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## Alternative Settings for Students with Emotional and Behavioral Disabilities

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ALTERNATIVE SETTINGS FOR STUDENTS WITH EBD

ALTERNATIVE SETTINGS FOR STUDENTS WITH  
EMOTIONAL AND BEHAVIORAL DISABILITIES

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A Dissertation

Presented to

The Faculty of the Doctor of Educational Leadership

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degree of

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**Abstract**

This study examined the positive and negative impacts of an alternative placement for students with emotional and behavioral disabilities within the public school sector. The research examined special education law, rights, responsibilities, and current and past litigation, focused on one school district's current practices. The study explored the feelings and thoughts of parents and students involved in the alternative placement practice currently being used nationwide.

### **Acknowledgments**

I would like to acknowledge and thank my students and families with whom I have worked for more than 20 years. You have taught me how to be an educator and a mother. You have taught me to understand your struggles and to be an empathetic learner.

I would also like to thank my husband for supporting my career change and my three girls who watched my struggles, smiles, and tears. I hope they have learned what perseverance looks like.

Thank you to my amazing instructors and chairs who stuck with me (some even after their retirement). They pushed me every step of the way to be better and to do better, and to always keep learning.

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## ALTERNATIVE SETTINGS FOR STUDENTS WITH EBD

### **Chapter 1: Introduction**

Recently, court action involving students being placed in alternative educational settings has been rising. This involuntary change in placement by public school entities has primarily affected students with Emotional and Behavioral Disabilities (EBD). The lack of research surrounding the effectiveness of alternative placements is profound, yet this practice is still used nationwide. Properly educating and supporting students with EBD has historically been difficult; improper diagnosis, lack of appropriate curriculum, combative and challenging behaviors, inappropriate assessments, absence of teacher training, increased student and family trauma, and miscommunication have all contributed to this challenge. School districts have created alternative settings to educate students with EBD without negatively affecting other students. Although these settings were only temporary, research has shown successful reintegration into a regular classroom to be almost impossible (Novak, 2019). As school districts scramble for the correct answers to this educational dilemma while trying to stay out of the legal weeds, students are left with gaps in their academic learning, loss of socialization, and deficiencies in life skills.

### **Purpose of the Study/Methodology**

The purpose of this study was to focus on alternative school-day settings for students with EBD. This case study examined how one school district in the Pacific Northwest region of the United States implemented and supported alternative school day programs regardless of litigation and its effects on the students and their families. The study included district-wide, state, and federal data, student and family interviews, historical evidence, evidence-based research, educator interviews, a review of a case text, current litigation, and personal experience.



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### Research Questions

RQ 1: What are the outcomes of public-school alternative placement practices for students with EBD?

RQ 2: What preventative measures could be applied before an alternative placement is implemented?

### Significance of Study

This research sought to help determine whether alternative placements are appropriate for students with intellectual, emotional, and behavioral disabilities. The outcome of this research may help school districts to focus on alternative settings and placements that follow the Individuals with Disabilities Education Action (IDEA) law of least restrictive environments and individual state mandates. This study could also help school districts avoid legal entanglements if they support such placements. In the specified school district used for this case study, the student population in 2018–2019 was 18,651. There were 1865 special education students, approximately 10% of the general population. Of the 10% qualified as special education students, 82 were diagnosed with an emotional disturbance disorder. No public data specifies students' diagnoses in specific alternative placements are available. However, according to the 2018 Special Education Child Count Media Files, 12 students were on full-time alternative order, and 164 were in a regular classroom for less than 40% of the school day. The data from the school district setting for this study is strikingly similar to the national data reported by Buchanan et al. (2016), who said that 43% of students with EBD are served in mainstream classrooms for a minimum of 80% of the day, 18% are in mainstream classrooms for 40% to 79% of the day, about 21% are in mainstream classrooms for less than 40% of the day, and 13% attend separate schools or settings altogether (U.S. Department of Education, 2014). After this study (2022–2023), the student population within the specified school district was 17 151. There

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were 1886 special education students, approximately 11% of the student population. Of the 11% who qualified as special education students, 10.35% were reported as placed in a regular setting for less than 40% of the school day, and 0% were reported in separate settings for 100% of the school day, a stark difference in the span of 5 years. This could be either an incredible improvement on behalf of the school district's efforts toward inclusiveness or the direct result of collaboration between the school district and the restructuring of education service districts. Although it is not reported as such to state and federal authorities, students are still enrolled in alternative settings, either within their local public school or within an alternative school now headed by the service district instead of the school district (although state law now bans alternative settings).

### **Role of the Researcher and Potential Contributions**

When I left my official teaching position in 2017, I was exhausted, run down, and needed therapy. I taught in a rural school in a small town on the outskirts of a big city; the town was identified as one that suffered from generational poverty. I spent 20 years teaching children from extreme poverty, abuse, and neglect. Most of my students suffered the effects of trauma, mimicked as diagnosed disabilities.

I sought additional education as a means of support, attending regional and statewide conferences, joining advocacy committees, and becoming the county poverty coach. I brought my teachers information on brain research, trauma-informed practice, self-care rituals, appropriate nutritional needs, character education, mindfulness, and essential awareness of where our students' origins are. I fought with the school district to provide the proper nutritional necessities and reading and mathematics curriculum to meet our students' needs and as general support for our exhausted teachers.

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When I resigned from my position due to underlying health conditions and pursued other career avenues, I did not intend to return later as an educator in an alternative placement program. However, my students' families began calling, asking for my advocacy and advice. They felt the needs of their students were no longer being met. Special education resources had been cut, nutritional programs had been cut, the specialized curriculum had been eliminated, and mindfulness/character education programs were no longer being followed as written. The support their students had received for years was no longer available, and alternative placements were used instead.

Through this work, I started to notice undeniable patterns. As my referrals grew beyond the timeframe I could maintain, I watched student after student added to the alternative placement list. As the list grew, I could recruit other teachers who had left the field of full-time classroom teaching but still wanted to make a difference. I was surprised to learn that this was happening not only in my former school but throughout the district and statewide. This was when my research began. I realized that all my assigned students were on an Individualized Education Plan (IEP), typically behaviorally related, and had experienced some life trauma. These students had been suspended from the regular education setting and placed into behavior programs within their schools. Once the students were expelled, they were put into alternative settings outside their school. Having worked with the district for over 20 years, I can attest that this is a new "normal."

I started studying the behavior programs offered by the school district and was astounded by the negative attitudes of the teachers, administrators, and case managers. In addition, the curriculum adopted for these behavior programs was not being followed as written, nor was there accountability on a district or state level. Although we received student IEPs and sometimes

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informative phone calls from case managers, there were no set age-appropriate curriculum or behavior modification programs to follow. In addition, we were tasked with recording our students' behavior to determine whether they could reintegrate. This type of record keeping was not recommended according to a 2016 executive memorandum issued by the Oregon Department of Education and used for this research.

The following practices are considered ineffective and may violate a student's access to a free appropriate public education. Therefore, they should indicate that a school or district review of policies and practices is warranted: Behavior contracts that set a quota for "good behavior days" that govern whether a student can enter, reenter, or remain in a less restrictive educational setting (Drinkwater, 2016).

During the 3 years, I stayed with the program, I never witnessed a student in this placement successfully returning to a regular education classroom full-time. I witnessed only the opposite result: students dropping out, frustrated families moving to other school districts, and students placed into residential care or juvenile detention. The most significant complaint I received from families was confusion about their rights regarding their students. Although special education handbooks are distributed at every IEP meeting, navigating this legal system was difficult and many families felt they had been "talked into" alternative placements (or that there was no choice to begin with). I began assisting some of my families in their IEP team meetings only to receive backlash and a slap on the hand from the school administration for doing so.

### **Limitations**

I was laid off by the district during the pandemic and have chosen not to return in any capacity, as I am ready to move my career in another direction. This research was based on past experiences, peer-reviewed journal articles, research published less than 5 years ago (majority),

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and current data from local, state, and federal government websites. The interviews were current, although they were conducted with students and families, educators, and previous school district employees with whom I was acquainted. I intended to disclose my previous work experience and employer with the interviewees. My goal in this research was to find answers and solutions to a problem faced by many school districts in the nation, using one large school district as an example to point to a more significant problem. Conclusions and suggestions were professionally written without intent to lay blame and were based upon expert suggestions and research.

This study did not include data from the 2019–2020 and 2020–2021 school years as it would have been skewed due to the lack of in-school instruction and accumulated days for in-person instruction. The pandemic affected alternative education programs, as services were officially canceled in March 2020 and restarted slowly in the fall of 2021. The local Educational Service District office took over most of the caseload based on a referral while implementing their own school programs in separate buildings. There is no link to these programs on the school district's website, although the population of students came from the district used in this study.

### **Definition of Terms**

*American Association on Intellectual and Developmental Disabilities (AAIDD)*

*Accountability* (in education): An accountability system is a set of policies and practices that a state uses to measure student achievement, hold schools and districts responsible for raising achievement for all students, and promote and support improvement where necessary (Trust, 2020).

*The American with Disabilities Act (ADA)*

*Attention Deficit Hyperactivity Disorder (ADHD)*: A mental health disorder that causes abnormal hyperactive and impulsive behaviors.

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*Council of Parents, Attorneys and Advocates Inc.:* An organization that protects and enforces legal and civil rights of students with disabilities.

*Differentiated instruction:* Tailoring instruction to meet students' needs.

*Emotional disability:* Inappropriate behavior or feelings under normal circumstances, a general pervasive mood of unhappiness or depression, or a tendency to develop physical symptoms or fears associated with personal or school problems (Virginia Department of Education, 2020).

*Emotionally and Behaviorally Disabled (EBD)*

*Every Student Succeeds Act (ESSA):* U.S. law passed in 2015.

*Expulsion hearing:* An action in which the school board functions as a judge and decides by a majority vote whether to expel a student.

*Federal mandate:* A statute that requires equal access to education for students with disabilities.

*Individual with Disabilities Education Act (IDEA):* U.S. special education law. IDEA Disciplinary Rules: Rules posted at <https://www.parentcenterhub.org/disciplinereg/>

*Individualized Education Program (IEP):* An educational plan written for a student based upon needs related to their disability.

*Intellectual disability:* A disability characterized by significant limitations in intellectual functioning and adaptive behavior, which covers many everyday social and practical skills (aaidd.org, 2020).

*Inclusive and non-inclusive:* Education that takes place within a regular classroom setting or outside the regular classroom setting.

*Homebound:* Delivery of educational services within the student's home.

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*Home tutoring:* Delivery of educational services within the student's home or at an agreed-upon location.

*Homogenous convenience sampling:* A homogeneous population concerning one or more sociodemographic factors.

*Least Restrictive Environment:* Federal law mandates that students with disabilities be educated with their nondisabled peers.

*Lesley University's Center for Special Education:* An institution that works directly with the Massachusetts Advocates for Children to educate teachers and schools about chronic trauma and its effects.

*The Massachusetts Advocates for Children (M.A.C.):* A nonprofit children's advocacy organization founded in 1969.

*No Child Left Behind Act:* 2002–2015 federal law governing student accountability.

*Paired t-test:* Difference between two variables for the same subject.

*Peacock Hill Working Group:* Researchers, advocates, and educators working together to improve the lives of disabled children.

*Reflexive thematic analysis:* An approach to answering broad or narrow research questions addressing a phenomenon.

*Reintegration:* Process of integrating a student back into the classroom.

*State Report Card:* The Oregon Statewide Report Card is an annual publication required by law (ORS 329.115) that reports on the state of public schools and their progress towards the goals of the Oregon Educational Act for the 21st Century (ode.gov, 2020).

*"Stay Put":* A parent's right to have a student remain in their current placement until a dispute is appropriately dealt with.

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*Trauma and Learning Policy Initiative:* An initiative developed in partnership between M.A.C. and Lesley University to create a framework for trauma-sensitive schools.

*Trauma-informed practice:* Treatment framework for understanding trauma.

*Transformative perspectives:* Actively seeking out others' points of view and perspectives.

*Umbrella diagnosis:* Actively merging different diagnoses into one.



## **Chapter 2: Literature Review**

Public school systems have experienced a long-standing struggle with properly educating students diagnosed with emotional and behavioral disabilities (EBD). These struggles range from matching appropriate interventions to a proper diagnosis to maintaining inclusive practices, funding, and training for educators, and breaking communication barriers with students and their families before litigation occurs. Morningstar and Kurth (2017) stated this regarding alternative placements:

A majority of students with extensive and pervasive support needs spend large portions of their day in separate settings, with students with intellectual disabilities, multiple disabilities, and deaf-blindness being served primarily in separate special education classrooms (<40% of the day in general education) at rates that far exceeded placement in the categories allowing greater access to the general education curriculum and context (Morningstar & Kurth, 2017, para. 6).

This literature review is structured into four sections pertaining to title and topic. The first section briefly examines the history of educating students with disabilities and terminology related to rights and responsibilities. The second section explores the effects of student diagnosis and nationwide population statistics. The third section includes peer-reviewed research from the George Fox University library system pertaining to exclusion, alternative placement, impacts, and reintegration. The fourth section includes litigation regarding the title and topic from 1954 to 2020 and its influence.

### **Background**

A student diagnosed with a disability automatically falls under a specified set of laws called the Individuals with Disabilities Education Act (IDEA). The IDEA was passed in 1975 to provide free and appropriate education and give parents or guardians a legal voice for their disabled children (Lee, 2020). Federal and universal mandates under the IDEA must be followed

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nationwide, and state mandates, rules, laws, and suggestions are written by each state's Department of Education and state governor on a year-to-year basis. One of the main discussions and difficult points in special education legislation has been to offer students with disabilities the opportunity to learn in the least restrictive environment.

The American Association on Intellectual and Developmental Disabilities (AAIDD) was founded in 1876 and has released 11 editions of its definition manual since 1908. Intellectual and Developmental Disabilities (IDD) were once known as mental retardation; however, interpretation has since changed as doctors and educators have discovered that proper social and educational supports can improve cognitive function ([www.aaid.org](http://www.aaid.org)). IDD is familiar from birth but has also been used as an umbrella term for other disabilities that mimic the same behaviors. An umbrella diagnosis can make it difficult for educators to create and differentiate instruction for their students, especially when writing a student's Individualized Education Plan (IEP) (Looney, 2020).

An IEP is required for any student with a diagnosis that would categorize them as disabled. A study by Kurth et al. (2019) showed that in a paired t-test, two students with the same condition who were placed on IEPs ended up with very different diagnostic labels, academic goals, and placements. This test was conducted with several pairs of students over some time. There was no specific conclusion about why the discrepancies took place, as the academic and social capabilities of all children were relatively the same.

### **EBD Diagnosis**

Often a student diagnosed with a behavior disorder, which is not a common occurrence from birth, is misdiagnosed or multi-diagnosed as IDD. Instead, students with behavioral disturbances or disorders should be classified with an Emotional and Behavioral Disability (EBD). An influx of research and data within the last decade links students with EBD to students

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who have experienced trauma or experienced traumatic brain injuries in order to separate them in their diagnosis from those labeled IDD. A student with IDD would have a cognitive deficit that affects their intellectual and mental functioning. In contrast, a student with EBD would have deficits in executive functioning, affecting their ability to monitor and regulate emotions, organize and manage time, and complete tasks.

In a case study by Janz and Banbury (2009), the error in diagnosis attributed to educators and IEP teams resulted from transformative perspectives related to socioeconomic factors. “Participants provided evidence that PA Professionals ponder the power relationships involved in assigning the label of Emotional Disturbance to students” (Janz & Banbury, 2009, p. 29). The theory of transformative perspectives involves a person changing their point of view through understanding another person’s circumstances. This is especially important when dealing with students from backgrounds of poverty and trauma (Green & Gooden, 2014).

Classifying students into a proper disability category can be difficult for special education teachers and IEP teams. If the classification is incorrect, then so will the written education plan. According to Mattison (2015), the definition and criteria for classifying a student with emotional and behavioral disorders (EBD) have not changed much since its inception in 1982. Often students with EBD are falsely categorized into multiple classifications such as Attention Deficit Hyperactive Disorder (ADHD), Emotional Disturbance (ED), Learning Disability (LD), Bipolar Disorder, and Anxiety or Depression. In reality, the student may have EBD and ADHD, ED, LD, Bi-Polar Disorder, and Depression. Mooney et al. (2003) discussed their problems in conducting proper research concerning EBD when there were multiple definitions and diagnoses related to the disorder. Therefore, finding proper participants for research-based studies leaves the researcher with many gaps and entanglements. During a study by Mattison (2015) of 182

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secondary students with special education classifications, it became clear that although the students could be categorized into four distinct and different categories, their teachers and IEP teams described their emotional and behavioral problems as relatively the same. Thus, these students were misdiagnosed by their schools. Their comprehensive learning plans only focused on one disability or category when several were needed.

### **EBD Population and Placement Statistics**

The National Center for Education Statistics (NCES) released population data in 2020 indicating that 14% of all public-school students are diagnosed with a disability (5,789,884). Only 33% of students identified as having a disability had a specified label for their disability (National Center for Education Statistics, 2020), while others fall under the IDD umbrella. In most of the research released to date regarding school diagnosis, the issue of specified labels not only being incorrect but also being incomplete is identified as a common concern.

As shown by Samuels (2021) in a “Snapshot of a Vulnerable Population,” 6% of students identified with a specified disability qualified with an emotional disturbance (approximately 350,000). Also according to Samuels (2021), of the 350,000 students nationwide diagnosed with EBD, only 47% spend most of their day in the regular education classroom. Samuels opined that students with emotional disturbances graduated at a lower rate than students with other disabilities and had higher dropout rates. District improvement plans set their agendas and goals for student placement; therefore the district handles data collection, monitoring, and reports as such. There are no guidelines for how a state may report students placed in other settings for less than 80% of the day. As posited by Kurth et al. (2014), current data systems continue to fail students who spend 41% to 79% of the day in other placements by failing to state the quality of their services, the how and when of their services, their supports while in the classroom setting, and reintegration timelines. Kurth et al. (2014) stated, “These students are left out of school

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improvement efforts and plans because they represent 1% or 2% of the overall population” (p. 10).

### **Educating Students with EBD**

Concern about educating students with Emotional and Behavioral Disabilities (EBD) began in the mid-1990s. In 1991, documentation of evidence-based practices for intervention began being presented by the Peacock Hill Working Group (PHWG) to professional educators and public school entities in order to combat impending problems. The PHWG used their research (although only representative of a small portion of the population) to summarize what research-based practices should look like for students with EBD (Lewis et al., 2019). One of the main concerns PHWG reported was the under-identification of students with EBD paired with their exclusion from general education environments regardless of early identification, interventions, and multi-tiered support systems (Lewis et al., 2019).

Henning and Alang (2015) reiterated that the history of poor outcomes for this population of children is distressing, and the contribution of socioeconomic factors among students with EBD must be examined. The reasons behind this dysfunction cannot be summed up; they range from gaps in research to attitudes within the academic community, improper data collection and reporting, misuse of resources, umbrella diagnoses, and effective skills training for both the educator and the student. Anderson (2018) concluded the following:

Moreover, the extent to which these patterns of poor outcomes continue in the face of substantial resource investment by families, advocates, and government might, in part, be related to rigid or under-reflective inquiry practices, is something that should concern researchers interested in reversing historic and pervasive negative trends in the EBD field (p. 47).

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In 2003, Mooney et al. evaluated 55 studies from 1975 to 2002 to analyze trends in academic interventions for students diagnosed with an emotional disturbance. Their conclusions were not unlike others, finding serious discrepancies in present analysis and special education practice. Their main concerns were the lack of research and studies involving female and White participants. This has not gone unnoticed by others who have done research in the field; Afacan and Wilkerson (2019), Buchanan et al. (2016), Carrero et al. (2017), Powers et al. (2016), and Wilkerson et al. (2016) have reported similar gaps in their search for answers to why educating students with EBD is so tricky. Proper interventions should fit a student's needs academically and behaviorally. Suppose the suggestions provided for support and intervention (which should be from research-based reliable sources) do not reflect due diligence in knowing the participants (Mooney et al., 2003)? How can one conclude that the suggestions are valid enough to be successful? Mooney et al. (2003) pointed out in their research how prior findings lack knowledge of the actual participants by gender, race, and disability, which leaves the remedies unsuccessful.

The Massachusetts Advocates for Children (M.A.C.) began researching students with extreme classroom behaviors in the late 1990s as well. The M.A.C. noticed a pattern among these students that included family domestic violence, abuse, and neglect and resulted in compounded trauma and behavior disorders. In 2000, M.A.C. joined forces with Lesley University's Center for Special Education to begin writing a curriculum for *Trauma-Informed Practice* and providing grants within the state to help schools implement this new criterion. In 2004, the M.A.C. partnered with Harvard Law School to form the Trauma and Learning Policy Initiative in order to provide a different academic and social school structure for students who have experienced trauma and are considered *disabled* due to their unruly behaviors (Trauma and Learning Policy Initiative, 2019).

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One who has never taught in a public school classroom may question what a student with EBD might look like. According to the Council for Children with Behavioral Disorders (2020) and IDEA, a student with EBD must exhibit one or more of the following conditions for a significant period:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A generally pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems. (Council for Children with Behavioral Disorders, 2020, para. 1)

Although gender- or race-relevant research is scarce, experimentation, pilot programs, and data have demonstrated that trauma-based informed practice is the most effective teaching practice for these students. Through research and focus groups, Buchanan et al. (2016) also attributed difficulty in teaching EBD students to a lack of proper communication between families and teachers. Frustration about the changing needs of these students as well as opposing ideas about proper academic support, handling, and ongoing or lack of student progress cause equal exasperation (Evans, 2004; Farmer et al., 2007). There has been sufficient evidence and training for teachers, staff, and administrators to eliminate alternative placements (Oakes et al., 2017). Kurth et al. (2014) agreed with this finding, questioning why students with EBD are still being segregated.

### **Exclusion and Alternative Placement**

Evidence-based strategies and intensive behavioral support should be used before an exclusionary practice (Powers et al., 2016). This is especially important for suspensions and

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expulsions, which do not use a disciplinary or management strategy (Evans, 2004; Farmer et al., 2007). When special education students become suspended or expelled for more than 10 consecutive school days, they are typically placed into an alternative educational placement setting where they can still receive academic services. These alternative educational settings include behavior classrooms (non-inclusive), home tutoring and homebound services, or sometimes just a shortened school day. Behavior classrooms are sometimes located within the same school building, while others are often placed in a building apart from the school, such as a public library. Homebound and Home Tutoring services have historically been reserved for students with severe health conditions who could not attend school in a regular setting (Wilson, 1973). However, alternative placement has become a regular practice for students with various disabilities, including EBD (SECC Process and Content Manual, 2021). In Homebound or Home Tutoring settings, a certified teacher is scheduled to meet with the student one-on-one for a specified number of hours per week (meant to match the written IEP plan). This is intended to provide the least restrictive environment for disabled students; however, according to the Council for Exceptional Children (1997), it provides the most restrictive environment, as it isolates students from their peers.

When an IEP team suspends and/or expels a special education student for more than 10 days, they must determine whether the issue is a manifestation of the student's disability (Individuals with Disabilities Act, 2019). If the issue manifests, they should return the student to their regular education setting with improved support. If the behavior that caused the disruption continues, they may place the student into an alternative setting for 45 days while the IEP team conducts a Functional Behavior Assessment. The IEP team and the parent will then decide on an alternative placement that best meets the student's needs. If the parent disagrees, they have the



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right to ask for a mediator or a due process hearing. This guideline is set forth in the Parent Handbook, which should be offered to the parent at every IEP meeting (Guide to the Individualized Education Program, 2019).

Typically, behavioral concerns are considered a legitimate manifestation, especially in students with an emotional disturbance diagnosis. Alternative placements are meant to be temporary solutions; a student attends in an alternative setting until their behaviors are corrected (but not longer than 45 days) and then returns to the regular classroom as quickly as possible, as set forth in the Individuals with Disabilities Education Action (Section 1415 (k) (1) (G)). However, in some documented cases alternative placements have lasted for the duration of a student's public school career (Lewis et al., 2019), which cannot occur without a parent's consent.

In 2013, Hungerford and Cohn-Lee presented various topics on special education law at the Oregon Law Conference. One of the main topics dealt with the *how* and *when* of alternative placements when servicing a student with behaviors that manifest their disability. Although the suggestions are helpful, they are not accurate according to Special Education Law. Hungerford and Cohn-Lee (2013) recommended following the IDEA Disciplinary Rules:

As a rule of thumb, inform the student's case manager when the number of days of suspension reaches 15, and do not go over 20 days in a school year, as anything above 20 may be deemed to constitute a pattern. Once the suspension is extended, an expulsion hearing of due process must occur (Hungerford & Cohn-Lee, 2013, p. 2, Rule 3).

It is documented that Hungerford and Cohn-Lee (2013) went on to state, "Expelling a special education student may not be worth the effort, as the student will have to be provided with educational services in an interim setting" (p. 2). One of the most important aspects of this

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research was reinforcing peer-to-peer relationships. By interacting with their peers, students take on social cues and adjust their behavior accordingly over time. These interactions take increased training for teachers and specialists so that immediate intervention and positive reinforcements are implemented before exclusion takes place.

Wilkerson et al. (2016) used the word *disappointing* to describe long-term alternative placements and their effect. The assumption that students in alternative placements receive more specialized instruction is simply untrue; students tend to be unengaged for most of their time in alternative placements, as observed by Mayton et al. (2014). At the same time, students included in academic and social instruction with their peers were shown to be significantly more involved. Students with EBD who are served in a general education setting tend to be substantially more exposed to academic literacy (Ruppar et al., 2018).

Students' standardized test scores in alternative placements have shown significantly lower outcomes, along with higher dropout rates and poor peer relationships (Powers et al., 2016). Supporting these students in general education classrooms with wrap-around services would lead to improved academic achievement and a greater possibility of meeting grade-level standards (Hunter, 2018). Results from Novak's (2019) study on Disciplinary Alternative Schools (DAP) stated that although these placements are meant to be short-term interventions, they instead become "long-term dumping grounds" (p. 422). The effects of DAP placement are also unsustainable. While the behavior may improve in an alternative placement, it has been shown to be ineffective in changing behavior in the long term once a student is reintegrated into a general education classroom (Buchanan et al., 2016).

In 2019, Novak performed a meta-analysis of seven research studies on alternative placements' impact on students with behavioral disorders. The results demonstrated that student

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attendance in alternative programs is significantly impacted by the half days, late start times, and differing schedules. This is especially true when transportation is not readily available and when the services occur in a setting (not inside the student's home); therefore, truancy is a concern. In addition, teacher expectations are lower, resulting in less academic achievement, and positive outcomes dissipate once a student is reintegrated into their former placement. Another profound issue reported was the lack of student credit earned for students in alternative placements (Wilkerson et al., 2016). Research showed that students in an alternative setting for behavior earned only 1.59 credits per high school semester versus the average of 2.50 for other students (Wilkerson et al., 2016). Student segregation leads to a lack of age-appropriate social skills and problem-solving, lower self-esteem, and attachment difficulties. Implementation of alternative settings can be a positive experience, but only on a short-term basis (Kaufman & Lloyd, 1995). However, assimilating into a public school setting is far more complicated once the exclusion has happened.

### **Reintegration**

Reintegration has been a significant issue since the No Child Left Behind Act (Klein, 2023), when accountability was only held on the federal level. MacLeod (2001) suggested that in her experience with EBD students, teachers have become comfortable with alternative placements as a solution to the problem rather than just an intermediate point in the reintegration process. Today, educators, administrators, and school districts are struggling to reintegrate EBD students successfully with proper support. The Every Student Succeeds Act (2017), which replaced the NCLB (2001), has called for accountability on the state level to ensure that the lowest-performing groups of students make documented progress. It also ensures that school psychologists play more of a role in their school districts' decision making regarding special education students, their diagnosis, and their needs.

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Social skill instruction should take place within the alternative settings before reintegration so that when reintegration happens, the impact on the regular education teacher is less (Meadows et al., 1994). Students with behavior disorders often do not receive any behavior modification curriculum or social skill instruction. Findings reported by Meadows et al. (1994) showed that 79% of regular classroom teachers acknowledged using the same techniques to manage the behavior of all students, whether disabled or not. They speculated that regular teachers might expect the behavior problems of children with disabilities to have been fixed in self-contained or pull-out programs, with no further adaptations necessary (Meadows et al., 1994). The research concluded in 1993 by Callahan et al. found that only one third of surveyed teachers attempted to reintegrate fewer than five students in 3 years, the underlying reasons being the attitude and expectations of the educators themselves.

The idea for reintegration is that a student is returned to their regular setting as quickly as possible. Each state can carry its own set of memorandums as to what this might look like. In the state used for this research, it is suggested that the IEP team provide documentation that includes a clear and measurable plan for reintegration as soon as possible (Drinkwater, 2016).

### **Influence of Litigation**

#### **Background**

The *Brown vs. Board of Education* and *Plessy vs. Ferguson* cases changed the history of public education in 1954 by determining that students should be treated as equals regardless of race (Forte, 2018). This determination made it possible for students of all ethnicities to be inclusively educated within the same building and classroom. Using these cases in the 1970s and 1980s, the *Pennsylvania Association for Retarded Children vs. Pennsylvania* (1972), *Mills vs. The Board of Education of the District of Columbia* (1972), and *Rowley vs. Board of Education* (1982) were able to secure rulings permitting disabled children with the same equal protections

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under the 14th Amendment to the U.S. Constitution (Forte, 2018). These cases also made it possible for the Education of Handicapped Children Act to pass in 1975.

In 1989, the *Timothy W. vs. Rochester, New Hampshire School District* case established that regardless of the severity of the disability, it is the public school's responsibility to educate children both academically and socially. Necessary faculties can include eating, dressing, socializing, and daily skills needed to live (Forte, 2018). In 1990, The Education of Handicapped Children Act was amended to the Individuals with Disabilities Act (IDEA) and became the gold standard by which special education law is bound. The IDEA offers each state federal funds to help educate students with disabilities. Conditions for receiving these funds include a *free appropriate public education* (typically known as a FAPE). A student's FAPE must follow specific guidelines written into an IEP, including adequate academic progress and specialized instruction.

### **Profound Rulings**

*Board of Education of the Hendrick Hudson Central School District v. Rowley*. The Supreme Court first addressed a case involving the IDEA and FAPE in 1982. This case did not involve a student with EBD but rather a hearing disability. The student made adequate progress from grade level to grade level without an interpreter, which led the court to decide that the school district was not required to provide an interpreter as an accommodation. In the court's eyes, the student was making adequate progress according to his goals as written in the IEP, which was the point of the IEP and the FAPE. This case is often used as a precedent when cases involving students with disabilities are brought forth (such as *Doe v. Board of Education of Tullahoma City Schools, 1990*).

*Doe v. Board of Educ. of Tullahoma City Schools (1990)*. The ruling, in this case, was profound in its determination that students with disabilities were only required to receive "the

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educational equivalent of a serviceable Chevrolet” (law.resource.org, 2021). This ruling changed for students with disabilities in 2017 when the courts using both the *Rowley* and *Doe* cases as precedence changed the long-standing opinion in the *Andrew F. v. Douglas County School District RE-1* case. The impact of this ruling was sagacious in that it addressed the quality of education received and determined that different standards must be set for students who are not fully integrated into a regular education classroom (such as students with EBD). However, not every case since has proven to be a successful pursuit.

*P.P. vs. Compton School District (2015)*. In 2015, a group of parental guardians and teachers filed a complaint against the Compton Unified School District. The plaintiffs claimed that students in the Compton Unified School District had “experienced and continue to experience traumatic events that profoundly affect their psychological, emotional, and physical well-being” (Fitzgerald, 2015, para. 9). The case included significant negative student experiences that took place inside the school as well as within their communities. It also displayed numerous respective student behaviors, family abuse, neglect, and violence patterns. Plaintiffs additionally provided historical records of how the school district treated these students for their outbursts and behavior difficulties, highlighting suspensions, expulsions, shortened school days, and in-school exclusion techniques.

The plaintiffs asked the court for relief, claiming that the defendants had failed to train their district employees on the impact of trauma and trauma sensitivity. Their claim stated that the district blatantly ignored and breached responsibility. The relief requested would have required the school district to train administrators and school-site staff how to understand and recognize the effects of complex trauma, including its effects on development and the ability to learn, think, read, concentrate, and communicate. They also asserted that initial training could

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reasonably take place within a single day if needed. The defendants claimed they had already implemented trauma-sensitivity training within their schools to the best of their abilities and pointed out that the Supreme Court had ruled in previous cases that the court should not dictate educational policies. The defendants claimed that the plaintiffs had not exhausted their administrative remedies under IDEA (Individuals with Disabilities Education Act, 2019). Instead of seeking mediation and resolution with the district, they had taken an injury approach in seeking litigation. The plaintiffs were also clear in arguing that the use of disciplinary measures in the form of expulsions, suspensions, transfers to other programs and schools, and sometimes referrals to law enforcement had perpetuated the problems.

Although the plaintiffs did not argue that their students with disabilities were accommodated, they argued that the accommodations given do not match what is needed for these students with emotional disturbances. The plaintiffs were eventually denied their motion due to the finding that it was unclear whether they sought relief for the specific students named in the suit or for the entire community of Compton students who underwent traumatic events that ended in emotional and behavioral disabilities. The court also did not find that by denying the claim, students at Compton Unified School District would suffer irreparable harm (Kaplin & Lee, 2014).

However, this ruling too has impacted even more recent court actions; for example, the *Council of Parents, Attorneys and Advocates Inc. vs. Oregon Dept of Education, Colt Gill, and Governor Katherine Brown (2019)*. In 2019, a class action lawsuit was filed against the Oregon Department of Education, the governor, and the director of public education. This case started at the same time I began my research and fortunately concluded at the same time as well. The state of Oregon has had a long history of shortened school days, alternative behavior programs, and

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home tutors for students with EBD. In their claim, the plaintiffs noted that Oregon has been *on notice* for years that providing 2 hours of academic instruction per day violates the IDEA, yet the state has done nothing to remedy the problem. In 2016, the state issued an executive memorandum to all Oregon school districts discouraging shortened school days for students whose behavior is a manifestation of their disability. In 2017, Oregon passed a law that allowed shortened school days; however, it was only implemented after a lengthy examination of the issues, manifestation determination, stay put, and due process hearings.

Plaintiffs claimed that unless state policies and procedures were changed, students placed on shortened school days and home tutoring were at risk of irreparable harm due to their loss of instruction and their purposeful segregation from other students. The plaintiffs asked for equitable relief through integrated settings, student aids, equal educational opportunities, equal access to activities, documented changes to IEP and 504 plans, and various other services to support a full school day. They also asked for attorneys' costs and associated fees for all plaintiffs. It took several years for this case to be deemed as a "class action," but after a lengthy investigation of four school districts within the state the expert witnesses (Dr. Greenwood and Dr. Musgrove) concluded that Oregon had violated students' disability rights with their shortened school day programs and called for immediate remedy. Dr. Greenwood reported that within the four districts, a lack of resources, training, written guidance, and expert consults were at the root of this phenomenon. At the conclusion of this case, it was determined that students' rights under FAPE, IDEA, ADA, and Section 104 had been violated and that any student with a disability was in danger of being placed on a shortened school day unless this practice was eliminated completely. After a review of the eight essential components of the general



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supervision system, it was reported that failure to implement and correctly follow several components had led to the problem.

Oregon's system is deficient with respect to several components, including collection and analysis of data on process and results (Component 5); integrated monitoring activities (Component 3); issuance and effective implementation of appropriate policies and procedures (Component 2); improvement, correction, incentives, and sanctions (Component 6); and targeted technical assistance and professional development (Component 8). Mot. for Class Cert. at 14-15. (*J.N. v. Or. Dep't of Educ.*, Case No. 6:19-cv-00096-AA, 28 (D. Or. Feb. 5, 2021)).

The practice of alternative education and shortened school days in Oregon has now been banned, but the repercussions for the students it affected still show.

### **Conclusion**

Currently, nine states (California, Florida, Illinois, Massachusetts, Missouri, Oregon, Pennsylvania, Washington, and Wisconsin) have taken to the state and federal levels to promote awareness of trauma-informed practices within the public school system to address the needs of students with EBD. This awareness has brought additional funding from state and federal government agencies, private donors, grants, and investment companies (Maul, 2018). Awareness is the number one factor in the fight against excluding students with EBD from the general education setting. This funding will support additional personnel to assist students in the classroom and materials, training, and supplies to keep them in their regular placements. A gap in the research has prevented the proper application of interventions and accommodations for students with EBD (Carrero et al., 2017). Emotional and Behavioral Disorders are not typically birth-related disorders, and the behaviors associated with EBD often manifest as an individual's

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disability. With proper diagnosis, funding, and training, the interventions can begin to match the necessity.

### **Chapter 3: Methodology**

This case study examined why a student is placed into an alternative education setting, the difficulty of reintegration, and the effects of this placement on the student and their family. The study was focused on one school district in the Pacific Northwest region of the United States and included a description of the district's EBD programs and alternative setting options, a review of state and district data, litigation regarding EBD programs, and accounts of how alternative placements affect students and families.

#### **Research Questions**

The research questions this study addressed were:

RQ 1: What are the outcomes of public-school alternative placement practices for students with EBD?

RQ 2: What preventative measures could be applied before an alternative placement is implemented?

#### **Research Design**

The research design used for this study consisted of a qualitative case study with multiple interviews to study a phenomenon in education. A case study is critical in researching topics in education because it can delve into relationships, feelings, different settings, and multiple objectives (Quintao et al., 2020). Often case study research can be considered a catchall for mixed-method research when it can bring clarity to a theory continuum (Quintao, 2020). The phenomenon investigated in this research was using alternative placements for students with EBD rather than inclusive practices and supports in the classroom. The study included interviews involving three student participants and their parents/guardians. Separate interviews with only the parent/guardians also took place apart from the student to gauge thoughts and feelings that could be traumatic or could negatively impact the student. Additional interviews also explored

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thoughts and feelings from the perspectives of two educators in alternative placement settings or those who participated in placing students into alternative settings. The narrative accounts were organized around answering the research questions and initially recorded as notes rather than recorded and transcribed verbatim (Yin, 1981). Yin (1981) suggested that transcripts are not always necessary and can be arduous. In contrast, the researcher's written notes inevitably highlight the most critical aspects of the research topic. Once I had the notes and participant quotes I chose to type them into a document along with the questions. I then began highlighting answers into emerging themes. For instance, if I saw that the phrase "reintegration" or "diagnosis" were used more than once I would apply a color code for the specified terminology. Once I had finished I began to see recurring topics and themes amongst the participant's answers. I then created a key and chart which could be easily read and understood.

The evidence provided for this case study came from fieldwork, verbal reports, observations, and responses to interview questions (Yin, 1981). Researcher observations came from previous fieldwork and anecdotal notes as an employee in an alternative program for students with EBD. The informal follow-up interviews were driven by the findings of the formal first interviews and used to guide the research and discussion around outcomes and prevention (Braun & Clarke, 2021). The main focus of the follow-up interviews was looking for positive and negative changes in the student's educational experience following the initial interviews, changes in family and student perceptions and attitudes, and happenings within the educational institution the student attends. The answers were analyzed by theme/topic and color-coded for proper interpretation and recurrence of patterns. The themes became apparent throughout the interview process. As the researcher, I looked for common feelings and occurrences among the interviewees.

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The interview questions were open-ended and allowed for change to deepen understanding of specific educational practices (Miles, 2015). A neutral third party was present for the entirety of the interview process in order to avoid bias on behalf of myself, the researcher. This individual was a woman in her mid-40s with an associate's degree who was employed in a state-funded program for adults with disabilities and was unfamiliar with the participants.

This case study aimed to “examine a contemporary phenomenon in its real-life context, especially when the boundaries between phenomenon and context are not evident” (Yin, 1981, p. 59). A homogeneous convenience sampling strategy was used to conduct these interviews. Participants were students and families to whom I am known professionally and personally. The administrators and educators chosen for the interviews were known professionally and personally. All participants were protected within the scope of this research by not labeling the participants with names, gender, or relevant initials. There is no mention of specified educational programs by name, educational entities, or any involuntary information about the participants which could lead to their discovery. Notes and data were kept on an external hard drive which only I can access. The hard drive was not labeled and kept on my person throughout the research process.

The purpose of this case study was not to formulate conclusions about the wider population but instead to express and examine the researcher's questions as they may pertain to the participants in the study (Yin, 2014). According to Miles (2015) and Jager et al. (2017), the generalizability of homogeneous convenience sampling is unclear. Therefore, assumptions about the broader population in this study could be biased and unfounded. The trustworthy relationship between myself and the interviewees offered a multidimensional viewpoint to the questions and answers. Miles (2015) stated that a case study can deepen understanding and bring meaning to

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human behavior rather than just stating the rules, regulations, and guidelines. When questioning an educational practice, it is imperative to represent the complexity of a path, decision, or trajectory (Miles, 2015).

Knowing that bias can occur at any research stage, it is essential to have a strategy written within the research design to try and avoid influence on the participants from the researcher (Pannucci & Wilkins, 2010). To avoid bias, the interviews were standardized and the same in context; the data sources were subjective and based upon observations as well as being objective, taken from public state and federal sources. An unbiased third-party individual was present for all conversations and the sample size remained small, decreasing the chance for error. As stated by Pannucci and Wilkins (2010), sometimes bias can “cause a perceived association which is directly opposite of the actual true association” (p. 2). The questions were standardized and open-ended, letting the participants answer from their own experiences. There was also a running record of dates and times of other conversations, messages, emails, and ideas during the interview process (Hyett et al., 2014). These were kept to avoid personal bias and private conversations that could occur outside the constraints of this research.

### **Role of the Researcher**

As the researcher, I interviewed the students, their families, educators, and administrators. Interviewing parents of children with mental, emotional, or physical disabilities comes with multidimensional layers. A parent’s perceptions of their child and his or her education can be clouded by their experience as the parent, their concerns for their child, and their own upbringing (Berg, 2004). Therefore, the interview questions remained as cohesive as possible, leaving room for the parents to add anecdotal stories that might lend to the research results. It was not easy to code these interviews for warmth, parental consistency, and presence as they were conducted over the telephone or via Zoom (Berg, 2004).

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Interviews with the educators and administrators were also straightforward and cohesive but left room for open-ended remarks from the participants. Side conversations were avoided as much as possible. However, in order to form a relationship, the interviewees were allowed to share experiences that may have positively or negatively affected their experiences in working with EBD students. I oversaw the collection of the quantitative data through current public state and federal website resources, coded and interpreted the data for better understanding by the reader, and analyzed the data using comparative measures and methods. All methods were accounted for and referenced as I worked through which data sets I chose to present as evidence for this research.

### **Procedures**

I first conducted an initial short meeting detailing purpose, structure, and confidentiality guidelines, as well as to gain consent from participants. Each person was then scheduled for an interview and a follow-up conversation to record any changes in position or placement (Yin, 2014). The interviews with students and families took place within the first month following IRB approval. The minor students were in the presence of their parents or guardians for all interview questions regardless of whether the interviews took place over the telephone or via Zoom. Interviews with adult participants were held in person when possible, over the telephone, or via Zoom.

A follow-up interview was held in the second month of the study. During the second month, data was retrieved from state and federal websites and the school district website used for this study. Public records requests were submitted, but the timeline for the turnaround of information could be accommodated due to the pandemic. However, most of what was needed for this study was available on state and federal websites. The pandemic and associated suspension of in-school instruction affected the availability of data for the 2019–2020 and 2020–

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2021 school years. In the third month, inferential conclusions were made using research-based evidence, successful strategies, and lessons with reflective and practical recommendations. Case studies are especially effective when researching educational practices and entities, as they can help detect root causes and areas in need of improvement (Marelli, 2018). New practices by the school district regarding students with EBD were noted, and additional interviews for the new practices were held and recorded as previously stated.

### **Ethical Considerations**

Some participants in this research were minor children who have experienced trauma. I chose convenience sampling rather than a random sampling of participants because I did not want to retraumatize the students further during the interview process. As the researcher, I have a history with these students and was able to fill some timeline gaps on my own rather than asking questions that might have been bothersome or triggering. The participant's age and gender were not disclosed. As previously stated, there is a disparity of evidence for outcomes and prevention regarding age, race, and gender; therefore, this was not necessary. The same protections were used for all adult participants to conceal their identity and safeguard them from any repercussions from other student families or school district/employee personnel. Each participant signed a confidential nondisclosure agreement prior to the interview process. Questions were provided before the interviews, and participants were not coerced to finish the study. Questions for the minor children were carefully written and delivered to avoid any perception of therapy versus fact-finding. Questions for the adults were carefully written and delivered to avoid legal issues or complications and to avoid promoting dissatisfaction with the school district or personnel. Data de-identification was used during the data reporting process, and there were no explicit identifiers of the specified school district or state.



### Setting

The school district used for this case study was in the Pacific Northwest region of the United States, with a population of 18,651 students and 35 schools. Of the student population, 90.2% speak English only, 10.6% live below the poverty line, and 1,991 have an IEP (State.gov, 2019–2020). The school district is closely split regarding race; slightly more than half are White and slightly less than half are Hispanic. Due to the pandemic, accountability data from the Department of Education had only been updated as of October 2019 for the 2018–2019 school year. According to the 2018–2019 At-A-Glance Special Education Profile, .22% (4) of the students with an IEP were served in a separate placement. However, the 2018 Special Education Child Count reported that this district had 12 total students in separate placements. At the conclusion of this study, 0% of students were reported to the state as being in full-time separate placements. This does not include data from the local Education Services District, who have since taken over educating the majority of these students within their own programs. The goal the state has adopted for students in alternative settings is less than 1.80%, which this district meets according to current reports. However, the school district does not meet its goal regarding students with IEPs graduating on a 4-year timeline. In 2019 a reported 66.82% of students with IEPs graduated on time, compared to the state’s goal of 84% or more. In 2023, the graduation rate for students with IEPs was 54.3% (Department of Education, 2022–2023).

### Data Collection and Analysis

Thematic Analysis (TA) consists of diverse data collection and interpretation methods that can be changed based on the researcher’s working ideas, theories, and experiences. It is often referred to as a *cluster* of different and valuable methods facilitated by the researcher and the participants’ perspectives (Braun & Clarke, 2021, pp. 3–4). Local, state, and federal data

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were explored using comparative tables. Interview data was coded using routine data collection but also interpretation. The coding process for the interview data changed organically as the results were regularly considered regarding the literature (Braun & Clarke, 2021). Coding was done using themes in regard to the phenomena. However, interview questions were asked in the same order of complexity during the first round, giving room for change as the process evolved (Braun & Clarke, 2021). Areas in which theory resonated with case study accounts suggested strength in the relevant perspectives, while contradictions between theory and research data provided the impetus for further analysis and theory building (Tibben, 2015).

### **Participants**

To identify participants, I chose prior students and families for whom I was either a regular education classroom teacher or a teacher for their student in an alternative placement setting. I chose students whom I felt could articulate their experiences appropriately and would not be triggered by the interview itself. An established trusting relationship already existed between me, the student, and their family, which promoted accuracy and honesty. Due to the pandemic, I also chose participants for whom I did not need current classroom observations, as I already had several years of experience in a classroom setting and one-on-one interactions.

I chose an educator who has taught in an alternative placement program and has a special education endorsement. I also chose a special education teacher assistant who works in an alternative placement program and within the regular classroom. I included interviews with three parents/guardians of students with EBD who had been placed into alternative settings and two currently enrolled in different alternative setting programs.

### **Programs**

The school district in which this study was set utilizes three alternative programs located in separate buildings and apart from the regular education school buildings. These programs

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were once run by the district themselves, but have since changed hands to the local Education Services District. One program focuses on elementary students, one middle school students, and one high school students. The district works in connection with two residential treatment facilities where they can offer academics in tandem with mental health services. Each district school encompasses its special education program, which includes a separate classroom or resource room for behavior placements. For a time the district used a Home Tutoring program (usually located at a local library for one-on-one services) and Zoom services for compromised and homebound students; however, this program has since been fully eliminated.

### **Contribution of Study**

This research aimed not only to understand new and developing phenomena in the world of public school education but also to explore whether this adaptation helps provide all students with a free and equal educational experience. My intention was not to berate any school entity for why they may have chosen alternative placements but instead to examine whether such placements are positive or negative settings for students with EBD. As litigation has begun to mount and school districts look to change how they educate students with EBD, this research and these findings may help to generate new and improved ideas, considerations, and involvements. It is essential to understand how we got here before we can change where we are going.

### Chapter 4: Data Analysis and Results

This study aimed to identify the effects of an alternative placement for students with EBD and to find better solutions to the educational phenomenon of alternative placements in the public school sector. Participants were chosen based on their relationship with the researcher, their experience, and their educational trajectory. Data were coded based on the research questions and patterns in participants' answers.

#### Findings

This chapter presents narrative case reports based on interviews and participants' conversations over the last calendar year. It includes a brief description of each participant in this study and verbatim comments about specific discussion topics. Following a brief discussion of coding procedures, comparisons among the participants and their varied answers to the research questions are presented.

#### Participant Demographics

Participant	Role
EJ	Teacher
KC	Educational Assistant
BB	Guardian
DR	Parent
ZB	Student
CJ	Student

#### Case Report: EJ

I met EJ 15 years ago when they served as an educational assistant in the classroom for special education students. EJ also served as a home tutor for students with EBD and taught in multiple summer school reading programs. Once EJ gained their master's degree and teaching license, EJ took a position as a regular inclusive classroom teacher. EJ maintained this position for one year and chose to resign, feeling overwhelmed, underserved, and frustrated with the politics of the school district and principal. EJ contended:

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I felt that I had such a high-needs classroom with no help. I did not have the formal curriculum until 3 months after I started school. I was reprimanded for showing videos regarding science, vocabulary, and history as a tool to gain an understanding for students who had never had exposure. My administrator would constantly interrupt my classroom to maintain control of the behavior issues instead of letting me form a relationship with my students. The principal was judgmental and self-involved, very concerned with the union complaints other teachers had made, and pressure from the district to lower the special education average under 35%.

I asked EJ about the preventative measures they saw during the year they taught, and they explained that often it was either the principal or student services personnel who would pull small groups for social learning skills. However, the pull-outs were inconsistent and “messy.” At other times EAs would be assigned. However, in their opinion, the classroom teacher should work directly with the highly impacted students, as teachers have the education and experience needed to make an impact. As an educational assistant, EJ was never invited to IEP meetings or allowed to interact directly with the parents/families. However, they worked with the students more than 80% of the time. As an EA and a classroom teacher, EJ reported that they would watch as special education laws were often violated. The school was regularly out of compliance for not following the written IEP or informing parents of their rights and responsibilities when questioned. I spoke with EJ a few times throughout the school year, and after their final day and official resignation I asked EJ if anything could have been done differently. They proclaimed that school districts are dealing with the wrong problem (alternative placements do not function correctly, and are a waste of money; instead districts should deal with mental health and behavioral health first, before academics. EJ also admitted that things started to get better once

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they reprogrammed their classroom into 15 minute-increments of teaching with many breaks in between. But when the school finally realized they had 5 out of 26 students diagnosed with EBD and 10 undiagnosed but on the “child find” program, they tried to supply her with an EA.

However, the EA was only available to the classroom for 15 minutes per week. To conclude, the issues sat with lack of training and lack of resources.

### **Case Report: KC**

KC is new to the school district and has been an educational assistant for only 2 years. KC is still quite optimistic and excited about what they see happening regarding students with EBD and alternative settings. KC is also a parent/guardian of a child diagnosed with EBD whom they chose to pull from the school district and home school for several years. KC’s child is now attending an academic program outside the school district that better fits the student’s needs. The alternating dynamic and attitude change between interviewing KC as an educator versus interviewing them as a parent was striking.

As an educational assistant, KC mainly works under the direction of the Special Education teacher running small groups, pulling students for skill groups, and helping classroom teachers within the regular education classroom. KC was involved in IEP meetings but was not allowed to have direct parent involvement. From what they had observed, the average time for reintegration into a regular education setting from an alternative setting for a student with EBD was 2.5 years. When asked about preventative measures, KC explained how the school categorized its students into a tier system:

Kids are categorized into tiers. Two students this year were tier 1, which means they have an in-class aid. If they are tier 2, they are placed into alternative groups for academics and breaks. If they are tier 3, they are placed into a special education classroom or placement full-time.

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KC added that the measures currently in use are good but need better implementation. KC stated that kids stumble for far too long before proper placement happens, but also feels that more often than not alternative placement is necessary. KC reported that in alternative settings, the whole family should become involved and learn how to cope; they should be offered emotional, psychological, and (in some cases) family help with financial needs.

KC described how the schools ignored the educational testing process, and even when a parent requested testing. Once KC started becoming educated about special education law and realized that it was the parent's right to request and receive appropriate testing, KC was still dismissed until they contacted an outside source for a proper diagnosis. They helped and taught both parent and child how to meet the needs of the child at home, which was very helpful but also expensive, and an expense that should not have been endured. Currently, the child attends a charter school 26 miles from their residence, the closest available setting. The child must transfer buses four times roundtrip to attend this program and typically rides the bus alone. One drawback that KC identified was the lack of hometown/neighborhood friendships. Although the child has local friends, most peers reside closer to where the program is located. KC pointed out that if the opportunity were given to start over, learning about special education law and parental rights would have allowed the push to provide local and appropriate services.

### **Case Report: BB**

I have known BB for 12 years and taught both of BB's adopted children in multiple capacities. Both children were removed from their biological parents and placed with BB in elementary school. One of the children (child 1) was diagnosed with fetal alcohol syndrome, PTSD, opioid addiction, and EBD. The other child (child 2) demonstrated similar attributes in the early years but, with a stable and loving home environment, eventually flourished and overcame any disability they may have had. However, there was never any official diagnosis.

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Starting early on, I watched as child 1 struggled physically, verbally, socially, and emotionally in the classroom. They were transferred almost immediately to the special education department for most of the school day. Occasionally this child was assigned an educational assistant for physical activities such as recess or PE. However, the rest of the day was spent among five other students in a separate location. This lasted for 3 years within the same school and brought no improvement. The school and district officials often relied on the adage that if the parent/guardian medicated the student properly, there would be no further problems. They pushed this message at every IEP meeting, but BB was reluctant. Due to their lack of information and education regarding the diagnosis for this student, BB assumed that child 1 would become dependent upon the medications and later become an opioid/methamphetamine addict. The school personnel did not try to remedy this thinking and eventually demanded that BB sign permission for child 1 to start attending a behavior program located in a behavior school over 40 miles away from their residence. Not knowing that there was a choice, the paperwork was signed, and for the following 3 years, child 1 was bussed to the alternative program. BB pointed out:

I would have kept them home from the very beginning. At first, I was only the foster parent, so they would never consider anything I had to say, and I couldn't make any real decisions. Once I adopted the kids, I could have pushed it more with the district, but they always made me feel like I was wrong and would disagree with everything I said. Once we finally had real outside testing done so I could have a clear diagnosis I could advocate for help for myself, the school would never do anything.

Years in the alternative program did not help the situation; it only worsened things. Child 1 fell increasingly further behind the academics of their peers, and behavior and violence



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escalated. As a result, child 1 was locked in an enclosed space for long periods. BB was distraught and angry and looking for help. BB shared that on numerous occasions, inquiries were made to local attorneys, special education advocates, other parents, teachers, and myself.

When BB called me and asked for my help, I jumped at the chance to become involved in this failing system. I thought my input and years of experience would certainly help this child. I connected with specialists from the Department of Human Services as we assisted with home-based behavior treatments, animal therapy programs, appropriate doctors for cognitive and behavioral testing, and personal support workers. The program child 1 dealt with minimal academics if any, and the 20-some students who attended were highly volatile physically and verbally with each other and staff. It just was not the right fit. BB observed:

They should never have been placed with other students with emotional and behavioral disabilities. They should have had one-on-one aides instead to assist in the classroom.

They just copied the other students' behavior, which acted as a trigger, and then they all escalated together. It was terrible.

When I accompanied BB to the yearly IEP meeting, I was met with aggression by the staff for interfering. They later called the district office to complain about my presence. The meeting was heated; I pointed out how they had failed this student and parent and were out of compliance with special education rights and laws. I also pointed out how their program triggered these students further and how the staff was grossly under qualified to work in this environment. When we left the meeting, the program head informed us that at that point child 1 would be placed into the Home Tutoring program and was no longer welcome in any of the schools within the district. This was when I began working as a Home Tutor for the school district.

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I tutored child 1 for two years, and finally, they could attend another alternative placement program for older students. They stayed at this placement until the Covid pandemic began, then they were transferred back home again for an iPad with pencil, and paperwork. When I called BB for this interview I was shocked to find out that child 1 remained at home and was never reintegrated into the new alternative placement following the pandemic. According to BB:

The district said they would start in the fall at home with a home tutor, and based upon their behavior and the points they made they could earn their way back to the other school; but they are just home now, no tutor, no help in any way.

I asked what the plans were going to be moving forward and BB gave no concrete answer. At this point, BB felt that the child was lost in the system. After trying several times to contact BB for the second interview, I found out that the child was still home but had a job and was involved in district sports programs. BB reported:

Although the academics are not where they need to, be since they have been home and away from the aggressiveness and violence of the other students and teachers, they have been doing much better and are still unmedicated.

### **Case Report: DR**

DR was a very young parent with two children diagnosed with emotional and behavioral disabilities. ZB, the oldest child, also had ADHD, PTSD, anxiety, and depression diagnoses. I taught ZB as a Home Tutor for 3 years after an expulsion from the regular classroom. When I worked with ZB, we reintegrated twice into the alternative education program allocated for the age group. However, both times placement was made in the Home Tutoring program due to bouts with juvenile delinquency outside of the school system.

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DR reported that it was difficult to enroll ZB in a regular education program after moving from out of state, where ZB had been previously expelled. ZB was immediately placed into an alternative setting within a public school building. This was not the right fit for ZB, as there were no cognitive deficiencies, and ZB was quite charismatic and popular amongst the peer group. ZB immediately started trouble and acted out against this program; as a result, DR was told that ZB would have to attend via Home Tutoring until there was an improvement in behavior. Once I met with the case manager and IEP team, I was assigned to work with ZB for 5 hours per week. I was also given a data point system and step-up plan. I questioned this point system, knowing it had not been recommended by the state's education department in a posted memorandum (Drinkwater, 2016). I also noted that as we began working together, it was virtually impossible for someone with ZB's needs to attain the score the district wanted for reintegration. Once the pandemic began, I lost touch with the family and ZB's education.

Catching up with the family a few years later, I found that ZB was thriving in a small alternative-based program not associated with the school district. DR reported that ZB attended 3.5 hours daily with five other students and had on-site therapy. ZB mainly worked on computers and had weekly goals.

I had to find the placement myself. ZB was expelled from the alternative programs and then had home tutoring, and then there was just nothing after Covid. They would not even talk to me about going back to school. The therapist finally suggested this program and worked with the district to make sure they would transfer the enrollment and placement, which they were reluctant to do.

When I asked about the other child and whether they had the same struggles, DR was delighted to report different events. In fact, since Covid, this child has been placed into an

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alternative program for less than 40% of the day with calming and therapeutic routines. DR explained that the IEP meetings were all-inclusive, with solid communication and family sessions attributed to new and different administrative staff.

### **Case Report: ZB**

At the time of my interview with ZB, I had not been in touch for several years and was pleasantly surprised at how willing they were to participate and update me on their positive progress. ZB used to be an angry and reluctant student, convinced the system was against them in every way. Now they were upbeat; they told me about their friends, their part-time job, and their schooling.

I go to school with a small group of kids in separate buildings to earn credit, and I actually get to go! There are dogs to walk, I can take breaks, teachers are cool, and we agree to disagree. We get food, we can play on our phones, and leave if we want to. I always disobeyed at other schools and was slacking on what I was supposed to do. They would accuse me of doing things I didn't do or the other kids would start fights and I would have to fight back, but then I would get in trouble.

ZB's interview was a delight, and in following up, I found out that ZB only had a short time before graduation. ZB discussed starting a work program and plans (previously never thought possible). When I asked ZB what could have been done differently along the way, ZB replied that more help would have been needed and that if someone had stopped to help, disruptions might not have happened frequently.

### **Case Report: CJ**

CJ was a student whom I only knew slightly through friends and family acquaintances. I had spent time with CJ outside the school and felt they would be willing and comfortable enough to speak about their experience. CJ was schooled for a short time in the public classroom arena,

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found that as they started to question their gender identity, anxiety, and depression took over a large portion of day-to-day life. CJ had been placed with a relative upon this discovery and the refusal of biological parents to accept these changes. CJ shared that they felt misunderstood because they had a learning disability which prevented them from attaining appropriate academic goals. After a long struggle with school officials, CJ was homeschooled and later enrolled in a program separate from the school district, whose population is primarily LGBTQIA. CJ now feels accepted, is enrolled mainly in small groups for academics, and spends part-time at home working on an iPad. The program involves CJ in outdoor activities, forestry, art, and theater, which are prized hobbies. CJ is not happy about the time that must be spent traveling on multiple buses to and from this program and feels detached from the peer group that attends this program, but is willing to move forward and stick with it for the remainder of the K-12 process.

### Coding Results

The coding process began with a review of the two research questions in this study and categorizing participants' answers.

RQ 1: What are the outcomes of public-school alternative placement practices for students with EBD?

RQ 2: What preventative measures could be applied before an alternative placement is implemented?

Participant	RQ 1	RQ 2
EJ	<ul style="list-style-type: none"> <li>• No reintegration</li> <li>• Waste of public funding</li> <li>• Loss of good educators to resignation</li> </ul>	<ul style="list-style-type: none"> <li>• One-on-one instruction</li> <li>• Better knowledge of parental rights</li> <li>• IEP meetings which involve every active member of the student's academic life</li> <li>• Better mental health resource</li> </ul>
KC	<ul style="list-style-type: none"> <li>• Peer alienation</li> <li>• 2.5 years for reintegration</li> <li>• Improper placement based upon diagnosis</li> <li>• Academic structure not matching the IEP</li> <li>• No social or emotional support</li> <li>• Pull-outs without testing</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional support systems</li> <li>• Financial support systems</li> <li>• Better implementation and training programs</li> <li>• Better knowledge of parental rights</li> <li>• Proper diagnosis</li> </ul>

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BB	<ul style="list-style-type: none"> <li>Peer alienation</li> <li>No reintegration</li> <li>Academic/speech therapy not matching IEP</li> <li>Falling through the cracks</li> <li>Unable to attain proper scores on behavior data contracts</li> <li>Mimicking bad behavior</li> </ul>	<ul style="list-style-type: none"> <li>Better knowledge of parental rights</li> <li>One-on-one support in regular ed classrooms</li> <li>Therapy and counselors</li> <li>Proper diagnosis</li> <li>Access to normal functioning students</li> </ul>
DR	<ul style="list-style-type: none"> <li>Peer alienation</li> <li>No reintegration</li> <li>Academic/speech therapy not matching IEP</li> <li>Falling through the cracks</li> <li>Unable to attain proper scores on behavior data contracts</li> <li>Mimicking bad behavior</li> </ul>	<ul style="list-style-type: none"> <li>Calm and quiet spaces with a lot of adult support</li> <li>Communication</li> <li>Family involvement</li> <li>Better knowledge of parental rights</li> <li>Access to normal functioning students</li> </ul>
ZB	<ul style="list-style-type: none"> <li>Peer alienation</li> <li>No reintegration</li> <li>Academic/speech therapy not matching IEP</li> <li>Falling through the cracks</li> <li>Unable to attain proper scores on behavior data contracts</li> <li>Mimicking bad behavior</li> </ul>	<ul style="list-style-type: none"> <li>Therapy dogs</li> <li>Food</li> <li>Freedom</li> <li>Therapy</li> <li>Supportive adults</li> <li>Peers</li> </ul>
CJ	<ul style="list-style-type: none"> <li>Peer alienation</li> <li>2.5 years for reintegration</li> <li>Improper placement based upon diagnosis</li> <li>Academic structure not matching the IEP</li> <li>No social or emotional support</li> <li>Pull-outs without testing</li> </ul>	<ul style="list-style-type: none"> <li>Access to local peer groups, hobbies and academics</li> </ul>

## Key

Behavior Data
Reintegration
Diagnosis
Peer Relationships
IEP
Parental Rights
Physical and Mental Health Support

## Summary

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**RQ 1**

In analyzing the participants' answers as they pertain to the first research question, five concepts emerged repetitively: lack of reintegration, peer alienation, academic structure not matching the student's IEP, improper diagnosis/placement, and unattainable behavior goals.

**RQ 2**

Three concepts emerged which were repetitive when participants' answers were analyzed in terms of the second research question: better knowledge and understanding of parental rights and responsibilities, mental health resources, and peer access.

In addition, I found the following recurrence throughout the interview process;

- I found that there was typically more than one student in the household (siblings) struggling with EBD. I contributed this to environmental factors, mimicked behavior techniques, and socio-economic status.
- I found that not only had these students had an EBD diagnosis but they also had various other disabilities such as ADHD, Depression, Anxiety, and LD. There was not one disability being served but multiple at the same time. Through the interview process, I discovered that the multitude of disabilities made it difficult to formulate proper IEP recommendations.
- There was a lack of information, training, guidance, and curriculum for educators and families.
- There was a lack of proper diagnosis with all student participants and a lack of willingness to properly diagnose by the school district. All parent/guardian participants had to seek health care and diagnosis elsewhere.

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- The 2018 Special Education Child Count reported that this district had 12 total students in separate placements. At the conclusion of this study, 0% of students were reported to the state as being in full-time separate placements. However, I found this data reporting to be inaccurate as outside contractors have now taken on this role.
- None of the student participants have been reintegrated into the regular education setting for more than 40% of their school day.

In the final chapter, I discuss the repercussions of RQ 1 and the solutions that pertain to RQ 2. Chapter 5 also discusses the participants' answers in response to both questions and how they may impact this research as well as what can be done in the future of teacher education programs to avoid alternative placements as a solution to educating students with EBD and multiple disabilities.



### Chapter 5: Discussion

The results of this study did not surprise me but they did lend to more knowledge regarding what can be done in order to help students and families dealing with emotional and behavioral disabilities. I am still often approached by parents who are confused and frustrated over the process of navigating the public school system in this regard. In fact, just the other day after a meeting with my personal attorney he approached me with similar concerns about his own son. I found it quite remarkable that a highly educated and experienced person struggled to navigate the special education system and law as a whole. I was also enraged as he told me his own story of difficulty, listening and knowing that many special education laws, rules, and regulations had been broken along the way. As I look deeply into the consistent factors affecting not only my interviewees but also random individuals and associates who need a place to vent their frustration, I feel as though I have a few answers which might promote the greater good.

First, it is important to understand that students with emotional and behavioral disabilities come from all backgrounds. There is no specific diagnosis for such disabilities, and the umbrella term of EBD can cover many diagnoses. In their systematic review of this phenomenon, Daniels et al. (2022) discovered that most such research was conducted and concluded using only a small subset of the student population.

The descriptive findings reflect several demographic trends within the alternative school literature. Study participants were often students of color (particularly Black students), male, and from low-income backgrounds. This finding is not surprising, given that these populations are overrepresented in special and alternative education and often face numerous structural inequities that can contribute to school failure (Nowicki, 2019). It validates many social justice concerns regarding alternative settings and should prompt professionals to seriously evaluate whether their curriculum is functioning as tools of marginalization or of support, perhaps by

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collecting data to ensure that student interventions are effective. There needs to be more research done in regard to the effects of alternative placement for all student populations and demographics.

Finding reasons can definitely help in the process of identifying the right avenue for a particular student; however, we cannot as educators get hung up on this question, nor should we be expected to do so by ourselves. Dr. Greenwood (J.N. vs Oregon Department of Education) opined that there are

hundreds of students with specific behavioral support needs, who warrant the same level of support yet this support was never fulfilled due to the students being placed on a shortened school day prior to implementation.

I will begin with solutions that pertain to research question 2. The answer given most frequently was better knowledge and understanding of parental rights and responsibilities. When a parent/guardian attends an IEP/504 meeting they are immediately given a pamphlet informing them about their rights as a parent of a student with special needs. Although the pamphlet is short and well written, it is often not read or even taken because parents have an innate trust that educators and administrators will give them appropriate and important information. This trust factor needs to be explored because unfortunately it is often broken, not out of malice but rather due to what services are available and accessible for the student. Parents must be informed directly that they can say “no,” they have a right to disagree, and that alternative methods will be used if they do. Alternative placements need to be a suggestion and not simply used as an ultimatum.

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The likelihood of student success in the home school is maximized when the transition planning process is team-based, collaborative, and considers input from all stakeholders, including the student (Bracher & May, 9).

At this point, in the state of Oregon, the shortened school day was removed as an option but it took a class action lawsuit and close to 6 years of litigation to make this appeal. Nationwide shortened school days are still used regularly. As of late, shortened school days have been made illegal in most states according to experts from a *USA Today* inquiry, yet they are still widely used for various reasons and in various forms and have gone unreported. The excuse could be as simple as a lack of transportation or as significant as valid safety concerns for other students and staff. Oregon and New Mexico have now outlawed shortened school days completely, while other states such as Massachusetts have provided guidance for staff regarding if and when this method should be used. “School officials will often try to spin the decision to shorten a child’s day as something that’s best for everyone, including the student,” according to Diane Smith Howard, managing attorney for criminal and juvenile justice at the National Disability Rights Network. But this kind of language obscures the real reason why districts turn to this option. Howard said, “They send kids home because they just don’t know what to do with them” (Butrymowicz, 2021).

The second solution provided is better mental health services within our public schools starting as early as kindergarten. Navigating the U.S. mental health system in and of itself (even apart from state health care) is difficult; expecting parents/guardians to locate and access resources in the course of already stressful daily life should not be a concern. In 2020, the Oregon Health Authority released a report that encouraged mental health and trauma informed practice in all public school settings, stating that:

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A comprehensive school behavioral and mental health system incorporates the concepts of the WSCC model with the understanding that mental health and behavioral health are components of the health of the whole child. Health and education are inextricably linked (State of Oregon, 2022).

My experience within the school district setting for this study is that a school counselor typically divides their time amongst multiple school buildings and hundreds of students. Money will need to be allotted and spent on in-house mental health to ensure that teachers are not serving as social workers or therapists. In the class action lawsuit *J.N. vs. Oregon Department of Education*, Dr. Greenwood stated that “school districts are not making effective use of the available resources or that the existing resources are not adequate” (*J.N. v. Or. Dep’t of Educ.*, Case No. 6:19-cv-00096-AA, 25, D. Or. Feb. 5, 2021).

The third and final suggestion is to ensure that students always have access to their age-appropriate peer groups and that those groups encompass all genders, races, backgrounds, and academic levels. There is no evidence that isolating students will improve their behavior, lessen their anxiety, or help them with depression; in fact, it only increases the symptoms of EBD. There has, however, been plenty of evidence demonstrating that students learn from their peers how to behave, how to learn, and how to interact socially and emotionally with each other. If a student needs a full time one-on-one aid for the entirety of the school day it is an obligation for the school district to provide such support.

To summarize the solutions, we need to make sure parents have an understanding of and some control over what happens in the course of their students’ educational experience, implement permanent and consistent mental health care practices, and ensure that students are not isolated due to their disability. This leads to research question 1 regarding what happens to

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students when current practices are used. Although I knew the answers because I have experienced them personally, I was surprised to learn how creative parents/guardians have become in trying to educate their students appropriately. After being told “no” by the school district and exhausting local resources, I found that most parents/guardians are now accessing external systems such as charter schools and alternative programs not funded by the school district. These great ideas and programs are working, so I have to ask why our own federal and state-funded programs are not following suit. Wilkinson and McDaniel (2021) discovered in their research that only one out of four students can be successful after being placed on a shortened school day plan.

The first and most common factor was the lack of reintegration. The promise of reintegration comes at the first meeting when alternative placement is suggested; however, my interviewees never experienced this as an option. They followed the suggestions, placed their students into alternative settings, and yet were unable to succeed. The behavior rules and boundaries that were set were not attainable for a student with EBD, as most students with EBD lack self regulation. Instead, most get lost in the system, and end up homeschooling or dropping out (unless they have a parent/guardian willing to find an appropriate placement by themselves).

The second complaint I heard most often was the lack of peer interaction. Students with EBD are excluded from their peer group because they do not behave the way they need to behave to remain in the mainstream classroom. This exclusion causes depression and anxiety, a feeling of loneliness, and an overall attitude that they are not good enough. The student already deals with these issues in the course of a regular day, so why then are we placing them directly into a situation in which they feel less than their peer group? Such isolation also diminishes the appropriate academic and social growth students need to be successful.

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The third factor I found common and relevant was that once students are placed into an alternative setting, the needs assessment from the original IEP is no longer followed. An IEP is written based upon student need, and allotted specified amounts of time for each academic content area, speech, physical education, and so forth. But once students are placed into an alternative setting they no longer have access to these services which are meant to serve their disability directly.

The fourth factor and one of the most important is improper diagnosis, which points to the lack of mental health services and inappropriate testing guidelines. We cannot properly educate a student without knowing exactly what the correct diagnosis is, and this does not happen when a student meets with a school counselor once per month. Nor is it logical to expect a teacher or special education instructor who lacks time and experience with the student to diagnose mental health issues. I found throughout the interview process that once the parent chose to seek outside sources for an official diagnosis they were then able to help their student appropriately. These services should be readily available within the school from the start.

According to the National Center for Education Statistics,

In 2019–20, diagnostic services were more prevalent in schools in cities and suburban areas than in towns and rural areas. Specifically, 61 percent of schools in cities and 60 percent of schools in suburban areas reported providing diagnostic services to students, compared with 50 percent of schools in towns and 44 percent of schools in rural areas (NCES, 2023).

The fifth and final factor deals with unattainable behavior goals for reintegration. Although this may not be typical nationwide as seen within the school district used for this study, it is important to explain that placing behavior or academic goals upon a student with a disability

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is inappropriate. In their study of daily progress reports for students with EBD, Stark et al. (2022) found that students with EBD already struggle with self-regulation, thus teachers should not be allowed to assume what emotional competencies these students are capable of. Once again, as educators and/or administrators we are not doctors, social workers, or therapists and should not attempt to ascertain what behavior is appropriate for any student with a disability.

### **Conclusion**

There needs to be a complete overhaul of how we handle students with disabilities, and frankly how we teach and assimilate students in general. As the world changes our students change, and it is important to embrace that change rather than isolate those who do not behave in the way that some deem appropriate. Public education is a right protected under the 14th Amendment to the U.S. Constitution, therefore we must find ways to educate even those whom we do not consider “normal” without violating their rights. Moving forward I would like to take this research to the university level and implement this knowledge into educator programs. It is imperative that new teachers and staff understand what it is they may be walking into post-pandemic and the most effective strategies for teaching students who have multiple disabilities and/or emotional and behavioral disabilities. The classroom no longer looks the same and teachers are leaving the practice at a rapid pace simply because they do not have the appropriate training, curriculum, or support to sustain a functioning classroom environment.

This research is a small but important look at one way in which the public school system has discriminated against a minority, and although they continue to seek solutions, some students are still lost in the system. That is why we continue to study, learn, and explore this phenomenon.

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**Appendix A**  
**Interviews with Educators and Administrators**

1. Are you currently serving as an educator or an administrator?
2. Have you served, or are you currently serving in an alternative placement setting?
3. How long did you or have you been in this position?
4. If you served in an alternative placement setting, how long did you serve in that position?
5. What percentage of students you serve have been diagnosed with EBD?
6. What preventative measures have you witnessed prior to an alternative placement?
7. What is the average amount of time one of your students has spent in an alternative placement before they were reintegrated into the classroom?
8. What types of alternative placements have you had personal experience with?
9. Do you feel there could be other, more beneficial preventative measures?
10. Can you explain some of the success stories you have experienced on behalf of your students who have been placed into alternative placements.
11. What has been your experience with the parents/guardians of students who have been placed into an alternative setting?
12. What has been your experience with IEP teams who have suggested alternative placement?
13. What is your opinion of alternative placements? Can you give some positive and negative thoughts?

**Appendix B**  
**Interviews with Parent/Guardian**

1. What is your child's official diagnosis, as you understand it?
2. Is your child in an alternative placement setting where they receive their education?
3. Please explain what you understand about how your child receives their education in this setting.
4. How many hours a day/week is your child in this setting?
5. Is your child provided transportation?
6. Do you feel the goals on your child's IEP are being met by this placement?
7. Are there other students in this same environment with the same needs?
8. How long has your child been in this placement?
9. Has your child been in alternative placements prior to the current placement?
10. What led up to the current placement?
11. What is the timeline and are there conditions for your child to be reintegrated into their regular classroom?
12. What preventative measures were taken prior to alternative placement?
13. What preventative measures did you feel were successful?
14. What other preventative measures could have been taken?
15. Did you suggest or were you asked about these suggestions from the IEP team?
16. Were you in agreement with the alternative placement? Please explain.
17. Do you feel the alternative placement has helped or hindered your child's academic and social progression?
18. What are your expectations for your child's academic and social growth from this point moving forward?

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19. Please share one positive and one negative experience your child has shared about their alternative placement experience.
20. Looking back, is there anything you would have done differently?
21. Is there anything you would like to share with me that might help this research?

**Appendix C**  
**Interviews with Minor Students**

1. Tell me about where you go every day for school and learning.
2. Do you take a bus?
3. Do you have a favorite teacher?
4. What do you like about where you go for school and learning?
5. Are there other students that are there with you?
6. Tell me about the other students and teachers.
7. Do you know why you are going to this place for school and learning?
8. Do you feel it is helping you learn?
9. Would you like to go somewhere else for school learning?
10. What are your goals in this place you go for school and learning?
11. Do you feel you are doing well at meeting your goals?
12. What could be done to help you meet more of your goals?
13. Would you be successful if you went to a regular school?
14. What would you need to be successful in a regular school or classroom?
15. Do you play sports or have hobbies you do with others your age?
16. Can you tell me about one positive and one negative experience about the place you go  
for school and learning?
17. Have you ever been to a different place for school and learning?
18. Can you tell me about that?
19. Why did you change to a different place?
20. Is there anything you want to tell me about your school and learning?