

Including Students with Emotional and Behavioral Disorders: Case Management Work Protocol

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Abstract

Students with Emotional and Behavioural Disorders (EBD) pose a challenge for students themselves and those in their close environment, including parents, teachers, and peers. In light of the inclusion movement more students with EBD are assigned to mainstream classrooms. The aim of this article is to present a comprehensive six step work protocol for implementing case management (CM) in inclusive systems as a holistic approach. The EBD-CM work protocol propose both intervention and prevention practice, specifically targets long-term and short-term goals, teacher-student relationships, parents' involvement, and team work as main predictors influencing inclusion outcomes of students with EBD

In the educational field, Case Management (CM) aims to provide a network of positive support and help students to overcome challenges and barriers in academic settings. To achieve these aims, the case manager focuses on two features: facilitating students' completion of classroom assignments by discussing the concerns, issues, and barriers to student success; and using the understanding of the context of students' life outside of school to develop specific interventions to address those issues (Van Kannel-Ray et al., 2008).

CM is associated with students at risk (Wells & Gifford, 2013), students with health problems (Engelke et al., 2014), autism spectrum disorder (Parellada et al., 2013), or dropouts (Blackmon & Cain, 2015). For example, Corrin and colleagues (2015) suggested six principles in implementing CM to reduce dropout rates: student identification, needs assessment, case planning, service provision, monitoring student progress, and adjusting services. These principles can be implemented in the academic CM process that usually focuses on homework assistance, studies skill development, and working with teachers to address students' performance in class. They can also be implemented in the behavioral CM process that offers guidance about improving conduct or behavior toward peers and teachers. This process also provides ongoing intervention when more serious behavioral or disciplinary problems occur and encourages students to develop better habits for attending school and classes more consistently. CM may have a crucial effect on students with emotional and behavioral disorders (EBD) due to the high rates of suspension, exclusion, and dropping out of school and who are less likely to complete high school or attain higher education (Gagnon, 2021; Gidlund, 2018).

Students with EBD

Students with EBD continually violate rules and norms that do not accord with age, ethnicity, and culture over time. These students may exhibit externalizing behaviors such as aggression, disruptive behavior, conduct and attention problems, immaturity, or self-injurious behavior (Gidlund, 2018). On the other hand, they may exhibit internalizing behaviors such as social withdrawal, anxiety, depression, and psychosomatic reactions. Students with co-occurring externalizing and internalizing problems display more severe difficulties than students with either one of the problems separately (Shi & Ettekal, 2020).

EBD may have vast implications on the students there self, such as expressing growing frustration, low self-esteem and self-awareness, lack of insight, inadequate cognitive problem-solving and goal setting, low self-regulation skills, lower scores across all academic subject areas, difficulties in attending and complying with group directions, higher rates of out-of-seat and noise-making behaviors, negative interactions with teachers and peer groups, social skill deficits, and unmet psychological needs (Corrin et al., 2015; Garwood, 2018; Gottfried & Harven, 2015; Sutherland et al., 2008). Students with EBD engage in many behaviors that teachers find challenging to manage. These students cause disciplinary problems and disturbances during classes that take up as much as 80% of instructional time (Gottfried & Harven, 2015; Leggio & Terras, 2019). Teacher-student relationships may deteriorate due to difficulty establishing and maintaining relationships and due to the minimal instruction teachers receive on developing these relationships (Leggio & Terras, 2019).

Students with EBD encounter major difficulties and pose ongoing stress in their homes (Simpson & Mundschenk, 2012). Parents differ in their approaches to their children with EBD. Some display involvement that empowers their children's development, others cannot prevent the expression of the children's EBD, and others can minimize the intensity of EBD. Some parents are reluctant to deal with the challenges, some are blamed for their children's overt behavior, and some blame teachers for not managing their children's difficulties (Øen et al., 2022). An additional stress factor is parents of students with EBD state that parent-school communication is primarily about difficulties with their children, resulting in mistrust and escalation of negative experiences (Buchanan & Clark, 2017).

Teacher-student relationships have multiple dimensions. Warm relationships are supportive, mutually responsive, and predict positive affect, while conflict relationships are discordant, unresponsive, hostile, and predict negative affect. Research shows that problem behavior strongly and negatively influences teacher-student relationships (Shi & Ettekal, 2020). The stress and anxiety that are associated with the management of behavioral problems are a major cause of teachers' negative attitudes toward inclusion, professional dissatisfaction, burnout, and leaving the teaching profession (Gagnon, 2021; Øen & Johan Krumsvik, 2022; Simpson & Mundschenk, 2012; Sutherland et al., 2008).

Students with EBD in the Israeli Inclusive System

Over the years, Israel has legislated three special education laws. The first, enacted in 1988, prioritized the mainstream system over the special education system for all students. The second, legislated in 2002, added the inclusion section amendment determining which services students with special needs are entitled to in the mainstream system. The latest special education services legislation was issued on May 2018, stating that parents of children with special needs have the exclusive right to determine which educational system they prefer (Shoham Kugelmassa & Kupferberga, 2020).

Even so, the law permits the Special Education Committee of the Israeli Ministry of Education to prevent students who are a danger to themselves or others from being placed in the inclusive system regardless of parents' preference. The percentage of EBD students in the inclusive system declined in the last ten years, from 56.9% in 2010 to 36.1% in 2019. The number of students diagnosed with EBD doubled between these years – from 13,070 students in 2010 to 26,805 in 2019. Thus, it is unsurprising that only 13.7% of students with EBD are included in the inclusive system. The rest are assigned to integrated classrooms (48.9%) or segregated schools (34.5%), a number that is not in accordance with the inclusion law in Israel (Central Bureau of Statistics, Israel, 2022).

Nevertheless, the current movement of inclusion finds students with EBD in mainstream classrooms. This is not a simple challenge since only 47.2% of students with EBD spend 80% or more of their school day in the mainstream classroom (Gagnon, 2021). So, schools must be prepared to offer students the intense support they need for success, such as additional instruction, special services that comprise teaching aids, personal assistance, or psychological support, and provide a wider variety of services to parents and school staff (Garwood, 2018). Successful inclusion of students with EBD requires a holistic intervention and an integrated and multidisciplinary team approach when teachers and parents are collaborative and consultative (Obiakor et al., 2012).

EBD-CM Work Protocol

The main goals of our novel EBD-CM work protocol are to promote staff members' ability to cope with students with EBD, develop warm teacher-student relationships, recruit parental partnerships, and enhance successful inclusion. This six-step EBD-CM work protocol can be drawn linearly, but in dynamic reality, there can be elasticity in the transitions between the different steps. It is recommended that the case manager be a member of the school staff most relevant to the specific student. Each step is research-based, as discussed below.

Step A: Deeper Acquaintance. The first step in the EBD-CM work protocol highlights the importance of deeper acquaintance with the student. A deep acquaintance allows for understanding a student's life story, assessing strengths and weaknesses, developing specific interventions to address those issues, and encouraging teachers to build good-quality relationships (Øen & Johan Krumsvik, 2022; Van Kannel-Ray et al., 2008). Research shows that establishing genuine, warm, and positive relationships is effective for students with EBD (Shi & Ettekal, 2020). Information can be gathered through a review of school records, attendance records, grades, behavioral incident records, or classroom observations (Corrin et al., 2015).

Step B: Establishing Cooperation and Alliances. Collaboration is a process in which two or more parties work together hand in hand to achieve a common objective and goal (Mislan et al., 2009). No national requirements or guidance concerning the specific participants are needed in Israel. However, it should include staff members such as regular and special education teachers, therapists, educational counselors or psychologists, or other members with expertise related to the child and parent (Gagnon, 2021). Recruiting parents is critical due to their mutual influence on attachment with their child and their child's emotional and behavioral well-being (Obiakor et al., 2012). Parents report effective parent-school communication when they are informed about their child's progress, strengths, and positive behaviors at school and are involved in planning and decision-making. Their opinions are valued (Buchanan & Clark, 2017).

Step C: Developing Task Force. Cooperation and alliance among the parties build a task force coordinated by case management skills to effectively engage others in a working alliance. The task force can promote inclusion by sharing resources, being responsible in decision-making, aiming toward common goals, acknowledging each other's roles, working together or planning interventions together, and, finally, trusting and respecting each other (Adams et al., 2016). The case manager must provide parents and staff members with a consistent, effective communication strategy. They must also discuss student problems at home and school, evaluate practices, exchange knowledge, and generate creativity and innovation in decision-making to plan an effective early intervention when problems arise (Buchanan & Clark, 2017; Mislan et al., 2009).

Step D: Long-Term and Short-Term Goals and Interventions. This task force should deal with long-term and short-term goals and interventions which are interrelated and mutually affect each other. Long-term goals focus on students' self-sufficiency vis-a-vis their academic and behavioral success. Short-term goals focus on facilitating and enabling a supportive network in which students can face and complete daily challenges in school (Van Kannel-Ray et al., 2008). Long- and short-term goals are the foundation of the Individualized Education Program (IEP). Factors essential for IEP success are a child-centered focus, implementation of evidence-based behavioral interventions, and a strong parental sense of self-efficacy and involvement in the IEP process (Gagnon, 2021; Mislan et al., 2009). There is a bidirectional effect between learning and

behavioral problems, so the interventions should be in both areas and consider the multitude of factors influencing the student's social, emotional, and academic development (Sutherland et al., 2008).

Step E: Outcomes. Addressing student outcomes means supporting students in many areas, especially those related to poor academic performance, poor attendance, and behavioral or disciplinary problems (Corrin et al., 2015). Research indicates that reducing disruptive behavior positively affects the classroom environment, and task engagement increases the efficacy of instructional procedures (Sutherland et al., 2008). The outcome of the classroom environment is a better climate, classmates' academic success, positive social relationships, and regular attendance (Gottfried & Harven, 2015). Staff outcomes include building positive teacher-student relationships and providing the staff with proactive behavior and classroom management to reduce behavioral problems and increase student academic engagement time (Sutherland et al., 2008). Relationships of trust and positive communication between parents and in-school staff support parental involvement and the development of child-centered programs. The outcome of the task force is a shared understanding of student's needs and strengths, parental involvement in the IEP process, and collaboration that enhances a sense of efficacy among parents (Adams et al., 2016).

Step F: Evaluation and Feedback. This entire EBD-CM work protocol is accompanied by continuous evaluation and feedback while continuously learning about and adapting the various components to the entire process. This ongoing reflection can help the task force to develop inclusive pedagogy (Øen & Johan Krumsvik, 2022). Evaluation includes forms for logging and documenting case manager contacts and interventions, student achievement of academic and behavioral goals or questionnaires, and interviews with the invested parties (Van Kannel-Ray et al., 2008). Monitoring students' progress and adjusting the resources that students receive take place numerous times (Corrin et al., 2015) throughout the implementation of the EBD-CM work protocol.

Conclusion

There is no doubt that teachers want to succeed in including students with EBD, but they claim it is an impossible mission due to a lack of frameworks, support, skills, and teamwork (Gidlund, 2018; Obiakor et al., 2012; Øen & Johan Krumsvik, 2022). We argue that implementing the EBD-CM work protocol can resolve these problems.

This EBD-CM work protocol is an intervention and preventive model that enhances and empowers the participants as individuals, and team collaboration results in an effective and resilient task force. As an intervention model, this EBD-CM work protocol encompasses a holistic approach, elaborating the common domains in CM, such as academics and truancy (e.g., Blackmon & Cain, 2015; Van Kannel-Ray et al., 2008). Participation in the task force reduces the risk of being drawn into 'putting out fires and superficial problem solving and enables

prevention and intervention practices. Participants can be guided to shift from punitive to instructional approaches and use preventive instead of reactive approaches. As a prevention model, the task force headed by the case manager can symbolically and practically contain the ambiguity, uncertainty, pros and cons, and enable a meaningful and case-tailored intervention and process.

In this way, parent and staff feelings of burnout, helplessness, and alienation are reduced, teacher-student relationships are warmer, and there are more student success opportunities. Research shows that preventive strategies at the school level are one of the main characteristics of an inclusive system (Øen & Johan Krumsvik, 2022). The case manager role does not require broad and deep knowledge and experience in special education. The ongoing presence of the case manager enables a holistic encounter with the student, affords opportunities to conduct formal and informal meeting opportunities with parents and staff, recruits relevant members to the task force, and is hands-on in the implementation and evaluation of the long-term and short-term goals.

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