academic and behavioral gains for these students. Personalized systems of instruction (PSI), is one of the specific interventions that has demonstrated significant achievement, this particular instruction helps improve the students spelling. In this instruction, teachers are trained in written study objectives, dividing the course content into smaller components, student self-pacing through the curriculum, immediate feedback regarding the students' performance, and monitoring the student's criteria in order to advance to the higher-level material. Results from this particular teacher-mediated intervention indicated that student performance on spelling increased immensely each week the instruction was implemented (Ryan, Pierce, & Mooney, 2008).

Another type of instruction that appears to be successful is the use of story-mapping in order to improve the reading comprehension skills of students with EBD. Ryan, Pierce, and

Mooney (2008), conducted another study looking at story-mapping and the outcomes that present after the implementation of the instruction. This method has educators teaching the story in parts, focusing on the main character, setting, and problem in the story, along with major events. Students would be asked a series of questions relating to the story map upon reading the story. Results indicated that this method of teacher-mediated instruction provided significant gains in the students' reading comprehension skills. While these academic gains have been researched and proven, it is worth noting that due to the unique characteristics of this population, there are other components and variables that need to be addressed within this population in order to confidently generalize the findings of these studies.

A limitation with teacher-mediated instruction includes the students' level of behavior and disruption in the classroom. Many teachers, general and special education alike, often feel overwhelmed and under-prepared to work with this population. Currently, more students are being taught in their general education classroom rather than self-contained classroom. While this can be, as stated previously, helpful for the student's educational growth, educators often feel unprepared to work with this population and are often conflicted regarding the steps to take when a student is disruptive continuously in their classroom. Under immediate pressure to relieve the disruption and continue instruction for the other students in the classroom, the teacher resorts to sending the student out on a discipline referral, which contributes to the never-ending cycle of trouble for these students. Due to this, teachers indicated that they rarely end up giving the students choice-making opportunities and often disregard completing the implementation of the intervention (Gable, Tonelson, Sheth, Wilson, & Park, 2012). Despite these adversities, teacher-mediated instruction intervention can be considered as the leading effective method for academic growth with this population.

Though child-mediated, peer-mediated, and teacher mediated interventions have been shown to have positive outcomes for students with E/BD students, a more comprehensive approach might be beneficial. An approach that incorporates all relevant individuals working with the student might be most beneficial. Including the parents in the process of helping their children succeed is an essential piece that is missing from many interventions employed in the schools.

CHAPTER THREE: CONJOINT BEHAVIORAL CONSULTATION

Another effective strategy that could positively impact these students is Conjoint Behavioral Consultation (CBC). CBC is part of an indirect service delivery model that has the parents and teacher of the student collaborate and decide what the student needs; these needs could be academic, social or behavioral and are individualized to the students' needs (Wilkinson, 2005). CBC is a newer model of consultation that includes the parents in the collaborative process and incorporates a problem-solving approach of an older Behavioral Consultation (BC) model. Like BC, CBC has proven thus far to be a promising approach and can be considered to be effective to deliver treatments that are evidence-based on these students with varied problems in learning and behavior (Wilkinson, 2005). In addition to the aforementioned benefits, CBC offers an approach that is structured for the teachers and students and provides solution-focused interventions that engage all members of the collaborative effort, which, in turn, has potential to enhance the student's behavioral competency (Wilkinson, 2005).

Unlike other consultation models, CBC invites the parent, teacher, and student to intervention efforts whereas other models primarily focus on the teacher and the consultant. Individuals who use CBC as a service delivery method deem the interconnections between the

home and school as exceptionally important and includes a set of four goals in order to effectively utilize CBC. Those goals include: "(a) sharing the responsibility for problem solution; (b) improving communication and interaction among the child, family, and school personnel; (c) obtaining comprehensive and functional information related to the identified problem; (d) improving the skills of all parties, such as the family members, school personnel, and the child-client" (Sheridan & Colton, 1994). The CBC method also includes four sets of objectives in order to uphold treatment fidelity, those four sets of goals include: problem identification, problem analysis, treatment implementation, and treatment evaluation (Sheridan & Colton, 1994).

Problem identification. This objective of CBC identifies the specific needs and operationally defines the academic or behavioral concern the student is presenting. It provides a foundational framework for the educators to collaborate together to further understand what the students' immediate needs are across both the home and school setting. This objective includes interviews with the student's parent and all educators involved. After the present needs have been identified, the consultant then discusses the best procedure for collecting the baseline data needed prior to beginning the intervention (Sheridan, Clarke, & Burt, 2008). The consultant during this objective also wants to identify strengths and weaknesses of the child, family, and school, to assure that all participants will be performing these tasks with their best effort. The consultant during this objective will also develop a strong relationship with every individual involved so contact will be made when problems or questions about the intervention plan arise.

Problem analysis. This objective has a goal of setting hypotheses based on the baseline data collected in the Problem Identification stage. The baseline data is studied to determine any conditions in the environment that are not related to the target behavior but has influence on its

occurrence; settings in the home or classroom, such as seating arrangement, instruction delivery, or distractions; and the expectations and/or management of the student's behavior (Sheridan, Clarke, & Burt, 2008). All hypotheses are tested during this stage to determine if they are strong enough to produce an outcome. After hypothesis testing is completed, the consultant will meet with the consultees to determine the variables across both settings that could influence the outcome of the set goal. They will then collaborate and discuss how they could modify their plan or goal that addresses the target behavior across both settings. It is important that during this objective that all members of the intervention team are held accountable for their participation to assure treatment fidelity. Similar to Problem Identification, the relationship between the consultant and consultees is maintained to promote the working relationship and assure treatment fidelity.

Treatment implementation. The third objective includes implementation of the intervention and monitoring of the progress or lack of. The consultees will implement the intervention established based off the hypothesis in Problem Analysis across both home and school settings. The consultant will confirm the fidelity of the intervention by maintaining the relationship through phone calls, emails, and/or sight visits. This relationship at this point in the intervention efforts will promote cross-setting consistency and increases the potential for positive outcomes (Sheridan, Clarke, & Burt, 2008). As stated previously, this objective heavily relies on the integrity of the implementation of the intervention because if the intervention is not implemented as intended the negative outcome risk increases. This objective also relies on feedback from the consultees as will determine if the intervention plan is effective or if any changes need to be made.

Treatment evaluation. This objective is the final stage of CBC. The goal is to analyze the data collected during the intervention implementation, achievement of academic and/or behavioral data, and efficacy of the intervention efforts. The consultant and consultees will meet and have a discussion around the effectiveness of the intervention and if there needs to be any future course of action regarding continuation, termination, and follow-up (Sheridan, Clarke, & Burt, 2008). This process is typically addressed through interviews and reciprocal relationships between the consultant and consultees. The final goals and objectives address the attainment of positive outcomes and a working relationship between the consultant and current/future educators and parents.

CBC has proven to be effective in dealing with students who have emotional and/or behavioral deficits across a multitude of research studies. It links teachers and parents together to come up with a solution-oriented treatment to help diminish the problem behavior at hand. It holds both parties accountable for the effectiveness of the intervention they have chosen to use. The consultant would meet with the consultees regularly to determine whether the intervention was being implemented correctly and tweaked it if necessary. Analysis of the results from this intervention further proved that CBC is an effective intervention for students who have social and behavioral difficulties. Both students demonstrated significant changes from their pre and post measures, proving that with an effective CBC intervention, these students can exhibit upward growth in their academics and behaviors.

CHAPTER FOUR: STATEMENT OF PROBLEM

Emotional or Behavioral Disturbance is a category used within IDEA to support the students who are internalizing or externalizing their emotions and/or behaviors, impacting their functioning at school. These students are eligible to receive services and accommodations in school because of their disability; however, this population of students are typically underserved and can be excluded from receiving appropriate interventions or instruction. Previous research and longitudinal studies continuously prove that these students are inherently disadvantaged and are often overlooked in the educational system. The outcomes listed for these students are adversities they face every day, and resiliency can be difficult, especially if they have little to no assistance. Steps in the right direction have been made to better serve this population; however, there is still immeasurable progress to be made.

There is a desperate need for comprehensive and strong efforts to improve the outcome for these students – academically and behaviorally. The teachers and school staff need to be able to easily recognize and intervene on these students' actions and behaviors. While physical attendance of these trusted individuals on their student is proven to be effective, their actions can be detrimental and cause adverse effects if they are not implementing the correct tools and combating the right target behaviors. Classroom management is often a challenge these teachers face when working with students with E/BD. It is important to give these educators the tools and skills needed to manage their classroom more effectively with the students', so they are not suffering the academic and behavioral consequences intrinsically presented with (Wagner & Cameto, 2004; Brier, 1995; Wagner, 1995; Karpur, Clark, Caproni, & Sterner, 2005).

CBC has been used several times to prove the effectiveness of the consultative approach; Research on CBC provides sufficient evidence linking parent and teacher effort and intervention

to positive academic and behavioral outcomes for students with an emotional or behavioral disorder (Wilkinson, 2005). Due to the success this type of consultation brings to the students, parents, and teachers, it was chosen as the best opportunity for this study.

In conclusion, this project is intended to focus on the impact the student's educator and school-support system has on students who fall under the EBD category. It is imperative that this project focuses on the individuals that are present in these students' lives for the majority of their day – the teachers. The purpose of this research is to uphold the integrity of IDEA and provide the services these students need and are entitled to. Additionally, this study serves a purpose to examine the effectiveness of CBC in improving the academic and behavioral functioning of students with Emotional and/or Behavioral Disturbances. Additionally, this study serves a purpose to examine the effectiveness of CBC in improving the academic and behavioral functioning of students with Emotional and/or Behavioral Disturbances.

This study used a single case study design where the student participant's parent and teacher received intervention strategies that educate them on the best practices regarding how to teach and work with a student who has an E/BD. The strategies provided classroom and home behavioral techniques. It was hypothesized that the intervention strategies would positively impact the student's academics and minimize behavioral disruption in the classroom. Progress monitoring data would be collected to track whether academic progress, in all underachieving academic areas, were made and determine whether assignments were being completed, and how she performed on said assignments. Improved behaviors could be measured through office discipline referrals, on-task/off-task behavior tracking, number of times students initiated positive social interaction with peers, or other measures that are relevant to the specific children receiving the intervention.

CHAPTER FIVE: METHODS

Background Information

The participants in this study included Jane Doe, a 9-year-old third grade student at Mull Elementary School in Burke County, North Carolina, her adoptive mother Mrs. Doe, regular education teacher, Mrs. Math, exceptional children's educator, Mrs. Data, and her social skills educator, Mr. Smile. Jane was selected from this case study since she was receiving services through Burke County's Exceptional Children's program under the eligibility category of Other Health Impaired. Jane has documented medical diagnoses of Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, and Oppositional Defiant Disorder. Mrs. Doe reported that Jane's biological mother not only had a diagnosis of Borderline Personality Disorder, but also a long history of sexual abuse by her siblings. Additionally, Jane's maternal grandfather had a diagnosis of Paranoid Schizophrenia. Jane's biological mother used drugs such as marijuana and cocaine, ingested alcohol, and smoked cigarettes throughout pregnancy. Information regarding Jane's biological father has not been reported. Jane was adopted by Mrs. and Mr. Doe in 2012 at the age of 2 and started to receive physical therapy at 18 months due to symptoms related to Cerebral Palsy. Jane also began Occupational Therapy shortly after to further develop her fine and gross motor skills.

Jane was initially referred to Burke County's EC program in 2013 while in preschool due to severe tantrums and taking inappropriate risks; however, information regarding the specifics of the tantrums and risk-taking behaviors were not reported. Comprehensive testing suggested that Jane would be best served under the eligibility category of Developmental Delay, which serves students under this category until eight years of age. It was reported that while Jane demonstrated slight progress towards her IEP goals, her gains were not enough to exit her from the program, thus, another formal evaluation was requested. Per the cognitive measure and

academic evaluation used, Jane performed below the expected level when compared to her same-aged peers within all cognitive areas and demonstrated underachievement within all academic areas; behavioral rating scales completed by her parents and educators suggested that she experienced difficulty with inattention, hyperactivity, impulsivity, executive functioning, defiance/aggression, restlessness, emotional lability, and peer relations. The comprehensive evaluation, in conjunction with her aforementioned medical diagnoses, suggested that Jane demonstrated a need for intensive individualized instruction under the eligibility category of Other Health Impaired. Per an interview with Jane's mother, her IEP team placed her under the OHI eligibility category as opposed to Serious Emotional Disturbance (E/BD) due to a stigmatization placed upon the students currently in this category county wide. Mrs. Doe did not want that label and stigma attached to Jane early on, furthermore, the team decided to serve Jane through the OHI eligibility category. Jane had several IEP goals directly targeted to her social skills, emotional health, and behavioral outbursts in the classroom.

Although Jane was the chosen candidate for the study, Jane's mother and educators, were the participants that received targeted interventions and strategies to help strengthen the delivery of their instruction to the student candidate, Jane. Mrs. Doe has been actively involved in all aspects of Jane's life. Prior to adopting Jane, Mrs. Doe was a social worker for the Department of Social Services and was a case manager for Jane's biological family. Mrs. Doe was able and willing to help develop and follow all suggestions and recommendations in order to provide support to Jane in any way she could. Additionally, Jane's general education, exceptional children's, and social skills educators also reported being on board with receiving trainings, intervention support, and implementation strategies to assist the delivery of their instruction to Jane. All parties participating consented to entering this case study with the goal of giving Jane

the most effective and appropriate delivery of instruction and help further develop their skills to work with similar students they may have in the future. After obtaining consent from all parties involved, interviews with each individual, and observations across settings were conducted by the consultant to further gather information regarding her academic, social, behavioral, and emotional functioning at home and in the classroom.

Materials

The materials included in this study were limited to semi-structured interviews with all participants, and observation by the consultant of Jane across multiple settings. Information from the interviews were used to further understand the implications of Jane's diagnoses throughout her daily functioning at home and school. The semi-structured interviews were also used to gather information regarding how these symptoms related to her diagnoses impact her academic functioning at school. Finally, the semi-structured interview with Mrs. Doe provided information regarding Jane's biological family history, developmental history, and her strengths and weaknesses. Upon completing interviews with her parent and educators, observations were completed across multiple settings; Jane was observed during her social skills, general education math, and exceptional children's reading classes. Information from the observations were conducted to not only further understand Jane's functioning in the classroom, but also to determine the effectiveness of the content delivery. Furthermore, the consultant observed how her educators reacted and responded to Jane's outbursts and how Jane subsequently responded to their engagement.

Initial efforts during the duration of this case study included different measurement tools to track academic, social, emotional, and behavioral progress. Academic measurement used for this study included Jane's Beginning of Grade (BOG) testing scores and intended to use her

Middle (MOY) and End of Grade (EOG) testing scores to determine whether any overall academic progress was made. The educators provided input regarding the most effective way to track academic progress, and they determined state testing could compare her performance to other students in her grade. The team also initially included the possibility of using homework grades, percentage of assignments completed, and other relevant academic measures to utilize different sources of data tracking. It was determined that academic measures will be collected throughout the duration and the frequency of data collection would be determined after developing specific academic goals.

Initial efforts involving behavioral measurement tools were developed throughout the semi-structured interviews and classroom observations. The behavioral measures used in this case study included the number of office discipline referrals and a data collection tool used by her educators as per her current Individualized Education Plan (IEP). This data collection tool is used to track the amount of negative behaviors Jane exhibited throughout the school day. Jane's educators felt that using the same behavioral tracking tool would help track her behaviors without disrupting the routine presently in place. This particular tracking tool uses three different faces to indicate Jane's performance in the classroom that day; A smiley face indicates that Jane had a good day in class, a neutral face indicates that she exhibited minor behaviors, a frowny face indicates that she had a "bad" day in class. If Jane obtained a neutral or frowny face for the class period, her instructor was required to write the negative behaviors Jane exhibited in class. It was determined that during the case study, this behavioral measurement tool would be used to collect Jane's behavioral data; however, the method and procedure of data collection would be updated during a meeting with her educators.

Unfortunately, due to unforeseen circumstances, intervention fidelity and tracking was not gathered due to Jane's hospitalization, which ultimately led to the early conclusion on the case study. A Likert Scale survey was intended to be used in order to track intervention implementation fidelity to assure that the interventions and strategies agreed upon were fulfilled as expected.

Procedures

This case study was approved through the Institutional Review Board (IRB) at Western Carolina University in November 2019. While this study included a student candidate, the research participants included individuals who work directly with the student: her mother and three different educators. All parties involved were provided with informed consent and were aware of their voluntary participation, which could be withdrawn at any time. After all parties consented to participating in the study, participant partook in an interview regarding Jane and any relevant information they could provide regarding her functioning. During the initial interview, behavioral data from her previous measurement tool was gathered to establish a baseline. Jane was observed in her general math, social skills, and EC math classes. Upon the conclusion of the observations, another interview with all participants was held to have the team develop 2-3 specific behavioral goals, and one academic goal. These goals were developed based on progress already being made, and observations made by the consultant. These goals were intended to serve as the mechanisms for measuring the impact of the intervention and strategies. After 2-3 goals were developed, the team developed novel efforts in which they were going to adjust delivering instruction to Jane. The team developed a visual chart with approximately 3 rules they would adhere to when Jane disrupts class. The visual chart would not only be of assistance for Jane to help indicate what her expectations were, but also provide assistance for

her educator to not lose patience and/or respond to the behavior in ways that fuel Jane's attention seeking behavior. This chart and implementation of the aforementioned strategies was monitored for two weeks to determine the overall effectiveness of the strategies. This case study followed the CBC model and the four objectives; however, the case study was only fulfilled into the second objective.

Analysis

Behavioral data from her baseline was compared to the data presented during the initial two-week implementation phase. Initial efforts of the case study intended to collect academic data before the implementation of the intervention strategies and would be compared to academic data collected upon the conclusion of the study; however, due to the abrupt end of the case study, academic data after the baseline was not collected. Behavioral data was inputted into a graph to detect how much change, if any, presented after her educators implemented the aforementioned strategies. Behavioral data that was collected was compared to the projected hypotheses.

CHAPTER SIX: SINGLE CASE STUDY DESIGN

Problem Identification

Observations

Jane was observed across settings during her social skills, general education, and EC classrooms. It was decided to observe Jane across all settings due to the variability of behavior she demonstrates in each classroom. Additionally, during teacher interviews, it was reported that Jane is selective with which coping skills she chooses to engage. Furthermore, Jane was observed in three classes with three different teachers present at the time.

Social Skills Observation

Jane was first observed during her social skills group. There were approximately six other students present in the room at the time of the observation, with Mr. Smile being the only teacher present. The classroom had only one table with six chairs for the students to sit at around the seat where Mr. Smile sat. The students were asked to discuss their Thanksgiving holiday that had just passed and state one thing they were thankful for. The purpose for this task was to allow the students to engage in turn-taking without interruptions. Mr. Smile had his rules and expectations listed on a poster board next to him and quietly prompted to the board if the student was not following one of the rules or expectations. This particular observation only provided quantitative data and a narrative describing her functioning in the classroom.

Throughout the duration of the observation, Jane was observed engaging in distracting behaviors, disrupting the class, and being argumentative with her teacher and classmates. Jane engaged in negative side comments while her classmates were telling their Thanksgiving stories. Initially, Mr. Smile would attempt to redirect Jane by reminding her of the classroom expectations, then he attempted to ignore her behavior; however, her behavior started to irritate

other students in the class, thus Mr. Smile sent Jane to the relaxation corner to “cool down.” Jane was allowed to rejoin the group after 5 minutes of calming down. After rejoining the group, Jane was observed blurting out her thoughts at least six times during the first five minutes of rejoining the group. Jane then reported that another student was laughing with her and Mr. Smile attempted to redirect her behavior, but Jane grew increasingly angry with this student and started to yell at her classmates. Mr. Smile then directed Jane to go back to the cool down corner for another five minutes. During this time, Jane made this classmate a “Sorry” card unprompted and Mr. Smile allowed her to give the card to her classmate. Jane had cooled down by this point and was able to join the group a second time. Towards the end of the observation, Jane continued to interrupt class with side comments, albeit her comments were relevant to the instruction topic. Mr. Smile approached Jane at the end of class to discuss her behavior and discuss what could be done differently.

General Education Observation

Jane was observed during her general education math classroom. Mrs. Math’s class had approximately 22 other students present with the classroom desks sitting in collective groups of three; however, Jane’s seat was in the back of the classroom at a table by herself. The students were working on a worksheet together as a class. Each student was expected to raise their hand to engage in discussion or quietly work alongside their peers. This classroom observation provided quantitative data and a narrative regarding her functioning in the general education setting.

Throughout the duration of the observation, Jane struggled staying on-task and rarely followed along with instruction. At one point, Jane argued with another student about an answer that student provided, Mrs. Math instructed Jane to get back to work and turn around in her seat

to face the wall. Jane completed a worksheet independently and did not attend to Mrs. Math's lecture to the class. Jane was observed picking her nose for several minutes, which subsequently led to her getting a nosebleed. When Mrs. Math found out Jane had a nosebleed, she approached Jane and got onto her for not following along with instruction and disrupting class time. Jane appeared on-task for roughly five minutes, which she then began to move the chairs around her table. Jane moved three chairs around her table and continued this behavior until Mrs. Math asked Jane to answer a question she posed to the class. Another student answered the question posed for Jane, and Jane sarcastically congratulated the student for answering the question correctly to which the student responded by making a face at Jane. Mrs. Data, Jane's EC teacher, then entered the classroom. Jane's behavior escalated while Mrs. Data was present; Jane got out of her seat more often, moved objects around the classroom to her table, and started to say she was feeling sick and would spit into a trash can. Mrs. Data attempted to get Jane on-task, but Jane argued back saying she would not complete her classwork because she was sick.

Exceptional Children's Observation

Jane was last observed during her EC math class, led by Mrs. Data. This classroom had approximately eight other students present, and Mrs. Data was the only teacher in the classroom. The student's engaged in lecture, classroom discussion, and a game that corresponded to what they learned. The class had classroom expectations and rules presented on a poster board at the front of the classroom, and Mrs. Data reminded students of what their rules and expectations were throughout the duration of the observation. This observation provided quantitative data and a narrative regarding Jane's functioning in her EC math class.

Mrs. Data began class with a lecture on math facts and worked through each problem on the board and picked students to assist her in answering the problems. Jane appeared comfortable

within this environment and followed along with instruction independently throughout the duration of class. After lecture, Mrs. Data tasked her students with a math game and paired the students in groups of three. Jane was paired with two other girls and mentioned being excited to be paired with them. Jane was observed following the rules of the game and played with her peers respectfully. At one point, Jane forgot the rules and another peer offered her assistance, which Jane willingly accepted. Jane's group appeared to be having fun while playing the game. Mrs. Data walked around the classroom to make sure each group was on task and Jane positively interacted with Mrs. Data when she approached her groups table. Jane accepted praise from her classmates and gave out several high-fives to her peers. Jane won the game and ultimately a prize from Mrs. Data.

Observational Summary

Jane demonstrated varied levels of behavior across all observed settings. For example, Jane controlled her behaviors in her EC math class, and was able to utilize coping skills in her social skills classroom, but demonstrated poor emotional regulation and behavioral control in her general education math class. Mr. Smile reported to the consultant that although Jane interrupts class frequently, her behavior in class during the observation was atypical. Jane's observed disruptions in her general education class were vastly different compared to the disruptions made in her social skills classroom; Jane did not engage in disruptive behavior during her EC math classroom. Mr. Smile and Mrs. Math handled Jane's disruptions differently as well. When Jane interrupted Mr. Smile, he either attempted to redirect her behavior, or placed her in the calm down corner with a structured time limit. Additionally, Mr. Smile approached Jane after class to debrief regarding the behaviors she exhibited and to check-in with her regarding why she exhibited these behaviors, and what could be done differently for next class. Mrs. Math

addressed Jane's disruptions while the whole class was attending and did not attempt to redirect her behavior. Finally, Jane seemed to thrive and regulate her behavior when she was in a smaller group environment rather than a large classroom.

Parent Interview

A parent interview with Mrs. Doe provided information regarding Jane's past medical history, and updated information regarding her functioning at home. Mrs. Doe reported that Jane is social, fearless, loving, and nurturing. Jane desperately wants to have friends and have reciprocal friendships with other kids, but her lack of emotional regulation has led to outbursts that have burned bridges with her former peers. It was reported that Jane participates in boxing classes and enjoys skateboarding. Jane was previously on a softball team; however, due to behavioral outbursts, she was kicked off the team. Mrs. Doe reported that Jane has ongoing difficulty in a group setting and has engaged in attention-seeking behavior at home and school by engaging in behavioral outbursts when she does not get her way; this behavior has been life-threatening at times. For example, Jane has thrown objects at Mrs. Doe while she was driving almost causing Mrs. Doe to wreck the vehicle.

Jane has experienced a number of meltdowns at school and has an average of three meltdowns a week at home. These meltdowns typically occur after being reprimanded or reminded of her expectations. When Jane is triggered, she has ripped up paper, thrown objects on the floor or towards the person she is arguing with, engaged in self-harming behavior, has kicked her mother or slammed doors. Mrs. Doe reported the most effective approach they have taken is allowing her to release the anger and "burn the energy out." When Jane has realized what she has done, she is usually apologetic and willingly cleans up her mess. Additionally, Mrs. Doe reported that the behavior is usually followed by guilt and feelings of sadness. Jane has received Trauma

Informed Therapy with a Licensed Professional Counselor in the past and currently has in-home therapy individually and with her family to help develop her coping skills. Mrs. Doe reported that she hopes Jane is able to regulate her emotions, control her actions, and be mindful of personal boundaries, physical and literal. Mrs. Doe noted that Jane does not have a strong foundation of coping skills and ineffectively engages in them while in a crisis.

Teacher Interview

Mrs. Data was also interviewed, as she spends the most time with Jane throughout the day. Mrs. Data reported that Jane has ongoing academic struggles. While Jane is behind in all academic areas, she experiences the most difficulty with math. Mrs. Data reported that while Jane is learning how to add two-digit numbers, she does not know her math facts and is unable to complete computations. Jane reportedly engages in self-injurious behaviors in the classroom by biting her fingers, picking her nose, and picking at the roof of her mouth. Mrs. Data reported that Jane makes herself bleed once a day due to these behaviors. Mrs. Data mentioned that Jane needs constant redirection and is easily distracted when approached with new stimuli. When asked about her emotional regulation, Mrs. Data stated that Jane gets angry very easily and it happens at the "drop of a hat." Mrs. Data reported that her triggers can be hard to identify, but not receiving attention can escalate the behavior. As mentioned previously, Jane has lost friendships due to her inability to regulate her behavior. Mrs. Data reported that Jane is often unsuccessful in her attempts to regulate her emotions and behavior. Her behavioral data suggests that, although dependent on the week, Jane typically exhibits 5-7 significant meltdowns a day. These meltdowns have consisted of self-injurious behaviors, hitting classmates and/or teachers, running out of the classroom, being argumentative, and interrupting instruction. Jane has a sensory box to use at school when she gets overwhelmed and is unable to calm down using her breath.

Interview Summary

Mrs. Doe and Mrs. Data provided quantitative and qualitative data regarding Jane's exhibited behavior at both home and school. Although it was reported that Jane exhibits similar behaviors in both settings, Jane has been more violent at home. Both Jane's mother and educators are concerned with the escalation of her behaviors and worry about her ability to self-regulate.

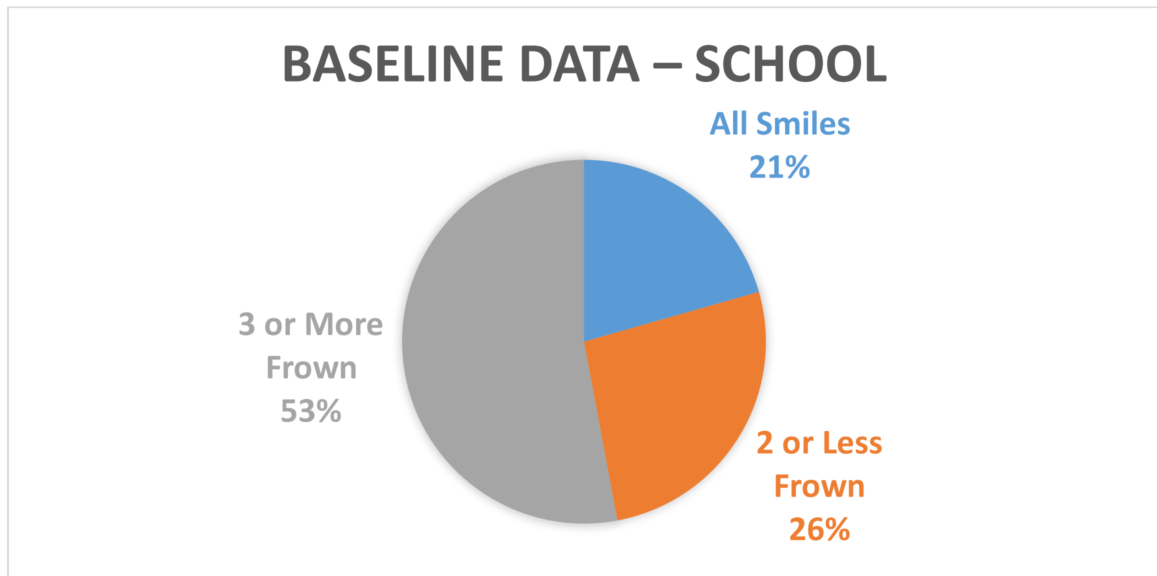
Problem Analysis

Jane's team met biweekly after initial interviews and observations were conducted to discuss previous and current intervention efforts in combating Jane's behavioral outbursts. In addition to discussing previous efforts, the team discussed the findings from classroom observations and relevant information from the baseline data provided from the behavior tracking tool used by Jane's school. The data was analyzed to identify patterns of behavior outbursts, when the behaviors typically take place, how often they take place, and any other relevant concluding information. After these discussions took place, the team met again to develop behavioral and academic goals, and what intervention strategies would take place to help achieve those goals.

As mentioned previously, Jane's current progress monitoring tool at school included three different faces indicating what type of day she had in that classroom period; when she earned anything other than a smiley face, a narrative or description of the behavior exhibited was required. Prior to analyzing the data, the team decided that having a bad day is normal, and it would not be reasonable to expect Jane to have a perfect day every day. Thus, if a day had three or more frown faces, the data was analyzed to determine the types of behavior Jane exhibited in the classroom. If a day had two or less frown faces with no meltdowns documented, the day was

marked as a good day. Jane's behavioral tracking tool had 39 collected days of progress monitoring data. Out of the 39 days Jane had 8 days where she received only happy faces and 10 days where she received only 2 frown faces. There were 21 documented days where Jane received 3 or more frown faces. In those instances, Jane exhibited the following behaviors: 7 instances of off task/inattentive behavior in the classroom, 8 instances of being argumentative with her instructor and/or another classmate, and 6 instances of her being physical with another student. The majority of the negative behavior exhibited happened primarily in her general education math class or her enrichment periods, which are art and music.

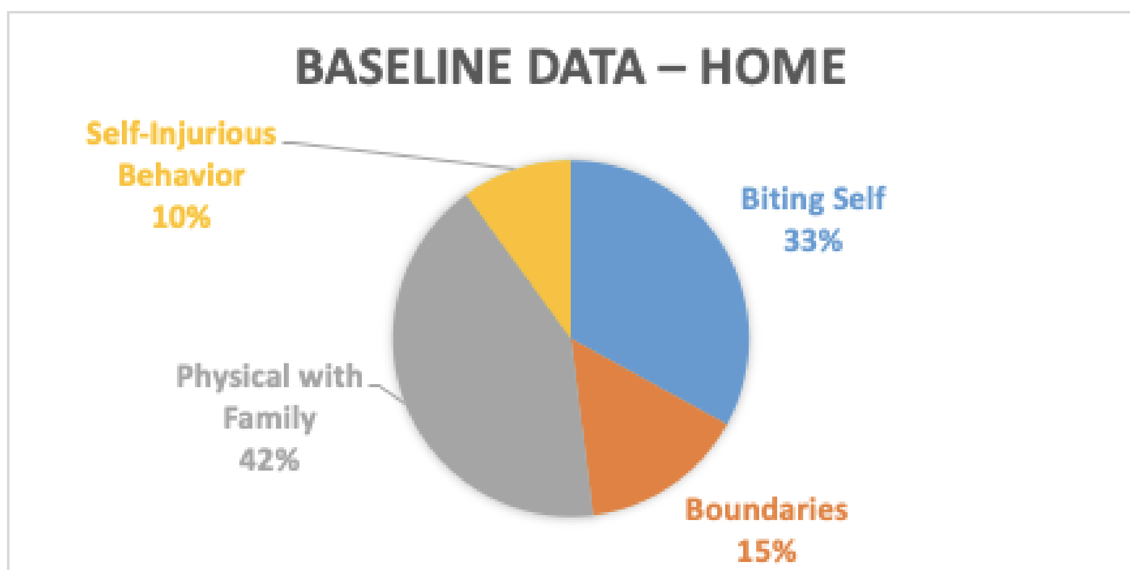
Figure 1. *Baseline Data – School.*



Mrs. Doe reported that her specific goals for Jane were to minimize the amount of self-injurious behaviors she engages in and to be more mindful of personal boundaries. The team

discussed these goals and determined they were realistic goals for Jane. Since there was no behavioral tracking method already in place at home, to gather baseline data on these aforementioned behaviors, Mrs. Doe was required to track the amount of times Jane exhibits these behaviors at home; she agreed to tallying every time Jane engage in a self-injurious behavior at home and to provide a detailed description of what the behavior was. She also agreed to tally every time an already established (e.g. coming into Mrs. Doe's room when the door was closed) personal boundary was crossed. Mrs. Doe collected data for two weeks. It was reported that Jane engaged in self-injurious behaviors 12 times; these behaviors included biting herself 4 times, hit another person 5 times and herself 3 times. Jane overstepped established personal boundaries 6 times during the two-week data collection period. It is worth noting that Jane engaged in more self-injurious behaviors at home if she already had a bad day at school.

Figure 2. *Baseline Data – Home.*



After analyzing the baseline data, the team met again to decide which behaviors to target, intervention strategies that will be used to target the behavior, and specific goals to meet and track whether progress was made. The behaviors the team agreed upon were minimizing self-injurious behaviors, following directions within the first 1-3 attempts/redirections, and to minimize the amount of disruptions made in the classroom. These goals were chosen since Jane engages in self-injurious behaviors in both settings, is unable to follow directions the first time (i.e. overstepping boundaries at home) and has interrupted class several times. These goals translate to the behavior demonstrated in class and at home during the baseline data collection period. The team then held an informal meeting regarding appropriate ways to address the behavior they notice in the classroom and different strategies they can use to make their intervention efforts effective.

Plan Implementation

As mentioned previously, the team informally met to discuss appropriate techniques in which to address Jane's behavior in the class and strategies that would be used to help meet her goals. The team then met to discuss specific strategies and interventions that would be used for the case study. Due to scheduling miscommunication, the consultant met with Jane's school team and her mother individually several times; however, the team remained on the same page with their goals for Jane. The school team developed a visual chart after researching interventions and classroom strategies that would easily integrate with the current system in place. The visual chart developed by the team intended to provide reminders of how they were to approach Jane's misbehavior in the classroom. Jane was also given a visual chart to be reminded of her expectations in the classroom, and it would be kept on her daily clipboard she travels from class to class with. The visual chart included the following strategies: hand gestures to remind Jane of the classroom rules, provide clear and consistent expectations for Jane, ignore behavior that is

not self-injurious or harming other students, and verbal praise when she engages in positive behavior. The team continued using the same behavioral tracking tool used during the collection of baseline data; however, in addition to enforced narratives regarding the behavior being exhibited by Jane, the team were to tally every time Jane engaged in any of the aforementioned behaviors. This intervention period lasted for two weeks and a follow-up meeting was scheduled to discuss progress Jane made, if any, and address intervention changes if the team deemed necessary.

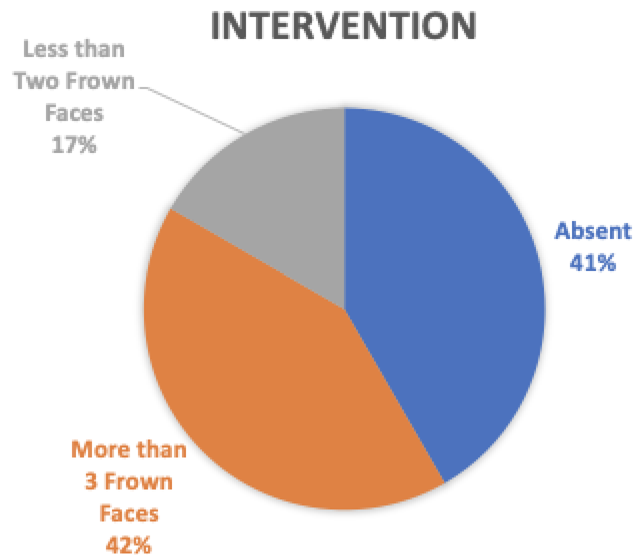
Unfortunately, during the second week of intervention, Jane's behaviors at both home and school intensified as she continued to engage in self-injurious behaviors and physically harmed some of her classmates. Jane's destructive behaviors subsequently led to her being hospitalized with the intention of staying there for several weeks to help mitigate her behavioral outbursts and strengthen her emotional regulation, as well as checking whether she needed updated dosages on her medicine. Due to Jane's hospitalization and worsening behavior, Mrs. Doe felt it would be best to exit out of the case study to focus on Jane's health and well-being. Jane's team at school provided the consultant with the progress monitoring data completed shortly before her hospitalization.

Plan Evaluation

Although the intervention did not last the intended 14 days, Jane's progress monitoring data based on the behavioral tracking tool indicated that the plan developed by Jane's team was ineffective. Jane's intervention period lasted a total of 12 days. Jane was dismissed early from school 5 out of the 12 days due to the severity of the behavior Jane exhibited. The remaining 7 days indicated that Jane earned approximately 5-7 frown faces a day, which indicated that Jane engaged in all behaviors the team hoped to minimize. These behaviors reported ultimately led to the decision of hospitalization. Mrs. Doe reported to the consultant that after Jane's

hospitalization, she will receive a comprehensive psychological evaluation from an outside agency to gather updated information regarding her cognitive, academic, social, behavioral, and emotional functioning. Furthermore, it was determined that Jane's IEP team will develop a plan to successfully integrate Jane back into school.

Figure 3. *School Intervention Data.*



CHAPTER SEVEN: DISCUSSION

The purpose of this study was to apply the Conjoint Behavioral Consultation method to explore the effectiveness of this method. This project intended to focus on the impact that a student's parent, educator, and school-support system has on a student's learning and personal growth. Wilkinson (2005), suggested that CBC has been proven as the most effective type of

behavioral consultative method when working with students who have social, emotional, or behavioral disorders. Furthermore, research on CBC has provided evidence suggesting that parent involvement in conjunction with adequate school support can lead to positive academic and behavioral outcomes for these particular students.

Jane Doe is a third-grade student in Burke County Public Schools. Jane was adopted by her case worker, Mrs. Doe, in 2012 after overcoming months of adversity. Jane's biological mother used marijuana and cocaine, consumed alcohol regularly while pregnant with Jane, and has a diagnosis of Borderline Personality Disorder. Jane was diagnosed with Failure to Thrive and Cerebral Palsy as an infant and received Occupational and Physical Therapy services once adopted. She was initially referred to Burke County's Exceptional Children's program after concerns regarding her behavior in class were presented. After comprehensive testing, Jane was placed under the Developmental Delay category, and was served through that until she turned 8 years old. Jane is currently being served under Other Health Impaired due to her medical diagnoses of Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, and Oppositional Defiant Disorder. Jane has consistently demonstrated underachievement in her academics, despite having an Individualized Education Plan. Based on conducted interviews and observations, Jane struggles with emotional regulation and behavioral outbursts in the classroom. Baseline data suggested that Jane experiences the most difficulty in her general education math and enrichment classes. Additionally, she demonstrated self-injurious behavior and has harmed other students several times. Jane is reported to be a social butterfly and wants to maintain friendships; however, she experiences difficulty being able to do so.

After conducting semi-structured interviews and observations across settings, a plan was developed to combat the behaviors her educators and parents wanted to see minimize. In

addition, it was discussed that the intervention plan and strategies implemented could subsequently lead to academic growth as she would ideally spend less time seeking attention in the classroom. The team developed three goals they would like to see Jane achieve, reducing the amount of self-injurious behaviors she engaged in, following directions within the first 1-3 attempts/redirections, and minimizing the amount of classroom disruptions. After establishing goals, the team met again to discuss appropriate ways they could address the behavior exhibited in the classroom and different strategies they could implement to improve the effectiveness of the intervention. Jane and her educators were provided with a visual chart; Jane’s chart intended to remind her of the classroom rules and expectations, while her educators chart intended to remind them of ways to address the misbehavior. The team used the same behavioral tracking tool that was being used for Jane’s IEP to keep data collection simple and consistent, with some modifications to address the specific goals the team developed. The intervention period was set to last two weeks, and after the two-week intervention period concluded, the data would be analyzed to determine whether the intervention efforts and implemented strategies were effective.

Unfortunately, during the intervention period, Jane’s behaviors intensified as she continued to engage in self-injurious behaviors and had several meltdowns a day that required her to be sent home. Subsequently, Jane’s destructive behaviors led her to hospitalization as her health-care team, along with Mrs. Doe, did not feel Jane was safe staying at home. Jane was admitted to the hospital with the intention of mitigating her behavioral outbursts along with strengthening her emotional regulation. Due to the aforementioned priorities, Mrs. Doe exited Jane out of the case study in order to focus solely on improving her mental health. Jane’s team at school worked on an integration plan as well as how they would be addressing future behavior.

The two-week period in which the intervention was implemented was not long enough to completely evaluate the efficacy of the program.

Limitations of Study

A major limitation of this study is the discontinuation of the intervention. Due to Jane's hospitalization, her two-week intervention period was incomplete, and the effectiveness of her intervention was unable to be evaluated. While data was collected for 12 days during the two-week intervention period, Jane was dismissed early from school 5 out of the 12 days due to the severity of her misbehavior in the classroom. Another limitation of the study was considering the severity of Jane's mental health needs, other service providers working with Jane (e.g. her in-home therapist) should have been included in the CBC. The purpose of CBC is to utilize the multidisciplinary skill set of all individuals working/interacting with the participant in order to get positive outcomes and reach the set goals. This study included only Jane's mother and three educators.

Another limitation of this study was the unfortunate inability to consistently meet as a team, with all participants present during the time of meeting. As mentioned previously, Jane's mother had difficulty being able to meet with the rest of the team due to scheduling miscommunications. The absence of Jane's mother during these meetings defeats the purpose and intention of Conjoint Behavioral Consultation and aligns closer to the Behavioral Consultation model. This limitation, among others, likely hindered the effectiveness of intervention efforts and if all participating members attended the scheduled meetings, the efforts could have been considered a true Conjoint Behavioral Consultation model. Another limitation considered is the lack of including Jane during this process. By including Jane in this study, helpful information regarding her input and perspective could have paved the way to adequate intervention efforts. Jane was not included in the study per her mother's request.

Additionally, the lack of formal training to her educators working with her is another limitation of this study. Failing to provide her educators with a training session and opportunity to practice intervention strategies hindered the delivery of these strategies in the classroom. Finally, the last limitation is the repercussions of the novel Coronavirus, or COVID-19. Public schools in North Carolina closed on March 16th indefinitely. Due to school closures, a follow-up regarding Jane's integration back into school was cancelled.

Recommendations for Future Studies

In order to improve future endeavors to properly implement Conjoint Behavioral Consultation, it is important to first and foremost develop structured meeting dates in which everyone participating is expected to attend. Throughout this case study, there were several instances when Mrs. Doe was unable to meet with the school team. The consultant would meet with the mother individually to combat miscommunication and bridge the gap of where she left off. In order to keep everyone on the same page and spread accountability, it is important to have all participating members present for initial meetings to follow true CBC guidelines.

Additionally, it was mentioned previously that a limitation of this study was not including Jane's in-home therapist in the CBC. Future studies should seek to include any individuals directly working with the participant to provide insight regarding his or her functioning across multiple settings. Including Jane's in-home therapist would have not only provided helpful information regarding her progress in therapy but could have also provided another avenue for intervention delivery. As mentioned previously, CBC is a comprehensive method that utilizes a multidisciplinary approach to reach academic and behavioral goals. It can be difficult at times to find willing participants as this method can be time-consuming; however, when the method is used with integrity and is completed with fidelity, it has proven to be effective. Although this

particular case study demonstrated ineffective intervention efforts, CBC has proven to be an effective model when working with students with Emotional and Behavioral Disorders.

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Appendices

Appendix A

Western Carolina University

Consent Form to Participate in a Research Study

Project Title: Conjoint Behavioral Consultation for Students with Behavioral and Emotional Disorders: A Single Case Design

Principal Investigator: Candace Boan-Lenzo, PhD

Description and Purpose of the Research: The purpose of this research is to determine whether Conjoint Behavioral Consultation (CBC) can improve academic performance and minimize problem behaviors students with an Emotional/Behavioral Disturbance.

What you will be asked to do: You will be asked to complete an interview questionnaire to gather information regarding the diagnosis (if applicable) and the, behavioral, emotional, and academic concerns your child is currently presenting. The information provided in the interview will be confidential to anyone not working directly with the student. The educator(s), parent(s), and consultant will then develop individualized interventions to utilize in the classroom based off what the student's concerns are. The educator and parent will be expected to implement the interventions with integrity and as often as discussed during development. Progress monitoring data will be collected throughout the study to determine effectiveness of interventions and whether the interventions need to be modified.

This study may help us better understand effective techniques to assist students with an Emotional/Behavioral Disturbance and guide possible interventions to apply in the future.

Privacy/Confidentiality/Data Security: Participant data will be anonymous to anyone not involved with implementation of interventions to the student. Parents will provide their emails on the consent form and the email will be used on the consent form to keep contact with the parent working with their child.

Voluntary Participation: Participation is voluntary, and you have the right to withdraw your consent or discontinue participation at any time without penalty. If you choose not to participate or decide to withdraw, there will be no penalty. You may refuse to participate, discontinue at any time, or skip any questions/procedures that may make him/her feel uncomfortable, without penalty.

Contact Information: For questions about this study, please contact Lori Colaluca at lcolaluca1@catamount.wcu.edu. You may also contact Dr. Boan-Lenzo, the principal investigator and

faculty advisor for this project, at cboan@email.wcu.edu. If you have questions or concern about your treatment as a participant in this study, you may contact the Western Carolina University Institutional Review Board through the Office of Research by calling (828)-227-7271, or email irb@wcu.edu.

I understand what is expected of me if I participate in this research study. I have been given the opportunity to ask questions and understand that participation is voluntary. My signature shows that I agree to participate and am at least 18 years old.

Participant Name (printed): ____

Participant Signature: ____ Date: ______________

Name of Researching Obtaining Consent: ____

Researcher Signature: ____Date: _______________