A CASE STUDY OF STATE TEACHER PREPARATION REQUIREMENTS SUPPORTING WORK WITH CHILDREN WITH CONDUCT DISORDER

by

Michele Ann Welter

BS, Pennsylvania State University, 1997

MEd, Westminster College, 2007

Submitted to the Graduate Faculty of

the School of Education in partial fulfillment

of the requirements for the degree of

Doctor of Education

University of Pittsburgh

2014

UNIVERSITY OF PITTSBURGH

SCHOOL OF EDUCATION

This dissertation was presented

by

Michele Welter

It was defended on

October 27, 2014

and approved by

Dr. Charlene A. Trovato, Associate Professor, Administrative and Policy Studies

Dr. Karen Vander Ven, Professor Emerita, Psychology in Education

Dr. Michael W. Valenti, Research Coordinator, Pressley Ridge Schools

DISSERTATION ADVISOR: Dr. Mary Margaret Kerr, Professor, Administrative and

Policy Studies

A CASE STUDY OF STATE TEACHER PREPARATION REQUIREMENTS SUPPORTING WORK WITH CHILDREN WITH CONDUCT DISORDER

Michele Welter, EdD

University of Pittsburgh, 2014

The prevalence of students with behavioral disorders in public schools is increasing. In fact, conduct disorder is the most common psychiatric disorder among young adolescents seen in mental health settings. This is a concern in schools due to teachers reported a lack of training for preventing and supporting student antisocial behaviors. This study examined the prevalence of conduct of disorder, how students with conduct disorder are being served in K-12 public schools, and the behavioral interventions available for teachers to support students. The literature demonstrated a lack of information pertaining to how general education teachers are prepared to support students with behavioral disruptions, in particular conduct disorder.

To respond to the gap in the literature, this single case study concentrated on the extent to which state-approved teacher competencies in the US address CD and related content areas. Electronic data were examined on each of the 50 state departments of education websites. The research questions were a) What do state departments of education require of teacher competencies for working with students with conduct disorder? b) What do state departments of education report in regards to program approval standards with students with conduct disorder? A text analysis was conducted by looking for keywords or phrases connected to the term conduct disorder. Some search terms were located in relation with supporting students with behavioral

challenges. However, there was minimal information directly pertaining to conduct disorder. Implications and recommendations are discussed as starting points for future research on the topic, for evaluation of teacher education competencies in higher education, for modifying higher education accreditation processes for teacher education programs, and for collaboration amongst the leading national education organizations in regards to teacher standards.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

PREFACE

I would first like to thank my immediate family for their love and encouragement. Throughout the past couple of years, they unselfishly gave up time away from me as I completed my work. I look forward to spending more time with Taylor and Coleton. A special thank you to my husband, Terry, without his patience and care it would have been impossible to reach my goal. I am equally grateful to my parents for their guidance and vital assistance throughout the years. A special appreciation goes to my close friends who always provided encouragement and laughter.

I would like to acknowledge and extend my heartfelt gratitude to the following members of my committee who have made the completion of the dissertation possible. Thank you to my advisor, Dr. Mary Margaret Kerr, who always provided a sympathetic attitude at every point during the process. I am greatly appreciative for her valuable and constructive suggestions during the planning and development of my work. Dr. Karen Vander Ven, Dr. Charlene Trovato, and Dr. Michael Valenti, I give you my deepest thank you for your willingness to provide suggestions, inspiration, and the gift of time to be mentors during my time as a student.

During the dissertation journey, it takes the help of others and their expertise to finalize the dissertation. I wish to present a special thanks to the following individuals for their generous help. Ms. Kylea Covaleski who gave up precious time during the summer to help me with my research and coding; Mr. Edward Tarzia, Mrs. Rebecca Price, and Mrs. Sarah Capello, my editors, who always provided immediate assistance and inspiration.

Lastly, I would like to recognize outstanding educational leaders: Dr. Kathleen Harrington, Dr. Cheryl Griffith, Dr. Susan Franz, and Dr. Bille Rondinelli. I am fortunate they have taken me under their wings. Without their warmth, leadership, guidance, and encouragement, I would not have completed this milestone in my life.

1.0   INTRODUCTION

All children and adolescents demonstrate some form of antisocial behavior during their development (Kauffman & Landrum, 2013). For example, some adolescents in high school may act out in the classroom, bully, use inappropriate language, give a dirty look, skip a class, or fight with peers. However, most students discontinue their inappropriate behavior with teachers, peers, and families. Students demonstrating antisocial behaviors repeatedly in the classroom with disregard to their school environment are of concern to school personnel. Of particular concern for general education teachers are the disruptive behaviors demonstrated by students classified with emotional and behavioral disorders (Riccomini, Zhang, & Katsiyannis, 2005). Although special education staff members provide guidance and aid, one must question whether general education teachers are equipped with the tools and education necessary to support students demonstrating disruptive behaviors.

Overall, one out of every eight children, ages 8-15 years, meets the criteria for at least one of the six major disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders*, *5th Edition Text Revision [DSM-V-TR]* (American Psychiatric Association [APA], 2013). Additional data from the 2003 National Survey of Children's Health report has indicated a high prevalence of emotional, developmental, and behavioral problems among children (Blanchard, Gurka, & Blackman, 2006). Many children with emotional and behavioral problems attend K-12 public schools. Educators are under high pressure to maintain safe classrooms,

increase student achievement, exceed curriculum guidelines, and meet the needs of student diversity (Baker, 2005). The emotional and behavioral problems become barriers to student achievement and interpersonal relations with adults and peers.

This literature review primarily focuses on students clinically diagnosed with Conduct Disorder (CD). Conduct disorder is one of four disruptive behavior disorders defined in the *DSM-V-TR* (APA, 2013). The overall prevalence of CD in the United States ranges from 6% to 16% for males and 2% to 9% percent for females (APA, 2013; Zahrt & Melzer-Lange, 2011). Young adolescents with CD are the largest single group of patients seen in mental health settings (Bassarath, 2001; Martin, Volkmar, & Lewis, 2007).

The comprehensive literature review is organized into four sections. Following a brief introduction and definition of CD, the first section addresses the question, "How does Conduct Disorder present itself in US K-12 public schools?" Determining the prevalence of CD in schools and how it manifests in the classroom provides educational leaders a greater understanding of the disorder and its implication for classroom teachers.

The second section evaluates how students with CD are being served in K-12 public schools. This section begins with an explanation of how CD is diagnosed. An understanding of the medical diagnosis leads to greater insight into the eligibility requirements for students to gain access to special education services. This information clarifies the complexity between students medically diagnosed with CD and their possible access to special education services in the school systems. This section reviews related concerns reported in the literature for classroom and school-level supports for students with CD.

The third section draws on research-based interventions with students demonstrating CDs in an effort to understand what teachers need to know in order to help these students. The final

section reviews literature that directly or indirectly documents the competencies staff need to successfully work with students with behavioral disorders. This information is critical to an understanding of implications for professional development.

Prior to reading the literature review, one must understand the key definitions that characterize the literature on CD. The following section is intended to familiarize the reader with these terms.

1.1   KEY DEFINITIONS

This literature review focuses on students clinically diagnosed with CD. Professionals use various terms to describe behaviors associated with this disorder. The terms include disobedient, aggressive, antisocial, challenging behaviors, oppositional defiant, delinquent, and conduct problems. For the purposes of this literature review, the term conduct disorder will be used to indicate children who either have CD or oppositional defiant disorders (ODD), which is diagnosed in young children and usually precedes the diagnosis of CD.

This literature review encompasses terminology from multiple disciplines. To aid the reader in understanding the literature review that follows, all terms below are defined by the *DSM-V TR* (APA, 2013).

- American Psychiatric Association (APA): The American Psychiatric Association, founded in 1844, is the world's largest psychiatric organization. It is a medical specialty society representing psychiatric physicians from the United States and around the world (APA, 2013).

- Anti-Social Behaviors: Disruptive acts characterized by covert and overt hostility and intentional aggression toward others. Antisocial behaviors exist along a severity continuum and include defiance of authority and of the rights of others, deceitfulness, theft, and reckless disregard for self and others. The behavior becomes conduct disorder when it reaches a level of severity and functional impairment that is outside the normative realm (Kazdin, 1987).

- Attention Deficit Hyperactivity Disorder (ADHD): ADHD is one of the most common childhood disorders. This includes a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and is more severe than is typically observed in individuals at comparable level of development.

- Callous-Unemotional Traits: These traits are distinguished by a persistent pattern of behavior that reflects a disregard for others, a lack of empathy, and generally deficient affect. The interplay between genetic and environmental risk factors may play a role in the expression of these traits as a CD.

- Comorbid: A condition or disorder occurring simultaneously with other disorders.

- Conduct Disorder (CD): According to the *DSM-V TR* manual, CD is a repetitive and persistent pattern of behavior in which the basic rights of others or major age appropriate societal norms or rules are violated.

- Delinquent: This is a legal term for an antisocial misdeed in violation of the law as a juvenile.

- Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-V TR): The manual or handbook used by medical and mental health professionals to diagnose mental health illness for both children and adults.

- Externalizing Behaviors: Acting-out behavior such as fighting, sometimes called Conduct Disorder.

- Internalizing Behaviors: Behavior typically associated with social withdrawal such as shyness and anxiety.

- Mental Disorder: A mental disorder is a health condition characterized by significant dysfunction in an individual's cognition, emotions, or behaviors that reflects a disturbance in the psychological, biological, or developmental processes underlying mental functioning. Some disorders may not be diagnosable until they have caused clinically significant distress or impairment of performance.

- No Child Left Behind Act (NCLB): This major federal legislation was enacted in 2001 with emphasis on increased accountability for schools.

- Oppositional Defiant Disorder (ODD): A pattern of negativistic, hostile, and defiant behavior that is unusual for the individual's age or developmental level. It is characterized by fits of temper, arguing with adults, refusing to comply with rules or requests, annoying others. ODD is considered a milder form of conduct disorder.

- Prevalence: Prevalence is the total number or percent of individuals with a specific disorder in a given population.

- Psychopathology: In psychiatry, psychopathology is the study of significant causes and development of a mental illness. More generally, mental illness is referred to as an emotional or behavioral disorder.

- Public Law 94-142 (PL94-142): In 1975, Congress passed Public Law 94-142 (Education for all Handicapped Children). This law is now referred to as IDEA (Individuals with Disabilities Education Act).

- Socially Maladjusted: A child who has a persistent pattern of violating societal norms with truancy, substance abuse, a perpetual struggle with authority, is easily frustrated, impulsive, and manipulative is defined as socially maladjusted.

2.0   LITERATURE REVIEW

The first section of this review offers foundational information on the definition of CD by first situating CD within the general category of children's emotional and behavioral disorders.

2.1   PREVALENCE OF CD

Children with emotional and behavioral problems in K-12 public schools exhibit characteristics that become barriers to their academic achievement (Kauffman & Landrum, 2013). The need to provide differentiated classroom instruction for all students, especially special education students, has become challenging in the wake of the federal mandates for increasing student achievement. Moreover, general education teachers deal with an array of types and severity of disabilities in their classrooms. The classroom can become challenging for general education teachers when there are students diagnosed with emotional and behavioral disorders (EBD) and non-classified students exhibiting disruptive behaviors (Kauffman & Landrum, 2013).

The National Center for Health Statistics Report, *National Health Interview Survey*, estimates that between 2001 and 2011, the percentage of children with serious emotional or behavioral difficulties remained steady at 5% (Bloom, Cohen, & Freeman, 2012). According to Brauner and Stephens (2006), at least one in ten (10%) (about six million people) have had a serious emotional disturbance at some point in their life. Disruptive behavior disorders (31%)

and mood disorders (21%) are the most common mental health diagnoses among children and adolescents; however, 40% of children and adolescents with mental diagnoses are considered seriously emotionally disturbed (Mellin, 2009). The most commonly diagnosed problems among children 6-17 years of age are learning disabilities (11.5%), attention-deficit/hyperactivity disorder (8.8%), and behavioral problems (6.3 %) (Blanchard et al., 2006). The *National Health Interview Survey* indicated that only 28% of children with serious difficulties received special education services for emotional or behavioral difficulties (Bloom et al., 2012). Schools are the primary centers that provide specialty mental health services to students and their families (Mellin, 2009).

According to the *DSM-V-TR* criteria, conduct disorder falls under the umbrella of emotional disorders (APA, 2013). Researchers report that CD is the most common psychiatric disorder in children and adolescents (APA, 2013; Martin et al., 2007). This disorder produces significant hardships for children and adolescents, their families and teachers, the victims of their behaviors, and society through millions of dollars of public expense (Grove, Evans, Pastor, & Mack, 2008). The prevalence of CD has steadily increased over the last decades (APA, 2013). The overall prevalence of CD in the United States ranges from 6% to 16% for males and 2% to 9% for females (APA, 2013; Zahrt & Melzer-Lange, 2011).

2.1.1   Definition of Conduct Disorder

As stated in the introduction, conduct disorder is one of four disruptive behavior disorders defined in the *DSM-V-TR* (APA, 2013). This term infers a behavior pattern that violates the rights of others within social norms (APA, 2013). The symptoms of conduct disorder in children

and adolescents may be an array of diverse behavioral forms including outbursts, temper tantrums, persistent disobedience of social norm rules, aggressive delinquent acts of theft, violence, and rape (INSERM Collective Expertise Centre [ICEC], 2005). Table 2.1 illustrates the criteria for diagnosing CD according to *DSM-V-TR* (APA, 2013).

Table 1. *Definition of Conduct Disorder according to* **DSM-V-TR**

Aggression to people and/or animals

1. Often bullies, threatens, or intimidates others.

2. Often initiates physical fights.

3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).

4. Has been physically cruel to people.

5. Has been physically cruel to animals.

6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).

7. Has forced someone into sexual activity.

Destruction of property

1. Has deliberately engaged in fire setting with the intention of causing serious damage.

2. Has deliberately destroyed others' property (other than by fire setting).

3. Has broken into someone else's house, building, or car.

Deceitfulness or theft
1. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others).
2. Has stolen items of nontrivial value without confronting the victim (e.g., shoplifting, but without breaking and entering, forgery).

Serious violations of rules

1. Often stays out at night despite parental prohibitions beginning before age 13 years.

2. Has run away from home overnight at least twice while living in a parental or parental surrogate home (or once without returning for a lengthy period).

3. Is often truant from school beginning before age 13 years.

The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.

If the individual is age 18 years or older, criteria are not met for antisocial personality disorder (APA, 2013, p. 469).

2.1.2   Behaviors Associated with Conduct Disorder

In normal children and adolescents there are expected forms of antisocial behavior demonstrated that most will grow out of as they mature. Children and adolescents with CD engage in serious problem behaviors at a much higher rate, a ratio of 2 to 1, and demonstrate these disruptive behaviors for a much longer period of time (Martin et al., 2007). The primary characteristics of CD are the repetitive and persistent patterns of behavior in which the rights of others or rules of conduct are violated (Turgay, 2004). An isolated instance of antisocial behavior such as running away from home or stealing may not label a child with the diagnosis. It is the repetitive nature (frequency and intensity over time) of consistently breaking rules, engaging in threatening or aggressive behavior towards others, and destruction of property, that warrants a diagnosis of conduct disorder (APA, 2013).

The hallmark externalizing behaviors of this disorder include fighting, aggressiveness, lying, stealing, fire-setting, and running away from school and home (APA, 2013; Lambert, Wahler, Andrade, & Bickman, 2001; Turgay, 2004). These symptoms often do not act apart from one another but are accompanied by hyperactivity, impulsive behavior, cognitive problems, and poor social skills (Turgay, 2004). Another factor attributed to the nature of symptoms of CD, is how these children view the world differently. Their perceptions of their environments of school, home, and community are different from normally developing children and adolescents. Often children and adolescents with CD perceive the world as hostile and threatening (Mack, 2004). These same individuals deal with the world in a hostile tone and have difficulty being empathetic toward others, which brings on further negative attention (Frick & Dickens, 2006). Table 2.2 explains two broad categories of CD according to Kauffman & Landrum (2013).

Table 2. *Conduct Disorder Categorized Into Two Broad Forms*

Undersocialized Conduct Disorder (Overt Aggression) These are the behaviors that individuals can visibly detect and are characterized by acting out toward others verbally and physically. They include hyperactivity, impulsiveness, irritability, stubbornness, arguing, teasing, poor peer relations, loudness, attacking others, cruelty, fighting, bragging, swearing, sassiness, and disobedience. These behaviors are hard to miss in school, home, or community, and often children demonstrating these behaviors stand out to teachers, peers, and parents (Kauffman & Landrum, 2013, p. 203).

Socialized Conduct Disorder (Covert Aggression) These behaviors are difficult to observe and assess. This form is characterized by antisocial behaviors, such as negativism, lying, destructiveness, stealing, setting fire, association with peers of the same nature, belonging to a gang, running away, truancy, and abusing alcohol or other drugs. The behaviors occur out of sight of parents, teachers, and authority figures. These children are good at manipulating others; they are not trustworthy. These acts are quite often associated with delinquency and the court system (Kauffman & Landrum, 2013, p. 203).

In addition to identifying the world as hostile, CD children struggle with social skills. In a study by Holcomb and Kashani (as cited in Mack (2004)), children with CD lacked awareness of social expectations and rules, overestimated their abilities on rating scales, and felt superior to others. The authors also reported that these same young people were disorganized in their day-to-day living skills and preferred unpredictable situations in their lives (Mack, 2004). Children and adolescents with CD experience social disturbances in their social functioning (Frick & Dickens,

2006; Mack, 2004; Zahrt & Melzer-Lange, 2011). Characteristics of their poor social

functioning are diminished social skills, poor expression, low interpersonal skills, and peer

rejection (Zahrt & Melzer-Lange, 2011). They mistakenly believe others are acting aggressively

toward them and many times will blame others for their own mistakes. Quite often these

children appear to have low self-esteem, even though they may appear tough, cocky, or self-

assured. Children and adolescents with CD have difficulties getting along with others and cause

significant disruptions in their families (Frick & Dickens, 2006). Friends and family members

become upset with these individuals for their misbehavior and lack of managing appropriate

behaviors and emotions.

2.1.3   Regulation of Behaviors

A critical component of conduct disorder is a regulation deficiency of behaviors and emotions.

For example, Oosterlaan, Logan and Sergeant (as cited in Mack (2004)), reported that children

and adolescents diagnosed with conduct disorder had abnormal brain function in terms of their

ability to control their behavior. These individuals had a hard time mastering skills related to

cognitive development (Martin et al., 2007). According to Mack (2004), CD causes problem-

solving skills to be restricted, development of poor empathic skills, and deficient self-control

skills. These children cannot delineate social sensitivity or do not have the ability to take into

consideration another person's perception, which leads to peer disapproval in many cases. The

lack of social skills causes angst and frustration with the children and adolescents diagnosed with

CD. They experience a great deal of frustration, anger, and resentment, and their inability to

manage emotions causes them to engage in externalizing behaviors or acting-out (Mack, 2004).

The concern for adults and educators working with youth with CD is to understand they do not exhibit appropriate self-control skills; children with CD lack in empathy development and have restricted thought processes. The anger and frustration they are experiencing cannot be regulated by their internal control of aggressive impulses. Thus, they continue the cycle of peer and adult disapproval, conflict, and hostile environments.

2.1.4 Age of Onset

In addition to supporting the youth with their emotional deregulation, another significant factor for adults supporting students with CD is having no foundational knowledge of what age the child began illustrating symptoms. Middle childhood through middle adolescence is identified as the period of time when significant symptoms of conduct disorder emerge (APA, 2013). One way professionals diagnose conduct disorder in children and adolescents is by the age of onset of the disorder. Childhood–onset (before age ten) is defined as children demonstrating mild conduct problems as early as pre-school or early elementary school (Martin et al., 2007). These antisocial behaviors increase in rate, frequency, and severity throughout childhood and into adolescence (Frick 2004; Frick & Dickens 2006; Martin et al., 2007). Individuals diagnosed with childhood-onset type are usually males. These children display aggression, poor peer relations, and have symptoms that meet the full criteria for conduct disorder prior to puberty (APA, 2013).

Adolescent-onset type of conduct disorder is established by youth demonstrating behavioral problems and delinquent behaviors, which coincides with the onset of adolescence (after age ten) (Frick & Dickens, 2006). However, it is atypical for adolescents over the age of sixteen to be diagnosed (APA, 2013). According to the *DSM-TR-V*, these children do not

demonstrate conduct disorder behavior in their early years but may display antisocial behaviors in the adolescent years (APA, 2013). Aggression may or may not be present. Male to female ratios tend to even out in comparison to the childhood-onset group (Frick, 2004).

The critical factor affecting long-term life outcomes for children diagnosed with conduct disorder is the age of onset (APA, 2013; Frick 2004; Mack, 2004). Data suggest that the earlier the onset for CD behaviors, the more likely it is that the individual will go on to have lifelong problems. These problems include problem-solving inabilities, social skills deficits, academic delays, and other challenges such as getting along with others (Mack, 2004). According to Frick & Dickens (2006), the childhood-onset group distinguishes itself between the two groups as a more severe, chronic, and aggressive pattern of behavior. These young children fail to adjust across multiple developmental levels and have difficulty transitioning into adulthood (Frick & Dickens, 2006). The adolescent-onset group exhibits more affiliation with delinquent peers and higher levels of rebelliousness and conflict with authority in comparison to peers without CD (Frick, 2004; Frick & Dickens 2006). These children quite often develop other psychiatric diagnoses in addition to CD. By increasing additional layers of mental health diagnoses, it becomes more difficult to support and provide treatments for the children.

2.1.5   Comorbidity

According to Loeber and Keenan (1994), children and adolescents with disruptive behavior disorders (DBDs) are at an increased risk for other psychiatric conditions. It is rare for disruptive behavior disorders to occur in isolation from other psychiatric disorders in youth (APA, 2013). In keeping with the *DSM-V TR* (APA, 2013), this section exclusively refers to the

prevalence rates for comorbid conditions and conduct disorder. Studies have found overlap in 56% of girls and 62% of boys with *DSM-V TR* CD that also met criteria for ODD (Maughan et al., 2004).

Children and adolescents with CD are susceptible to one or more other psychiatric disorders (Berkout, Young, & Gross 2011; Loeber & Keenan, 1994; Maughan et al., 2004). Studies have indicated that 39% of girls and 46% of boys with *DSM-V TR* CD met criteria for at least one other non-antisocial *DSM-V TR* disorder (Maughan et al., 2004). The most common comorbidities are with Attention-Deficit Hyperactivity Disorder (ADHD), anxiety disorders, depressive disorders, and Somatization Disorder. A strong correlation exists between ADHD and CD (Berkout et al., 2011; Loeber & Keenan, 1994). Studies indicated prevalence rates of 58.7% for CD males and 56. 3% for CD females in children and 30.5% for CD males and 37.0% for CD females among adolescents (Berkout et al., 2011).

Additionally, CD has shown to be highly linked to substance use disorders (SUD) for both males and females; 86.7% of adolescents with CD have been found to use tobacco, alcohol, or marijuana (Berkout et al., 2011). When discussing in generalities, behaviors, or comorbidities of CD, we often refer to the externalizing behaviors because they are visible to the human eye. According to Lambert et al. (2001), children and adolescents with CD have more significant internalizing problems such as withdrawal, somatic complaints, anxiety and depression, social problems, and thinking problems. Females reported more mood, anxiety, and ODD difficulties (Berkout et al., 2011). Females during the adolescent-onset stage of CD tended to report higher rates of depression (Loeber & Keenan, 1994).

Both male and female adolescent students struggle with CD in the school setting. The following section addresses the question, "In what manner does CD present itself in the US K-12

public schools?" Identifying the hallmark behaviors by students is significant for the classroom teacher who must act proactively by providing classroom management techniques to foster appropriate conduct and increase academic performance. The following section discusses the definitional issues that complicate services for pupils with CD and reveals some of the barriers educators face.

2.2   CONDUCT DISORDERS IN SCHOOL

Evidence suggests that many forms of physical aggression decline between childhood and adolescence while non-aggressive CD problems increase (Maughan et al., 2004). Antisocial behaviors that occur frequently are marked by excessive levels of hostility, defiance, and noncompliance (Hinshaw, 1992). Children demonstrating antisocial behaviors have problems with their peers in the school setting; they are e frequently rejected by their peers (Baker, 2005).

Aggression is one of the most challenging externalizing behaviors teachers see in the classroom (Alvarez, 2007). Aggressive behavior is disruptive and stands out to others around. The behavior is troublesome to families, caregivers, and school personnel (Alvarez, 2007). Temper tantrums, physical aggression such as hitting or biting, stealing, anger, and defiance of authority are examples of aggression in the classroom (Alvarez, 2007; Hinshaw, 1992).

Students exhibiting inappropriate social behavior over time across the education setting, home, and community experience negative outcomes into adulthood (Martin et al., 2007). These students are more likely to drop out of school early and abuse substances (Frick & Dickens, 2006). There is an abundance of information to suggest that aggression in early childhood and adolescence leads to difficulty later in life (Lochman & Salekin, 2003).

Children and adolescents with CD or who exhibit CD symptoms have significant risks of underachievement (Alvarez, 2007; Turgay, 2004; Zahrt & Melzer-Lange, 2011). Their academic patterns present as decreased IQ, language deficits, and impaired executive functioning (Zahrt & Melzer-Lange, 2011). Conduct disorder in the classroom may be represented by poor grades, placement in special education, retention, poor performance on achievement tests, dropping out of school, or deficits in skill areas (e.g., reading) (Hinshaw, 1992; Zahrt & Melzer-Lange, 2011).

Between 11% and 61% of children with conduct problems and aggression have significant learning disabilities (Alvarez, 2007). The externalizing behaviors of the students cause a vicious cycle for the students in the classroom. Continuous antisocial lifestyle leads to social isolation, loss of academic instruction engagement, and poor academic outcomes. The following list describes the associated features of antisocial behavior in the school setting. The behaviors defined Table 2.3 are complex and difficult to manage in an educational setting.

Table 3. *Behaviors of Students with Conduct Disorder*

- Little empathy and concern for the feelings, wishes, and well- being of others
- Aggressive individuals who misperceive the intentions of others as more hostile and threatening
- May be callous or lack appropriate feelings of remorse
- Poor frustration tolerance
- Irritable
- Temper outbursts
- Recklessness
- Self-esteem may be low despite a projected image of "toughness"
- Early onset of sexual behavior
- Drinking
- Smoking
- Use of illegal substances
- Increased school suspensions and expulsions
- Increased suicidal ideation, suicide attempts, and completions

Note: Source (Alvarez, 2007; APA, 2013; Kauffman & Landrum, 2013)

According to Kazdin (1995), there are extreme financial costs associated with the services and agencies supporting those with CD from psychiatric and psychological treatment, social work, juvenile adjudication, incarceration, special education programs, and school. It is estimated that the public expense is in the millions of dollars and increasing due to increased prevalence rates and associated costs (Grove et al., 2008). The costs associated with treating conduct disorders cross several government agencies including educational, mental health, and juvenile organizations.

Educational costs are extremely high in regard to funding emotional and behavioral support programs, special-needs education, and extra support programs (Rhule, 2005). Monetary expenses to provide certified special education staff, support staff, curriculum, and counseling components in schools are high. In addition to the educational costs, there are further costs for security procedures in schools to protect all students and staff, and the repair costs associated with vandalism in the school environment (Gottfredson & Gottfredson, 2001). Therefore, it is imperative for school organizations to be able to provide appropriate professional development and research based procedures for all staff members to effectively meet the needs of the students with conduct and behavioral disorders.

It is the disruptive behaviors and long-range effects of those diagnosed with CD that warrant a public school and health concern (Robins & Price, 1991). Aggressive behaviors cause the negative outcomes for the youth, thus increasing societal attention (Frick & Dickens, 2006; Rhule, 2005). Conduct disorders put children and adolescents at risk for difficulties that include school failure, peer rejection, poor social functioning, juvenile delinquency, and problematic behaviors (Lochman & Salekin, 2003). Schools do have the capacity to provide interventions and resources for the children and their families. One of the barriers of providing supports in the

education system is the identification process and procedures for treating children exhibiting extreme behaviors. The following sections address the identification process for children in the United States.

2.2.1 How Are Students With Conduct Disorder Identified In K-12 Public Schools?

Improving services and interventions for those with CD are difficult and complex in this setting. The complexity of this disorder is reflected in definitional and identification issues that differ between medical (psychiatric) and education settings. Conduct disorder is a medical term used in a clinical setting. It is a psychiatric term defined by the *DSM-V TR* under the umbrella of emotional and behavioral disorders (APA, 2013; Forness, Freeman, Paparelli, Kauffman, & Walker, 2012). Other disciplines or organizations use different nomenclature to identify similar groups of children and adolescents. The justice system refers to the terms of *delinquent* or *adjudicated youth* (Forness et al., 2012). Schools and special education use terminology such as *emotional and behavioral disorders, emotionally disturbed,* and *serious emotional disturbance* to identify these groups of students (Forness et al., 2012). These other terms are not diagnoses, they are legal terms that mandate services from government agencies to meet the needs of this identified or eligible group of children and adolescents (Brauner & Stephens, 2006; Frick, 2004).

A child with CD will often cross multiple organizations when receiving services. These children could receive special education services in schools, counseling services in the mental health community, and/or be involved in the legal systems. Often, the education agency becomes an organizational barrier for these students to gain services and interventions (Frick, 2004). Children with CD are continually denied special education or related services in part

because of the complexities of the special education eligibility definition, requirements, and disability categories under the Individuals with Disabilities Education Act (IDEA) (Forness, et al., 2012). Subsequently, many children with a mental health diagnosis are not receiving support services through IDEA in the school system. The following section will provide a historical perspective of the origin and current federal definition and the reasons why pupils with the psychiatric diagnosis of CD are not always eligible for special education services.

2.2.2   Historical Perspective of Eligibility under IDEA

Present day concerns are associated with identification and education of students with serious emotional disturbance (SED) and behavior disorders (BD) (Olympia et al., 2004). School personnel such as school psychologists, special educators, and school administrators find it difficult to determine whether students meet the criteria for special education services based on behaviors the students present and the eligibility requirements. Assessment practice and recommendations school personnel use in testing and evaluating procedures today have been based on guidelines mandated by the federal government for over thirty years (Olympia et al., 2004). The current federal definition was derived and written by Eli Bower (Bower, 1982; Kauffman & Landrum, 2013). The state of California asked Bower in 1957 to conduct a study and to identify the essential characteristics of emotional disturbance (ED) (Bower, 1982; Kauffman & Landrum, 2013; Olympia et al., 2004). Bower (1982) and his associates conducted research comprising of thousands of students in California. The following is Bower's definition of "emotionally handicapped" students: Those demonstrating characteristics over a period of time and exhibiting one or more five characteristics (as cited in Kauffman & Landrum, 2013):

21

- An inability to learn that cannot be explained by intellectual, sensory, or health focus;

- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

- Inappropriate types of behavior or feeling under normal conditions;

- A general, pervasive mood of unhappiness or depression;

- A tendency to develop physical symptoms, pains, or fears associated with personal or school problems (p.44).

Bower's definition does not provide clear and concise terminology to define students with SED. However, it did influence government regulations and the definition still is the primary basis of the current federal definition. Modifications the U.S. government added to the definition indicated that SED does not include children who are socially maladjusted (SM) (Bower, 1982).

The definition presented above strongly influenced public policy in the enactment of Public Law [PL] 94-142. The Education for All Handicapped Children Act, otherwise known as Public Law [PL] 94-142, was enacted in 1975 by the federal government (Salvia, Ysseldyke, & Bolt, 2007). This law was intended to educate students with disabilities in the same schools and educational programs as students without disabilities and to provide procedural safeguards for families (Salvia et al., 2007). This law has governed children with disabilities for over 30 years. The federal government reauthorized the law, now known as the Individuals with Disabilities Education Act (IDEA) (Turnbull, Huerta, & Stowe, 2007). Since 1975, the federal government has expanded the group of students who have rights to special education. During the reauthorization of IDEA in 1997, the term "seriously emotionally disturbed" was dropped to

stating "emotionally disturbed" (ED). Bower's definition of students with emotional disturbance

is still used in IDEA (Turnball et al., 2007). This formally established ED as a distinct special

education category by the federal government. IDEA uses the term ED to categorize student

with emotional and behavioral disorders (Theodore, Little, & Little, 2004). However, the law

still continues to exclude students who are SM. Furthermore, students with a medical diagnosis

of CD continue to have difficulty receiving special education services because the medical

diagnosis does not fall neatly under the IDEA category of ED.

2.2.3   The Definitions of Emotional Disturbance and Socially Maladjusted

According to Forness et al. (2012), the term ED refers to a diagnosed mental health problem that

substantially disrupts a child's ability to function academically, socially, and emotionally. The

term is not a formal psychiatric diagnosis but a term used by state and federal agencies

mandating services to these children. Controversies exist between practitioners and researchers

because IDEA does not distinguish between ED and SM (Heatherfield & Clark, 2004).

Furthermore, the government does not provide any subcategories in the classification of ED

(Healtherfield & Clark, 2004).   The characteristics of ED and SM overlap with behavioral,

social-emotional, and academic difficulties (Kehle, Bray, Theodore, & Zhou, 2004). What this

means for educators is that there may be students in the classroom that demonstrate antisocial

behaviors, but these students do not have a psychiatric diagnosis and would not receive special

education services because they do not qualify under the ED classification.

Since the definition of SM is not clarified, its behavior patterns have been interpreted as

socially maladjusted engagement in deliberate and purposeful behavior with little remorse for

these behaviors (Kehle et al., 2004). Social maladjustment has been equated with terms such as conduct disorder, delinquency, antisocial behaviors, social deviance, and externalizing behavior disorder (Kehle et al., 2004). According to Kehle et al. (2004), the diagnosis of CD is a synonym for SM. Professionals find themselves distinguishing between the two terms of SM and ED using the evidence of a true emotional disturbance verses manifestation of severe antisocial behavior (Kehle et al., 2004). More often, children with either CD or SM are only eligible for special education services if they demonstrate another qualifying disability (Heatherfield & Clark, 2004). Bower's reference to educational performance is understood to mean only academic difficulties in the classroom not behavioral or social performance (Bower, 1982; Skiba, Grizzle, & Minke, 1994). Subsequently, according to Forness et al. (2012), students with a medical diagnosis of CD fall into the special education trap in which a large number of children with CD are denied special education services due to a the disability classification system. For example, a child with CD may demonstrate impeding behaviors in the classroom and prove academic deficits but may not be found to qualify for special education services because of a technicality contained in the disability classification. Therefore, large pockets of children are diagnosed with a mental illness but do not receive support services through IDEA. This same group of students will struggle in the school setting (Heatherfield & Clark, 2004).

Students classified as ED, CD, or SM have complex mental and behavioral health needs, especially within the education system (Heatherfield & Clark, 2004). There continue to be controversial debates among professionals about the distinct definition of SM and Bower's (1982) classification of ED. These children do not fit neatly into any diagnostic or other classification system (Heatherfield & Clark, 2004). Serving these youth via special education

can be difficult with the lack of educational resources, interventions, and high costs (Frick, 2004). However, these students need timely interventions to be successful adults. The next section of the literature review describes interventions found to help students with CD in the educational setting.

2.3 RESEARCH AND INTERVENTIONS FOR STUDENTS WITH EBDS IN THE EDUCATION SETTING

Disruptive behaviors such as fighting, verbal conflicts, harassment, aggression, and insubordination inhibit learning and inflict interpersonal challenges in classrooms across our nation (Sugai, & Horner, 2006; Wilson, Lipsey & Derzon, 2003). For many educators, supporting students with EBD can be daunting, especially with increased class sizes, inclusion of students with a variety of disabilities in the classroom, and little professional training on appropriate behavior management techniques. Subsequently, most students demonstrating antisocial behaviors receive inadequate behavioral services and achieve poor academic outcomes (Oscher & Hanley, 2001). Teachers believe they are supporting these students, but they are using classroom management techniques that are not effective with the student, and the behaviors increase. These same students have perceptions that their teachers do not value them because of the harsh discipline applications. National data reports that these students receive poor instruction, adult hostility, and curriculum and teaching styles that emphasize controlling their behaviors (Osher & Hanley, 2001). The traditional approaches to dealing with problem behavior have not been accommodating to the behavioral and learning characteristics of students with EBDs. Educating and providing behavior supports for antisocial and violent behaviors has

been at the forefront for both general and special education since the late 20thcentury (Kauffman & Landrum, 2013).

There have been significant improvements in research on best practices for students with EBDs for educators (Kerr & Nelson, 2009). To meet the goals of decreasing antisocial behaviors and increasing learning, schools have to address disruptive behaviors by using prevention measures, programs that will remediate existing disruptive behaviors, and accommodating the established aggressive behaviors that are unlikely to change (Kauffman & Landrum, 2013).

Effective teacher instruction and classroom management are imperative to behavior management (Kauffman & Landrum, 2013). There is no big solution to eradicate antisocial behavior but a push for understanding the complexity of disruptive behaviors (Goldstein, 1999). Interventions need to be differentiated or tailored to the individual needs. Teachers need to have a basic understanding of disruptive behaviors, and they need to be provided the appropriate time for training on using the interventions effectively. Frequently, schools are the setting in which behavior management programs are implemented due to the nature of the length of time students spend in school. The following is a list of research-based effective principles, techniques, and targeted interventions school personnel use to support students with EBDs.

2.3.1 Major Features of Social Learning Interventions

The Social Learning conceptual model has been found to be more successful at controlling aggressive behaviors than other models of interventions (Kauffman & Landrum, 2013). It is a community model in which the domains of family, school, and community are addressed. For the school component, this approach is practical for educators and provides direct strategies for

them to use. The following are twelve techniques based on the social learning approach (Kauffman & Landrum, 2013). These are all effective interventions suggested for general and special education teachers to support students demonstrating inappropriate behaviors in the classroom.

1. *Rules*: Clear and explicit statements of the expectations of the classroom conduct are communicated. Clarity of expectations is a hallmark of corrective environments for students with CD.

2. *Teacher praise*: Positive verbal and gestural communications produces desirable nonaggressive student conduct.

3. *Positive reinforcement*: Presentation of rewarding consequences that increase immediate positive behavior. This should be given frequently, immediately after the desired behavior is demonstrated, and with enthusiasm and eye contact in order to build excitement to continually demonstrate the desired behaviors.

4. *Verbal feedback*: Providing clear and positive feedback to students about their academic or behavior performances. It is critical the feedback directed in a timely manner.

5. *Stimulus change*: The idea is to understand the antecedents to disruptive behaviors and be able to create alternatives to the situation in order to decrease potential violent situations.

6. *Contingency contract*: Written performance agreements (behavior contract) between the student and the teacher. The written contracts specify the roles, expectations, and consequences. The behavior contracts are clearly written and emphasize positive consequences.

7.   *Modeling plus reinforcing imitation*: The teacher models or demonstrates the desired behavior. The idea is that the students will learn through observing the teacher and imitating him or her.

8.   *Shaping*: Building on to new appropriate behaviors the student already demonstrates. The teacher reinforces the student when his or her behavior gets a little bit better each time.

9.   *Systemic social skills training*: This is a curriculum-based approach using skills taught to students to maintain positive social interactions, to develop friendships, and to cope effectively with the social environment.

10.   *Self-monitoring and self-control training*: Consistent based tracking and recording of one's own specific behaviors with the intention of changing those behaviors.

11.   *Time-out*: A temporary removal or suspension of a child's opportunity to obtain positive reinforcement based on their behaviors. This needs to be used with knowledge and skillfulness.

12.   *Response cost*: The removal of a previously earned reward or reinforcement due to a specific misbehavior. For this technique to be effective, it must be used with positive reinforcement that allows the student to earn back the lost reinforcement (Kauffman & Landrum, 2013, p. 217-220).

2.3.2   Interventions for Students at Risk for Aggression

The fundamentals of interventions are teaching students emotional and cognitive skills that support nonviolent behavior and influence positive peer interactions (Multisite Violence Prevention Project [MVPP], 2009). Researchers have indicated targeted interventions and approaches for antisocial behavior (MVPP, 2009). Many antisocial students find little success in school; they experience academic failure and rejection by both peers and adults due to their behaviors. The discipline these students experience is often highly punitive with little positive reinforcement. Not surprisingly, educators experience frustration when dealing with students with EBDs. Fortunately, there are interventions that address disruptive behaviors. In addition to the classroom teacher using interventions, many students demonstrating behavioral concerns are supported by other staff members who support these students with specific interventions to decrease the behaviors in the classroom. Table 2.4 provides examples of targeted interventions for students demonstrating aggressive behaviors (Kerr & Nelson, 2009; MVPP, 2009).

Table 4. *Interventions*

Treatment	Theoretical	Overview
Cognitive-Behavioral Skills Training (CBST)	Many children with CD show deficits in the way they process social information to respond to problematic social interactions.	This training teaches children in a small group format to inhibit angry and impulsive responses and to use more appropriate social problem-solving skills.
Contingency Management Programs	Research-based with proven success with CD. The students overcome inadequate socializing environments.	These programs establish clear behavioral goals and gradually shape behavior by a very structured system of monitoring.

Table 4 (continued)

Social Skills Training	Selected intervention or classroom intervention.	Training of specific social skills and improving interpersonal problem-solving.
Organizational Skills Training	Selected intervention or classroom intervention. Academic interventions. Classroom preparatory skills.	Skills training for academic and behavior deficits. Self-management of behaviors, time-management, and homework management
Teacher Consultation & Coaching Approach	Incorporating mental health with classroom effectiveness by having a third party consultant working with the teacher on classroom procedures and effective instruction for EBDs.	BRIDGE-Bridging Mental Health and Education in the Classroom program. Three key principles include: communicating, warmth and respect, and clear expectations.

In some cases, general education teachers will be working with teams of school personnel to support students with EBDs in their classrooms. Unfortunately, many students will be in classrooms unsupported by a special education team, and the classroom teacher will be responsible for the learning environment and academic success of all of the students. The interventions discussed are imperative for general education teachers in order to foster behavior and academic success. There are three key features used in research-based intervention. The key features are as follows: (a) general education teachers will be educated about behavior expectations for antisocial students; (b) they will gain valuable information about the existing classroom environment; and (c) they will learn how to modify the general education curriculum in order to support students with EBD (in particular, CD) (Kerr & Nelson, 2009). An initial starting point for a general educational teacher includes establishing classroom rules, classroom limits, boundaries, and clear expectations. Another critical piece is adding a differentiated instructional approach with the curriculum, which emphasizes learning, while decreasing

inappropriate behaviors. There is not a "one size fits all" approach when addressing problem behaviors. In addition, traditional classroom management and discipline approaches are not effective with students with EBD. However, with experience, teachers will find success implementing appropriate behavior and academic interventions in the classroom.

The final section of this literature review summarizes implications for the preparation and professional development of teachers. First, we consider literature that examines the history of how professional standards for teachers have shaped the profession and their evolution over the years in conjunction with higher education approval standards, followed by challenges teachers face in the classroom, and concluding with what are effective classrooms and teacher preparation processes. These subsections are important because they demonstrate the processes and the perceptions of how teachers are prepared to support students with antisocial behaviors in their classrooms.

2.4   PREPARATON AND PROFESSIONAL DEVELOPMENT OF TEACHERS

General education and special education teachers share responsibilities for educating students with CD. Therefore, teacher preparation programs must reflect the knowledge and skills needed by both groups of teachers (Dingle et al., 2004). Discipline problems and antisocial behaviors are a concern with students with CD. Teachers are responsible for the safety and the academic success for all students in their classrooms. The following section focuses on teacher competencies, challenges teachers face modeling, and the importance of effective classrooms.

2.4.1　History of Professional Standards for Teachers

The roots of teacher professionalism began in the 1980s when the educational reform wave was driving for excellence in academic achievement (Labaree, 1992). Critics of American public schools stated that the United States' competitive position in the world economy would continue to fail due to the lack of high academic achievement being reported of the schools (Labaree, 1992). This reform for excellence drove national organizations to create committees to develop reports and guidelines to reform the profession of teaching. Multiple reports emerged to the forefront causing a spotlight on the American public secondary schools. According to Wiggins (1986), *A Nation at Risk* was the report that was the precedent to the reform movement. In addition, reports from the National Commission on Excellence, the Holmes Group, and the Carnegie Task Force all sparked heavy discussion on the teaching profession (Wiggins 1986; Labaree, 1992).

The formation of the Holmes group consisted of 17 education deans who published the report, *Tomorrow's Teachers* (Wiggins, 1986). Their stance was that universities should strengthen their commitment on improving teacher education programs (Wiggins, 1986). Their report, *A Nation Prepared: Teachers for the 21st Century*, looked at reforming the entire profession of teaching unlike the former report that specifically reviewed teacher education (Wiggins, 1986). However, according to Labaree (1992), "Both of these reports argued that the quality of public education can only be improved if school teaching is transformed into a full-fledged profession" (pg. 124). Due to their stance on improving teacher education programming, the Holmes Group worked closely and created protocol with the National Council for the Accreditation of Teacher Education (NCATE) on reviewing college and university's program approval standards (Wiggins, 1986). This same organization still to this day revises program

approval standards for higher education institutions and has been renamed the Council for Accreditation of Educator Preparation (CAEP). This same task force, using a broader lens, established the National Board for Professional Teacher Standards (NBPTS).

Another intense study and report from the National Commission on Teaching and America's Future challenged the nation to improve America's schools by creating standards for teachers (Darling-Hammond, 1996). According to Darling-Hammond (1996), the education challenge was that schools must help the vast majority of young people reach levels of skill that were once thought to be within the reach of only a few. There were new expectations for teaching. There were six goals to be achieved by the year 2006 (Darling-Hammond, 1996). These proposals were considered a blueprint for the development of the 21st century teaching profession and would provide accountability for educators thus improving academic achievement.

Since the mid-eighties, there have been two educational reform movements occurring at the same time that have greatly impacted education (Delandshere & Arens, 2000). There was the movement for professional standards for teachers and the development of curriculum standards for students. The National Board for Professional Teaching Standards (NBPTS) created and defined general professional teaching standards and content standards for teachers in 1989 (Delandere & Arens, 2000). Another forum, The Interstate New Teacher Assessment and Support Consortium (INTASC), defined a set of principles or standards that are still used as a foundation for new teacher certification and licensure (Delandere & Arens, 2000). According to Delandere and Arens (2000), the standards-based educational reform movement goals were to strengthen the teaching profession and raise standards for students and teachers, thus increasing student achievement. The redesign of teacher licensing for teacher education programs led to

creation of new program approval standards for higher education institutions. These movements have changed the profession and foundation of education in many ways, including standardizing teacher education programs through accreditation processes, raising the accountability in all schools with teachers adhering to standards, and teacher accountability with curriculum standards and testing. The following section discusses challenges teachers have in the classrooms even with the standardization of the educational process.

2.4.2   Challenges Teachers Face in the General Education Classroom

Aggressive behaviors in schools are common and occur in many forms (Spaulding, 2005). The aggressive behaviors remain a significant problem for educators, students, parents, and the community. In the United States, 5% and 10% of children demonstrate multiple forms of aggression (Alvarez, 2007). This statistic is imperative for school administrators and teachers to understand because it means that just about every general education teacher may have at least one or more children displaying the antisocial behaviors in each of his or her classes. The following prevalent behaviors are most reported by teachers on office discipline referrals, disruption, harassment, inappropriate language, and defiance (Putnam et al., 2003). The populations of students are diverse in the terms of academic, behavioral, and social skills sets. Student aggression is a significant challenge general education teachers contend with daily (Spaulding, 2005). As stated previously, of the 5% to 9% of children who meet the criteria for emotional and behavioral disorders (some are students with the medical diagnosis of CD) and as discussed in a previous section, only a small percentage are served and far more students are unidentified (Reinke, Stormont, Herman, Puri, & Goel, 2011).

Inappropriate behavior interferes with instruction and decreases learning and student engagement (Putnam et al., 2003). Teachers are charged to meet the needs of all their students for academic achievement by demonstrating strong instructional skills and possessing strong classroom management to decrease antisocial behaviors. They are expected to accommodate students with special needs in their inclusion setting and support students who present violent behavior (Espelage et al., 2013). Community environmental factors are also presenting challenges to teachers such as poverty, homelessness, and unemployment (Espelage et al., 2013). The population of students with EBDs is one of the most challenging groups to support in the classroom (Capella et al., 2012). Many staff members have reported that they do not feel confident or have had enough training on effective classroom behavior strategies to support the children (Capella et al., 2012). In a study on student aggression and teacher behavior (Spaulding, 2005), teachers reported that they saw the following behaviors that contribute to student aggression: social isolation, derogatory comments, verbal abuse, threats, disrespect of authority, gang activities, harassment, gossip, discord between peers, vulgar language, serious discipline problems, and anger outbursts. The magnitude and diversity of behavioral difficulties in the general education classroom indicate that teachers need an array of behavior management strategies to support students and increase academic achievement (Capella et al., 2012).

2.4.3   Prevalence of School Violence and Teacher Victimization

School violence presents itself in many forms. The Center for the Prevention of School Violence defines school violence as "any behavior that violates a school's educational mission or climate of respect or jeopardizes the intent of the school to be free of aggression against persons or property, drugs, weapons, disruptions, and disorders" (as cited in Espelage et al., 2013, p. 1).

According to the 2009 Institute of Education Sciences (IES) School Survey on Crime and Safety, approximately 11% of school principals reported that students were verbally abusive to their middle school and high school teachers (as cited in Espelage et al., 2013). Another national study conducted by the American Psychological Association Task Force on Violence Directed at Teachers (as cited in Espelage et al., 2013) revealed that 80% of teachers reported at least one victimization experience in the past year, and 72% reported having experienced at least one harassment offense. Student verbal aggression was the most frequent form of aggression reported by teachers (Espelage et al, 2013). Overall, the data from the studies indicated that higher rates of aggression and violence were associated with disorganized school structures, negative school climate, minimal support systems, and lack of school disciplinary policies/rules (Espelage et al., 2013). Another important factor in the studies indicated that teachers reported a lack of support and training for preventing and supporting student antisocial behaviors (Espelage et al., 2013). This information is critical. Teachers do not possess the resources or skills to support students with aggression in their classroom as well as provide appropriate instructional methods to increase student achievement, in particular to students with EBDs.

2.4.4 Effective Classrooms for Students Demonstrating Aggressive Behaviors

According to Capella et al. (2012), when children with high prevalence rates of disruptive behaviors are placed in effective classrooms, their achievements are shown to match that of their typical peers. Effective classrooms have supportive teacher-student interactions (instructional, emotional, and behavioral) that promote academic and social-emotional well-being. Highly effective classroom strategies include positive teacher feedback, structured classroom

management procedures for misbehaviors, promotion of social skills, and improved teacher-student relationships all have demonstrated positive effects of decreasing aggressive behaviors (Gorman-Smith, 2003).

Researchers, practitioners, and policymakers do acknowledge that school environments contribute to student aggression through inappropriate classroom placement, irrelevant instruction, inconsistent management, overcrowded classrooms, and rigid behavioral policies (Spaulding, 2005). Teachers of students with EBD who demonstrated a lack of systematic programming, negative teacher-student interactions, high reprimand rates, and low rates of instructional interactions have less academic achievement and increased aggressive behaviors (Anderson & Hendrickson, 2007). Studies have concluded that teacher knowledge, classroom competence, and effective classroom management skills can significantly affect students with EBD (Anderson & Hendrickson, 2007).

Research has provided evidence that behavior interventions, best practices for instruction, and teacher behavior can be effective in reducing aggression and increasing academic achievement in the general education classroom (Gorman-Smith, 2003). A critical piece to creating an effective environment is that with proper teacher training, attitudes towards students with EBD will improve (Gorman-Smith, 2003; Spaulding, 2005). Teacher behavior is targeted because there are correlations related to classroom environment and student aggression (Gorman-Smith, 2003; Spaulding, 2005). According to studies examined by Spaulding (2005), students with EBD are greatly affected by the ways teachers respond to them. Teacher behaviors impact the instruction and overall classroom environment (Spaulding, 2005). A child with an EBD needs the teacher to meet that child at his/her needs and learning style. The ultimate goal is to change the teacher interactions through training on the importance of academic and behavioral

interventions so that the outcomes for students with EBD improve as well as other students in the classroom (Vannest et al., 2011). Teacher interventions that focus on improving teacher instructional skills and classroom management can positively affect students with EBD (Gorman-Smith, 2003). What we do know is there are academic programming and behavioral interventions for students with EBD that can be affected for the students. Barriers such as proper teacher training at universities and in the school organizations are common and need to be addressed to work effectively with students with EBD (Anderson & Hendrickson, 2007).

2.4.5 Are Teachers Prepared to Support Students with CD?

Teachers find it challenging to meet the academic and behavioral demands of the classroom without the expertise and competency to address disruptive student behavior (Oliver & Reschly, 2010). A study by Spaulding (2005) asked, "How can teachers best be supported in their efforts to modify their own behaviors and to create a positive classroom environment?" Ninety-two percent of the teacher respondents reported that special training needs to occur in schools. They asked for specific detail for the special training to include behavior awareness, nonverbal and verbal communications, conflict management, anger management, and listening skills (Spaulding, 2005). Furthermore, the study indicated that the teachers wanted a greater understanding of child and adolescent psychology and behavior (Spaulding, 2005). According to a study from Oliver & Reschly (2010), general education and special education teachers felt inadequately prepared to effectively support students with EBD in their classrooms. Teachers believed they were not prepared to handle the disruptive behaviors typical of students with EBD (Oliver & Reschly, 2010). According to Espelage et al. (2013), studies indicated that teachers reported that they lacked support services and training for preventing aggressive behaviors in the

classroom. The concern was that teachers were unprepared to manage classroom violence, experiencing a decrease in student achievement, increasing rates of violence against teachers, and increased job-related stress (Espelage et al., 2013).

In regard to teacher preparation programs, teachers suggested more training in the areas of behavioral management, school law, and effective instructional practices for students with EBD (Spaulding, 2005). Other criticisms of teacher preparations programs are that even though there is a global prevalence of school violence, universities are not preparing teachers adequately in classroom management skills and behavior management (Espelage et al., 2013). According to Spaulding (2005), only 16.5 % of teachers stated that they had any classes or training in college to prepare them for school safety and violence. Seventy-two percent reported that they had classroom management training. The vast majority of teachers reported that school violence and student aggression should be addressed in university preparation programs. On a positive note, there have been discussions in most teacher education programs between general and special education faculty about the competencies and characteristics needed in order to effectively support students demonstrating disruptive behaviors in the classrooms (Dingle et al., 2004).

2.5   SUMMARY

Consensus among researchers is that students with the psychiatric diagnosis of CD are increasing (Kauffman & Landrum, 2013). Despite the high prevalence of CD, the identification rate for special education support services in schools for EBD is approximately 1% (Martin et al., 2007). In other words, there are more students diagnosed with CD and fewer specially designed instructional classroom supports. Research indicates that attrition rates are already high among

teachers, and it has become increasingly more difficult and stressful working with students exhibiting challenging emotions and behaviors (Kerr & Nelson, 2009). There are research-based supports and strategies for all teachers to use in order to assist in creating an effective learning environment (Kerr & Nelson, 2009; Tillery, Varjas, Meyers, & Collins, 2010).

It would be interesting to know how many higher education institutions prepare new teachers in supporting students with CD in their classrooms. With all the accountability put on public schools by the federal government and the state departments of education, are teachers being prepared to increase academic achievement, possess the knowledge of effective classroom practices, understand how their behaviors impact their classroom, and work with all students? The following chapter describes the research study that sought to find out how teachers are supported to work with students with challenging behaviors in their classrooms.

3.0   METHODS

3.1   STATEMENT OF THE PROBLEM

Findings from studies indicate substantial needs to support teachers and target their specific training needs (Tillery et al., 2010). Yet, the literature review confirms little indication of how general education teachers are truly prepared to support students in the classroom with emotional and behavioral disorders. This study concentrated on the extent to which teacher competencies address CD in their classrooms. With minimal information presented in the literature, the goal from this study was to create a starting point for future research on the topic, potential reorganization of teacher education programming in higher education, modify higher education accreditation processes for teacher education programs, and to inform changes for state department of education teacher certification. The following research questions guided the investigation.

3.2   RESEARCH QUESTIONS

To explore the gap in the literature, this study sought to answer the following questions:

- What do state departments of education require of teacher competencies for working with students with conduct disorder?

- What do state departments of education report in regards to program approval standards with students with conduct disorder?

3.3 METHODOLOGICAL FRAMEWORK

The aim of this study was to investigate how teacher competencies support students with CD by reviewing electronic documents from state departments of education. The qualitative research method used in this study was a descriptive case study method. According to Yin, "case study research is valuable because you want to understand a real-world case and assume that such an understanding is likely to involve important contextual conditions pertinent to your case" (2014, p.16). Yin defines a case study as an empirical inquiry that (a) investigates a contemporary phenomenon (the case) in depth and within its real-world context, especially when the boundaries between the phenomenon and context may not be clearly evident; and (b) encompasses a realist orientation, which assumes the existence of a single reality that is independent of any observer (2014). This descriptive case study reviewed data in a "real-world context." The next section describes the design of the study, sample, and selection procedures.

3.4   DESIGN OF THE STUDY

The 'blueprint' follows a logical sequence that connects data to the research questions and to the implications of the findings. According to Yin (2014), this style of a research study model is a "logical model of proof that allows the researchers to draw inferences concerning causal relations among the variables under investigation" (p. 28). The researcher conducted text analysis by looking for keywords or phrases connected to the term conduct disorder from data found on websites. When these terms were found, they were categorized into the specified domains. The data analysis examined the frequency of terms and patterns that emerged in connection with the standards regarding students with conduct disorder. The following section outlines the data collection procedures.

3.5   DATA COLLECTION PROCEDURES

Data was extracted from online from online public documents. According to Rowley (2002), there are three key principles of data collection:

1.   Triangulation: This principle uses evidence from different sources to corroborate the same fact or finding.

2.   Case study database: The evidence of the case study needs to be collected and stored in the database.

3.   Chain of evidence: The researcher needs to maintain a chain of evidence (p. 24).

For this research study, there were three phases of data collection:

1.   Located each state department of education's website and located teacher standards links and program approval standards.

2.   Searched for teacher standards or competencies using terminology cited in the research literature (see detailed process below).

3.   Retrieved documents pertaining information about program approval standards.

The researcher collected all relevant data pertaining to teacher standards and program approval standards in relation to students with conduct disorder. The collected data was inputted onto Word and Excel sheets created by the researcher. See Appendix A: Data Collection Steps and Procedures. A Word document was created for each of the 50 departments of education to house the search terms and phrases. Then, the researcher coded for the search terms on the Excel sheets designed by the researcher. An Excel sheet was created for teacher standards and another Excel sheet was designed for program approvals standards information. Each Excel sheet lists the 50 states, URL information, and coding data.   In order for the researcher to code, a search term sheet was designed. It is included here as Table 3.1. The framework for the search term sheet was created using a tier approach. First, the researcher reviewed research and identified key terms that were related to the supporting teachers in the classrooms. See Table 3.1. The thirty-nine key terms were selected from research that established the significance of the terms selected. Then the terms where placed into three tiers. The Tier One: Universal Search Terms category identified basic terminology that is taught in foundational education courses. Tier Two: Targeted Search Terms are the terms that are associated with educators understanding basic principles of behavior, special education, and developmental concepts. Tier Three: Intensive Search Terms are the key identifies for the psychiatric diagnosis of CD.

There are 50 state departments of education. Due to the vast number of teacher standards for the numerous types of teacher certification, this study reviewed teacher standards for elementary education teacher certification (K-6) or middle school level education with grades (4-8) certification. To recall from Chapter 2, the onset of CD usually occurs during middle childhood through middle adolescence (APA, 2013). These two certifications cover the age of onset for CD. If these two specific certifications could not be found, then the researcher reviewed for general education certification. The sources for retrieving documents for each of the three phases are illustrated in the following subsections.

3.5.1   Phase 1: Locating Specific State Departments of Education

The data collection procedures for Phase 1: Locating Specific State Departments of Education are illustrated in Appendix A and included the following steps:

1.   In a search engine, entered a name of a state department of education.

2.   Searched for listing.

3.   Located the specific state department of education.

4.   Cut and pasted the URL of each of the state departments of education on the Excel sheet in the designated column.

3.5.2   Phase 2: Retrieving Documents for Teacher Certification or Licensure

The data collection procedures for Phase 2: Retrieving Documents for Teacher Certification or Licensure included the following steps (See Table 3.1 below):

1.   In the individual state department of education website, visually scanned for "teacher certification" or "teacher licensure." If not found, used "search" tool or feature for either "teacher standards," or "teacher certification," or "teacher licensure."

2.   Once on the correct page, visually scanned for "elementary teacher," "middle level with grades 4-8 certification," or "general teacher."

3.   Visually scanned for the search terms (listed in Table 3.1) or used the "Find" feature on the computer to scan the documents for the search terms.

4.   Cut and pasted any text that included a search term in a Word document for text analysis.

5.   Entered a "1 or 0" under the categories on the Excel sheet, according to the glossary (see Figure 3.2).

Figure 1. *Search Terms for Addressing Teacher Competencies for Working with Students with CD*

46

Table 5. *Search Terms for Addressing Program Approval Standards and Teacher Competencies for Working with Students with Conduct Disorder*

Data Collection Procedures: When collecting data, the following search terms will be used for coding and pattern matching.	
TIER ONE: UNIVERSAL SEARCH TERMS	
Adolescent Development	(Kauffman & Landrum, 2013) (Tillery et al., 2010)
Behavior	(Olympia, et al, 2010) (Sugai & Horner, 2006)
Child Development	(Kauffman & Landrum, 2013) (Tillery et al., 2010) (Gottfredson
Classroom Climate	& Gottfredson, 2001)
Classroom Discipline	(Kerr & Nelson, 2010) (Tillery et al., 2010)
Classroom Management	(Kerr & Nelson, 2010) (Sugai & Horner, 2006)
Classroom Environment	(Kerr & Nelson, 2010) (Alverez, 2007) (Zahrt, & Melzer-Lange,
Discipline	2011)
Discipline Practices	(Kerr & Nelson, 2010) (Putnam et.al, 2003)
Human Growth and Development	(Kerr & Nelson, 2010) (Reinke et al., 2011)
Managing Student Behavior	(Kerr & Nelson, 2010) (Baker, 2005)
Misbehavior	(Baker, 2005) (Sugai & Horner, 2006)
Principles of Behavior	(Wilson, Lipsey, & Derzon, 2003)
Responsible Student Behavior	(Wilson, Lipsey, & Derzon, 2003)
Safe Classroom Environment	(Kerr & Nelson, 2010) (Putnam et al., 2003)
Student Engagement	(Kerr & Nelson, 2010) (Vannest et al., 2011)
TIER TWO: TARGETED SEARCH TERMS	
Accommodating Exceptional	(Olympia et al., 2004)
Children	(Kauffman & Landrum, 2013) (Forness et al.,2012)
Behavior Disorders	(Kerr & Nelson, 2010) (Sugai & Horner, 2006)
Behavioral Interventions	(Kerr & Nelson, 2010) (Goldstein, 1999)
Challenging Behaviors	(Kauffman & Landrum, 2013) (Reinke et al., 2011)
Cognitive Development	(Kauffman & Landrum, 2013) (Rhuele, 2005)
Disruptive	(Kauffman & Landrum, 2013) (Hinshaw, 1992)
Diverse Needs of Learners	(Oliver & Reschely, 2010) (Olympia et al., 2004)
Exceptional Children	(Oliver & Reschely, 2010) (Olympia et al., 2004)
Meeting Needs of Exceptional	(Heatherfield & Clark, 2004) (APA, 2013)
Children	(Kauffman & Landrum, 2013) (Mack, 2004)
Mental Health	(Kauffman & Landrum, 2013) (Olympia et al., 2004)
Self-Regulation	
Special Education	
TIER THREE: INTENSIVE SEARCH TERMS	
Antisocial Behavior	(APA, 2013) (Frick, 2004) (Kazdin, 1995)
Aggression	(APA, 2013) (Frick & Dickens, 2006)
Aggressive Behaviors	(APA, 2013) (Frick, 2004)
Aggression to People and/or	(APA, 2013) (Bassarath, 2001) (Frick, 2004)
Animals	(APA, 2013) (Frick & Dickens, 2006)
Conduct Disorder	(APA, 2013) (Frick & Dickens, 2006)

Table 5 (continued)

Deceitfulness or Theft	(APA, 2013) (Frick & Dickens, 2006)
Destruction of Property	(APA, 2013) (Heatherfield & Clark, 2004)
Emotional Development	(APA, 2013) (Frick, 2001)
Emotional Disorder or Problems	(APA, 2013) (Frick, 2001)
Emotional Needs	(APA, 2013) (Frick & Dickens, 2006)
Serious Violations of Rules	

3.5.3 Phase 3: Retrieving Documents for Approval Program Standards

The data collection procedures for Phase 3: Retrieving Documents for Approval Program Standards included the following steps:

1. In the individual state department of education website, visually scanned for "preparation program approval process." If not found, used the "search" tool or feature for either "preparation program approval process," or "standards for approval of elementary education," or "program approval procedures."

2. Once in the correct page, visually scanned for the search terms listed in Figure 3.2 or used the "Find" feature on the computer to scan the documents.

3. Cut and pasted relevant text in Word sheet for any text that included a search term for text analysis.

4. Entered a "1" or a"0" under the categories on the Excel sheet, according to the glossary (see Figure 3.2).

Figure 2. *Glossary of Search Terms*

Figure 3. *Program Approval Standards Codes*

3.6　　DATA ANALYSIS

The primary focus of this study was not to compare each of the state departments of education but rather to describe a holistic case study as one unit, looking for evidence of how general education teachers are prepared to support students with CD. The goal of this case study was to provide clear attention to the boundaries and provide a sense of completeness by exhibiting an exhaustive effort to collect all relevant information (Yin, 2014). The researcher reviewed documents concerning teacher standards and program approval standards in each of the 50 state departments of education websites in order to collect all pertinent information. Rowley (2002) provides a framework for good case study analysis via the following principles: (a) the analysis makes use of all of the relevant evidence; (b) the analysis considers all of the rival interpretations and explores each of them in turn; (c) the analysis should address the most significant aspect of the case study. After the researcher conducted the data collection procedures, the terms and phrases referenced in Table 3.1 were categorized and quantified according to frequency. Following this, the researcher performed a text analysis with the terms and phrases outlined on the Excel sheets. Within the data, the researcher searched for pattern matching, consistencies, and inconsistencies.

According to Yin (2014), the strengths of using documents as evidence are that they are (a) stable: can be reviewed repeatedly; and (b) unobtrusive, not created as a result of the case-study (p.102). For this case study, the researcher searched for inferences and themes to be drawn from the data presented. Due to the collection of data from all 50 states, the researcher was able search for possible regional, cultural, or specific state themes and patterns with higher education institutions. In conclusion with the analysis of all the data, the researcher reported the general

interpretations for future practices for future teacher training needs or policy in relation to teachers working with students with conduct disorder.

For this study, the research design of collecting data from each of the state departments of education needs to be replicable and complete enough to serve as a set of instructions for coders (Krippendorff, 2013). Due to the large volume of information from the data collection, a pilot study of ten state departments of education was conducted by the researcher and a research assistant to compare collecting information for consistency and accuracy of data. The content analysis outline included the researcher categorizing the occurrences of texts and phrases in order to create inferences in relation to the research question. The logical content analysis model for this research study consisted of only reviewing electronic data, performing content analysis, and creating inferences from all the different texts from each of the state departments of education to answer the research question. The researcher conducted the study described by solely reviewing public documents posted during the summer of 2014. Therefore, not all information found may be current. More information may be located if further document mining occurred by directly soliciting the individual state departments of education through written or phone requests.

4.0   RESULTS

This chapter presents the analysis of data and findings from text analysis of information pertaining to individual state teacher competencies and program approval standards. The data was compiled into two separate databases. Common themes were derived from the coding of text that was in reference to the two research questions. Accordingly, the results are presented in two sections that detail the findings related to the two research questions: *(1).What do state departments of education require of teacher competencies for working with students with conduct disorder? (2).What do state departments of education report in regards to program approval standards with students with conduct disorder?*

4.1   WHAT DO STATE DEPARTMENTS OF EDUCATION REQUIRE OF TEACHER COMPETENCIES FOR WORKING WITH STUDENTS WITH CONDUCT DISORDER?

4.1.1   Evidence Examined

For this analysis, the researcher wanted to find, through text analysis, if teacher competencies address supporting students with CD. Interestingly, on the first review of the informational text, there were no text units found on any of the web pages for teacher standards/competencies or

links directly citing "students with conduct disorder," "conduct disorder," or "adolescents and conduct disorder." On the second examination of the text using the search terms from Table 3.1, there were data found to be related in some way with teacher standards and the search terms.

Table 4.1 lists the 21 state departments of education website pages that did not demonstrate any data regarding teacher competencies. What this means is that the following departments of education did not post any information pertaining to teacher standards and/or competencies on their websites. To recall from Chapter 3, this case study only reviewed online data, no other steps were taken to track down the standards that were not listed on the website. Without these particular web pages or information, the researcher could not use the search term sheet referenced in Figure 2 (p. 49) to conduct the analysis.

Table 6. *State Department of Education Websites with No Data*

State Departments of Education Websites		
Alabama	Maine	New Mexico
Arizona	Maryland	Oklahoma
Arkansas	Michigan	Oregon
California	Missouri	Pennsylvania
Connecticut	Montana	South Dakota
Georgia	Nevada	Tennessee
Indiana	New Hampshire	Wyoming

Note. n= 21

Out of the 21 state websites that did not demonstrate the data in question, all of the sites did have active links and current information. Interestingly, when mining for "teacher standards and/or competencies," or for "teacher certification," ten of the 21 state websites shared no information, but these websites did illustrate information for program approval standards. Pennsylvania, Arkansas, Arizona, and Georgia are examples of websites that displayed information pertaining to program approval standards but no information for teacher standards. The state websites for Wyoming and Oklahoma referenced only information relating to certification questions and answers. Alabama, Indiana, and Maryland only demonstrated direct references to content standards or college-and-career ready standards for students. The Maine state department of education only referenced teacher induction standards and alluded to applying for national board certification. The South Dakota site listed a "calendar of events" under teacher certification and licensure. Table 4.2 below illustrates the 29 state departments of education websites that did demonstrate information pertaining to teacher standards and/or competencies.

Table 7. *State Department of Education Websites Demonstrating Data*

Alaska	Massachusetts	South Carolina
Colorado	Minnesota	Texas
Delaware	Mississippi	Utah
Hawaii	Nebraska	Vermont
Idaho	New Jersey	Virginia
Illinois	New York	Washington
Iowa	North Carolina	West Virginia
Kansas	North Dakota	Wisconsin
Kentucky	Ohio	Florida
Louisiana	Rhode Island	

Note: n=29

The state of Texas indicated the highest number of search terms (19 out of the 39 terms) affiliated with teacher competencies. Colorado and Illinois indicated the next highest number of search terms found in the websites under the teacher standards section with 18 terms. Massachusetts, Louisiana, Mississippi, and Nebraska had the lowest number of search terms. The researcher only could find for these states the terms "child development," "cognitive development," "emotional development," and "diverse learners."   The following sections describe the findings from the 29 department of education websites that did offer data pertaining to the research questions.

4.1.2 Findings

Table 4.3 below shows the frequency and percentage of each search term in teacher competency descriptions from the 50 websites. Recall from Chapter 3 that the search terms were categorized into three tiers. Tier One is the universal tier which is more generalized terms used when discussing basic educational pedagogy. Tier Two is the targeted tier with search terms more focused on student behaviors, behavioral interventions, and general mental health. Tier Three contains the intensive terms that directly focus on the diagnosis of conduct disorder.

Table 8. *The States with Search Terms in Teacher Competency Descriptions as a Percentage of the Sample (n=50)*

Tier One: Universal Search Terms		
n=50	*n*	*%*
Adolescent Development	18	36
Behavior	19	38
Child Development	25	50
Classroom Climate	19	38
Classroom Discipline	19	38
Classroom Management	25	50
Classroom Environment	23	46
Discipline	8	16
Discipline Practices	16	32
Human Growth and Development	11	22
Managing Student Behavior	1	2

Table 8 (continued)

Misbehavior	0	0
Principles of Behavior	1	2
Responsible Student Behavior	2	4
Safe Classroom Environment	21	42
Student Engagement	6	12

Tier Two: Targeted Search Terms

Accommodating Exceptional Children	11	22
Behavior Disorders	1	2
Behavioral Interventions	9	18
Cognitive Development	19	38
Disruptive	0	0
Diverse Needs of Learners	18	36
Exceptional Children	13	26
Meeting Needs of Exceptional Children	3	6
Mental Health	3	6
Self-Regulation	0	0
Special Education	13	26

Tier Three: Intensive Search Terms

Antisocial Behavior	0	0
Aggression	0	0

Table 8 (continued)

Aggressive Behaviors	0	0
Aggression to People and/or Animals	0	0
Conduct Disorder	0	0
Deceitfulness of Theft	0	0
Destruction of Property	0	0
Emotional Development	17	34
Emotional Disorder or Problems	0	0
Emotional Needs	3	6
Serious Violations of Rules	0	0
Socially Maladjusted	0	0

In reference to Tier One for universal search terms, 50% of the states eluded to the terms "child development" and "classroom management." Forty-six percent of the states indicated the phrase "classroom environment." For example, Idaho reported, "The Idaho Core Teacher Standards apply to all ten basic standards; Standard 3: Learning environment-create classroom environments that support positive social interaction." Eighteen states (36% of states) illustrated in teacher competencies that "educators needing to know adolescent development." Unexpectedly, only 32% of the states indicated that educators have knowledge about "human growth and development." It is worth noting that only Colorado indicated the phrase "principles of behavior;" no state website used the term "misbehavior" and "responsible behavior" rarely appeared despite these being popular terms discussed in basic level education foundation

courses. Furthermore, only 42% of the states stated that teachers should know how to conduct "safe classroom environments." For example, New Jersey indicated standards on the teacher standards webpage for the "creation of a supportive, safe, and respectful learning environment."

A second way to review the data in the three tiers is to refer to Appendix B in which two tables, B.1 and B.2, compile the data into the number of search terms found by each state according to the three tiers. For Tier One, there were 16 search terms selected. The states of Texas, Colorado, and Iowa had the highest number of terms found for this tier. The state of Texas had 14 (88%) out of 16 search terms, Colorado had 13 (81%) search terms, and Iowa had 12 (75%) search terms. The only search terms that were not found for Texas were "principles of behavior" and "misbehavior." For the state of Colorado, the search terms "human growth development," "student engagement," and "misbehavior," were not indicated. Iowa was not able to indicate "responsible behavior," "student engagement," "principles of behavior," and "misbehavior." The states of Florida, Kansas, and South Dakota are examples of states that had the least amount of search terms indicated in Tier One. Kansas and Florida presented the three search terms of "adolescent development," "child development," and "human growth and development." South Dakota did claim "classroom management" and "discipline."

In Tier Two: Target Search Terms, there was a lower frequency of search terms found than in Tier One: Universal Search Terms. For example, Table B.1 shows that the highest number of search terms found out of 12 search terms for the tier was seven. The Kansas and North Dakota indicated seven (58%) out of the 12 search terms. Nineteen states (38%) did note that teachers need to know about "cognitive development," and eighteen states (36%) claimed teachers need to support the "diverse needs of learners." However, Hawaii was the only state that claimed teachers need to understand "behavior." No state indicated the search terms for "challenging

59

behaviors," "disruptive behaviors," or "self-regulation." Unexpectedly, only 13 states shared data claiming educators need to know about "special education," and only three states (Idaho, Illinois, and North Dakota) stated information pertaining to "meeting the needs of exceptional children." For example, Illinois did report that teachers need to "know behavior intervention plans [and] behavior management, for exceptional learners." Even though Illinois did indicate the terms "behavior intervention plans," only eight other states stated in their teacher standards pages the terms "behavioral interventions." Florida, Kansas, and Ohio were the only state websites that used the term "mental health." For example, Kansas' website indicated, "The teacher understands the developmental consequences of stress and trauma, risk factors, protective factors, resilience, on the development of mental health, and the importance of supportive relationships."

Finally, Tier Three: Intensive Search Terms directly related to conduct disorder displayed little if any information pertaining to this research question. However, the lack of information does demonstrate strong evidence and possible implications for research question one. Unfortunately, no states indicated educators need to understand children with "aggressive behaviors," "antisocial behavior," or "aggression." Thirty-four percent (17 states) did state that teachers need to understand "emotional development" of children, and three states (Illinois, Vermont, and Ohio) did state educators need to comprehend the "emotional needs" of children. However, no state indicated any wording pertaining to conduct disorder. The following section will discuss information pertaining to program approval standards from each of the state department of education websites.

4.2 WHAT DO STATE DEPARTMENTS OF EDUCATION REQUIRE IN REGARDS TO PROGRAM APPROVAL STANDARDS WITH STUDENTS WITH CONDUCT DISORDER?

4.2.1 Evidence Examined

The researcher used the same data mining process as in the previous section by reviewing the 50 state departments of education websites. It is worth noting that 60% of the state departments of education demonstrated no data pertaining to program approval standards. Table 4.4 lists the state department of education websites indicating no research data on program approval standards for teachers.

Table 9. *State Departments of Education Websites Showed No Data*

Alabama	Kentucky	Ohio
Alaska	Louisiana	Oklahoma
Colorado	Maine	Oregon
Delaware	Maryland	South Carolina
Florida	Minnesota	South Dakota
Hawaii	Mississippi	Utah
Idaho	New Hampshire	Washington
Indiana	New Mexico	West Virginia
Iowa	New York	Wisconsin
Kansas	North Carolina	Wyoming

Table 9 (continued)

_____

Note: n=30

All 30 states had active links to the web pages. However, when data mining for "program approval standards," no data was found. The states of Mississippi, New Mexico, and Oregon did indicate licensure procedures in regards to program approval standards. In relation to accreditation for higher institutions, Hawaii, Louisiana, South Carolina, and Iowa discussed how institutions are accredited through program approval standards. Five states only reported certification information for approval standards. Table 4.5 lists the 20 state departments of education websites that did provide information in regards to program approval standards.

Table 10. *State Departments of Education Websites Demonstrating Data for Program Approval Standards*

_____

	Arizona	Nebraska
	Arkansas	Nevada
	California	New Jersey
	Connecticut	North Dakota
	Georgia	Pennsylvania
	Illinois	Rhode Island
	Massachusetts	Tennessee
	Michigan	Texas
	Missouri	Vermont

Table 10 (continued)

	Montana	Virginia

Note: n=20

Pennsylvania had the highest frequency of search terms with 62% (24). New Jersey and Tennessee had approximately 56% (22) search terms found. The majority of the rest of the standards indicated approximately 46% (17-19) search terms found. However, Vermont, Nevada, Connecticut, and Michigan only reported an average of 13% (5) search terms found. The next section discusses the findings for this section.

4.2.2   Findings

Table 4.6 below shows the frequency and percentage of each search term in program approval standards from the 50 websites.

Table 11. *States with Search Terms in Program Approval Standards Descriptions as a Percentage of the Sample*

Tier One: Universal Search Terms

n=50	*n*	*%*
Adolescent Development	18	36
Behavior	12	24
ild Development	18	36
Classroom Climate	14	28

Table 11 (continued)

Classroom Discipline	12	24
Classroom Management	13	26
Classroom Environment	14	28
Discipline	11	22
Discipline Practices	4	8
Human Growth and Development	16	32
Managing Student Behavior	6	12
Misbehavior	0	0
Principles of Behavior	3	6
Responsible Student Behavior	0	0
Safe Classroom Environment	14	28
Student Engagement	9	18

Tier Two: Targeted Search Terms

_____Ac

commodating Exceptional Children	14	28
Behavior Disorders	0	0
Behavioral Interventions	1	2
Cognitive Development	15	30
Disruptive	0	0
Diverse Needs of Learners	13	26

Table 11 (continued)

Exceptional Children	14	28
Meeting Needs of Exceptional Children	0	0
Mental Health	6	12
Self-Regulation	1	2
Special Education	12	24

Tier Three: Intensive Search Terms

Antisocial Behavior	0	0
Aggression	0	0
Aggressive Behaviors	0	0
Aggression to People and/or Animals	0	0
Conduct Disorder	0	0
Deceitfulness of Theft	0	0
Destruction of Property	0	0
Emotional Development	16	32
Emotional Disorder or Problems	0	0
Emotional Needs	4	8
Serious Violations of Rules	0	0
Socially Maladjusted	0	0

The second research question assessed, if the program approval standards were reported, then how did they address supporting students with conduct disorder in the classroom? The results show there was less frequency of terms found during the document mining process for this research question than for reviewing teacher competencies. Tables B.1 and B.2 display the number of search terms found by each state according to each tier. Table B.1 reports information about search terms for teacher competencies, and Table B.2 addresses information about search terms for program approval standards. Once again, the search terms appeared more frequently in the Tier One: Universal section, decreased slightly for Tier Two: Targeted grouping, and drastically deteriorated for the Tier Three: Intensive cluster of terms.

In Tier One, eighteen states did indicate the terms "adolescent development" and "child development." Those were the two most popular terms with 36% of the states stating in the program approval standards that educators need to understand those two concepts. To reiterate, program approval standards are the guidelines for higher education institutions to follow for licensure of teachers when they graduate. Interestingly, the search terms in relation to discipline have low percentages of states reporting that teachers need to understand and interpret student behavior. Only eleven states show the term "discipline." Only six states specify "managing student behavior." For example, North Dakota stated, "educator needs to understand classroom behavior management." Kentucky specified a detailed description, noting, "the learner establishes clear standards of conduct, shows awareness of student behavior, and responds in ways that are both appropriate and respectful of students." However, 14 states implied educators need to have "safe classroom environments." For example, Arizona stated that the "learner collaborates to build a safe, positive, learning climate." Furthermore, only 13 states (26%) indicated "classroom management." The standards only

specified "classroom management" and gave no further details.

As referenced in Table B.2, Pennsylvania, New Jersey, and Missouri, had the highest number of search terms found for Tier One. Pennsylvania indicated 14 (88%) out of the 16 terms, New Jersey reported 13 (81%) of the search terms, and Missouri claimed 12 (75%) of the search terms. The only two terms not indicated for Tier One for Pennsylvania were "misbehavior," and "responsible student behavior." New Jersey did not indicate "misbehavior," "responsible student behavior," and "managing student behavior." However, "discipline," "discipline practices," and "classroom discipline" were reported for both of the states of New Jersey and Pennsylvania. The states of Connecticut, Michigan, Vermont, and Nevada reported the least amount of search terms for Tier One. However, all four of these states did indicate the terms "adolescent development," and "child development."

Tier Two search terms were used less frequently than Tier One search terms. (Refer to Appendix B.) Fourteen states (28%) implied "accommodating students with exceptional needs" and twelve states (24%) reported that educators needed to know about "special education." For example, Colorado implied "Standard 6. Knowledge of Individual Instruction: The teacher is knowledgeable about learning exceptionalities." Michigan noted that the "learner must know the needs of the exceptional children." It is worth noting that Pennsylvania was the only state to indicate that the teacher "demonstrate effective adolescent behavior strategies." Only fifteen states (30%) noted that educators must have an understanding of "cognitive development." Furthermore, only six states (12%) showed that the educator must know about "mental health." Interesting, Illinois designated in the program approval standards that,

> Illinois institutions of higher education are now required to incorporate the Illinois State Board's Social and Emotional Learning Standards into their educator preparation programs…This will ensure that teachers will respond to children with social, emotional, or mental

health problems that have an impact on their ability to learn.

No other state claimed such information.

Tier Three had dramatically low percentages of search terms reported. No state indicated any information in direct relation to conduct disorder or any other psychiatric disorder. The only two terms that had indications in the program approval standards were "emotional development" and "emotional needs." These terms were not specified in detail in the standards, only implied. For example, Montana stated that the learner "must know about social-emotional development." New Jersey's website noted that educators need to know "cognitive, social, and emotional development."

5.0   DISCUSSION AND IMPLICATIONS

The 2003 National Survey of Children's Health Report revealed a high prevalence of developmental and behavioral problems among children (Blanchard, Gurka, & Blackman, 2006). In fact, the most common mental health diagnoses among children and adolescents are behavior disorders (Mellin, 2009). These same children attend our K-12 public schools. Children diagnosed with behavior disorders, and those undiagnosed, act out in various manners causing issues and concerns for teachers and administrators in schools. These externalizing behaviors occurring in schools are described as physical aggression, verbal conflicts, fighting, and defiance.

General education teachers often discuss dealing with students who present various types and severity of behaviors and disabilities in their classroom. One study found that teachers do want a greater understanding of child and adolescent psychology and behavior (Spaulding, 2005). Federal mandates have triggered a sense of urgency and high pressure for educators to increase student achievement, provide differentiated instruction, create a safe classroom environment, and have strong classroom management skills. Another mandate for teachers is to provide accommodations and support for students with special education needs. A general finding in the literature (Oliver & Reschly, 2010) is that teachers overall feel inadequately prepared to support students demonstrating the externalizing behaviors. There are high rates of teachers leaving the education field; a lack of training to support students with

disruptive behaviors is one of the many reasons teachers leave the field (Espelage et al., 2013). Another concern educators are bringing to the forefront is how to manage violence (Espelage et al., 2013).

As reported in the literature review, supporting students who are diagnosed with conduct disorder in schools is the focus of this study. Children with CD are the largest single group of patients seen in mental health settings (Bassarath, 2001; Martin et al., 2007). Interestingly, the prevalence of this diagnosis has steadily increased over the last decade (APA, 2013). Students with CD most likely are characterized by poor grades, skill deficits, and low student achievement. Educators are often frustrated and angry because these students cannot demonstrate self-control skills to decrease aggression. Another major concern for public school institutions is that children identified with CD often do not qualify for special education because this diagnosis may not always fit under the emotional disturbance (ED) category for them to receive services in schools. This researcher explored state websites to find evidence of teacher preparation for working with children with CD.

Teacher standards and program approval standards are pertinent factors when it comes to highly qualified teachers in our nation, especially considering federal mandates. Interestingly, when reviewing how teacher standards address supporting students with CD none or a very small amount of information could be found. Furthermore, little information was reported concerning assisting students with general behavioral disorders.

5.1   OUR STATES ARE NOT SIMILAR

Each state demonstrated different information pertaining to teacher competencies and program approval standards.   Regional patterns could not be detected from the states that did demonstrate data for both teacher standards and program approval standards.   In addition to reviewing data for each state, we examined to see if states were consistent in standards among search terms found in the three tiers.   Once again, no direct patterns could be established after evaluating the tiers for state patterns.   This implies for example that a teacher in Florida may be exposed to different competencies than a teacher being educated in Idaho.   School administrators may find confusion and inconsistencies among teacher candidates because they are under the assumptions that all pre-service teachers are entering the professional educator positions with preconceived training.

However, the data found by reviewing the number of search terms found in each tier by state do reflect significant information. Of the states that did demonstrate data on the websites for standards, most of them indicated search terms in Tier One.   This tier had the highest number of search terms found overall. It can be inferred there are standards reflecting the need for teachers to know and understand the basic educational concepts of adolescent development, child development, classroom management, and discipline. In comparison to Tier Two Targeted Search Terms, there were fewer search terms suggested overall in this category. Fewer states indicated standards that addressed special education, cognitive development, and behaviors. Lastly, Tier Three Intensive Search Terms category projected the least amount of search terms found by state. In fact, the only search terms detected were emotional development and emotional needs. When examining the data from Tier Two and Tier Three, it

can be suggested that teacher competencies and program approval standards are not addressing students with behavioral challenges, especially CD. An implication for teachers is that they may be receiving the basic fundamental educational concepts; however, they may be receiving inconsistent preparation reflecting special education, challenging behaviors, and specifics behavioral disorders. The data demonstrating little information from specific competencies addressing CD are significant because the prevalence of CD is steadily increasing. One may wonder how teachers will be able to assist students with behavioral difficulties and disabilities.

Another consideration is that the federal mandates affect all teachers across the country. No Child Left Behind policies expect accountability for all students for increased academic achievement across the country. Our nation has demanded higher academic achievement rates, increased attendance rates, and higher graduation rates. In spite of evidence regarding the importance of teachers needing to have an understanding of special education, there is evidence from this study that not all states have standards that are reflective of special education knowledge. Over the past ten years, the number of U.S. students enrolled in special education programs has increased to over 30% (APA, 2013). Three out of four students with disabilities spend part or all of their school day in general education (APA, 2013). This supports the data that every general education classroom across the country will have one or more students with disabilities. Interestingly, not all 50 states require general education teachers to know basic special education information. Another consideration was that these very same teachers may not be getting basic special education training unless they are in states that require two certifications (one in special education). One wonders what academic achievement could reflect if all teachers had the basic training of special education.

5.2   MENTAL HEALTH/BEHAVIORAL DISORDERS AREN'T BEING ADDRESSED

FOR GENERAL EDUCATION TEACHERS

As reported in the literature review, supporting students who are diagnosed with CD in schools is the focus of the study. To recall, the prevalence of this psychiatric disorder is increasing, and it is the most prevalent behavioral diagnosis. Yet, little information could be found in Tier Three in which the search terms directly targeted CD. Students with CD are characterized by poor grades, skill deficits, and low student achievement. Educators are often frustrated and angry because these students cannot demonstrate de-escalating skills.

Despite compelling data and calls for more mental health disorder training for teachers, the data reviewed on teacher competency standards and program approval standards indicated that not all states address mental health disorders in teacher standards, despite an increase of mental health diagnoses in our nation's children, in particular behavioral disorders. Only three states indicated search terms for knowledge of mental health disorders in teacher standards. Six states reported in the program approval standards teacher understanding of mental health disorders. Seventeen states did indicate search terms for emotional development. An implication may suggest that if teachers lack knowledge of mental health disorders, there may be higher amounts of frustration and hostility towards teachers.

When mental health disorders become barriers in the classrooms, students may tend to act out more aggressively, verbally, and/or shuts down. These behaviors result in increased frequencies of discipline referrals, which result in absenteeism, suspensions, and police referrals. The implications for school districts are increased school safety concerns, decreased

student engagement, and decreased student achievement. Increased rates and frequencies of discipline data could result in schools needing to participate in corrective action planning.

5.3   RESEARCH TO PRACTICE GAP

Although this study found minimal information demonstrated on the state websites in regards to standards supporting students with CD, much can be proposed. What we do know from the literature review is that there are academic programming and behavioral interventions for students. However, according to the literature, the teachers have stated they do not feel confident to work with students with behavioral challenges due to lack of training (Capella et al., 2012). It is unfortunate that only three states reported knowledge of behavioral interventions in their standards. These data support the premise that teachers are not exposed to enough training on effective classroom behavior management and behavioral interventions. There are research-based behavioral interventions available to assist teachers supporting students with behavioral difficulties. The lack of data implies that teachers will not learn these interventions and will continue to struggle assisting the students.

American teachers report that they do not have basic classroom management training. The implications for teachers are decreased safe classroom environments, increased office discipline referrals, increased school violence and teacher attrition rates. We know from the literature there are research-based interventions for students with behavioral challenges. What we do not know is how to get all teachers to receive the behavioral intervention training. In the future, higher education institutions need to establish more standards regarding classroom

management, behavioral intervention strategies, and classroom environment. An implication could be that teachers create higher levels of student engagement and positive learning environments with more training. By encouraging all states to establish standards addressing student behavior challenges, the research to practice gap may close.

5.4   NATIONAL PROFESSIONAL ORGANIZATIONS: WHAT ARE THEIR POSITIONS?

Future research may have several policy implications for higher education institutions to restructure their accreditation processes. These changes may affect many organizations and their protocols such as the Council for Accreditation of education Preparation (CAEP), the former NCATE organization. CAEP's current platform is named *Resources Building on Evidence-Based System for Teacher Preparation*. There are three goals for the organization: a) achieve more common measures across states, b) strengthened accreditation, and c) stronger preparation program evaluation. The research from this study did not report encouraging information in relation to the 50 state departments of education referencing program approval standards. It shall be noted that only 20 states reported data in relation to program approval standards, despite major educational reform demanding that higher education institutions establish program approval standards for accreditation and licensure purposes (Delandere & Arens, 2000). An implication may be that teachers are not being prepared to be the most effective educators. If organizations such as CAEP and educational policy researchers work together, common accreditation processes and program approval standards could be established

nationally.

In fact, after reviewing the initiatives of leading education organizations, they have lobbied for the very same aspects this research study has examined. For example, the National School Climate Center (NSCC) advocates for best practices for school climate and positive school climate because those two factors are powerful influences on motivation to learn and student engagement. This organization stresses preventing bullying, (form of antisocial behavior), reduction of drop- out rates, and increased teacher retention rates. The Center for Safe Schools strongly promotes anti-bullying campaigns, code of student conduct policies in schools, and multiple pathways to academic success. The American Federation of Teachers (AFT) has joined forces with other organizations such as National Education Association (NEA) to banish bullying. The Interstate New Teacher Assessment and Support Consortium (INTASC) goal in 1987 was to reform the teacher certification and licensing, and creating ways for all students to learn and perform well. Yet, these organizations which promote powerful messages do not appear to be reflective in the literature endorsing teacher competencies and program approval standards. If these organizations would collaborate together on best practices to support students with behavioral disorders and advocate for additional teacher standards reflecting theses best practices, one wonders if student academic achievement would increase.

Violence directed towards teachers is a concern. According to the American Psychological Association (APA) (2013), 80% of teachers reported at least one victimization during the past year. Another statistic is that 72.5% of teachers reported at least one harassment offense (APA, 2013). The APA has taken the stance to support educators to decrease violence in the classroom. The lack of data from the research study suggests the

standards do not address the components of behavior, behavioral interventions, and mental health disorders. The data supports the claims from the APA about teacher victimization. Would it not behoove organizations to collaborate and work together to support students in our nation's schools?

5.5   CONCLUSION

Consider the data found on reviewing the state departments of education websites referencing inconsistencies on how standards reflect supporting students with behavioral disorders. Are general education teachers prepared to support students with behavioral challenges, in particular CD? Collaborative efforts need to be made by higher education institutions, the accrediting agencies, and state departments of education officials. The collaborative efforts could create a more cohesive system for preparing our teachers to support all children.

Public school administrators may not find this preparation a priority and may be under financial constraints to offer professional development on supporting general education teachers to work with students with behavioral challenges. In many cases, school leaders and administrators have preconceived notions that new teachers are entering the education field with strong background knowledge of classroom management skills, and student behavior management skills. However, data from the literature review and from this research study indicated that teachers do not possess the fundamental information. Given that new teachers will work in challenging classrooms with high accountability, who will teach or guide students on the basic classroom procedures if they do not receive the education at higher education institutions? We know how to mitigate student behavioral challenges. What we

do not know is how these strategies are embedded into our teacher standards. Only when that goal is achieved will all students be ready for academic success and more promising futures.

APPENDIX A

DATA STEPS FOR COLLECTING INFORMATION FROM ONLINE DOCUMENTS

1. Find a search engine (For example Google).

2. Type in the specific state department of education.
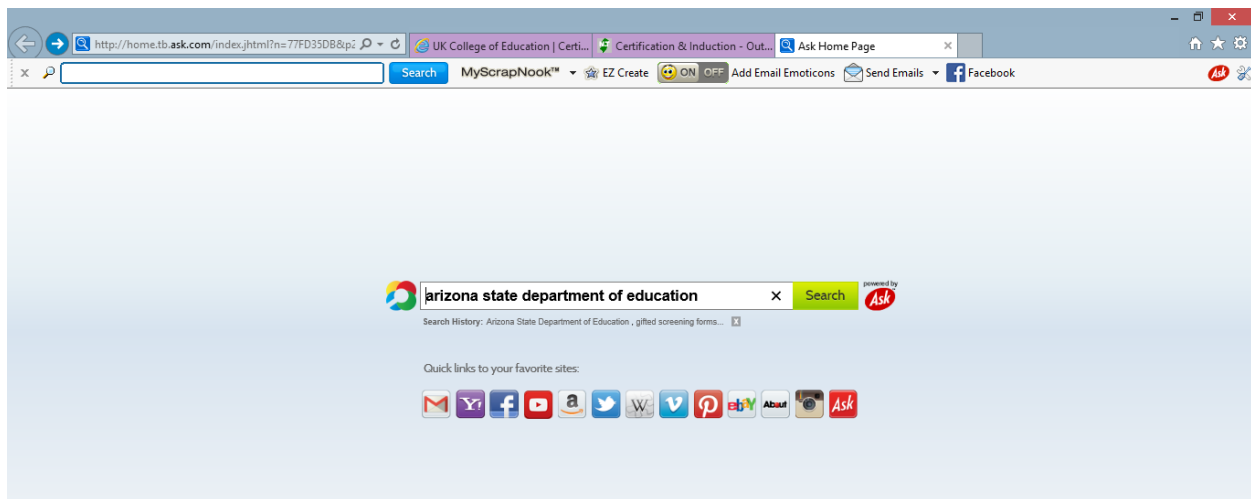
Figure 4. *Data Collection Steps 1 & 2*

3. Click on the appropriate link.
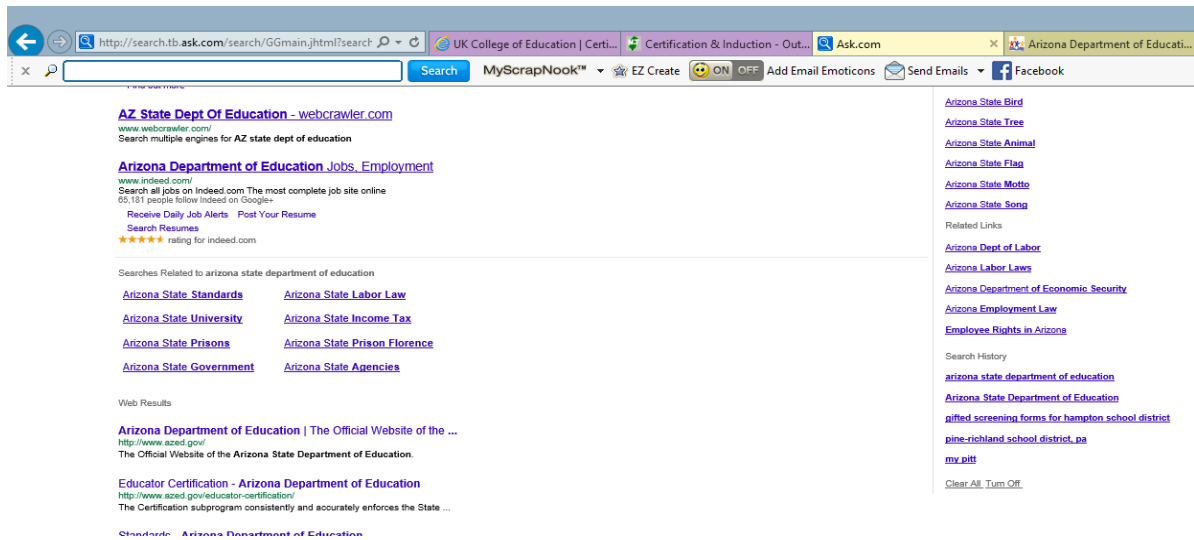
Figure 5. *Data Collection Step 3*

4. Copy and paste the URL into the Teacher Competency Excel sheet.
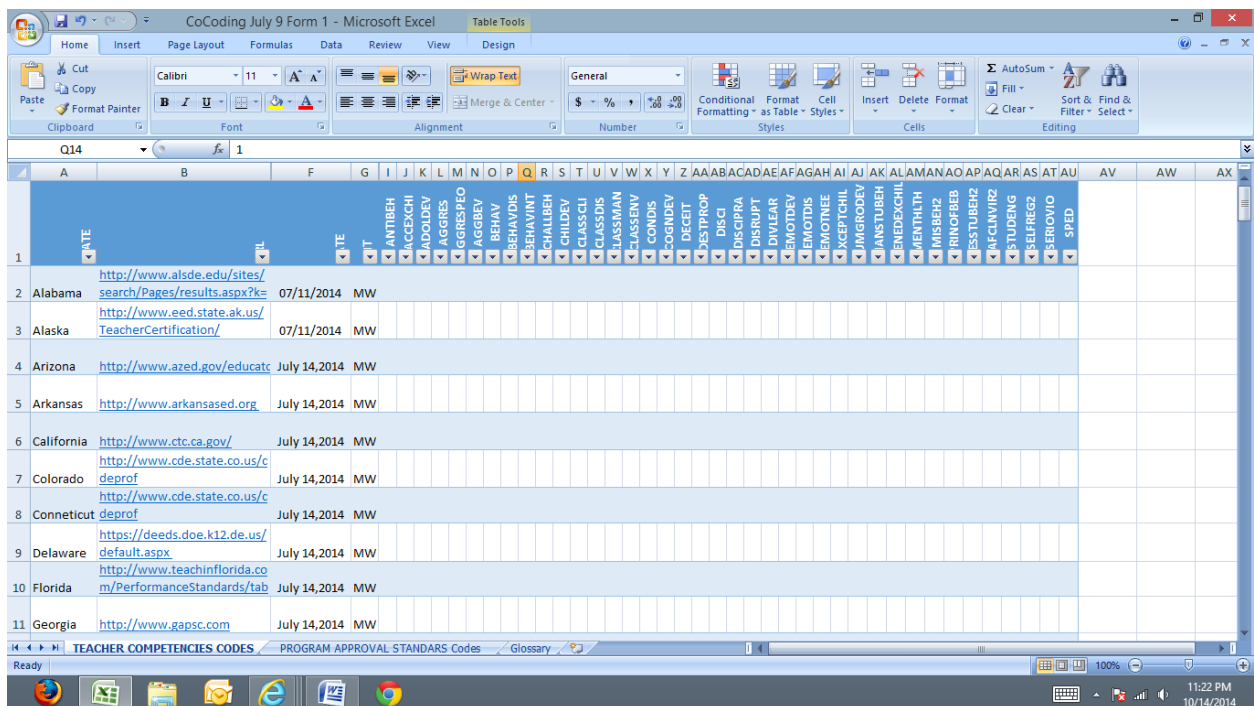
Figure 6. *Data Collection Step 4*

5.   Scan the webpage for wording such as teacher standards, teacher certification, and

elementary teacher standards.

6.   If these terms are not present, then in the search box type in the terms teacher

standards, teacher certification, or elementary teacher standards.

Figure 7. *Data Collection Steps 5 & 6*

7.   Teacher standards were found. Click on the link and scan the page.

8.   Locate the link for professional standards and click.
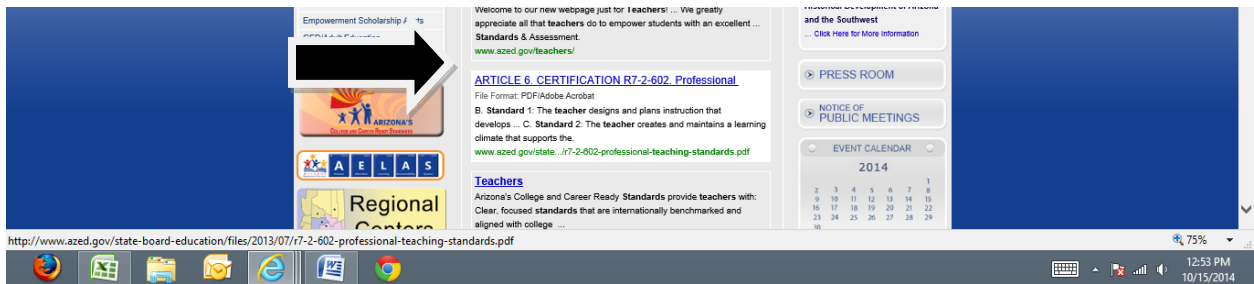
Figure 8. *Data Collection Steps 7 & 8*

9.   Begin searching for the terms or phrases found on the "Search Term Sheet."
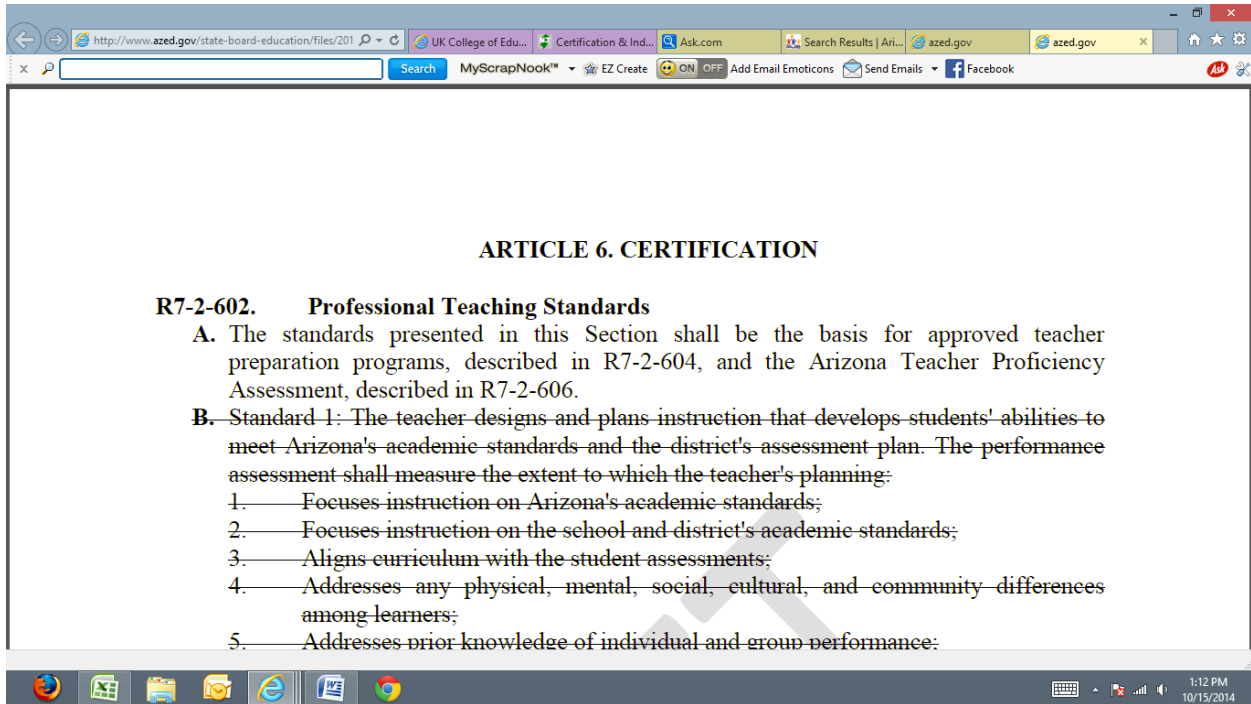
Figure 9. *Data Collection Step 9*

10. Copy then paste terms and/or phrases that would be found on the webpage into a Word sheet. From the information presented above teacher standards are currently under review.
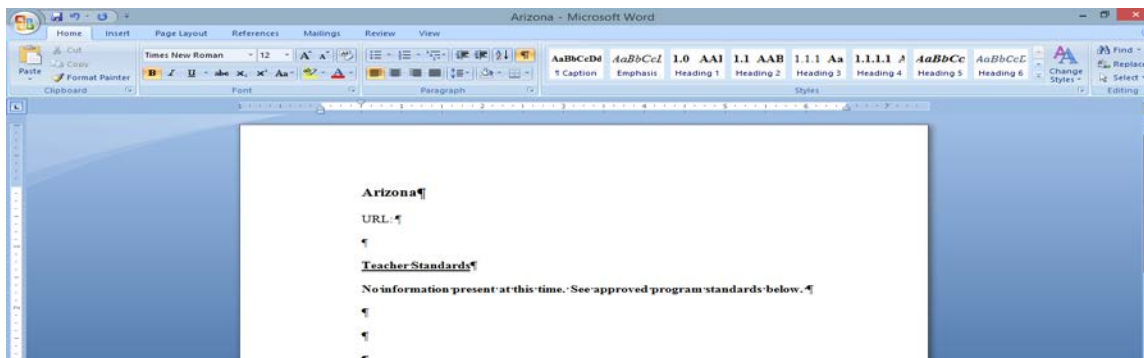
Figure 10. *Data Collection Step 10*

11.   Next, search for information for Program Approval Standards

Figure 11. *Data Collection Step 11*

12.   Return to the main page of the website. In the search box, type in approved program   standards.   Then   click   the   search   button.

13.   Copy and paste the URL into the Program Approval Excel sheet. Scan the page

and click on the link for Professional Preparation Program Approval Procedures.

Figure 12. *Data Collection Steps 12 & 13*

14. Next, click on the appropriate link for Professional Preparation Program Approval

Procedures and/or Elementary Education Program.

Figure 13. *Data Collection Step 14*

15. Copy then paste the terms and phrases using the same search term sheet as for teacher competencies into a Word sheet.
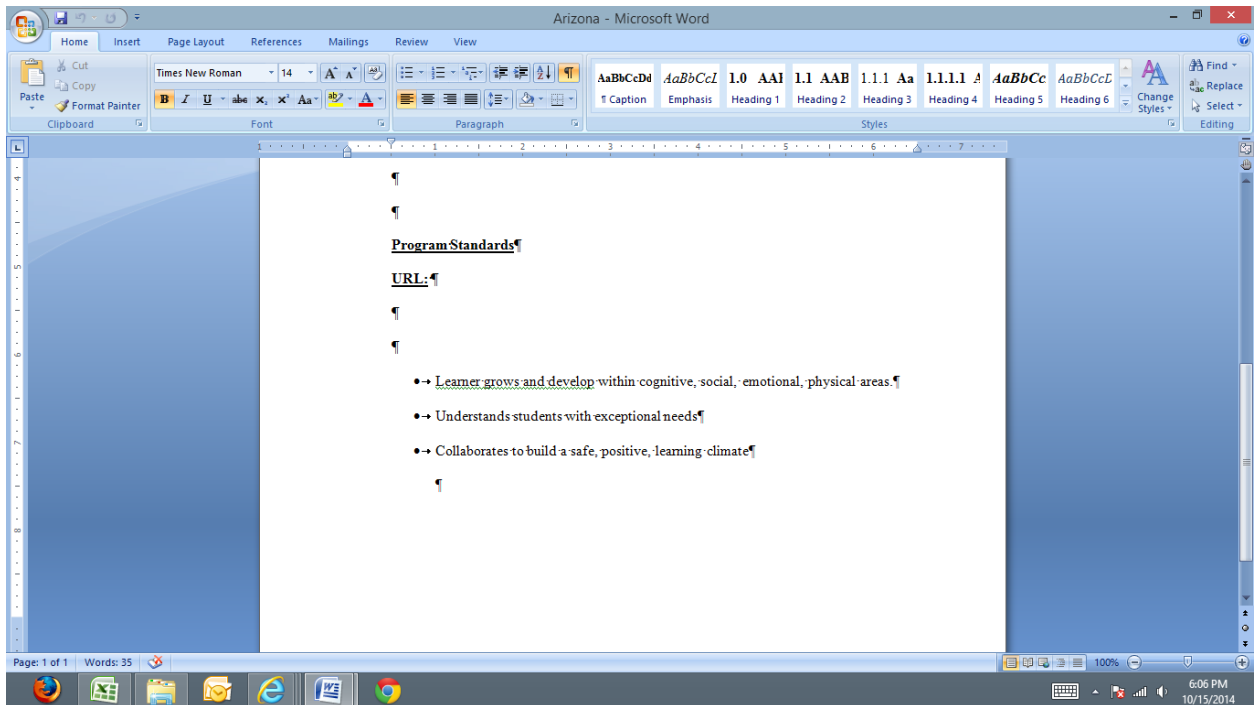
Figure 14. *Data Collection Step 15*

APPENDIX B

Table 12. *Number of Search Terms Found, by State, for Teacher Competencies*

	State	Tier One	Tier Two	Tier Three
1	Alabama	0	0	0
2.	Alaska	7	3	0
3.	Arizona	0	0	0
4.	Arkansas	0	0	0
5.	California	0	0	0
6.	Colorado	13	4	1
7.	Connecticut	0	0	0
8.	Delaware	7	3	1
9.	Florida	3	2	1
10.	Georgia	0	0	0
11.	Hawaii	6	6	0
12.	Idaho	10	6	1
13.	Illinois	10	6	2
14.	Indiana	0	0	0
15.	Iowa	12	4	1
16.	Kansas	2	7	0
17.	Kentucky	11	2	1
18.	Louisiana	3	3	0
19.	Maine	0	0	0
20.	Maryland	0	0	0
21.	Massachusetts	3	1	1
22.	Michigan	0	0	0
23.	Minnesota	9	0	0
24.	Mississippi	6	0	0
25.	Missouri	0	0	0
26.	Montana	0	0	0
27.	Nebraska	6	0	0

Table 12 (continued)

28.	Nevada	0	0	0
29.	New Hampshire	0	0	0
30.	New Jersey	6	2	0
31.	New Mexico	1	0	0
32.	New York	5	1	1
33.	North Carolina	6	3	0
34.	North Dakota	9	7	1
35.	Ohio	7	3	2
36.	Oklahoma	0	0	0
37.	Oregon	0	0	0
38.	Pennsylvania	0	0	0
39.	Rhode Island	6	2	0
40.	South Carolina	8	4	0
41.	South Dakota	2	0	0
42.	Tennessee	0	0	0
43.	Texas	14	3	1
44.	Utah	9	2	1
45.	Vermont	10	5	2
46.	Virginia	7	1	1
47.	Washington	8	5	1
48.	West Virginia	9	1	0
49.	Wisconsin	8	2	1
50.	Wyoming	0	0	0

Table 13. *Number of Search Terms Found, by State, for Program Approval Standards*

	State	**Tier One**	**Tier Two**	**Tier Three**
1	Alabama	0	0	0
2.	Alaska	0	0	0
3.	Arizona	9	4	1
4.	Arkansas	7	4	1
5.	California	7	2	1
6.	Colorado	0	0	0
7.	Connecticut	2	0	1
8.	Delaware	0	0	0

Table 13 (continued)

9.	Florida	0	0	0
10.	Georgia	9	5	1
11.	Hawaii	0	0	0
12.	Idaho	0	0	0
13.	Illinois	4	2	2
14.	Indiana	0	0	0
15.	Iowa	0	0	0
16.	Kansas	0	0	0
17.	Kentucky	0	0	0
18.	Louisiana	0	0	0
19.	Maine	0	0	0
20.	Maryland	0	0	0
21.	Massachusetts	8	0	0
22.	Michigan	3	3	0
23.	Minnesota	0	0	0
24.	Mississippi	0	0	0
25.	Missouri	12	5	1
26.	Montana	10	6	1
27.	Nebraska	10	5	2
28.	Nevada	3	4	0
29.	New Hampshire	0	0	0
30.	New Jersey	13	7	1
31.	New Mexico	0	0	0
32.	New York	0	0	0
33.	North Carolina	0	0	0
34.	North Dakota	10	7	1
35.	Ohio	0	0	0
36.	Oklahoma	0	0	0
37.	Oregon	0	0	0
38.	Pennsylvania	14	7	2
39.	Rhode Island	11	6	1
40.	South Carolina	0	0	0
41.	South Dakota	0	0	0
42.	Tennessee	11	6	2
43.	Texas	8	1	0
44.	Utah	0	0	0
45.	Vermont	2	1	1
46.	Virginia	9	4	1

Table 13 (continued)

47.	Washington	0	0	0
48.	West Virginia	0	0	0
49.	Wisconsin	0	0	0
50.	Wyoming	0	0	0

BIBLIOGRAPHY

Alvarez, H.K. (2007). The impact of teacher preparation on responses to student aggression in the classroom. *Teaching and Teacher Education*, *23*(7)*,* 1113-1126.

Anderson, L., & Hendrickson, J. (2007). Early-career EBD teacher knowledge, ratings of competency, importance, and observed use of instruction and management competencies. *Education and Treatment of Children*, *30*(4)*,* 43-65.

American Psychiatric Association [APA]. (2013). *Diagnostic and statistical manual of mental disorders (5th ed., text rev*.)*[DSM-V-TR]*. Washington, DC: American Psychiatric Association.

Bassarath, L. (2001). Conduct disorder: A biopsychosocial review. *Canadian Journal of Psychiatry*, *46*, 609-616.

Baker, P.H. (2005). Managing student behavior: How ready are teachers to meet the challenge? *American Secondary Education*, *33*(3)*,* 51-64.

Berkout, O. V., Young, J. N., & Gross, A. M. (2011). Mean girls and bad boys: Recent research on gender differences in conduct disorder. *Aggression and Violent Behavior*, *16*(6), 503–511.

Blanchard, L. T., Gurka, M. J., & Blackman, J. A. (2006). Emotional, developmental, and behavioral health of American children and their families: A report from the 2003 National Survey of Children's Health. *Pediatrics, 117*(6)*,* e1202–e1212.

Bloom, B., Cohen, R. A., & Freeman, G. (2012) Summary health statistics for U.S. children: National Health Interview Survey, 2011. *National Center for Health Statistics: Vital Health Statistics, 10*(254).

Bower, E. (1982). Defining emotional disturbance: Public policy and research. *Psychology in the Schools*, *19*, 55-60.

Brauner, C. B. & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public Health Reports, 121*(3)*,* 303–310.

Berkout, O. V., Young, J. N., & Gross, A. M. (2011). Mean girls and bad boys: Recent research on gender differences in conduct disorder. *Aggression and Violent Behavior*, *16*(6), 503–511.

Capella, E., Kim, H., Hamre, B., Henry, D., Frazier, S., & Atkins, M. (2012). Teacher consultation and coaching within mental health practice: Classroom and child effects in urban elementary schools. *Journal of Consulting and Clinical Psychology*, *80*(4), 597-610.

Center for Mental Health Services. (2006). *Mental health, United States, 2004* (DHHS Publication No. SMA 06-4195). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Cheney, D. & Barringer, C. (1995). Teacher competence, student diversity, and staff training for the inclusion of middle school students with emotional behavioral disorders. *Journal of Emotional and Behavioral Disorders*, *3*(3), 174-181.

Costello, E.J. (1989). Development in child psychiatric epidemiology. *Journal of the American Academy of Child & Adolescent*, *28*, 836-841.

Darling-Hammond, L. (1996). What matters most: A competent teacher for every child. *Phi Delta Kappan*, 78(3). 193-200.

Delandshere, G., Arens, S. A. (2001) Representations of teaching and standards-based reform: Are we closing the debate about teacher education? *Teaching and Education,* (17), 547- 566.

Dingle, M., Falvey, M., Givner, C., & Haager, D. (2004). Essential special and general education teacher competencies for preparing teacher in inclusive settings. *Issues in Teacher Education*, *13*(1), 35-50.

Espelage, D., Anderman, E., Brown, V., Jones, A., Lane, K., McMahon, S. . . . Reynolds, C. (2013). Understanding and preventing violence directed towards teachers: Recommendations for a national research, practice, and policy agenda. *American Psychologist*, *68*(2), 75-87.

Eyberg, S., Nelson, M., & Boggs, S. (2008). Evidence-based psychosocial treatment for children and adolescents with disruptive behaviors. *Journal of Clinical Child Psychology*, *37*(1), 215-237.

Forness, S., Freeman, S., Paparelli, T., Kauffman, J., & Walker, H. (2012). Special education implications of point and cumulative prevalence for children with emotional or behavioral problems. *Journal of Emotional and Behavioral Disorders, 20*(4). 4-18.

Frick, P. J. (2001). Effective interventions for children and adolescents with conduct disorder. *Canadian Journal of Psychiatry*, *46*(7), 597–608.

Frick, P. J. (2004). Developmental pathways to conduct disorder: Implications for serving youth who show aggressive antisocial behavior. *Psychology in Schools, 41*(8), 823-834.

Frick, P. J., & Dickens, C. (2006). Current perspectives on conduct disorder. *Current Psychiatry Reports*, *8*(1)*,* 59–72.

Goldstein, A. (1999). Aggression reduction strategies: Effective and ineffective. *School Psychology Quarterly*, *14*(1)*,* 40-58.

Gorman-Smith, D. (2003). Effects of teacher training and consultation on teacher behavior toward students at high risk for aggression. *Behavior Therapy*, *34*, 437-452.

Gottfredson, G. D., & Gottfredson, D. C. (2001). What schools do to prevent problem behavior and promote safe environments. *Journal of Educational and Psychological Consultation*, *12*(4)*,* 313–344.

Grove, A. B., Evans, S. W., Pastor, D. A., & Mack, S. D. (2008). A meta-analytic examination of follow-up studies of programs designed to prevent the primary symptoms of oppositional defiant and conduct disorders. *Aggression and Violent Behavior*, *13*(3)*,* 169–184.

Heatherfield, L., & Clark, E. (2004). Shifting categories to services: Competencies school-based mental health for children with emotional disturbance and social maladjustment. *Psychology in the schools*, *4*(8)*,* 911-920.

Hinshaw, S. P. (1992). Academic underachievement, attention deficits, and aggression: Comorbidity and implications for intervention. *Journal of Consulting and Clinical Psychology*, *60*(6)*,* 893–903.

INSERM Collective Expertise Centre. (2005). *Conduct: Disorder in children and adolescents.* Available from http://www.ncbi.nlm.nih.gov/books/NBK7133/

Kauffman, J. M., & Landrum, T. J. (2013). *Characteristics of emotional and behavioral disorders of children and youth* (10th ed.). Boston: Pearson.

Kazdin, A. E. (1987). Treatment of antisocial behavior in children: Current status and future directions. *Psychological Bulletin, 102*(2), 187-203.

Kazdin, A. E. (1995). *Conduct disorders in childhood and adolescence* (2nd ed.). Thousand Oaks, CA: Sage.

Kazdin, A. E. (2003). Psychotherapy for children and adolescents. *Annual Review of Psychology*, *54*, 253-276.

Kazdin, A E., Bass, D., Ayers, W. A, & Rodgers, A. (1990). Empirical and clinical focus of child and adolescent psychotherapy research. *Journal of Consulting and Clinical Psychology*, *58*(6)*,* 729–40.

Kehle, T., Bray, M., Theodore, L., & Zhou, Z. (2004). Emotional disturbance/social maladjustment: Why is the incidence increasing? *Psychology in the Schools*, *41*(8)*,* 861-872.

Kerr, M. & Nelson, M. (2009). *Strategies for addressing behavior problems in the classroom* (6th ed.)*.* New York*:* Pearson.

Knapp, M., Scott, S., & Davies, J. (1999). The cost of antisocial behaviour in younger children. *Clinical Child Psychology and Psychiatry*, *4*(4)*,* 457–473.

Krippendorff, K. (2013). *Content analysis: An introduction to its methodology* (3rd ed.). Los Angeles: Sage.

Labaree, D. F. (1992). Power, knowledge, and the rationalization of teaching: A genealogy of the movement to professionalize teaching. *Harvard Educational Review*, *62*(2), 123-154.

Lambert, W. E., Wahler, R. G., Andrade, A. R., & Bickman, L. (2001). Looking for the disorder in conduct disorder. *Journal of Abnormal Psychology*, *110*(1)*,* 110–123.

Lochman, J, E, & Salekin, R. T. (2003). Behaviorally oriented interventions for children with aggressive behavior and / or conduct problems introduction prevention and intervention with aggressive and disruptive children: Next steps in behavioral intervention research. *Behavior Therapy*, *34*, 413–4

Loeber, R., & Keenan, K. (1994). Interaction between conduct disorder and its comorbid conditions: Effects of age and gender. *Clinical Psychology Review*, *14*(6)*,* 497–523.

Mack, K. (2004). Explanations for conduct disorder. *Child and Youth Care Forum*, *33*, 95–113.

Martin, A., Volkmar, F. R., & Lewis, M. (2007). *Lewis's child and adolescent psychiatry: A comprehensive textbook* (4th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Maughan, B., Rowe, R., Messer, J., Goodman, R., & Meltzer, H. (2004). Conduct disorder and oppositional defiant disorder in a national sample: Developmental epidemiology. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *45*(3)*,* 609–621.

Mellin, E. (2009). Responding to the crisis in children's mental health: Potential roles for the counseling profession. *Journal of Counseling & Development*, *87*(4)*,* 501–506.

Multisite Violence Prevention Project [MVPP]. (2009). The ecological effects of universal and selective violence prevention programs for middle school students: Randomized trial. *Journal of Consulting and Clinical Psychology 77*(3)*,* 526-542.

National Institute of Child Health and Human Development [NICHHD]. (2006). *Child and adolescent development research and teacher evaluation: Evidence-based pedagogy, policy, and practice: Summary of Round Table Meetings.*

Oliver, R. & Reschly, D. (2010). Special education teacher preparation in classroom management: Implications for students with emotional and behavioral disorders. *Behavioral Disorders*, *35*(3)*,* 188-199.

Olympia, D., Farley, M., Christiansen, E., Pettersson, H., Jenson, W., & Clark, E. (2004). Social maladjustment and students with behavioral and emotional disorders: Revisiting basic assumptions and assessment issues. *Psychology in the Schools, 41*(8), 835-847.

Oscher, D., & Hanley, T. (2001). Implementing the SED national agenda: Promising programs and policies for children and youth with emotional and behavioral problems. *Education and Treatment of Children*, *24*(3), 374-403.

Pannucci, C.J.,& Wilkins, E.G. (2010). Identifying and avoiding bias in research. *Plastic Reconstruction Surgery*, *126*, 619-625.

Putnam, R., Luiselli, J., & Handler M. (2003). Positive schools: An approach to school discipline. *Behavior Modification*, *27*(4)*,* 505-523.

Reinke, W., Stormont, M., Herman, K., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1)*,* 1-13.

Rhule, D. M. (2005). Take care to do no harm: Harmful interventions for youth problem behavior. *Professional Psychology: Research and Practice*, *36*(6)*,* 618–625.

Riccomini, P.J., Zhang, D., & Katsiyannis, A. (2005). Promising school-based interventions for reducing aggressive behavior and student dropout. *Journal of At-Risk Issues*, *11*(2), 11-16.

Robins, L. & Price, R. K. (1991). Adult disorders predicted by childhood conduct problems: Results from the NIMH Epidemiologic Catchment Area project. *Psychiatry: Interpersonal and Biological Processes, 54*(2)*,* 116-132.

Rowley, J. (2002). Using case studies in research. *Management Research News, 25*(1), 16-26.

Salvia, J., Ysseldyke, J., & Bolt, S. (2007). *Assessment in special and inclusive education*. Boston, MA: Houghton Mifflin.

Skiba, R., Grizzle, K., & Minke, K. (1994). Opening the floodgates? The social maladjustment exclusion and state SED prevalence rates. *Journal of School Psychology*, *3*(3)*,* 267-282.

Spaulding, A. (2005). The impact of high school teacher behaviors on student aggression. *Current Issues in Education*, *8*(17)*,* 1-14.

Sugai, G. & Horner, R. (2006). A promising approach for expanding and sustaining school-wide positive behavior support. *School Psychology Review*, *35*, 245-259.

Theodore, L., Little, A., & Little, S. (2004). Evaluating the differential treatment of emotional disturbance and social maladjustment. *Psychology in the Schools*, *41*(8)*,* 879-886.

Tillery, A., Varjas, K., Meyers, J., & Collins, A. (2010). General education teachers' perceptions of behavior management and intervention strategies. *Journal of Positive Behavior Interventions*, 12(2), 86-102.

Turnbull, R., Huerta, N., & Stowe, M. (2006). *The Individuals with Disabilities Education Act as amended in 2004*. Upper Saddle Creek, NJ: Pearson Education.

Turgay, A. (2004). Aggression and disruptive behavior disorders in children and adolescents. *Expert Reviews of Neurotherapeutics 4*(4)*,* 623-632.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Vannest, K., Harrison, J., Temple-Harvey, K., Ramsey, L., & Parker, R. (2011). Improvement rate differences of academic interventions for students with emotional and behavioral disorders. *Remedial and Special Education*, *32*(6)*,* 521-534.

Wiggins, S. (1986). Revolution in the teaching profession: A comparative review of two reform reports. *Educational Leadership,* 56-59.

Wilson, S., Lipsey, M., & Derzon, J. (2003). The effects of school-based intervention programs on aggressive behavior. *Journal of Consulting and Clinical Psychology*, *71*(1)*,* 136-149.

Yin, R. (2014). *Case study research: Design and methods* (5th ed.)*.* New York: Sage.

Zahrt, D. M., & Melzer-Lange, M. D. (2011). Aggressive behavior in children and adolescents. *Pediatrics in Review / American Academy of Pediatrics*, *32*(8)*,* 325–332.