



THE THERAPEUTIC CLASSROOM FOR CHILDREN WITH EMOTIONAL AND BEHAVIORAL DISORDERS

Hassan Maajeenyⁱ

PhD, College of Education

University of Jeddah,

Saudi Arabia

Abstract:

Educating children with emotional and behavioral disorders presents many challenges for special educators and administrators. The unmet social-emotional needs for those children make them vulnerable to life challenges and put them at high risk for critical situations. This paper examines Positive Behavior Intervention and Support approach as a suggested therapeutic program to address the needs of all children including children with special needs. We explore some features of the therapeutic classroom for children with emotional and behavioral disorders such as effective classroom strategies, student-teacher interaction, and essential support outside the school environment. Additionally, teacher shortage as a related issue is discussed along with recommendations to address the issue. We explore some obstacles that prevent the success of such approaches and suggestion to overcome those obstacles. Finally, we provide an overview of the Karner Blue Educational Center as an example of a therapeutic program designed specifically to address the needs of children with Autism, Emotional/Behavioral Disorders, and Cognitive disabilities.

Keywords: therapeutic classroom, PBIS, emotional disorders, effective practices

1. Introduction

Children are the generation who is responsible for building a future better than what their precedent generation built. For them to accomplish such a duty, they need to be well developed and well educated. The chief goal of education is to formulate all children to become productive citizens who can positively contribute to the development of a better future. A malfunctioning preparation process can poorly affect the future of next generations and the environments in which they will be living. Although parents are critical elements in preparing their children for the future, schools and educators have much to offer to ensure children are ready to become productive citizens and enabled to confront any challenging situation in their lives. Considering the

ⁱ Correspondence: email hmaajeeny@uj.edu.sa

disruptive events and youths who ended up in disastrous situations, it becomes essentials for decisions makers and adults to investigate and intervene to address violence and disruptive patterns of conduct. Children who are given inadequate preparation for life may end up disturbing the peace or in jail. Long, Morse, Fecser, and Newman (2007) stated that all children have social-emotional needs that adults cannot deny. Children with emotional and behavioral disturbance (EBD) may have further unmet needs than their counterparts. They are not different human beings, yet, they might have been through traumatic events and require alternative types of services to meet the standards set for all children. Sometimes, actions by disturbed individuals can be classified and referred to as disasters. Disasters can be explained as chains of critical events or mistakes that cumulatively result in one or more catastrophic events. Disasters can be barred, and critical events can be adjusted if they are caught early and addressed as soon as they are detected.

Long et al. (2007) suggested the application of the proactive prevention program developed by Sugai and Horner (1999, as cited in Long et al., 2007) referred to as the Positive Behavior Intervention and Support (PBIS). PBIS as a multi-tier prevention program aims to improve the quality of life of all participants while minimizing disruptive patterns of behavior. Participants in the program include all students, all school personnel, school administrators, parents, and other service providers. The program designed to be delivered in three tiers. The first level of support is primary or universal and is delivered to all student population. Primary prevention prevents disorders from occurring at first place. Primary prevention focuses on the universal application of safety and health maintenance to reduce the need of secondary and tertiary prevention (Kauffman, 1999). The primary prevention or support should address the needs of the majority of the school population or the needs of approximately 80% of students in a given school. It is expected that roughly 20% of students will be irresponsive to primary support and require intensive levels of support (Long et al., 2007). The second tier is the secondary or targeted support and developed to support children who need intensive services that can be delivered in groups. According to Kauffman (1999), the secondary level of support is designed to keep the disorder from increasing in severity. The goal of the second level of prevention is to restrict the growth of the disorder and reverse it or correct it, if possible. Secondary prevention may address the needs of about 15% of school students who did not respond well to primary support. The remaining 5% of the school population are expected to neither response to primary nor targeted levels of support or prevention. Therefore, students in the third level are provided services that are individualized and tailored to address their individual needs. The tertiary level of prevention is designed to address disorders that advanced and threaten to produce significant side effects. In this level, children may require services provided by resources outside the school setting such as psychiatric services, speech therapy, or any other services. It is well-known that children are more likely to learn and succeed if their social-emotional needs are addressed. Therefore, PBIS is developed to meet the needs of all children in a given

school while promoting learning and success through creating a positive and supportive environment.

In the following paragraphs, we will examine in-depth aspects of the therapeutic classroom for children with EBD including the student-teacher interaction. Walker, Colvin, and Ramsy (1995) found that classrooms for children with EBD are characterized with less time attending and complying to directions, high rate of aggression and acting-out behaviors, and high rate of negative interactions with teachers. Wehby, Lane, and Falk (2003) stated that the most consistent interaction between teachers and students with EBD occur while addressing problem behaviors. Problem behavior does not only influence the educational progress of children; it also affects teachers' behavior. For example, teachers may pay less attention to children who exhibit defiant forms of behavior in order to maximize the time spent on academic instruction. Because they might believe that their classrooms are inappropriate for children with EBD (Schumm & Vaughn, 1992), general education teachers, sometimes, fail to make adequate instructional accommodations to address the needs of children with EBD (Laggo-Delello, 1998). Sutherland, Lewis-Palmer, Stichter, and Morgan (2008) suggested that teachers need to adapt a proactive behavioral management approach through establishing clear behavioral expectations and routines in the classroom. It is important that teachers identify and teach classroom expectations and reinforce students' compliance. Sutherland et al. (2008) listed several features of an effective classroom management including: (a) the physical organization of the classroom, (b) the use of positive systems to reinforce positive behavior (e.g., point or tokens), (c) restructuring the curriculum, and (d) frequent teacher movements around the classroom.

In order to increase students' academic achievement, a host of teaching practices is recommended including: (a) modeling, (b) providing students with opportunities to respond, (c) presenting clear expectations for learning, and (d) providing positive feedback (Scott, Alter, & Hirn, 2011; Simpson, Peterson, & Smith, 2011). Teachers can model the task they are planning to teach to the students to help students acquire an understanding of what they are supposed to learn. Students should be allowed to respond to teacher's prompts in order for teachers to assess students' learning progress. Teachers need to ensure that their task directions are clear, and students know explicitly what they are supposed to do. In addition, teachers can plan their lesson in a manner that devote enough time for each of the previous practices to maximize learning and minimize unstructured time. In their findings, Scott et al. (2011) argued that unstructured periods of time are associated with students' disruptive behavior. Students' disruptive behaviors are less likely to occur when teachers are engaged in classroom instruction. Positive reinforcement or feedback is powerful in promoting desirable classroom behavior. Shores et al. (1993) found that general educators in inclusive classrooms are less likely to provide positive consequences to students compared to special educators in self-contained classrooms. This discrepancy might occur due to the difference in the student-teacher ratio among the two settings. In addition, Shores et al. (1993) found that teachers, sometimes, tend to ignore positive

classroom behaviors of students such as hand-raises and compliant behaviors. Such responses may discourage students from exhibiting desirable classroom behaviors.

Education for children with EBD needs to be delivered by highly qualified and committed professionals (Simpson et al., 2011). Well-trained and qualified teachers are core elements in any effective educational program. Unfortunately, the field of special education is challenged by the issue of teacher shortage. Chrystal and Luciano (2007) suggested that the problem of teacher shortage can be addressed through state certification programs. The shortage of special educators and the high rate of teachers' turnover adversely impact the operation and outcomes of the educational process of children with E/BD. The field of special education suffers from high rates of teacher turnover for various reasons including poor salaries and inadequate administrative support (Ingersoll, 2001; Norton, 1999). In an effort to address the issue of teacher attrition and teacher shortage in the fields of math, science, and special education, many states implemented alternative certification programs (ACP) (Shaw, 2008). ACPs involve increasing the supply of certified teachers but do not decrease the demand. Furthermore, increasing the supply alone usually results in the high rate of turnovers according to an analysis conducted by Ingersoll (2001). Findings also suggest that in order to decrease the demand of teachers, practitioners need to address the contributing factors to teacher turnover (e.g., improving administrative support, providing adequate salaries, etc.) (Ingersoll, 2001). Teachers' turnover is harmful to the quality of services provided to students with special needs because the field might be losing teachers who are highly qualified and experienced in teaching students with special needs.

Effective programming for children with EBD involves increasing parent and family support (Simpson et al., 2011). Parents are essential elements in the educational process because they provide teachers with feedback pertaining to their children's behavior outside the school environment. In addition, parents can ensure the generalization of learning across environments. However, poor family bonds and family tension can play a significant role in shaping student behavior. Simpson et al. (2011) proposed that school personnel can enhance the development and progress of learners with EBD by partnering with and supporting parents and families. School personnel can help parents and families through them with resources and skills to reduce family strain and tension. In addition to family support, Simpson et al. (2011) also suggested that effective programming for children with EBD requires coordinated community support. Community support may involve, but not limited to, the following: (a) community-based education and information resources for parents and families; (b) affordable support, counseling, and crisis-intervention services; (c) protection and advocacy agencies that understand the needs of students with EBD and their families; (d) community recreation resources and programs that have the personnel and willingness to successfully accommodate students with behavioral and emotional problems; (e) respite care and child care services for children with special needs; (f) economic and social support agencies and programs that have personnel and other resources suitable for the needs of persons with EBD and mental illness; (g) reasonably priced medical and therapeutic programs that are geared to serve children

and youth with EBD; and (h) transition, job support, and job coaching resources appropriate for individuals with a diagnosis of EBD. The issue of educating children with EBD is multifaceted and may require professional to go beyond the school environment to provide effective services to help those children reach their potential.

After exploring essential components of educating children with EBD, it is important to attend to some issues that prevent primary, secondary, and tertiary prevention from taking place. It is essential that all professionals come into agreement that prevention is cost-efficient and valuable in addressing the social and emotional needs of children with EBD. Kauffman (1999) listed a host of reasons that prevent prevention of EBD from occurring. Professionals complain that identifying children for services stigmatize and label these children. From our perspective, labeling children can ensure that they receive the appropriate services and support they need to reach their potential. Another issue preventing prevention is professionals' preference of false negative to false positive (Kauffman, 1999). In false positive, children are mistakenly identified as having EBD when they do not while in false negative, children are mistakenly assumed not having EBD when they actually do. Kauffman (1999) claims that the primary prevention is weighted toward false positive as it tends to assume a no-risk approach. Regardless of the obstacles that prevent prevention from occurring, Kauffman (1999) recommended that professionals collectively or individually should work toward: (a) establishing common standards for judging the evidence of the effectiveness of preventive interventions at all levels; (b) discontinuing interventions for which evidence clearly is not effective or make tertiary prevention unescapable because primary and secondary prevention are highly unlikely or impossible; (c) increasing positive attention to and, when possible, prompt financial and social support of primary and secondary preventive action, thus creating a professional culture that is more supportive of prevention; and (d) understanding negative reinforcement as the primary process sustaining preventive behavior and legitimizing its function in primary and secondary prevention.

Karner Blue Education Center is an example of a recent program that is designed to address the needs of children with Autism Spectrum Disorder (ASD), EBD, and cognitive disabilities from kindergarten through grade-8 (Karner Blue Education Center, 2014). According to the program's website, the environmental supports provided by the building design create a controlled space for students in which to learn, play, and relax. Karner Blue Education Center supports both physical and emotional health by helping students build relationships, self-regulate and achieve success in both academic and non-academic areas. In terms of physical organization, the Karner Blue building is specially designed to address the physical environmental barriers that prevent children with ASD, EBD, and cognitive disabilities from learning effectively. The program's website describes the physical environment as a healing learning environment that features: (a) circulation: increased hallway widths and multiple entrance points reduce crowding to limit stress and anxiety; (b) open-design: students can access common space areas for alternative learning spaces and movement breaks; (c) levels of intervention: a series of sensory, breakout, and alternative spaces allow

teachers to support students' individual needs; (d) acoustics: multiple acoustical considerations create an exceptionally quiet and peaceful learning environment; (e) lighting: LED and natural lighting, instead of traditional fluorescents, creates a calming effect, keeping students on task and regulated; and (f) connection to nature: design elements bring nature indoors to provide a soothing atmosphere and create a controlled outdoor space for students to learn, play and relax (Karner Blue Education Center, 2014). The Karner Blue program has been recently launched in Minnesota. Thus, its effectiveness is still anonymous nor documented.

In conclusion, educating children with EBD is a challenging task and require collaborative efforts by school personnel, parents, and administrators. Research provided us with practices and strategies that have shown to be effective in helping children with EBD learn effectively and reach their potential. The literature suggested school-wide programming (e.g., PBIS), classroom strategies (e.g., physical organization of the classroom and setting clear classroom expectations), and effective support outside the school environment (e.g., family and community support). Highly qualified teachers are core elements in educating children with EBD because they are well trained in implementing effective classroom practices. It is the responsibility of all stakeholders (i.e., administrators, teachers, parents, and community) to help all students effectively learn and develop both socially and academically.

References

- Chrystal, C., & Luciano, L. (2007). No child left behind and the changing role of the special educator: Is the glass half empty of half full? In N. Long, W. Morse, F. Fecser, & R. Newman (Eds.), *Conflict in the classroom: Positive staff support for troubled students* (6th ed., pp. 186-192). Austin, TX: Pro-Ed.
- Ingersoll, R. (2001). Teacher turnover and teacher shortages: An organizational analysis. *American Educational Research Journal*, 38(3), 499. Retrieved from <http://search.proquest.com/docview/200409308?accountid=7113>
- Karner Blue Education Center / Overview. (2014). Retrieved November 1, 2014, from <http://www.nemetro.k12.mn.us/domain/333>
- Kauffman, J. (1999). How we prevent the prevention of emotional and behavioral disorders. *Exceptional Children*, 65(4), 448-468.
- Lago-Delello, E. (1998). Classroom dynamics and the development of serious emotional disturbance. *Exceptional Children*, 64(4), 479-492.
- Long, N., Morse, W., Fecser, F., & Newman, R. (2007). *Conflict in the classroom: Positive staff support for troubled students* (6th ed.). Austin, TX: Pro-Ed.
- Norton, M. (1999). Teacher retention: Reducing costly teacher turnover. *Contemporary Education*, 70(3), 52. Retrieved from <http://search.proquest.com/docview/233045115?accountid=7113>

- Schumm, J., & Vaughn, S. (1992). Planning for mainstreamed special education students: Perceptions of general classroom teachers. *Exceptionality: A Special Education Journal*, 3(2), 81-98.
- Scott, T., Alter, P., & Hirn, R. (2011). An examination of typical classroom context and instruction for students with and without behavioral disorders. *Education and Treatment of Children*, 34(4), 619-641.
- Shaw, M. (2008). The impact of alternative teacher certification programs on teacher shortages. *The International Journal of Learning*, 15(3), 89-97.
- Shores, R., Jack, S., Gunter, P., Ellis, D., DeBriere, T., & Wehby, J. (1993). Classroom interactions of children with behavior disorders. *Journal of Emotional and Behavioral Disorders*, 1(1), 27-39.
- Simpson, R., Peterson, R., & Smith, C. (2011). Critical educational program components for students with emotional and behavioral disorders: Science, policy, and practice. *Remedial and Special Education*, 32(3), 230-242.
- Sutherland, K., Lewis-Palmer, T., Stichter, J., & Morgan, P. (2008). Examining the influence of teacher behavior and classroom context on the behavioral and academic outcomes for students with emotional or behavioral disorders. *The Journal of Special Education*, 41(4), 223-233.
- Walker, H. Colvin, G., & Ramsey, E. (1995). *Antisocial Behavior in School: Strategies and Best Practices*. Pacific Grove, CA: Brooks/Cole.
- Wehby, J., Lane, K., & Falk, K. (2003). Academic instruction for students with emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 11(4), 194-197.

Creative Commons licensing terms

Authors will retain the copyright of their published articles agreeing that a Creative Commons Attribution 4.0 International License (CC BY 4.0) terms will be applied to their work. Under the terms of this license, no permission is required from the author(s) or publisher for members of the community to copy, distribute, transmit or adapt the article content, providing a proper, prominent and unambiguous attribution to the authors in a manner that makes clear that the materials are being reused under permission of a Creative Commons License. Views, opinions and conclusions expressed in this research article are views, opinions and conclusions of the author(s). Open Access Publishing Group and European Journal of Special Education Research shall not be responsible or answerable for any loss, damage or liability caused in relation to/arising out of conflict of interests, copyright violations and inappropriate or inaccurate use of any kind content related or integrated on the research work. All the published works are meeting the Open Access Publishing requirements and can be freely accessed, shared, modified, distributed and used in educational, commercial and non-commercial purposes under a Creative Commons Attribution 4.0 International License (CC BY 4.0).