

Ecological factors in social skill acquisition: High school students  
with emotional and/or behavioral disorders

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The purpose of the study was to develop a grounded theory of the underlying social processes and/or other ecological factors that impact the effectiveness of skill acquisition for students with emotional and/or behavioral disorders in a Midwestern city in the United States. Theory development was based on in-depth investigation of five students with emotional and/or behavioral disorders (EBD), who were taught assertive communication skills. This study examined ecological factors impacting the learning of a new social skill and the socialization skills of students with EBD. Based on the findings of this study, three broad conclusions are offered: (a) students identified as having EBD had difficulty in learning and utilizing a new social skill; (b) a completely inclusive school setting for students with EBD was ineffective to meet student needs; and (c) surface behaviors were addressed instead of the causes of emotional and/or behavioral disorders. Recommendations were made for those involved in the educational process of students with EBD and for those interested in conducting further research.

*Keywords:* emotional and behavior disorders, social skills, special education, assertive communication

Adept social skills are fundamental to human experiences, to family life, education, successful careers, mental health, and living fulfilling lives (Johnson & Johnson, 2004, p. 40). Individuals with emotional and/or behavioral disorders (EBD) have difficulty

maintaining friendships, lack social-problem solving skills, are less assertive, cooperative, and less self-controlled, and are at risk for lifelong social isolation. These processes can be marked by negative interactions causing poor relationships, and they have been linked

to further delinquency (Goldstein, 1999, p. 3). And so, socialization is a key component of special education for many students with EBD (Quinn, Kavale, Mathur, Rutherford & Forness, 1999).

Even with special education services, students with EBD continue to exhibit dispiriting outcomes: high rates of unemployment, limited success in institutions of higher learning, problems in their communities, long-term adjustment problems, mental health issues, and delinquency (Frey & George-Nichols, 2003 p. 97; Quinn et al., 1999 p. 20). Difficulties emphasize the importance of effective interventions and appropriate programming. Combined with an unparalleled demand for achievement (Elias, M. J., Zins, J. E., Weissberg, R. P., Frey, K. S., Greenberg, M. T., Haynes, N. M., et al., 1997; Neel, Cessna, Borock, & Bechard, 2003; No Child Left Behind Act, 2001), students encounter daily challenges caused by their disorders.

There are numerous approaches and impacting factors to providing quality instruction to students with EBD. Suggestions for best practice often involve complex skill sets of the teacher and service providers (Boreson, 2006; Frey & George-Nichols, 2003). Yet most of these practices focus on what teachers can do, not what students can do. Students with EBD tend to have co-morbid issues with communication, an essential for the successful implementation of many suggested practices, specifically the instruction of social skills. Research about the teaching of social skills is extensive, from students in clinical settings (Nelson, Brenner & Cheney, 2005), residential settings (Kellner & Bry, 1999), with mental handicaps (Langone, Clees, Oxford, Malone, & Ross, 1995; O'Reilly & Glynn, 1995), inner-city youth (Luthar, 1991), schools with high dropout rates (Sarason & Sarason, 1981), incarcerated youth (Guerra & Slaby, 1990), families of 7th graders (Simons, Whitbeck,

Conger, & Conger, 1991), and with children ages 4-8 years (Webster-Stratton, Reid, & Hammond, 2001). But, a gap in research continues to exist in the effectiveness of high school students with EBD acquiring social skills in inclusive settings, particularly as told in their own words.

The purpose of this study was to develop a grounded theory of the underlying social processes and/or other ecological factors that impact social skill acquisition for students with EBD. Theory development was based on in-depth, qualitative investigation of five student participants. Students were taught the social skill of assertive communication using five techniques outlined by Kolb & Griffith (2009): Repeat-Repeat, Refuse to Discuss, Fogging, Compromise, and Taking the Offense. The study examined impacting factors through two guiding questions: What factors impact student acquisition of a new social skill? and Are students with EBD better socialized after being taught a new skill?

Ecological theory has been used as a way to understand emotional disturbances and identify ways to increase concordance between the behavior of a child and his/her setting (Apter, 1980); it emphasizes the importance and interdependence of the whole. "It holds that it is incomplete to examine emotional disturbance within the narrow context of the individual" (Muskal, 1991, p. 281). Ecological theory is essential to apply to special education, as "the situation is complicated by the need to clarify the complex relationship among diversity, deficit and disability" and the need to see how all the pieces fit together (Gersten, Baker, Pugach, Scanlon, & Chard et al., 2001, p. 714). This study was founded largely on the work of Uri Bronfenbrenner (1977), who defined ecology as the various relational aspects of a child's societal landscape that impact social development. The three major ecological components are the macrosystem, exosystem, and microsystem. The microsystem can be

divided into the mesosystem and the chronosystem, and contains all the systems in which the child has direct contact—their immediate surroundings. It also includes individual's emotions, cognitive ability, and biological functions. These systems are bi-directional; all relationships impact each other and occur concurrently at every level. Interactions occurring at the outer levels have an impact on the inner structures, just as the changes in the inner structures, while having a greater impact on the individual, still interact with the outer levels. For students with EBD, instability and unpredictability at these inner levels caused the inability to fully develop skills for socialization, such as assertiveness, and all together provided the theoretical foundation for this investigation.

### Method

Individuals construct their own realities through constant and complex interactions; in qualitative research, emphasis is placed on understanding the complexity of these phenomenon (Pugach, 2001, p. 439) and so qualitative methods were used for this study. As Corbin and Strauss (2008) stated, "There are no simple explanations for things. Rather, events are the result of multiple factors coming together and interacting in complex and often unanticipated ways" (p. 8). Qualitative methods addressed changing contextual demands of this study.

### Participants

Five high school students with EBD were selected through purposive sampling (Patton, 1990) based on criteria of having a primary special education diagnosis of EBD and because traditional educational strategies do not include promotion of social-emotional development (Elias et al., 1997; Wedell, 1975). Riverside High School (a pseudonym), from a Midwestern city in the United States, was selected as the research site as difficulties of assertive social skills

were identified during the first author's own teaching. The first author worked as a classroom teacher with the participants, an essential feature of selection, as students with EBD require familiarity with their instructor to communicate effectively and learn new skills (Anderson, 2004; Bos & Vaughn, 2002; Bru, 2006). All participants qualified for EBD education services, yet their individual diagnoses and needs were diverse. For anonymity, participants' names have been changed to: Cal (16) grade 10 male; Kay (16) grade 10 female; Jeff (15) grade 9 male; Derik (17) grade 11 male; and Jay (17) grade 11 male.

### Data Collection

Data collection began through an action research-type approach, evaluating the assertive communication intervention taught to students, that is, Kolb and Griffith's (2009) five techniques: *Repeat, Repeat*; *Refuse to Discuss*; *Fogging*; *Compromise*; and *Taking the Offense*. The main idea of the *Repeat, Repeat* technique was to calmly keep repeating the same phrase over and over again, such as "no thanks" □ the "broken record" concept. *Refuse to Discuss* involved the student using a phrase such as 'I don't want to talk about it' and changing the subject to something the two people communicating have in common. A favorite of the students, *Fogging* involved telling a 'white lie' to remove the pressure of saying no. To use *Compromise*, a student offered a suggestion that met the needs of both individuals involved. The most complex of the techniques, *Taking the Offense*, required students to anticipate future problem situations and plan how they would address the problem.

Research was conducted over a 3-month period for 50 minutes per week. Skills were taught in a small group setting, using a scaffolded approach (see Figure 1) (Goldstein, 1999). After being taught the techniques, each

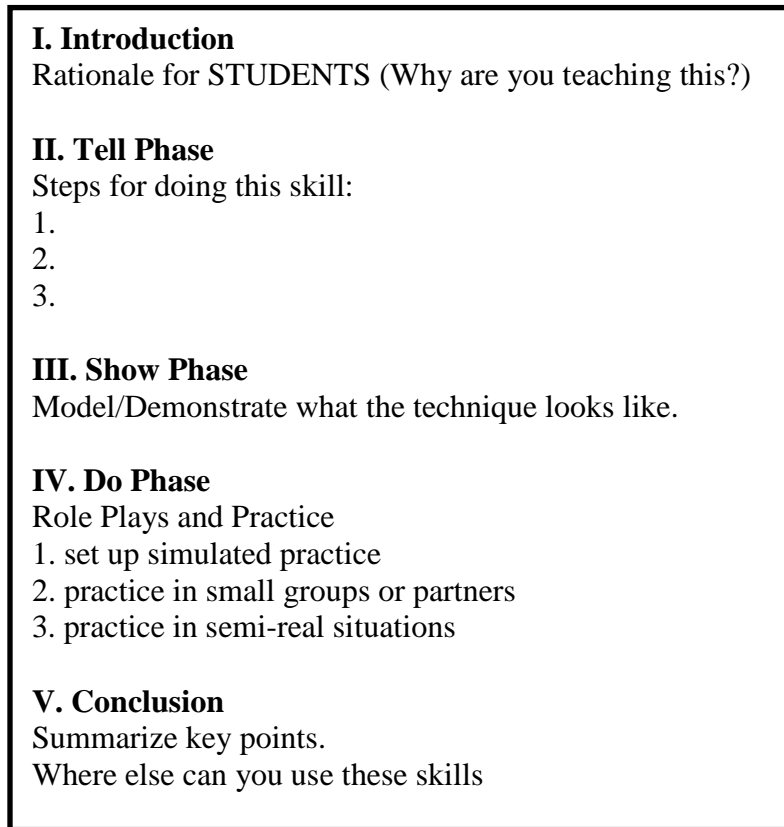


Figure 1. Scaffolded approach for teaching assertive communication techniques

student demonstrated understanding through choral response, rapid fire questioning, and role-scenarios. Of the five students in the study, four were able to learn the strategies and exhibit understanding of their use; the fifth student was considered to have a borderline developmental disability and struggled with abstract, relational concepts required for the techniques to be successful.

Next, qualitative data collection began; focus group sessions were conducted in which students evaluated the effectiveness of techniques in their daily interactions. They responded to prompt words - note cards with the words: *aggressive, passive, assertive, success, failure, communicate, familiar, and new* - to stimulate discussion. Participants selected the word that first caught their attention and described why they chose it. Discussions generated initial themes and questions for

subsequent individual interviews, which were conducted over multiple sessions. These included questions such as “Tell me about using these techniques” and “If it did work, why do you think it did” or “If it didn’t work, why”. If clarification was needed or further questions emerged, successive interviews occurred. Documents from special education files, such as Individualized Education Plans, psychological and academic assessments and daily journal entries were analyzed. These were examined for possible connections to themes developed through focus groups, individual interviews and researcher memos.

**Data Analysis**

Data was coded during collection as soon as it was available and throughout the study (American Educational Research

Association, 2006). Initial exploration included a constant comparison analysis using the analytical procedures of Corbin and Strauss (2008) to chunk data into smaller meaningful parts (Leech & Onwuegbuzie, 2007, p. 565). Potential categories were identified, along with their properties and dimensions, by reviewing individual words, phrases and sentences in each statement. To relate information to the research questions and each other, preliminary categories were set up using axial coding (Corbin & Strauss, 2008, pp. 195, 237). The analytic process was based on engagement in the data and frequent sortings, codings, and comparisons that typify the grounded theory approach. Each theme and category was defined to clarify meaning, and under each heading were placed quotes of coded data from the various sources. These were compared and contrasted in a process called selective coding (Strauss & Corbin, 1998) to yield increasingly intricate and comprehensive categories. To ensure reliability of coding and data interpretations, the authors engaged in reflexive journaling, member checks and frequent peer debriefings. As a theory began to emerge, it was checked and rechecked against the data (Woods, 1992, p. 384) to ensure the theory was “grounded”. A theoretical model was developed for providing EBD services utilizing a diagram demonstrated by Morrow and Smith (as cited in Creswell, 2007, p. 293). Causal, intervening, and contextual conditions were intensely analyzed.

### **Verification**

To eliminate possible alternative explanations, a number of strategies to ensure validity, or trustworthiness (Zeichner & Noffke, 2001) were used: credibility, transferability, dependability, and confirmability. Data was triangulated by bringing in different kinds of evidence,

member checks were carried out, thick description was used, and reflective journals were kept. Threats to dependability were limited through the maintenance of an audit trail and frequent peer debriefing. Sufficient documentation (i.e., researcher memos, interview and debriefing notes, and written explanation of coding) was maintained to validate the accuracy of results and discussions with peers.

### **Findings**

During the open coding process, four major categories emerged from the data: (a) External Impacts, (b) Missing the Boat, (c) Levels of Functioning, and (d) Disability Relative.

#### **Category I: External Impacts**

The first category, “external impacts,” referred to the ecological macrosystem and mesosystem under Bronfenbrenner’s ecological systems theory (Schunk, 2004). These factors were largely unrecognized by students unless there was an immediate and evident impact on their life. Under the category of “external impacts,” three major themes developed: (a) previous instruction, prior knowledge, and failed attempts impacted skill acquisition and utilization; (b) students were unaware of or complacent about impacting macro level factors on their daily lives; and (c) family situations and stressors contributed to the ability to acquire a new social skill.

Four of the five participants in this study learned assertive communication, and Cal, Jay, and Jeff identify situations when they used techniques. Jay discussed a situation where he used the assertive skill of compromise.

Mrs. A: What was the situation?  
Jay: The teacher just makes me feel like a moron, so I started getting mad and I asked her if I could get one of

those think sheets, which she actually did, so I filled it out and we compromised on what I was going to do.

Mrs. A: Ok, and so how was she making you feel like a moron?

Jay: Well, she was telling me that I was doing all of my work wrong when I was actually doing it how the book showed us to do, but...

Mrs. A: Why do you think you were feeling that way?

Jay: Cause she was making me that I'm incapable of doing my own stuff, and I'm old enough to probably read and understand it.

Mrs. A: Ok, so what could have been done differently to make that situation better?

Jay: Let me be, showed me her way of doing it and letting me decide on which way I wanted to do it.

Mrs. A: Instead of using a think sheet, what could have happened?

Jay: I could have hollered at her, cussed her out.

Mrs. A: Mm hmm. You could have gotten aggressive, or what could you have done?

Jay: Gotten passive.

Mrs. A: How would that have looked?

Jay: Like I'm a wimp, and I'm not standing up for what I think is right or think I should do.

Prior knowledge and instruction were external factor directly related to educational programming. These participants were identified as having EBD years before they enrolled at Riverside High School. While their symptoms of externalizing and internalizing improved over time, these participants continued to deal with social ramifications of having a disability. For Cal, a diagnosis of depression continued for five

years. Participants continued to struggle with their EBD diagnoses because of a lack of previous instruction in interpersonal communication skills. When initially questioned about what it meant to be passive, assertive, or aggressive, all participants were able to give an explanation coupled with examples observable in themselves and others. However, they had not received direct instruction in how to be assertive.

Another component involved the actions of others in communication where assertive social skills were necessary. Failed assertive attempts caused them to hesitate in future attempts. This amplified when techniques were attempted with adults; students reported negative or apathetic reactions by adults in positions of authority. The lack of reaction to their own behaviors, or the inappropriate dealing and repercussions of situations, caused a sense of distrust with individuals in positions of power. Cal described an incident that occurred at a curricular activity where a fellow participant pulled a chair out from under him resulting in a fall to the floor in front of the group: "I was really mad, especially right after he did it. Some of the adults were laughing. Some of the adults thought it was funny." The adult response to this situation showed him that assertiveness was not successful.

These students also learned to be selective with whom they attempted to use assertive skills; they mentioned the reaction of the partner in communication as a factor for not utilizing skills. Cal indicated that "the person you are going back and forth with would get bored," people may get "PO'ed" (pissed off) or "annoyed." Cal also stated, "Another reason you wouldn't want to use it is if that person has a history of being violent." Jeff added that he "might get punched in the face" or as Jay said, the person you are communicating with might

end up “hurting you physically to get you to shut up and listen.” Kay stated that people might get “frustrated” or “irritated” with you. These responses indicated one reason participants did not use assertive techniques was worry of negative reactions from those with whom they communicated.

Both positive and negative external factors impacted participants, but these were often not recognized by the students. During daily special education contact time, participants discussed and wrote opinions about current events. For the nine weeks of this study, students completed this task daily. However, when questioned during interviews about the impact of current world or local or school-based events, participants gave a variety of responses. Cal spoke about an article he had read about the catfish population declining in a local river due to poaching. When questioned further about local events, he changed the topic in his reply, “Not really, but there’s a family event that I found out,” and proceeded to discuss his family history. Although he could not respond appropriately to the initial question, other data sources indicated issues within his personal mesosystem affected him. For these students, the macrosystem had an impact, but these components operated with little acknowledgement from the individuals themselves. Students did not observe the connection between what was happening daily to them and what was operating around them.

Data analysis also revealed of family situations and crises these students face. In relation to assertive communication skill acquisition, family situations had a direct impact. Students failed to generalize skills to other parts of their lives without a significant opportunity for practice and feedback. Participants identified a number of issues in their home lives: poverty; legal troubles; lack of basic needs/neglect; physical, verbal, and sexual abuse; frequent

moves; discipline styles; substance abuse; adult reactions to life situations; separation; rejection; and blended families as barriers to assertive communication. Students returned home to the environment that fostered their emotional and behavioral difficulties. Kay described a few characteristics of her family and her environment.

Kay: I don’t like my stepdad. At all.

Mrs. A: Ok, tell me a little bit about that.

Kay: Just some of the things he does just really gets to me, and I dislike half the things he does. I feel like he doesn’t love me or my brother. He just loves my mom. It’s pretty much the only reason he’s around. That’s what I feel like. He loves my brother, but I feel like an outcast when I’m around him.

Mrs. A: It’s your stepdad and mom’s son, is that right?

Kay: Yeah.

Mrs. A: You said most of the things he does, so are there other things?

Kay: He gets mad at our dogs. Like if they poop on the floor or something. And I’ll actually hear one of our youngest dogs yelp. It just makes me really mad. And whenever I say, “Hey, don’t do that,” my dad gets mad at me for trying to stick up for the dog. So it feels like that the only way to punish them is to make them yelp, and that’s not right.

Mrs. A: Do you have contact with your biological dad?

Kay: Sometimes, if he ever calls me back or texts me back, then I do, but not, no.

Mrs. A: Tell me about your relationship with him.

Kay: It’s not as strong as I hope it to be. It’s not...frankly, I dislike him

fairly because of all the drinking he does, and one time it got so bad that my sisters had to jump out their bedroom window to get away cause it got so bad. They dropped my 2-, 3-year-old (referring to half-sister), I don't even know how old she is now, out of the window. Just to get away. She landed in a bush near the window.

Kay's environment outside of school was not supportive for learning, retaining, or generalizing new information. Cal also offered insight into his external factors

Mrs. A: Are there other things in your life you don't feel you have control over?

Cal: The way my father treats me.

Mrs. A: Could you explain to me what the relationship between you and your dad is like?

Cal: Distant.

Mrs. A: How so?

Cal: He doesn't really...he pays more attention to his stepson than me. I'm his only biological kid, and he pays more attention to his wife's 28-, 29-, and 30-year-old kids.

Mrs. A: How does that make you feel?

Cal: Like garbage.

Cal's interactions with his father permeated his life. At times, Cal would simply start crying in class, and upon questioning, shared that his trigger was a negative family interaction. For Jeff, his external factors demonstrated why rapport was crucial during this study.

Jeff: We lived in a hotel for like six months or so, which was really funny cause me and Cadon (brother)

got pulled over by a cop asking us why we weren't in school.

Mrs. A: Why weren't you in school?

Jeff: Yeah.

Mrs. A: And what did you say?

Jeff: I got scared, so my brother said that we were living in the hotel and didn't have a house so we couldn't go to school.

Mrs. A: And you were going to school at this time?

Jeff: No.

Mrs. A: No? So for six months you didn't go to school at all?

Jeff: No.

Mrs. A: Why did you guys end up moving back here?

Jeff: Ahh...my mom found out something really bad about my stepdad.

Mrs. A: Really? Do you want to tell me a little bit about that? (shaking head) No?

Jeff: No.

Mrs. A: But it was so bad it broke them apart?

Jeff: Yeah.

Mrs. A: Did she divorce him after that?

Jeff: Uh huh.

Mrs. A: Did it involve you guys?

Jeff: It involved me.

Mrs. A: Ok. If I guess would you tell me? (nodding) Ok. Was it something to do with abuse? (nodding) Ok. Was it physical abuse?

Jeff: Ahh...umm...

Mrs. A: Like would he hit you?

Jeff: No.

Mrs. A: Was it verbal, would he yell at you?

Jeff: Nah.

Mrs. A: No? Was it like sexual abuse? (nodding) Ok. How did that



all play out with your mom? How did she find out?

Jeff: My brother told her.

Mrs. A: So did this happen to your brother too?

Jeff: No.

Mrs. A: How did he know?

Jeff: Because I told him and he told my mom.

Mrs. A: Were you there when your mom talked to your stepdad about it?

Jeff: No. We just waited until he went to work so we all packed up and moved on. It still haunts me a little bit.

Jeff's years of dealing with repercussions of sexual abuse were a contributing factor to his distrust. Having never fully dealt with the implications of traumatic sexual abuse, Jeff demonstrated both internalizing and externalizing behaviors impacting learning.

### **Discussion of Category I: External Impacts**

Each of the external factors students described was bi-directional; all relationships had an impact on each other and occurred concurrently at every level of interaction. Students had little awareness of how these different relationships intertwined. This left them confused or unconnected with their social climate. Students did not realize that interactions occurring at various ecological levels had an impact on the inner structures, just as the changes in the inner structures, while having a greater impact, still interacted with the outer levels. For students with EBD, instability and unpredictability at these inner levels caused the inability to fully develop skills for socialization and assertiveness.

The data showed examples of how environmental factors, particularly ones out of the students' control, impacted their lives. The Individualized Education Plans (IEPs)

include a section on the students' present level of academic and functional performance that explicitly addresses ecological factors: functional skills, community participation, home/family, and neighborhood. Although it is known that ecology shapes an individual, these items were often not addressed in terms of delivering services to students with EBD in the high school setting. It is often difficult for educators to know exactly what to write. Sometimes home situations are largely unknown, and oftentimes it involves sensitive information such as the stories shared by the students in this study. Humes, Szymanski, and Hohenshil (1989) stated, "Although environmental conditions contribute substantially to the individual impact of disability, they are often overlooked or underrated, thus obscuring potentially beneficial environmental interventions" (p. 145). These needed to be considered for programming decisions.

Family situations were a contributing part of the external factors theme as the students' families represented an integral part to their mesosystem. However, these assertive skills were learned in the school setting only. Support and practice in the home setting was not elicited. Friend and Cook (2007) stated that as an educator in the special education field, "your primary responsibilities in working with families are to understand the family and its needs and to facilitate family participation" (p. 335). Furthermore, the authors point out that one must recognize the knowledge and attitudinal barriers families of students with EBD face (Friend & Cook, 2007). If educators begin to incorporate intervening environmental factors into educational plans, perhaps skill acquisition and EBD's would improve.

Example programs do exist that incorporate external factors into special education programming. Sawka, McCurdy

and Mannella (2002) described the Strengthening Emotional Support Services model (p. 225). This model included four major components, ecological management, academic assessment, academic intervention, and behavioral intervention, which are taught to special education teachers working with students with EBD. Teachers learned to incorporate skills in organization, delivering effective praise, transitioning between topics, establishing rules, and delivering consequences. However, results on the implementation of this model from the study conducted by Sawka et al. showed that teachers did not correctly implement half of the program components. The authors recommended better teacher training/support for teachers and that special educators collaborate with regular education teachers and administrators for better student outcomes.

Anderson and Mohr (2003) described a wraparound approach of interventions based on an ecological perspective. They suggested that because of the multi-dimensional nature of a disability, educators should address interventions in a multi-dimensional fashion. Parents should be partners, providers should be culturally competent, considering each family's unique situation, customs and beliefs, and services should be community based. Families should be fully incorporated into the decision making process to develop a partnership with them instead of applying a treatment to them (p. 67). Service providers need to recognize the different life situations each student comes from in order to respond to their disability in the appropriate way (p. 54). Without doing so, outcomes for students with EBD will continue to be poor.

### **Category II: Missing the Boat**

Category II refers to the unique nature of the teenage years and the impact an EBD can have on this developmental

stage. Participants described typical teenage issues but demonstrated an inability to navigate through adolescent development due to their diagnoses of having EBD; they missed the boat. One theme emerged from this category: students experienced typical adolescent issues but were either ignorant or inappropriate in life situations and decision making.

Kay explained how peer pressure impacted her actions. In her daily journal she commented, "It just ticks me off when people think they can push you around like you have no feelings. How you can say no to something then they try to convince you til you say yes." One particular action from Cal continued to reoccur throughout focus group sessions, individual interviews, and observations. Cal continually exaggerated stories or told about incidents that were almost unbelievable in order to gain attention. His peers simply took this as annoying and immature behavior. He told of his grandmother locking him in the washing machine; soaking snowballs in gasoline and lighting them on fire, and finding 42 urns with cremated ashes of his relatives from Germany in his uncle's attic. In response to any questioning, criticism, or redirection, Cal would cry while a typical teenager would get defensive or argumentative. When this occurred in a classroom with his same-aged peers, Cal was further excluded.

Jay demonstrated a magnified aggressive response to interactions with his peers: "A kid started calling me racist, and I got pissed off at him. I threw him to the ground and started stomping on his chest." A second incident actually resulted in Jay being expelled from Riverside High School. While pulling out of the school parking garage, Jay rear-ended a car with his pickup. He and the other driver got out of their vehicles to look at the damage, curse words ensued, and a female student who saw the accident began cursing at Jay for the

accident. Jay responded by pulling a knife with a 14-inch blade out of his pickup and threatening her with it.

### **Discussion of Category II: Missing the Boat**

Internal and external factors of adolescent development have an impact on how an individual will act. The students in this study were unaware of appropriate social interactions of adolescence or handled interactions in inappropriate ways; they “missed the boat” of understanding adolescence. Due to its distinctions from adult life, adolescence is even referred to as its own culture (Finders, 1996). It is characterized by brisk changes in hormones, changes in physical and cognitive development, world perceptions, and conflicting desires for independence and freedom from responsibilities. Teenagers tend to be self-centered or egocentric, they tend to be idealistic and believe they have the answers, and they may have a tendency to be critical, rebelliousness, and more interest in friends than family or the future (Prevent Child Abuse North Dakota, 1994). Adolescence is a challenging life stage that is further complicated by the addition of an EBD (Humes et al., 1989, p. 148), and the normal unrest of adolescence can easily mask the symptoms of EBD. Elias et al. (1997) provided a list of key areas of emotional functioning for adolescents: listening and understanding, self-expression, honesty, facing difficulties, trust, being more future-oriented than past-oriented, compromise, and expressions of loving, caring, and support (p. 40). These attributes are meant to help adolescents handle situations and make good decisions. The complication of an EBD creates an amplified need for these skills; yet for students with EBD, direct instruction is often the only way these skill areas will be gained.

### **Category III: Levels of Functioning**

Category III refers to the number of internal components and processes impacting skill acquisition. Some components, biological in particular, were largely unchangeable, with the exception of medication effects. One theme emerged from this category: a number of interconnected cognitive, biological, and emotional functions contributed to social skill acquisition. Because cognitive testing was a component of the evaluation process for qualifying for special education services, it had been measured for each student. These cognitive evaluations included a component measuring the rate at which students processed information. While each of these students demonstrated scores in the average range, overall, scores tended to be in the lower end of the spectrum. Each participant demonstrated patterns of strengths and weakness. For example, while Derik had an overall cognitive ability in the low end of the average range, he was gifted in the area of math calculations. Derik could calculate large sums and multiples in his head, as well as calculate what day of the week a particular date in a particular year fell on. While Kay’s cognitive ability fell in the average range, her reading abilities were closer to being above average. This variability of cognitive capability impacted the ability of each participant to learn a new skill. Derik was the only participant assessed as having cognitive abilities on the low end of the average range with processing deficits; he was not able to utilize assertive communication skills. While the cognitive ability to learn something new was present in four out of the five students in this study, Goleman (1995) reminded educators that cognitive ability “at best . . . contributes about 20 percent to the factors that determine life success” (p. 34). Elias et al. (1997) further pointed out that traditional

cognitive tasks are often dependent on social and emotional skills.

The ability to solve problems and organize information was also a deterrent to utilizing assertive skills. Students were asked to present their self-reporting to discuss use of assertive communication during focus group sessions. All participants struggled to self-record these circumstances. When questioned why they did not record instances, students gave varied responses (too lazy, lost it, sent it through the washing machine, just forgot it) demonstrating their lack of organization or inability to self-record, yet they were still able to engage in discussion and role play.

Differences in maturity were also demonstrated as a factor in skill implementation. As the only female participant, Kay was also the only participant to learn the assertive communication techniques *and* begin to use them in her daily interactions. As a teenage female, her level of maturity, while still slightly behind other females her age, was beyond the maturity level of the four males. One of the codes that emerged from the initial analysis process to arrive at this theme was “funny noises.” Throughout data collection, a variety of animal sounds (chirping, Chewbacca-like growling as in the movie *Star Wars*, quacking, and tweeting), throaty gurgles, screams, and sound effect noises could be heard. One question involved each participant rating themselves on a maturity scale of 1-10, 1 being immature and 10 being very mature.

Cal: Six.

Mrs. A: What makes you a six?

Cal: Umm, I get distracted easily (chuckling).

Mrs. A: Ok. So being distracted makes you mature?

Cal: (12-second pause)

Mrs. A: Tell me about your behavior and why you think you’re a six.

Cal: Cause I get upset easily.

Mrs. A: Ok, so people who get upset easily are more mature?

Cal: (4-second pause) Maybe less mature.

Mrs. A: Well, you told me you’re a six, which is more mature than half the people in your grade. Cause if you were a five, that would be like 50%, right? Six is 60%. So by giving yourself a six you’re saying, “I’m more mature than 60% of my classmates.”

Cal: No (a whisper).

Mrs. A: No? So you wouldn’t give yourself a six? Ok. What would you give yourself?

Cal: (5-second pause) Majority of people are more mature than me.

Mrs. A: What behaviors and things do you do that you think make you less mature?

Cal: I don’t exactly shut up when I need to. I get mad and freak out sometimes.

Individuals who demonstrate maturity respond to their circumstances and surroundings in an appropriate manner and know appropriate behaviors for situations. By being diagnosed as having an EBD, these students already demonstrated difficulty in learning situations, relational interactions, and behaviors and feelings under normal conditions.

### **Discussion of Category III: Levels of Functioning**

Individual differences in functioning were a major complication in delivering instruction to students with EBD. With this in mind, individualized instruction must take the place of algorithmic teaching. This applied to many different teaching tasks on

the micro level: coursework, materials, explanations, topics, and discussions (Gage & Berliner, 1998 p. 429). Ideally, conditions of instruction match each learner, but in reality, students are usually required to adapt to different instructional conditions (Schunk, 2004, p. 271). For a student with EBD, an IEP should be designed to address individual learning styles and functional differences. The difficulty lies in the provision of these individual services because the traditional inclusive high school setting allows a minimal amount of time to focus on the actual area of disability. Students are often taught social skills in groups with other students having EBD, and since EBD encompasses a diverse range, it is difficult to group students together. A more effective way to instruct students with EBD would be to provide individualized instruction for each skill and then provide opportunities for role-play in a one-on-one situation, discussion in a group setting, and opportunities for practice in inclusive classrooms. This method would capitalize on each student's particular functioning level and improve student outcomes.

The management of learning in emotional growth is intertwined with motivation. This was demonstrated through the exhibition of inattentive behaviors, organizational difficulties, and immaturity. Some of these students had "missed the boat" in terms of adolescent development, but others did not even know "the boat" existed. Participants did not realize they lacked the components of emotional intelligence needed for successful development. To establish motivation, students needed a reason to learn the new task they saw as difficult to implement. Students demonstrated the value they had for gaining assertiveness during focus groups. They all agreed it was positive to communicate assertively. Schunk (2004) outlined many contributing factors to

establishing motivation. The importance of doing well on communication tasks was diminished because of external impacts. Developing an intrinsic value of these new social skills was also difficult for participants, as intrinsic value is derived from immediate enjoyment of doing the task (p. 348). Schunk described the motivational component of utility value, relating the task to future use. The lack of connection between the present and future was also a contributing factor in motivation. Charms (as cited in Schunk, 2004) noted ways for developing student responsibility for learning (p. 351). Teachers were to include self-study of academic motivation in their classes, help students set realistic goals, develop concrete plans of how to attain goals, and evaluate progress toward goals.

#### **Category IV: Disability Relative**

The final category, "disability relative," refers to the effect of being diagnosed with an EBD. Two themes emerged from this category: (1) The effects of an EBD contributed to skill acquisition; and (2) Specific treatments for EBD were not considered with social skills instruction.

Kay's specific diagnosis was for Obsessive Disorder for obsessive thoughts of killing people. Kay's mental health provider felt she would not act on these obsessions, but Kay worried about acting on them. Her mother stated one activity they enjoyed together was watching horror movies. In a daily journal response, Kay stated, "There are a lot of things going through my mind right now. Some are harder to understand and some are easier. I can't explain them; they're more confusing than it seems." She also demonstrated an unusual paranoia: "I like homemade food the best. At least then it's made by someone you trust. Then you don't have to worry about it being poisoned." Kay's fear of acting on compulsions to kill people affected

her ability to interact appropriately with others. Kay's paranoia with food affected her ability to interact socially in situations where food was present as well.

Cal was diagnosed with Depressive Disorder, a mental illness defined as a persistent sad or irritable mood and a loss of the capacity to experience enjoyment in nearly all activities (Cash, 2004). He experienced frustration in social interactions and academics, apathy about his lack of progress towards graduation, alienation from his peers, an increase in his appetite, and a sense of hopelessness in improving his situation. Cal was asked if he had tried to improve relationships with family members. He responded, "Nothing seems to help." He also stated he could not control how much he ate anymore. Cal did gain weight over the course of the study as he used food as a coping strategy.

Jeff's combination of behaviors related to Adjustment Disorder caused him to have trouble both in school and with local law enforcement authorities. He skipped school, missing instruction time and opportunities to practice new skills in the school setting. The two forms of treatment for Adjustment Disorder are medication and therapy. During the study, Jeff met weekly with the school social worker and a peer support group but was not taking medication.

Derik was diagnosed with Intermittent Explosive Disorder, typified by recurring episodes of hostility and violence, often out of proportion to the situation. These episodes caused harm to others and their property and were followed by regret and shame. Derik had destroyed walls in his home, injuring others and himself. At times, he bit his arms until they bled and scabbed over; his forearms had large patches of calloused skin where this had occurred repeatedly. Medication and group therapy were the two treatments for this disorder.

Derik had been on medication since living in a residential facility but still demonstrated behaviors. While not an EBD diagnosis, Tourette's Syndrome further compounded Intermittent Explosive Disorder, as Derik blurted out obscenities and had multiple tics. These tics increased in frequency and intensity when he was agitated.

Jay also demonstrated disability-related issues; his psychological report listed the following diagnoses: Major Depressive Disorder, Social Anxiety Disorder, Panic Syndrome, and Episodic Explosive Behavior. Because of the overlap in diagnoses, Jay was very unpredictable in his behavior from day to day. He would appear depressed one day and the next have high anxiety. Jay responded to a question to describe an embarrassing moment which told of his difficulties:

Jay: I got arrested right in the middle of school. This kid caught me on a bad day, and I threatened him with a gun, which I didn't even have. But, I said something I shouldn't have, and I got thrown in jail the next day for terrorism and simple assault. That really messed up my life.

After this experience, Jay became so passive he would let people "walk all over him." Instead of being overly aggressive, he would cry and manifest illnesses such as backaches, being itchy, self-induced vomiting, or dehydration to avoid tasks. During the middle of this study, Jay was diagnosed with Post Traumatic Stress Disorder. Prior to diagnosis, Jay's mother had contacted his case manager about his returned difficulty attending school. It was recommended that Jay have professional counseling. Jay would skip his first class, report directly to the office to have his case manager called out of class to meet him, proceed to cry, and express his difficulties

when questioned. He would begin by referring to his enormous amount of late school work, his absences, people calling him names, and eventually comment about dealing with his grandfather's death. Condensing his schedule was the first step the school took to eliminate all non-required courses. Jay continued to exhibit difficulties; his doctors responded by changing his medications, but side effects were extreme and the dose was cut in half. Upon returning to school from a 5-day break, Jay attended three days, was brought to the hospital by his mother, and admitted to the psychiatric ward. He received in-patient treatment for two days and then began going home at night. Before his hospitalization, I asked Jay about what things in his life he had control over. His statements offered insight:

Jay: I have control over the way I act, the way I feel, the way I think, but sometimes even those can be a little hard.

Mrs. A: What do you mean that sometimes those can be hard?

Jay: Like the way I think it, seeing as depression can kinda, mind gets fuzzy or you get depressed. And then your mind just fogs and all you think is bad stuff. The way you act can be like if you're not having a very good day where you can start a fight.

Mrs. A: You mentioned bad things. Do you think bad things?

Jay: Yeah, you can, well I don't think of them anymore, but some people only think of it. They think suicide or anything can happen during depression.

While Jay remembered the different techniques for assertive communication, this disability-related occurrence caused a regression of skills and lack of acquisition. In the week before he was hospitalized,

recognizing the need to deal with the new diagnosis, instruction in assertive skills was discontinued. Addressing the most pressing issue trumped assertive skill acquisition. A student with EBD must bring stress levels into balance prior to being assertive in conflict.

#### **Discussion of Category IV: Disability Relative**

Figuring out what to do about a disability in the ecological setting of a school is a difficult task; suggestions are often limited to either therapy or medication. Medical decisions are left to the discretion of parents and health care providers, yet often medication for mental health prescriptions can be expensive. Educators cannot make suggestions about using medications; however, educators can ask if a student is taking medications, particularly as educators can observe the effectiveness of medications and changes in behaviors. Therapy by a trained specialist was also recommended, but dependent on each individual family's situation and ability to pay for psychological services.

For students with EBD, Neel et al. (2003) suggested a combination of relevant academics, instruction in life skills, *and* direct instruction in the disability area. Emphasis is placed on academics and life skills. This emphasis causes the issues related to the disability to be either ignored or put on the back burner. Eber, Osuch and Redditt (1996) stated that services need to be tailored to meet the specific needs of each student (p. 97). Unfortunately, there are not many suggestions for educators as to how to address specific EBD's in the school setting. Given the medical diagnosis model for an EBD, a medical model for treatment is often recommended. The medical model requires that a medical doctor provide a diagnosis of an EBD, but often the school is left to address how to treat it in an educational

setting. As Elias et al. (1997) noted, teachers are concerned with taking on a role that resembles that of a counselor or therapist (p. 68). Finally, Elias et al. (1997) acknowledged that for students with EBD, family therapy or counseling should also be included along with treatment options directed for the student.

Making the best decision in terms of intervention selection continues to be difficult. Johns and Crowley (2007) offered three guiding principles to selecting appropriate interventions. First, any intervention chosen should be scientifically based; the intervention should have been studied using rigorous, methodical, and objective procedures to obtain reliable and valid results. Second, the selection of a specific intervention should be based on an assessment of the student's academic and behavioral needs, and finally, the decision should be made by the team of educator's collaboration. As the authors stated, "The search remains for educators to find the interventions that data-based studies have indicated potential for increasing student's learning (p. 3:4)." Even when educators use this process, figuring out the best avenue to take with a student who has an EBD can be difficult.

### **The Grounded Theory**

The acquisition of a new social skill was identified as the central phenomenon (see Figure 2). This phenomenon entails the learning of a new social skill by the five participants in this study. When a student is identified as having an EBD, an Individualized Education Plan (IEP) is written. This plan establishes learning goals for the student, determines what the school must do to meet those goals, and ensures that the student is educated in the general setting as much as possible. Typically, for students with EBD, this plan involves

teaching social skills so students behave appropriately within the classroom setting.

Two causal conditions were derived from the data. The first causal condition was that a student must be identified as having an EBD under the Individuals with Disabilities Education Act; this required a medical diagnosis of a qualifying disorder. For the students in this study, this was done prior to their entrance into high school, and for some the diagnosis was reconfirmed during high school. Second, IEP goals in the area of need were written and delivery options established. In this study, students were given weekly 50-minute lessons in small groups to increase their inclusion in regular education classrooms through the acquisition of social skills. Strategies included the direct instruction of social skills each week, the provision of academic supports and/or the slight modification of the school environment, the implementation of an IEP, and/or a functional behavior assessment and development of a behavior plan.

Two specific intervening conditions influencing the strategies were identified within the data: inclusive high school and special education plans and services. Inclusion is a prevailing theme in special education; it allows students with disabilities the opportunity to achieve success in the regular education classroom alongside their same-aged peers. This includes not just physical access to the classroom, but a sense of acceptance coupled with instructional techniques promoting educational success (Polloway, Patton, & Serna, 2008). The extent to which each student is included in the regular education setting is determined by the IEP team and the student's specific needs. Schloss, Schloss and Schloss (2007) identified three items unique to attempting inclusive service delivery in the high school setting: the widening gap in skill sets between students with special needs in high



school and their peers, secondary teacher's lack of time or motivation to provide the intensive instruction some students require, and the rigid high school organizational structure (p. 178). The context of the inclusive high school should be considered in the development of educational plans for students with special needs. Special education plans and services, the second contextual factor, are based largely on the high school system and the available resources for providing support and services rather than student needs.

Several contextual conditions affecting the strategies that evolved from the central phenomenon were identified through analysis. These included (a) external impacts, (b) missing the boat, (c) levels of functioning, and (d) disability relative. The first contextual condition encompassed the personal setting of each student. A number of uncontrollable external factors impact students with an EBD, but these factors were often not recognized by students unless there was an immediate and evident impact on their life. These situations became particularly difficult when bi-directionality occurred: when what happened at school impacted what happened at home, and when what happened at home impacted what happened at school.

The second condition, missing the boat, acknowledged the very nature of the adolescent years as a unique characteristic in the ability to learn a new skill. Coupled with an EBD, normal teenage experiences were amplified or ignored, often creating a crisis situation. High school can be a time of turbulence for even the most well-adjusted students; for students with an EBD, turbulence during the teen years can exacerbate the effects of a disorder. Students in this study had difficulty learning key skills for successful adolescent development, and thus, additional learning of deficit skills was problematic.

Additionally, each participant exhibited various levels of functioning. Cognitive testing was part of the evaluation process for special education and had been measured for each participant that indicated an estimate of the amount and quality of work each student could be expected to do. Each participant demonstrated functioning in the average range, but in the lower end of the spectrum. This variability of capabilities impacted the ability of each participant to learn and use assertive communication skills.

The final contextual condition impacting skill acquisition was related to the disability itself. Certain characteristics and behaviors associated with each specific EBD diagnosis made it difficult for new assertive skills to be gained. The students in this study collectively carried the following diagnoses: obsessive disorder, major depressive disorder, social anxiety disorder, panic syndrome, episodic explosive behavior, adjustment disorder with mixed anxiety and depression, intermittent explosive disorder, and Tourette's syndrome. For example Cal exhibited depression, of which symptoms include trouble concentrating and/or making decisions, outburst or trouble with self-control, feeling helpless about current situations, and feeling hopeless about the future (Cobain, 1998). Being assertive and trouble with self-control show opposing behaviors and create added difficulty for an individual trying to learn a new skill.

The first consequence evolved from the strategies was that assertive communication techniques were learned by four out of five participants, but only partially used. With the exception of Derik, participants could demonstrate an understanding of the skills; however, implementation and usage of these skills did not occur except with Kay. Instead of gaining assertive communication skills,

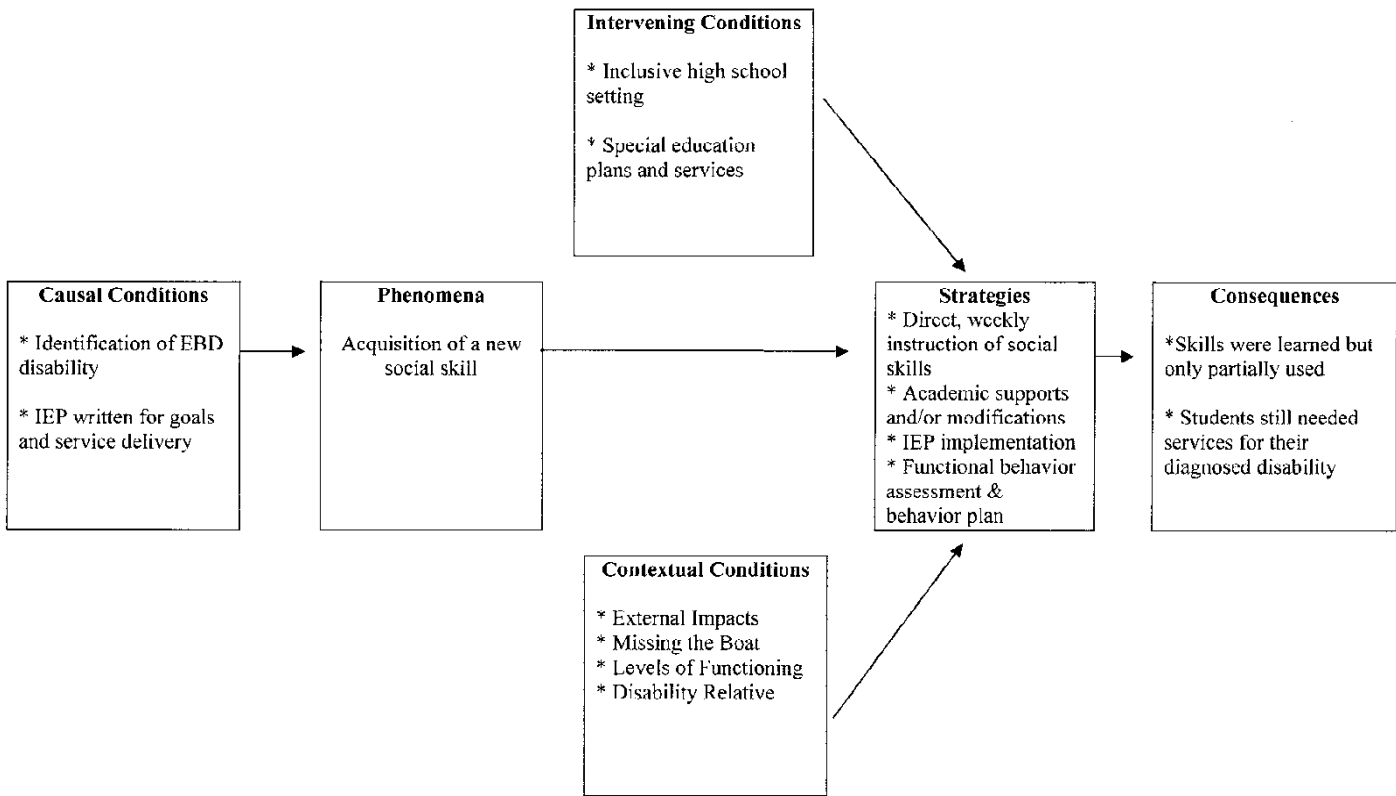


Figure 2. Axial Coding Paradigm

students continued using aggressive or passive methods in their interpersonal interactions.

The second consequence was that students still needed help in their area of EBD diagnosis. The overall purpose of social skills instruction was to establish skills to help students with EBD function in the regular classroom alongside their peers. However, when social skills instruction was the focus without regard of the characteristics of each specific disability, students did not learn the new skills, and they did not make progress toward stabilization in their emotional/behavioral state.

### **Implications**

Three propositions drawn from the data for special education service delivery are offered:

1. The traditional high school inclusion model does not support the generalization of assertive communication techniques.
2. Ecological factors should be adequately assessed and addressed within the plan for providing special education services.
3. Working on disability specific EBD diagnosis should take priority in goal setting and services.

A myriad of factors from all aspects of a student's ecology impacted their ability to learn a new social skill. An examination of the findings indicated that various ecological aspects contributed to a lack of skill acquisition. Students themselves focused on microsystem level variables unique to each participant in terms of interpersonal interactions with family, teachers, and peers; age; functioning; disability; and classroom setting.

Literature examined supported numerous factors as impacting a student's ability to learn new information. Multiple authors have advocated for a wider consideration of factors when developing

treatment programs for students with EBD (Anderson & Mohr, 2003; Apter, 1980; Eber et al., 1996; Friend & Cook, 2007; Gersten et al., 2001; Huang, 2007; Humes et al., 1989; Muskal, 1991; Pugach, 2001; Rosenblith & Allinsmith, 1966; Scott, 1980). While it is not realistic to think that educators can change and adapt each of these variables for students with EBD, it is reasonable to assume factors be considered when planning.

Even though students were able to memorize each of the skills taught, these skills were not consistently utilized in interpersonal interactions. The data analysis revealed only one student began using the assertive social skills that were taught; students did not begin using the new skill largely because they were dealing with the causes of their EBD diagnoses. Issues involving mental health and factors perpetuating symptoms prevented new skill implementation. A completely inclusive school setting for students with EBD was ineffective for this type of skill learning. Students reported their interactions with teachers and classmates were so strained that they did not think being assertive would work with them. Instead, employing a passive or aggressive response was effective in managing a large high school setting. A combined model of inclusion and separated instruction for areas of difficulty could prove to balance the issues students faced. These results also demonstrated how surface behaviors were addressed instead of the causes of EBD. This conclusion was based on treatment of disability in the school setting by teaching social integration skills and the lack of response to diagnosed mental health disorders. Based on this study, a number of recommendations for educators can be proposed.

1. Students with EBD diagnoses need to be taught new skills in flexibly, inclusive settings.

2. An ecological assessment exploring all areas of a student's environment should be conducted before an educational plan is written to address areas as they relate to the student and disability.

3. Programming options for students with EBD should use a whole-child approach not just portions of what impacts the child.

4. Educators need to be given treatment options for students with EBD that can be carried out in the school setting, as it is the only setting for which an educator can have some level of control.

5. Families need to be integrated into programming so new skills are supported in multiple settings.

Research in the area of social skill acquisition for high school students with EBD is far from complete. This study was restricted to a qualitative examination of the experiences of five high school students. By including more participants, different diagnoses and student characteristics might have contributed to the findings. This study was conducted at only one school within a larger district. Had other schools within this district been included, results may have varied. Additionally, only students identified through school systems as having an EBD were included in this study. There may be high school students with EBD not served under the special education system or removed from school due to behaviors that this study did not include. Future researchers may seek to duplicate this study in an inclusive high school with a combined special education services delivery model to determine if comparable findings exist. It would be informative to examine if other modes of service delivery, beyond teaching social skills for inclusion in the least restrictive environment, contribute to students with EBD acquiring new skills. It is possible that other impacting factors, either positive or negative, exist that this study did not uncover through the voices of the

students. Since EBD had a direct impact on skill acquisition, it would be interesting to conduct a longitudinal study to observe skill acquisition in students with EBD over time or with academic skills instead of social skills. This study could also be replicated with students with special needs under different categories of disabilities (i.e., learning disabilities, speech/language impairment).

Teachers and coordinators of services for students with EBD have struggled in the decision making process of providing services to students in inclusive high school settings. Listening to students talk about their experiences, in and out of school, reaffirmed the unique nature of working with this student population. Results emphasized that sometimes the most effective interventions for students are not always the ones tried first. There may be no such thing as best practice when working with students with EBD; each student brings a unique and complex set of strengths, weaknesses, and ecological factors. The results of this study reflect the work that needs to continually be done in special education.

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