EXPLORATION OF LEARNING, SOCIAL, AND BEHAVIORAL EXPERIENCES OF

FEMALE HIGH SCHOOL GRADUATES WITH EMOTIONAL BEHAVIOR

DISORDER FROM PUBLIC SCHOOLS IN THE UNITED STATES:

A TRANSCENDENTAL PHENOMENOLOGICAL STUDY

by

Christie Renee Simpson

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this transcendental, phenomenological study is to describe the lived experience of public high school female college preparatory graduates diagnosed with an emotional behavior disorder (EBD) in the United States. The queries are: (a) how do female students with EBD describe their high school experience, and (b-d) what learning factors, behavioral supports, and environmental influences contributed to their ability to meet graduation requirements. The theory guiding this study is Bandura's (1986) social cognitive theory as it is firmly grounded in behaviorism and explains the impact of complex interactions on behavior, learning, personal development, and social outcomes. Miller's (1976) relational-cultural theory also applies as a framework because it emphasizes a unique perspective on female differences in psychological and emotional development. The study involved 9 participants who were found through snowball sampling. Data collection followed qualitative procedures and involved interviews, an electronic format focus group discussion board, and written reflections. Data analysis included coding, peer review, triangulation, and textural and structural description. Results included recognizing the importance of testing and classroom accommodations, one-on-one time with teacher, proactive and strategic planning, a plan for crisis times, and smaller learning environment for female students with EBD.

Keywords: emotional behavior disorder, female, behavioral strategies, graduation

Dedication

I would like to formally dedicate this manuscript to each of my students. You are the reason I am a life-long learner. The more I know, the more I can advocate for you and your educational needs. Each of you is creative, capable, and although sometimes wildly challenging, I know your heart and see your potential. "It's not too bad when the sun's out, but the sun only comes out when it feels like coming out" (Salinger, 1945, p. 156). Your light is elusively bright, and I want it out as much as possible. Do not hide it; your impact is needed in our world. Hopefully, this manuscript will promote others' understanding of how to get that light out and make you as comfortable as possible in your educational endeavors. You are courageous, and you challenge me to be a better person, teacher, and friend. Thank you for educating me.

I also need to take a moment to thank my husband for being patient while I completed this manuscript. It has been a marathon and I am eternally grateful for the enduring support you provided throughout this journey.

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Attention Deficit Hyperactivity Disorder (ADHD)

Check-in/Check-out (CICO)

Council for Exceptional Children (CEC)

Emotional Behavioral Disorder (EBD)

Functional Behavior Assessment (FBA)

Individualized Education Plan (IEP)

Individuals with Disabilities Education Act (IDEA)

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Least Restrictive Environment (LRE)

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Obsessive Compulsive Disorder (OCD)

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School-Wide Positive Behavioral Interventions and Supports (SWPBIS)

Reactive Attachment Disorder (RAD)

Relational-Cultural Theory (RCT)

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CHAPTER ONE: INTRODUCTION

Overview

Students diagnosed with an emotional behavior disorder (EBD) are at risk for systemic failure, eventually leading to high school dropout (Gage et al., 2010; Katsiyannis, Ryan, & Smith, 2011). This is an ongoing problem and can lead to lifestyles plagued by substance abuse, teenage pregnancies, and involvement with court systems (Brown, Rice, Srsic, & Taymans, 2012; Katsiyannis et al., 2011; Kern et al., 2015; Rice & Yen, 2010). Interventions and programs designed for females with EBD can be observed throughout the juvenile justice system but are currently absent from special education (Brown et al., 2012). The purpose of this study is to reveal academic, behavioral, and environmental supports, which may help make high school graduation a possibility for female students diagnosed with an EBD.

This chapter presents background information, significance of the study, purpose and problem statements, situation to self, research questions, and briefly introduces the methodology for the study. The study followed a qualitative design using a transcendental phenomenological approach. Moustakas (1994) emphasized "what appears in consciousness is an absolute reality while what appears in the world is a product of learning" (p. 26). Therefore, as the researcher, I built and maintained an authentic and meaningful relationship with the participants in order to uncover their state of mind and stream of consciousness as it related to their educational experience. Themes that emerged will hopefully spark the interest of current and future practitioners and policy makers, leading to a shift in mindset, and propelling enthusiasm and a commitment towards advancement for students with EBD.

Background

The problem is female students diagnosed with an emotional behavior disorder often fail

to successfully complete high school graduation requirements due to a lack of research-based academic and behavioral strategies and environmental supports. Currently, the EBD student population experiences the poorest outcomes of all disability categories, with a dropout rate of 50% (Sklad, Diekstra, Ritter, Ben, & Gravesteijn, 2012). Research is scarce on female students with EBD and corresponding evidence-based interventions (Cook, Farley, Torres, & Wailehua, 2012; Rėklaitienė, Gaižauskienė, Ostasevičienė, & Požėrienė, 2014; Rice & Srsic, 2012; Rice & Yen, 2010). Additionally, EBD characteristics present themselves differently in female versus male students and co-morbid diagnoses like anxiety, withdrawal, and depression are not well understood and are likely to be overlooked (Brown et al., 2012; Sklad et al., 2012).

Situation to Self

I am associated with this study because I am currently employed as an EBD teacher. I have taught students with EBD over the last 11 years in public elementary and middle school settings, and I remain alarmed at the high dropout statistics, poor advocacy, and lack of policy change for this marginalized student population. Additionally, in my experiences, female students with EBD can be severe and difficult to treat within the regulations and current policies of the traditional school setting. Their needs are different from their male counterparts, and illnesses such as extreme anxiety and depression require the expertise of an outside mental health provider, which schools are not necessarily equipped to provide. Furthermore, females tend to receive less early intervention support because their behaviors can blend in with other general education students (Brown et al., 2012).

On the other hand, I have also witnessed the success that can be achieved through the appropriate implementation of individualized interventions. I am not exactly sure what the answer is or what strategy made the difference, but I believe this is an important research area. I

wanted to conduct this research because I wanted to find out what specific supports—learning,

behavioral, and environmental—contribute to females' with EBD ability to remain on track and

graduate from high school with a college preparatory diploma. These experiences may extend

the knowledge base for practitioners and other school officials by uncovering strategies to

improve the overall school and post-school outcomes of female learners diagnosed with EBD.

Social constructivism guided the study because participants' views are formed through

interactions with others (Bandura, 1989; Creswell, 2013; Moustakas, 1994). Questioning was

open-ended and transitioned from broad to general as the intricacy of perspectives evolved

(Creswell, 2013). Social constructivism relies heavily on participants' views to seek

understanding of the world; consequently, underlying meaning developed from ongoing

conversations and discussions.

Due to the qualitative design of the study, I "embrace[d] the idea of multiple realities"

(Creswell, 2013, p. 20). As themes developed, different perspectives and the use of actual words

of participants were integrated throughout Chapters Four and Five, providing evidence on shared

experiences and also on their schooling differences. Interview questions were not stagnant, but

adapted and emerged as conversations took place. This idea of flexibility was also utilized

during the open online focus group. Careful and thorough consideration was given to bracketing,

as I got as close as possible to each participant without polluting the data with my preconceived

notions. Finally, biases are openly discussed and included in the narrative section.

My assumptions for this study were: (a) ontological, females students with EBD can

graduate from high school with a regular high school diploma when they receive appropriate

services through special education; (b) epistemological, each shared experience serves as a basis

for professional knowledge; and (c) axiological, although the EBD student population is

relatively small, it deserves acknowledgement and advocacy. Also, females with EBD have worthwhile contributions in regard to their learning and behavior. Since "pure truth is not reliant on one's thought but on factual basis" (Vasilachis de Gialdino, 2009, p.57), the overall intent of this research is to bring scholarship to the topic and build on the limited existing research.

Problem Statement

The problem is female students diagnosed with an emotional behavior disorder often fail to complete high school graduation requirements due to a myriad of academic, social, behavioral, and environmental challenges. According to the National Center for Special Education Research, students with EBD have the second lowest high school completion rate (36.7%) and the highest dropout rate (44.9%) among students in the 13 disability categories listed in the Individuals with Disabilities Education Act (Sanford et al., 2011). Students with EBD are also at an elevated risk of unfavorable academic and social outcomes and can "exhibit a range of difficulties including internalizing (e.g., depression, anxiety, social withdrawal) and externalizing (e.g., acting out, non-compliance, aggression) problems" (Kern et al., 2015, p. 196). Research is available on effective learning strategies and classroom management for students with EBD; however, a gap remains between research-based practices and classroom application (Gable et al., 2012). Due to the behavioral and academic deficits of students with EBD, school problems typically lead to negative teacher interactions, off-task behaviors, and conduct issues (Herron & Martin, 2015). Research indicates negative consequences, like out-of-school suspension, are not effective with students with EBD and suggest the creation of individualized behavioral plans (Badar & Kauffman, 2013). Frequently, student voice, and therefore choice and preferences, are not included in the process, limiting student growth and self-empowering opportunities (Cefai & Cooper, 2010). This lack of voice or lack of control exacerbates students' ongoing failures and

negative school experiences. Consequently, students with EBD—particularly females—continue to fail, leading to dropout, and then a plethora of alarming social outcomes (Copeland, Keeler, Angold, & Costello, 2007; Wickrama & Baltimore, 2010).

This study has shed light on shared experiences and factors contributing to the educational success, making a college preparatory high school diploma a possibility. The inclusion of the participants' voice and perspective can promote more effective learning, which will be beneficial for both teacher and student (Cefai & Cooper, 2010). Understanding these influences may encourage schools, teachers, and policy-makers to focus on the individualized needs and graduation strategies to proactively support this student population.

Purpose Statement

The purpose of this transcendental, phenomenological study is to describe the lived experience of public high school female college preparatory graduates diagnosed with an emotional behavior disorder in the United States. As the researcher I explored and examined academic, behavioral, and social supports, which contributed to each participant's ability to successfully meet high school graduation requirements. Graduates are defined as those receiving a college preparatory diploma from a public high school setting. Participants also received specialized services under the special education disability category of EBD. The theory guiding this study was Bandura's social cognitive theory, as it is grounded in behaviorism and explains the complexity of development as it relates to learning, interactions, social outcomes, and environmental influences (Bandura, 1989). A second theory, Jean Baker Miller's (1976) relational-cultural theory influenced the study by offering a unique perspective on female psychological and emotional development.

Significance of the Study

Discovering the lived experiences of female graduates diagnosed with EBD is significant in several ways. This study provides valuable insight and perspectives of individuals who have been able to persevere through a variety of circumstances to complete college preparatory graduation requirements. These revelations contribute to existing research and fill in existing gaps. Cancio, Albrecht, and Johns (2013) and Kindzierski, O'Dell, Marable, and Raimondi (2013) were alarmed at the lack of studies in the field of EBD research, especially concerning females. Students with EBD were usually the least liked and least understood students of all disability categories (Cefai & Cooper, 2010), so with this research I intended to provide practical knowledge and support for classroom teachers who interact with these learners.

The study allows females diagnosed with EBD to have an active voice, which is often stifled by the current policies and practices in public high schools (Cefai & Cooper, 2010; Cooper, 2011). Students with an EBD, especially females (Cefai & Cooper, 2010), have ongoing academic challenges (Merikangas et al., 2010) and social/emotional deficits (Cooper, 2011; Herron & Martin, 2015; Kern et al., 2015); however, their perceptiveness is typically a strength (Cefai & Cooper, 2010), making a transcendental phenomenological approach appropriate (Creswell, 2013). Additionally, at the center of transcendental phenomenology is intentionality, or how one judges, perceives, and values what is happening (Moustakas, 1994). By collecting data tailored toward perceptions and values, the researcher revealed underlying supports that made graduation possible. The emerging themes contribute to a knowledge base or at least spark the interest of special education professionals, general education teachers, and current and future researchers.

This research is also beneficial to those involved in public policy. Due to the negative post-school outcomes like incarceration, teenage pregnancy, substance abuse, and reliance on governmental programs, public officials should take an interest so these challenges can be properly faced during adolescence, instead of developing into life-long problems (Bassett & Dunn, 2012). First and foremost, female students with EBD benefit. The lack of advocacy, support, and overall knowledge in this particular area is frightening (Brown et al., 2012). School personnel, at all levels, need access to research-based strategies to prevent reoccurring negative cycles and educational outcomes experienced by this student population. Their valuable insight and authentic perspective add to the limited knowledge base that currently exists and lead to themes to assist in transformative classroom applications for current and future practitioners (Cancio et al., 2013; Kindzierski et al., 2013). Hearing female graduates' voices regarding their learning, behavior, and environment is meaningful because it allows the researcher to understand the construction of the situation and may contribute to the discovery of practical and more student-focused resolutions (Cefai & Cooper, 2010). The specificity of female graduates offers insight into strategies and supports for the female learner with EBD and the experiences and factors contributing to their high school graduation. Miller's (1976) relational-cultural theory supports current literature indicating that females develop through relationships. This development differs from their male counterparts and should be considered when developing gender-specific interventions and programs (Brown et al., 2012). Hopefully, the study reiterates the need for supportive and meaningful relationships in the creation of a positive self-identity and development of connectivity with peers, teachers, family, and community members for females with EBD (Crick & Zahn-Waxler, 2003; Miller, 1976).

Sharing the stories of female students with EBD who thrived academically, behaviorally, and socially—despite the various difficulties they faced—will shed light on the influential practices that took place in their classroom and schools. Finally, this research supports and hopefully encourages other researchers to further explore this area. This foundation allows for replication on a geographically wider scale and in a variety of learning environments, such as separate residential programs and other self-contained environments.

Research Questions

The following research questions guided the study. The questions are firmly grounded in Bandura's social learning theory (1986) as it explains how human behavior involves continuous interactions among cognitive, behavioral, and environmental influences. Bandura's idea of reciprocal determinism supports each research question as I sought to discover how the world, relationships, and the environment impact behavior (Bandura, 1969). Miller's (1976) relational-cultural theory also supports each research question by offering a unique perspective on female psychological and emotional development as it relates to connections formed through relationships. According to Miller, emotional connection is "the feeling of increased vitality and energy that comes from the sense of connection which leads to emotional growth for females" (p. 31). Relational-cultural theory also supports the identification of social risk factors for females, like family issues, past abuse and or trauma, and peer pressure (Brown et al., 2012). hese factors alone can deter healthy development, making traditional developmental theories inappropriate for females diagnosed with EBD (Brown et al., 2012).

Central Research Question

How do female public high school graduates diagnosed with an emotional behavior disorder describe their educational experience leading to high school graduation? "Expectations,

beliefs, self-perceptions, goals and intentions give shape and direction to behavior" (Bandura, 1986, p. 3). This central research question served as an overall guide to the study and led to insight into the nature of each participant's experience. These data are needed because learners with EBD have an extremely low graduation percentage and face dismal post-graduate or post high school outcomes (Gable et al., 2012; Katsiyannis et al., 2011; Riccomini, Witzel, & Robbins, 2008; Rice & Yen, 2010). Additionally, there is a substantial, ongoing research-to-practice gap affecting both special education and general education teachers, as it relates to best practices for students with EBD (Gable et al., 2012; Rėklaitienė et al., 2014).

Sub-Question 1

What learning factors do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation? Students with EBD face a multitude of academic and behavioral deficiencies, and require specialized instruction from a variety of personnel including special education teachers, general education teachers, counselors, and supportive staff, such as paraprofessionals. When analyzing the best teaching methods, Casey, Williamson, Black, and Casey (2014) stressed balance between direct and indirect learning opportunities and ongoing differentiated instruction. Also, increased learning opportunities, resulting in self-determined behaviors, are linked to higher grade point averages and fewer absences (Herron & Martin, 2015). This research question was designed to reveal which academic supports had the greatest impact on their educational successes, contributing to these students' ability to meet college preparatory graduation requirements.

Sub-Question 2

What behavioral supports do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation? Females diagnosed with EBD are at greater risk

for internalizing type behaviors, such as anxiety, depression, and social withdrawal (Brodrick et al., 2014). Unfortunately, schools are not necessarily prepared with mental health staff who can effectively address these challenges. For this reason, Rosenberg (2012) believed it is imperative for teachers to gain behavioral knowledge and the ability to successfully implement effective practices to support learners with EBD.

Sub-Question 3

What environmental factors do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation? A primary concern regarding students diagnosed with EBD is that they display characteristics across all settings including school, community, and home. Each of these places impacts their quality of life and assists in facilitating appropriate school behaviors (Gage et al., 2010; Herron & Martin, 2015). Academic and behavioral interventions are more effective when educators assess the environment prior to implementing interventions (Hansen, Wills, Kamps, & Greenwood, 2014). Previous research indicated that comfortable and welcoming classrooms promote feelings of emotional security (Cooper, 2011). Once students have their basic security need met, they are more likely to progress academically and behaviorally. Correctly identifying environment factors impacting female students with EBD will hopefully assist in limiting problem behaviors, negative teacher interactions, and external threats to school engagement (Herron & Martin, 2015).

Definitions

The following definitions have been provided to ensure understanding and uniformity throughout this manuscript.

1. *Attention Deficit Disorder (ADD)*–ADD is a condition marked by inattentiveness or inability to concentrate on the task for any length of time (American Psychiatric Association, 2018).

2. *Attention Deficit Hyperactivity Disorder (ADHD)*–ADHD is characterized by a pattern of behavior such as inattention, hyperactivity, and impulsivity, which is visible in a variety of settings and negatively affects performance is social, educational, and work settings (American Psychiatric Association, 2018).

3. *Bipolar Disorder*–Bipolar disorder is a brain disorder that cause changes in a person's mood, energy, and ability to function (American Psychiatric Association, 2018).

4. *Check-in/Check-out (CICO)*–Core components of this behavior intervention include an adult monitor, daily communication between student and adult monitor, frequent feedback through data tracking, and reinforcement for appropriate behavior (Kunemund, Majeika, Mellado, & Wilkinson, 2017).

5. *Conduct Disorder*–Conduct disorder is behavior that infringes on the rights of others or breaks major societal norms (American Psychiatric Association, 2018).

6. *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*–DSM-V is the standard classification of mental disorders used by mental health professionals in the United States (American Psychiatric Association, 2018).

7. *Emotional Behavioral Disorders (EBD)*–Individuals with Disability Act (IDEA) recognized EBD as a federal disability category where students meet eligibility requirements in one or more of the following areas: An inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers; an inability to learn, which cannot be adequately explained by intellectual, sensory, or health factors; a

consistent or chronic inappropriate type of behavior or feelings under normal conditions;

a displayed pervasive mood of unhappiness or depression; or a displayed tendency to

develop physical symptoms, pains, or unreasonable fears associated with personal or

school problems (Individuals with Disability Act Code of Federal Regulations, Title 34, §

300.8(c)(4); Kern et al., 2015).

8. *External Behaviors*–External behaviors include acting out, non-compliance, and

   aggression problems (Kern et al., 2015).

9. *Functional Behavior Assessment (FBA)*–An FBA is the formal use of evaluation to

   identify the function of behavior (Guara, Pratt, Steege, Watson, & Wickerd, 2019).

10. *Individuals with Disabilities Education Act (IDEA)*–Federal legislation requiring school

    districts to ensure services to students meeting criteria for one of the 13 disability

    categories (Casey & Elswick, 2011).

11. *Individualized Education Plan (IEP)*–An IEP is an education document for children ages

    3 to 21, specifying the goals and services a child needs to be successful in school (Clark

    & Musyoka, 2015).

12. *Internal Behaviors*–Internal behaviors include depression, anxiety, and social withdrawal,

    and are more likely to be seen in female students (Kern et al., 2015).

13. *Multi-Tiered Systems of Support (MTSS)*–Multi-tiered systems of support is the

    overarching referent for frameworks that provide a continuum of evidence-based

    practices with intentions to improve academic and behavior outcomes for all students

    (Everett, Freeman, Simonsen, & Sugai, 2017).

14. *Obsessive-Compulsive Disorder (OCD)*–Obsessive-compulsive disorder is a mental

illness characterized by obsessive thoughts and urges or compulsive and repetitive

behaviors (American Psychiatric Association, 2018).

15. *Oppositional Defiant Disorder (ODD)*–Oppositional defiant disorder is a persistent

pattern of defiance and hostility against authority figures (American Psychiatric

Association, 2018).

16. *Personality Disorder*–Personality disorders are associated with ways of thinking and

feeling about oneself and others and significantly affect how an individual functions

(American Psychiatric Association, 2018).

17. *Post-Traumatic Stress Disorder (PTSD)*–PTSD was recently added to the Diagnostic and

Statistical Manual of Mental Disorders as a mental illness characterized by intense

thoughts or feelings related to an experience that develops after witnessing a life-

threatening event such as combat, a natural disaster, or assault (American Psychiatric

Association, 2018).

18. *Reactive Attachment Disorder (RAD)*–is a condition typically found in children under the

age of five who received negligent care and did not form a healthy attachment with their

primary caregivers (American Psychiatric Association, 2018). The DSM-V further

characterizes RAD by emotionally withdrawn behavior toward caregivers and a persistent

social and emotional disturbance such as minimal responsiveness to others and limited

positive affect (American Psychiatric Association, 2018).

19. *School-Wide Positive Behavioral Interventions and Supports (SWPBIS)*–SWPBIS is a

three-tier behavioral framework for addressing proactive behavioral supports and

establishing a positive school culture (Frederick, Jolivette, & Swoszowski, 2013;

Landrum & Sweigart, 2014).

Summary

The purpose of Chapter One was to create rationale for the study of female graduates diagnosed with EBD who successfully graduate from a public high school with a college preparatory diploma in the southeastern United States. The overview and background sections provided the reader with necessary contextual information and outlines the significance of the study. The remainder of the chapter prepared the reader by establishing purpose and stating the research questions and theoretical constructs that directed the study.

CHAPTER TWO: LITERATURE REVIEW

Overview

Chapter Two begins with an introduction to the theoretical framework, Bandura's (1989) social cognitive theory and Miller's (1976) relational-cultural theory, which guides the study. Both theories are grounded in development and behaviorism, while Miller's relational-cultural theory provides unique insight into the specific emotional and psychological needs of the female learner. A thorough synthesis of available literature is also provided, which is a sustainable indication that behavioral, academic, and environmental factors can assist in reinforcing positive educational trajectories for female learners diagnosed with an emotional behavior disorder. The synthesis includes topics such as characteristics of learners diagnosed with an emotional behavioral disorder (EBD), current challenges in the field, and existing empirically-based academic and behavioral interventions.

Theoretical Framework

Social Cognitive Theory

The theory guiding this study is Bandura's (1989) social cognitive theory (SCT). According to SCT, development is a life-long process, and human motivation and behavior play a critical role in maturity (Bandura, 1977). Growth patterns change based on various stages and are affected by behavior and cognition, as well as social and environmental factors and influences (Bandura, 1989). Rapid changes occur more often during early development, increasing vulnerability during this adolescent time period (Bandura, 1977). SCT provides the framework for the study because it addresses all aspects of development including behavior, cognition, and social and environmental influences. SCT also supports the perception that each

of the elements transpires in a bidirectional manner, meaning that they each influence one another to varying degrees throughout an individual's life (Bandura, 1976).

Bandura is originally known for social learning theory; however, due to the complexity of human behavior, Bandura advanced his theory in 1977 to social cognitive theory. Bandura (1977) discovered that individuals are not only reactive, but they are self-organizing, self-reflecting, proactive, and self-regulating. Using this theoretical framework, teachers can improve students' emotional well-being, promote positive self-concept, improve academic cognition and self-regulation, and alter physical classroom settings or student schedules to encourage and preemptively support student success (Bandura, 1977). Those who successfully work in the field of EBD value Bandura's (1977) social cognitive theory simply because it provides hope and discounts the reliance on genetics as the sole precursor to behavior and educational capabilities. With the idea being to stop negative behavior cycles, SCT underscores the need to develop behavior patterns that produce positive outcomes (Bandura, 1971).

According to SCT, learning occurs through social factors, exploratory experiences, and modeling (Bandura, 1971). Thoughts are viewed as "brain processes, as opposed to separate psychic entities" that assist in bridging the gap between basic cognition and the ability to prove knowledge through actions (Bandura, 1971, p. 10). Progression from concrete to abstract is encouraged when introducing new topics, conceptually similar to research-based practices recommended for students with behavioral disorders, such as errorless teaching and behavioral momentum (Landrum & Sweigart, 2014). Errorless teaching is a procedure in which prompts are used until the student is able to experience immediate attainment. Overtime, prompts are faded to ensure accuracy, promote independent learning, and minimize frustration (Andrews & Mason, 2014).

Behavioral momentum is a second teaching strategy that uses high preference problems or tasks as a precursor to more challenging activities. The theory suggests that once students experience success, they will carry the momentum into the low preference task or more difficult problems, naturally encouraging success (Podlesnik & DeLeon, 2015). SCT also takes into account that students may possess knowledge; however, they fail to perform what they know (Bandura, 1971). Lack of motivation and academic or behavioral progress accounts for many learners diagnosed with an EBD (Clery-Melin et al., 2011; Gage et al., 2010). Consequently, they have acquired the information, but for a variety of reasons, such as lack of motivation or undiagnosed comorbid disorders, they fail to produce results (Sklad, Diekstra, Ritter, Ben, & Gravesteijn, 2012).

Quality of life paths are determined by surrounding social systems, which create increased competencies, opportunities, resources, and allow space for self-exploration and life purpose (Bandura, 1989). Therefore, environment also plays a critical role in healthy development (Bandura, 1969). Social interactions, experiences, and influence of media each play a part in the creation of personality, work habits, and overall capabilities (Bandura, 1969). Bandura's social cognitive theory is appropriate for this study because it encompasses cognition, behavior, and environment as they relate to one another and correspondingly how they can affect one's educational career.

Relational-Cultural Theory

A second theory providing a framework for the study is Miller's (1976) relational-cultural theory (RCT). RCT emphasizes that psychological development differs for females, and emotional growth occurs during connection with others, not in isolation (Miller, 1976). Females with EBD tend to have negative relational experiences; consequently, they protect themselves by

withdrawing from family, peers, and teachers (Rėklaitienė, Gaižauskienė, Ostasevičienė, & Požėrienė, 2014). Female learners diagnosed with an EBD would rather not have friends than experience emotional discomfort or deal with typical adolescent issues like jealousy and competition (Rice & Srsic, 2012). This negative perception of relationships leads to heightened emotion, resulting in a negative and difficult-to-break behavior cycle (Cooper, 2011; Rėklaitienė et al., 2014). RCT is relevant for this study because the research questions reflect characteristics of RCT and reinforce the need for emotional connectedness or meaningful friendships, with peers, family members, or staff, in order to progress emotionally. Through these relationships, females develop a sense of self and ability to trust others in the community, home, and school environment (Miller, 1976).

Related Literature

Students diagnosed with EBD show a range of behaviors including internalizing behaviors like anxiety and depression as well as externalizing behaviors like acting-out, non-compliance, and aggression (Kern et al., 2015). Kauffman (2012) suggested that a specific definition for students with EBD is difficult to pinpoint because criteria is based on what is culturally accepted by given authority figures and overall culture of the school, which varies person-to-person, state-to-state, and school-to-school. However, Hughes, Jiun-Yu, and Oi-Man (2010) agree that EBD can be defined as any behavior or emotion that deviates from the norm and hinders a child's growth and development. The most classic characteristics for students with EBD, noted by classroom teachers, include "noncompliance, inattention and disruptions" (Landrum & Sweigart, 2014, p. 3). Typically, in the traditional school setting teachers find students, usually males, with externalizing behaviors more challenging, as they can disrupt not only the students with EBD and their ability to learn but also the learning of other students

(Rėklaitienė et al., 2014). On the other hand, the number of students with internal-like

behaviors, such as anxiety and depression, are rapidly growing and many schools are not set up

to provide adequate mental health services (DiCroce et al., 2016; Goel, Herman, Puri, Reinke, &

Stormont, 2011). Depressive-like symptoms are linked to ongoing negative feelings of fatigue,

sadness and guilt; consequently, in a school setting these characteristics are often linked to

extreme learning motivation deficits (Clery-Melin et al., 2011). These characteristics alone leave

many teachers feeling helpless and in need of ongoing support (Goel et al., 2011; Kauffman,

2010; Kumar & Teklu, 2013).

     Ron Steingard (2014), Associate Medical Director and Senior Pediatric

Psychopharmacologist, explained that females are more than twice as likely to be diagnosed with

a mood disorder than males. He went on to say that girls mature faster emotionally, making

them more vulnerable, specifically during challenging time periods, like middle and high school.

These children often remain unnoticed by school systems because they are generally compliant

and are less of an immediate concern when compared to those with externalizing behaviors

(Steingard, 2014). Nevertheless, over time, teachers could notice withdrawal, a decrease in

motivation, and consequently, a drop in achievement. Without proper positive supports and

appropriate behavioral interventions, students with external and internal-like behaviors can

experience a variety of negative social outcomes (Cross & Lester, 2014; Gregory, Allen,

Mikami, Hafen, & Pianta, 2014; Vaughan, Van Hulle, Beasley, Rodgers, & D'Onofrio, 2015).

     Adult issues linked with youth with EBD include substance abuse, criminal behavior,

relationship difficulties, (Gregory et al., 2014; Wickrama & Baltimore, 2010) psychiatric

disorders (Reef, Diamantopoulou, van Meurs, Verhulst, & van der Ende, 2011; Reinke, Eddy,

Dishion, & Reid, 2012), and incarceration (Constantine, Andel, Robst, & Givens, 2013;

Copeland, Keeler, Angold, & Costello et al., 2007). Understanding the risk factors and how to proactively support students can help with prevention and intervention and limit negative post-school outcomes for students with EBD (Basset & Dunn 2012; Steingard, 2014; Vaughan et al., 2015). Additionally, prevention is required to effectively impact these ongoing areas of crisis, and although prevention requires costly resources, over time the investment will be recovered (Kaff, Teagarden, & Zabel, 2011).

Unique Challenges

As previously mentioned, students diagnosed with EBD experience extremely poor school and post-school outcomes (Horner, Jones, Lewis, & Sugai, 2010; Rėklaitienė et al., 2014) and low rates of community participation (Porretta & Samalot-Rivera, 2012). The assortment of traumatic circumstances they experience complicates their ability to relate to others and further complications such as ongoing tumultuous teacher relationships make schooling even more difficult and less desirable. Other health concerns include but are not limited to depression, anxiety, inattention, and low academic motivation (Goel et al., 2011).

To further complicate matters, the field currently struggles with effective implementation of research-based strategies (Horner et al., 2010). When surveyed in 2011, 44.5% of teachers had not heard of the term *evidence-based practices* (Goel et al., 2011). This alarming statistic reiterates the need for training, professional development, and an emphasis on additional certifications and degrees. The research-to-practice gap is suppressed by an ongoing lack of professional development and support to implement programs; consequently, most initiatives fail in tackling the many challenges facing this particular student population (Horner et al., 2010). General and special education teachers desperately need resources to deal with the multitude of behaviors they encounter. Packaging interventions that encompass behavioral, cognitive, social,

and academics is another interdisciplinary tool desperately needed in the field of EBD. This idea will not only increase teacher retention by offering a myriad of supports, but hopefully will improve post-school outcomes as well as teacher retention (Kaff et al., 2013).

Additionally, during a recent synthesis it was discovered that when teachers are presented with new ideas they often struggle with implementation, especially when dealing with difficult student populations such as those with EBD (Collier-Meek, Fallon, Johnson, Maggin, & Sanetti, 2015). Begeny and Ginns (2019) found that when teachers were solely trained by lecture the treatment integrity for implementation of a new behavioral strategy was at 28%. However, when they were provided with ongoing performance feedback through coaching and collaboration, the treatment integrity rose to an average of 78% (Begeny & Ginns, 2019). Not only was the implementation of the behavioral strategy more effective but student engagement increased and disruptive behavior decreased (Begeny & Ginns, 2019).

The acceptable prevalence rate for students diagnosed with an EBD in K-12 settings is 5%-7% (Horner et al., 2010). However, advocates in the field believe many students are never identified due to the current IDEA definition and lack of advancement in policies. According to the World Health Organization (2004), 20% of children under age 18 have mental health concerns, and the number jumps to 25% when children are in disadvantageous home environments. The cycle is relentless and programs such as School-Wide Positive Behavior Supports (SWPBS) are providing early intervention and offering recommended supports like opportunities to practice skills and receive immediate feedback. SWPBS, when fervently implemented, can also provide a continuum of supports individualized to student preferences, which is extremely beneficial for students with EBD (Horner et al., 2010). SWPBS is not an answer to all of the challenges associated with students with EBD, but it is a step in the right

direction (McHugh, Horner, Colditz, & Wallace, 2013). Landrum and Sweigart (2014) note that most students with EBD will require secondary, and depending on severity, tertiary supports, which include check in/check out, social groups, and individualized behavior monitoring systems.

A primary function of the SWPBS initiative is to promote involvement. Because all stakeholders are involved in the tiered system process, the environment and myriad of positive behavior supports are proving to alter the trajectory of youth with EBD (Landrum & Sweigart, 2014). Typical school consequences or even Zero Tolerance policies are ineffective for students with EBD (McHugh et al., 2013). Recently, PBIS school-wide initiatives have provided evidence in decreasing inappropriate behaviors of students with EBD while promoting positive learning behaviors such as work completion rates, attention or on-task behaviors, and overall academic engagement (Kaff et al., 2011). Dr. Steven Forness, an advocate and educator in the field of EBD, supports PBIS initiatives, specifically in the area of early identification procedures (Kaff, Teagarden, & Zabel, 2013). The sooner a diagnosis is determined the more likely services will affect and remediate challenging behaviors, naturally stifling the occurrence of an ongoing negative behavior cycle, which can be very difficult to break in later years (Cooper, 2011; Rėklaitienė et al., 2014). However, success of the PBIS initiative has also been linked to those with less severe behaviors (Landrum & Sweigart, 2014).

Universal screenings for mental health are also on the rise helping to bring awareness, to initiate school system reform, and more specifically to assist with early identification and intervention efforts for students with mental health issues like anxiety and depression (Goel et al., 2011). Subsequently, teachers are the first line of defense and their willingness and commitment to support students with EBD are critical (Kaff et al., 2013). In a study including

292 teachers, 75% reported working with or referring students with mental health issues over the last school year (Goel et al., 2011). Youth diagnosed with EBD represented a variety of mental illnesses that not only impact the student, but also those involved in the child's environment (DiCroce et al., 2016). Genetics, environmental factors, and negative experiences within the social environment all contribute to the disability, and this complexity of issues can be difficult to tackle in therapy, let alone within the school system (Bienvenu, Davydow, & Kendler, 2011; Martel, Nikolas, Jernigan, Friderici, & Nigg, 2012).

A recent study on therapeutic engagement for youth with EBD concluded that the attendance rate for the initial therapy sessions was less than 48%, and over 44% terminated their therapy too early (DiCroce et al., 2016). It could be assumed from the results of this study that parents simply do not have the resources, and or the background knowledge, to understand the importance of therapeutic intervention. However, these statistics reiterate the need for identification and pre-intervention services by teachers and school systems. Additionally, teachers can have unintentional negative feelings towards the behaviors associated with EBD (Kaff et al., 2013). This outlook can adversely impact educational outcomes of students with EBD, specifically in regards to placement options (DiCroce et al., 2016).

Understanding the complexities of students with EBD, specifically their social histories, is critical in developing positive support plans and remediating academic deficiencies (Horner et al., 2010; Kaff et al., 2013). Research-based practices such as wrap-around programming and function-based reinforcement are suggested to promote positive self-regulation; however, there is an ongoing discrepancy between research-based practices and effective classroom implementation (Herron & Martin, 2015; Horner et al., 2010; Kaff et al., 2013).

Dr. Steven Forness, a distinguished professor emeritus of psychiatry and biobehavioral sciences at the University of California, Los Angeles and an international leader in the field of EBD, firmly believes in a multi-disciplinary, or wrap-around approach, in the remediation of circumstances for those diagnosed with EBD (Bruns et al., 2017). This approach looks beneath the behavior because if those involved fail to acknowledge the antecedents, then they are "missing a big opportunity to more effectively respond and/or refer for additional help from psychiatrists, psychologists, and social workers, and to bring the family into the treatment process" (Kaff et al., 2013, p. 257). In certain cases the students' home environments can have a negative impact on their education. This type of intensive and individualized care provides natural supports outside of the school setting to "address the numerous, complex needs of youth with EBD and their families" (Bruns, Pullmann, Ramey, & Sather, 2014). Results from a recent qualitative study indicated that caregivers found many benefits to wrap-around services such as access to resources and immediate support during times of crisis (Bruns et al., 2017). The students receiving the services were also interviewed and 70% indicated they would participate again and they had a positive experience (Bruns et al., 2017).

Another often overlooked strategy is hearing and understanding student opinion or voice (Cefai & Cooper, 2010; Rice & Srsic, 2012). Dr. Richard J. Whelan, an advocate in the field of EBD, focused on the idea that children are the greatest teachers and the youngsters do know best and will clearly let adults know if those adults are meeting their needs or not (Kaff et al., 2011). Although this can be a controversial issue, many committed to the field of EBD believe student voice is fundamental to remediating ongoing negative student outcomes (Cefai & Cooper, 2010; Cox, Lambert, Lane, Menzies, & Oakes, 2012). The lack of qualitative studies regarding students with EBD is alarming (Kindzierski et al., 2013; Rice & Srsic, 2012). More research is

needed to examine the stories of resilient students who managed to succeed academically and socially despite a diagnosis of EBD (Cefai & Cooper, 2010). Without a personal look into these students' lives, schools will continue to struggle with meeting students' learning styles and behavior demands (Cefai & Cooper, 2010). When choice is offered and students' preferences drive their behavior management plans, remarkable progress can be achieved (Landrum & Sweigart, 2014).

When interviewed, nine out of 10 teachers reported working with students with behavioral issues and children who experienced family stressors at home (Goel et al., 2011). Many teachers admitted to feeling unprepared to work with females with EBD, and therefore, teachers presented an aversive spirit to integration in the general education classroom (Kumar & Teklu, 2013; Rice & Srsic, 2012). Teachers' perceptions of this student population are often extremely negative and stereotypic, which generates a situation where students and teachers are caught in an ongoing cycle of disappointment (Abaoud & Almalki, 2015). Deficiencies in social skills makes students with EBD the least preferred by building staff, teachers, and peers, and when interviewed, teachers noted that classroom behavior was more important to them than academic performance (Kumar & Teklu, 2013). Furthermore, each teacher has a set of beliefs they think are integral to the schooling process, which often varies from teacher to teacher and year to year (Abaoud & Almalki, 2015). This subjectivity can easily hinder behavior and the learning process (Herman, Reinke, & Stormont, 2011; Kern, Mukherjee, Starosta, & State, 2011).

Teacher beliefs, attitudes, and expectations towards students diagnosed with EBD play a role in their educational development (Whitley, 2010). When teachers continuously expect minimal engagement and low academic achievement, eventually students internalize this

expectation, and the result is an unintentional self-fulfilling prophecy (Abaoud & Almalki, 2015). Expectations, "whether they are realistic or unrealistic, have a tremendous impact on the academic performance of students with emotional behavior disorders" (Kauffman & Landrum, 2009, p. 63). Conversely, student's motivation, sense of self-efficacy, and overall engagement can improve for those teachers who maintain a positive learning environment with high expectations (Kumar & Teklu, 2013). Whitley (2010) said it best: "to develop the drive to achieve, students need to believe that achievement is possible" (p. 25). Nonetheless, teachers are open to the idea of additional knowledge and professional development in effective classroom management, behavior interventions, and productively working with families (Goel et al., 2011). An adjustment in learning through updates on empirically validated methods can assist in the remediation of disruptive learning behaviors and other issues associated with students with EBD, like anxiety and withdrawal (Cooper, 2011; Kern et al., 2015; Merikangas et al., 2010).

Identification Procedures

Early screening and pre-intervention methods are encouraged for students with characteristics of an EBD (Young, Sabbah, Young, Reiser, & Richardson, 2010). Waiting to provide appropriate services until the student fails is an undesirable and counterintuitive model for students with EBD; however, this delay can be observed in schools throughout the country (Kaff et al., 2013). This process compromises academic progress and also tarnishes peer and adult relationships (Kaff et al., 2013; Korbin et al., 2010; Miller, 1976). Waiting until students fails also creates a negative mindset about themselves and also the learning environment or school (Kaff et al., 2013). The mindset is, if young students received an EBD diagnosis, then stigmatization will negatively impact their educational career (Farmer, 2013). However, intervention is more successful at a young age rather than waiting to begin services during

adolescence, i.e. upper elementary or middle school (Farmer, 2013; Kaff et al., 2011). Due to the misunderstandings and vulnerability of learners with EBD, it is essential that appropriate research-based interventions and preventative measures are implemented prior to cyclical failure. Once the cycle manifests, it can be extremely challenging to break.

EBD identification rates for females are significantly lower than for males (United States Department of Education, 2007). Females manifest their disability differently than their male counterparts, making identification through the school system difficult (De Boer, Donker, & Verheij, 2013; Kaltiala-Heino, Putkonen, & Eronen, 2013; Hipwell, Loeber, Koot, & Pardini, 2011). Internal behaviors like anxiety and depression are often missed by teachers who are primarily focused on classroom management and delivering a standards-based education (Rice & Srsic, 2012). The assessment process is also highly subjective and depends on norms and behavioral expectations for the given school system (De Boer et al., 2013). Consequently, Cross and Lester (2014) recommended assessments and programs with differing emphasis for males and females, which would consciously acknowledge the distinction between internal versus external behavioral issues.

Most students who receive special education services are identified through the federally mandated process called response to intervention (RTI) (Stahl, 2016). This process provides a sequential format for school staff to follow with the intent to remediate academic deficiencies and intervene on inappropriate behaviors. However, due to the internal nature of behaviors, identification and special education support is typically not a result of the RTI process but is established through a direct parent referral pending a crisis or hospitalization (Rice & Srsic, 2012). The Department of Education released information stating that the RTI process was failing most students who genuinely needed help, and the current wait-to-fail model needed

immediate reform (Stahl, 2016). When hospitalization is required, it can be assumed that the observable behaviors are extreme, which reinforces the need for research in this area, specifically educational interventions that effectively address internal behaviors like anxiety and depression (Cross & Lester, 2014).

Due to their repetitive nature, negative emotions become engrained into personality and quickly lead adults to develop a negative perception, which results in frequent suspensions, negative feedback, and ongoing personality issues (Rėklaitienė et al., 2014). Seclusion from the general education learning environment can be detrimental to these learners. Kostewicz and Skerbetz (2013) believe teachers in segregated settings provide fewer learning opportunities, leading to less academic growth. Inclusion and access to general curriculum is believed to be the best setting for learners with EBD, where they are able to learn from peers, engage in age-appropriate activities and conversations, and see role models for behavior and academic expectations (Collins, Cook, & Cook, 2016). Therefore, seclusion type settings are not necessarily preferred for this student population, unless, the students are causing harm to themselves or to other students (Rėklaitienė et al., 2014).

Studies revealed that students with EBD are often educated in separate, special educational settings (Graham & Granite, 2012; Van Bergen, Graham, Sweller, & Dodd, 2015). According to national longitudinal datasets, students with EBD are excluded more than any other disability group (Bradley, Doolittle, & Bartolotta, 2008). This trend is not only noted in the United States but in other countries such as Australia (Van Bergen et al., 2015). The separate educational setting is controversial, and minimal research in the area worries advocates dedicated to the EBD field (Bradley et al., 2008; Graham & Granite, 2012). Furthermore, current legislation, stating this separation is not in compliance with the Individuals with Disabilities

Education Act (IDEA), is attempting to end this trend and relocate students back to their home schools so they can be taught and housed with their general education peers.

Interventions are available; however, they are typically geared towards male students (Cefai & Cooper, 2010). These interventions tend to fail the female student population because their biological and emotional development are drastically different, making generalizations inappropriate (Brown et al., 2012; Miller, 1976). Existing research on students diagnosed with EBD does not take gender into account in either academic or behavioral interventions (Rėklaitienė et al., 2014; Rice & Srsic, 2012). The Office of Juvenile Justice and Delinquency (2015) has been aware of this lack of research and has suggested support groups, specifically designed to meet the needs of females struggling with behavior and emotional issues. This office, like other professionals advocating for students with EBD, does not understand why it takes incarceration for students to receive appropriate services (Underwood & Washington, 2016). Schools are the first line of defense and as soon as red flags appear, Rėklaitienė et al. (2014) recommend gender responsive programming, such as support groups to prevent future involvement in the juvenile justice system.

Behavioral Intervention Strategies

Students diagnosed with EBD can be challenging (Carter, Lane, Crnobori, Bruhn, & Oakes, 2011; Landrum & Sweigart, 2014). Students with EBD come to school with a variety of personal burdens and are often unprepared to meet classroom learning demands. Students experience various inconsistencies in learning, resulting in many academic gaps and reinforcing the need for differentiated instructional and behavioral management strategies (Christiansen et al., 2010; Landrum & Sweigart, 2014). Reactionary consequences are ineffective, as students are often seeking escape or attention, making traditional school consequences, like suspension

inadequate (Landrum & Sweigart, 2014). Instead of solely relying on classroom management and consequences to shape inappropriate behaviors, researchers believe that curricular modifications will not only improve behavior, but also have a positive impact on academic achievement (Cooper, 2011). Consequently, instructional strategies and research-based pedagogical techniques can be integrated by educators to promote positive learning behaviors and academic engagement (Cooper, 2011).

Educators are encouraged to accept the responsibility of their role and discover inventive teaching methodologies to effectively reach the unmotivated learner (Goel et al., 2011). Target behavior goals such as increasing on-task behavior and engagement can be achieved by implementation of specific interventions. The following interventions are included in this research because they are simple, easy, free, and most importantly, research-based. Over the last several years, errorless teaching, check in/check out, group contingency plan, behavioral momentum, behavior specific praise, choice, and physical activity continue to gain popularity in the classroom setting (Cooper, 2011; Landrum, 2014; Landrum & Sweigart, 2014; Sidman, 2010).

Even with the most challenging students, academic progress can be achieved through errorless learning and the idea of back-chaining, which is effective for teaching skills that consist of behavioral chains (Sidman, 2010). Instead of teaching from beginning to end, back-chaining begins at the end and serves as a form of positive reinforcement. Back-chaining is referred to as a behavioral chain because students' performance on one part will affect their outcome on the next. Steps are broken down and immediate feedback is given as the learner experiences the positive feeling of completing a task and reaching the end result. A simple example of back-chaining is learning to put on a sock. First the parent pulls the sock over the heel, allowing the

child to only pull the sock up. After experiencing this success several times, the parent rests the

sock on the arch of the foot. Next, the child pulls the sock over part of the foot, heel, and then

pulls up. The positive learning experiences and correlating success create an environment where

the child feels safe to learn new things. The concept of back-chaining can also be applied to

learning standards like grammar, algebra, and the writing process. This therapeutic strategy is

influential for those with low frustration tolerance, like most students with EBD, because

immediate prompts prevent incorrect steps creating a sense of success and accomplishment

(Gathercole, Hitch, & Warmington, 2012). Prompts are eventually faded as the learner becomes

independent with the task at hand.

Another effective method for managing problem behaviors is check in/check out (CICO).

The behavior and social strategy involves pairing students with a mentor or adult within the

school building (Chenier, Collins, Cook, Dart, & Gresham, 2012). This relationship provides a

roadmap for behavioral expectations, responsibility, and incentives for when target goals are

met. Mentors can check with their student after each period, each day, or for older students, at

the end of each week. Most students who come to school will respond to basic classroom

management strategies; however, 5-15% will require additional behavioral supports, while 5-7%

will need an individualized behavior plan (Horner, 2010). CICO provides an additional level of

accountability and can be integrated into any type of school setting to support students who need

extra attention and motivation.

Self-monitoring interventions allow opportunity for individualization for students with

EBD (Collins, Cook, & Rao, 2017). National data showed that around 43% of students with

EBD are educated in general education settings, which is a clear indication that general

education teachers also require preparation when dealing with students with behavioral issues

(National Center for Education Statistics, 2015). The self-monitoring strategy teaches students to "be cognizant of their own behavior" through self-assessment and recording (Bruhn & Watt, 2015, p. 5). Bruhn, McDaniel, and Kreigh (2015) completed a comprehensive review of 41 studies involving self-monitoring and in each study found positive effects for students with behavioral issues and also noted ease of implementation.

Class-wide, function-related intervention is a group contingency plan and has been shown to increase on-task behaviors and reduce disruptive behaviors of students diagnosed with EBD (Bellinger et al., 2010; Culey et al., 2011; Fleming, Hansen, Kamps, & Wills, 2016). Researchers agree that this methodology is successful because it supports the function of the behavior through praise, points, and rewards. Instead of focusing on negative, disruptive behavior, teachers are forced to shift their mindset and concentrate on positive classroom interactions (Fleming et al., 2016). When class-wide, function-related team intervention is integrated in the classroom, researchers have discovered that the overall increase of teacher praise fosters a pleasant and welcoming environment for all students, including those with EBD (Fleming et al., 2016). The function of a majority of inappropriate classroom behaviors is to either gain adult or peer attention (Maggin, Johnson, Chafouleas, Ruberto, & Berggren, 2012). Group contingencies provide access to rewards depending on whole classroom behavior, which adds a layer of accountability and collaboration to academic settings (Maggin et al., 2012). This accountability can decrease attention-seeking behaviors because students are focused on completing criteria to receive the reward (Fleming et al., 2016). This behavior strategy is effective in rural and urban locations, and when implemented with fidelity, up to 75% of students will increase their learning behaviors and also experience an immediate decrease in classroom

disruptions (Culey et al., 2011; Fleming et al., 2016). Additionally, teachers reported a 92% satisfaction rate when using class-wide, function-related intervention.

A final research-based strategy is behavioral momentum, which involves beginning activities or assignments with high-preference tasks, which are easy for students to complete. Then, once the students experience success, the momentum will carry them into the more difficult problems, or low-preference tasks (Gathercole et al., 2012; Hua, Lee, Lylo, & Vostal, 2012). This strategy can be integrated into any subject and can be valuable during independent work sessions, which is when off-task behavior tends to increase (Hua et al., 2012). Similar to errorless teaching, behavioral momentum increases motivation and limits frustration from incorrect responses by immediately providing feedback to ensure student success (Gathercole et al., 2012; Hua et al., 2012). Behavioral momentum is recommended for unmotivated learners and those with EBD, especially when introducing new academic content or a new behavioral expectation (Gathercole et al., 2012).

Research suggested that sports and physical activity could have the potential to counteract many negative behaviors of students with EBD (Archer & Kostrzewa, 2012; Bruen, 2012). Through this type of engagement students have strengthened coping mechanisms and academic-related skills like retention and on-task behaviors (Rėklaitienė et al., 2014). Rėklaitienė et al. (2014) extended this field of research to include females with delinquent-type behaviors, drawing similar conclusions. Additional and more extensive studies are needed; however, sports and other physical activities such as yoga, ballet, and kayaking, can be an effective behavioral and academic intervention for practicing and maintaining pro-social behavior and managing emotions (Archer & Kostrzewa, 2012; Cullinan, Evans, & Weiss, 2012; Rėklaitienė et al., 2014).

One strategy is not going to work for all students with EBD. Individual preferences and interventions must be designed on a case-by-case basis (Herron & Martin, 2015; Horner et al., 2010; Kaff et al., 2011). Evidence suggested that a combination of approaches such as a functional behavior assessment, reinforcement, self-monitoring, and feedback is more effective than only choosing one strategy (Bruhn et al., 2015; Hansen, Kamps, Greenwood, & Wills, 2014). According to Cross and Lester (2014), in order to reach these students, educators must commit to being honest, open, and to listening to students' individual needs. Not only is instruction important, but building and maintaining a healthy relationship is the gateway to influence (Solar, 2011).

Female Learners with EBD

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is a diagnostic manual published by the American Psychiatric Association. This manual includes all of the current mental health disorders and is used by school psychologists and other practitioners when testing for EBD. According to the criteria within the DSM-IV, 4.5% of girls and 9.0% of boys aged 9-13 years could be classified as having a behavior disorder (Van Bergen et al., 2015). Additionally, 2.8% of girls met criteria for an internalizing disorder, such as anxiety and depression. This same pattern is observed worldwide including places such as Australia, China, Germany, Netherlands, and Sweden (Van Bergen et al., 2015). Other characteristics of female learners with EBD include parents with mental diagnoses and poor parental management, early hospitalizations, lack of community involvement, and lack of support for sexual abuse (Kaltiala-Heino et al., 2013).

Girls diagnosed with EBD typically begin showing intensive symptoms around the age of 12, although onset is often around childhood years when trauma, abuse, and other emotional

instability occur (Brodrick et al., 2014). In a residential facility in England, female patients had significantly higher incident rates, with risk-taking and anger than their male counterparts (Broderick et al., 2014; De Boer et al., 2013). Many females within the facility were diagnosed with post-traumatic stress disorder due to years of ongoing sexual abuse and exposure to violence within the home setting, and a majority lacked strong social support and anger management skills, making them appear more emotionally withdrawn and anxious (Kaltiala-Heino et al., 2013). Clinicians believe that attachment issues and childhood trauma are the root of ongoing behavioral challenges like avoidance or numbing, arousal, hopelessness, and re-experiencing symptoms associated with post-traumatic stress disorder (Broderick et al., 2014).

Graham and Spandagou (2011) suggested schools are often forced to make challenging choices regarding the needs of general education students versus students with emotional and behavioral needs. Students with disruptive behaviors are typically removed from the classroom setting. On the other hand, those with internal-like behaviors who are seen as "less of a threat" remain in a mainstreamed environment (Graham, 2012, p. 165). This results in boys being moved into more restrictive and less academically challenging classrooms and girls continuing to struggle internally without appropriate intervention or mental health support (Van Bergen et al., 2015). The most worrisome of these issues is depression or depressive tendencies, which can eventually take the form of self-destructive behavior, such as suicide attempts or extreme substance abuse (Brodrick et al., 2014). Schools, especially general education teachers, can feel lost when it comes to working with students suffering from depression (Graham & Spandagou, 2011). Researchers discovered that students with depression, post-traumatic stress disorder, and other behavioral issues responded to interventions when they tapped into their emotions (Clery-Melin et al., 2011). It was hypothesized that incentives would not increase work completion

rates, and researchers found this to be true. It can be noted to all practitioners that incentive or tangible reinforcement is not a viable tool for students suffering from depression (Clery-Melin et al., 2011).

Gender-responsive programming is an area that needs further exploration. Currently, "minimal consideration has been given to the idea of gender-response programming and its potential effectiveness when used with girls with an emotional behavior disorder" (Rice & Srsic, 2012, p. 641). Gender-responsive programming is gaining momentum; however, the model is typically solely seen in the juvenile justice system.

Around 300 teachers were surveyed, and 75% reported working with or referring students with mental health issues over the last school year (Goel et al., 2011). Mental health services can be challenging to provide in a school setting. The student misses class time, which is counterproductive in remediation of ongoing academic deficiencies, and mental health services typically focus on improved functioning, instead of symptom reduction (Sklad et al., 2012). The best outcomes are from studies where mental health is embedded in a natural setting, such as the classroom, and the teacher and provider are able to consult on a regular basis (Atkins, Hoagwood, Kutash, & Seidman, 2010).

Only one European study has been conducted in capturing the voices of this often marginalized student population (Cefai & Cooper, 2010). As a result of their study, Cefai and Cooper (2010) learned that most females with EBD found it difficult to engage in the school setting; consequently, their experience was unpleasant. The learners involved in the study stated they "felt victimized and abused by a system that labelled them as deviant and failures" (Cefai & Cooper, 2010, p. 192). This disengagement with the curriculum and school environment placed the female students at greater risk for failure and social exclusion as young adults. Many studies

are available showing that females with EBD have problems with antisocial behavior, aggression, and are more likely to have anxiety disorders, specifically social withdrawal and self-absorption (Abaoud & Almalki, 2015; Rice & Srsic, 2012). However, a lack of behavioral, academic, and environmental strategies designed to positively and proactively support female students with EBD continues.

Summary

Chapter Two began with an explanation of the theoretical frameworks guiding the study. Bandura's (1989) social cognitive theory encompasses behaviorism, showing how the constructs of cognition, socialness, and environment all work together. Miller's (1976) relational-cultural theory added depth to the theoretical framework by concentrating on the female perspective of development and the meaningfulness of relationships.

The related literature section began by discussing typical characteristics observed in students diagnosed with an EBD (Kauffman, 2012; Kern et al., 2015; Landrum & Sweigart, 2014) and the differences between female and male students with EBD (Kaltiala-Heino et al., 2013). Males with EBD tend to be aggressive and disruptive; consequently, they are more likely to receive intervention when compared to their female counterparts (Kaff, Teagarden, & Zabel, 2014). Female learners with EBD tend to show more internal behaviors such as anxiety, depression, and withdrawal. Societal issues like incarceration, substance abuse, and governmental reliance were also considered, proving that interventions and updated research are required for this particular student population (Allen et al., 2014; Constantine et al., 2013; Wickrama & Wickrama, 2010).

Current supports such as SWPBIS (Kaff et al., 2011; Landrum & Sweigart, 2014) were briefly reviewed, as well as other available strategies like CICO, group contingency plans, self-

monitoring, behavioral momentum and the integration of praise, choice, and physical activity into the daily classroom routine (Cooper, 2011; Landrum, 2014; Sidman, 2010). Proactive preventative strategies embedded in a wrap-around approach ares highly recommended; however, implementation is nearly impossible with the amount of responsibilities expected of the classroom teacher (Kaff et al., 2013).

Finally, identification procedures and the wait-to-fail model (Farmer, 2013) were discussed, exposing that females are typically identified as a result of hospitalization and not school interventions (Rice & Srsic, 2012). Mental health issues, past and present sexual abuse, lack of parent and community involvement, as well as learning issues present a myriad of challenges for these learners (Brodrick et al., 2014; Kaltiala-Heino et al., 2013). Although the road appears daunting, there are ways to provide assistance to females with EBD by offering the opportunity of research-based learning strategies, meaningful behavior management procedures, and proactive environmental supports.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study is to discover the lived experiences of female graduates with emotional behavioral disorders (EBD) from public high school settings located throughout the United States. The states involved in the study included Georgia, Florida, Washington, Ohio, and Massachusetts. Through the use of face-to-face interviews, telephone interviews, an electronic focus group discussion board, and a written component, I was able to explore and examine the academic, behavioral, and social supports, which contributed to each participant's ability to successfully meet high school graduation requirements. This chapter will explain in detail the transcendental phenomenological framework for this qualitative study and also includes the research questions, participants, setting, data collection and analysis methods, as well as the role of the researcher.

Design

The method for the study is qualitative using a transcendental phenomenological design. A qualitative platform allowed me to make interpretative sense of the phenomena in order to develop pedagogic significance of situations and relations (van Manen, 1990). Dilthey (1976) explained qualitative research as a method for human science involving description, interpretation, self-reflection, and critical analysis. This study uses a phenomenological approach to describe shared experiences and aim to "reduce individual experiences with a phenomenon to a description of the universal essence" (van Manen, 1990, p. 177). van Manen (1990) also posited that phenomenology calls for connection, caring, and service, searching for "what is most essential to being" (p. 5).

A qualitative phenomenological approach is appropriate because it allows for intimacy and flexibility with participants, which was required for this specific population. This hard-to-reach participant population called for immense patience and flexibility in regards to scheduling and overall communication efforts. Several immediate impromptu interview sessions were held out of apprehension of losing future communication with the participant. Also, in regards to this particular study, qualitative design iwa preferred, especially when working with female participants who required time and the development of trust to reveal their stories and past experiences (Rice & Srsic, 2012).

A transcendental approach, as opposed to hermeneutic or consensual, was chosen because the objective was to determine what experience means to each participant and derive an exhaustive description of each of their accounts (Moustakas, 1994). Lauer (1967) simply stated "only one source of certainty exists, what I think, what I feel, in substance, what I perceive" (p. 155). These collective experiences and the overall design assisted by providing the necessary tools to extrapolate vivid data through shared experiences. Transcendental phenomenology allowed the participants the opportunity to authentically express their individual experiences and feelings, honing in on their stream of consciousness, in hopes of revealing meaningful perceptions and reality of their overall experience, which led to their ability to successfully meet high school graduation requirements.

Finally, the data analysis process outlined by Moustakas (1994) for phenomenology was used to reveal the essence of the phenomenon. Initially, epoche allowed the researcher to share personal experiences and opinions related to the topic, which assisted in the revealing process to eliminate unnecessary judgements and opinions (Moustakas, 1994). Once data was collected, a transcendental phenomenological reduction utilizing bracketing, horizontalization, and themes

assisted in the construction of the textural description and eventually the essence (Moustakas, 1994).

Research Questions

The following questions framed this research:

CQ: How do female public high school graduates diagnosed with an emotional behavior disorder describe their educational experience leading to high school graduation?

SQ1: What learning factors do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation?

SQ2: What behavioral supports do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation?

SQ3: What environmental factors do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation?

Setting

The setting for this study was primarily Southwest Georgia, specifically the cities of Albany, Leesburg, and Moultrie. However, expansion was required to meet participant requirements. This led to the inclusion of the following states: Massachusetts, Ohio, and Washington.

The participants were given pseudonyms to protect the participants' identities. Their locations and socio-economic status information is shown in Table 1. Participant locations spanned across six states, and socio-economic status included poor, middle, upper middle, working class, and poor.

Table 1

Participant Locations & Socio-Economic Status

Name:	Aiyana	Ariel	Ivey	Krista	Lillie	Sierra	Anna	Ashley	Eden
Location:	Massa-chusetts	South-west Georgia	South Georgia	East Georgia	Florida	South Georgia	South Georgia	Wash-ington	Ohio
Socio-Economic Status:	Middle (current) / Upper class (child-hood)	Middle	Middle	Poor	Work-ing class	Poor	Poor	Upper Middle	Middle

I was able to find participants from a variety of locations and socio-economic levels: rural, urban, low income, high socio-economic status, etc. This variety added further richness and depth to the data, naturally increasing transferability into a variety of educational settings (Creswell, 2013). Initially, participants were identified due to their convenience and location, which was predominately southwest Georgia. After this location was exhausted and IRB was revised, the study expanded to find additional participants. The procedures for finding each participant while maintaining confidentiality is thoroughly outlined in the following section.

Participants

The participants for this study were selected using a purposeful and homogeneous sampling technique (Creswell, 2013). This allowed me to make specific decisions regarding participants to protect and maintain the study's focus. To protect confidentiality of each participant, special education directors mailed out an initial letter explaining the context of the study and requesting permission to share basic, personal contact information with the researcher. This process was lengthy and difficult but worked.

Participants included female public high school graduates who received a regular education diploma. Each graduate met specific criteria including the diagnosis of EBD as

defined by IDEA "as a condition exhibiting one or more specific emotional and/or behavioral difficulties over a long period of time and to a marked degree, which adversely affects educational performance" (Individual with Disabilities Education Act, 2004) and received services from the local special education department. These services included consultation with special education staff, direct instruction provided by a special education teacher, or inclusive services in a general education setting with support from special education staff. Homogeneous sampling ensured each participant had similar characteristics or traits (i.e. female, EBD, college preparatory diploma, public school setting). Snowball sampling, or chain sampling, was fundamental in finding participants due to the restrictiveness of the intended population (Creswell, 2013).

The percentage of school-age children identified and served in the eligibility category of EBD is less than 1% (United States Department of Education, 2007). Of this percentage the majority of those diagnosed are male (Forness, Kim, & Walker, 2012). Therefore, finding female participants who met the criteria outlined in the study was difficult and time consuming. First of all, it was difficult to get responses from special education directors. It can be assumed that my study was not their highest priority. Face to face meetings assisted with the discovery of several; and, web-based sites like the Council for Exceptional Children and Council for Children with Behavior Disorders linked me with professionals, Directors and Psychologists, who assisted in uncovering potential participants. The snowball sampling technique did prove to be helpful to reach this difficult population as some participants were able to refer me to others (Marshall, 1996).

Nine participants were interviewed until data saturation was achieved and are presented in Table 2 (Creswell, 2013; van Manen, 1990). Demographic information showing age, race,

and marital status is included. Participants are identified by their pseudonyms.

Table 2

Participant Demographics

Name	Aiyana	Ariel	Ivey	Lillie	Krista	Sierra	Anna	Ashley	Eden
Age	42	30	18	20	20	23	19	19	18
Race	White	Bi-Racial	White	White	African American	White	African American	White	African American
Marital Status	Married-one daughter	Married-previous relationship involved abuse; three children	Single	Live-in boyfriend	Single	Single-does not want children	Single	Single-does not want children due to her mental illness	Single–one child

Procedures

First, the dissertation proposal was submitted to Liberty University's Institutional Review Board (IRB) for approval (see Appendix A). Directors of special education departments assisted in finding participants who met the study's criteria without infringing on confidentiality issues. Prior to the initiation of data collection, participants signed a consent form (see Appendix B). Once IRB approval was received, the following measures were taken to obtain participants and begin the data collection process. A letter was sent to potential participants describing the study, expectations, and possible risks (see Appendix C). The letter was mailed or emailed by the special education director for confidentiality purposes. Interview questions were pre-read by experts in the field of special education as well as the dissertation committee members to allow time for feedback and changes. The dissertation committee members also analyzed the reflective writing sample prompt (see Appendix D).

The special education department in several counties in southwest Georgia were contacted to determine if their database contained female students with an EBD who graduated with a high school college preparatory diploma. After an initial search, informed consent letters to potential participants were mailed and/or emailed to potential participants (see Appendix B). When the consent letters were returned with appropriate signatures, the researcher made contact to begin the communication and data collection process. Bracketing was initiated prior to the first interview to aid in restricting personal bias and previously formed opinions.

After the participants were scheduled, they were each given a pseudonym (see Appendix E). A table was used to organize each participant and their correlating pseudonym. Participants were aware of their pseudonym for online focus group purposes but are not aware of others involved in the study in hopes of bringing anonymity and protecting confidentiality during the focus group session. Each interview session was audio recorded and anecdotal notes were kept. Each interview lasted between 30 minutes to 3 hours. After interview questioning was complete, a time was scheduled for all participants to meet online to participate in a focus group session. The written reflection was the last component of the data collection process. Two prompts were administered and took most participants 10 to 30 minutes to complete. For those interviewed over the phone, the written prompt was emailed and completed in the comfort of their home.

Finally, the interviews were transcribed (see Appendix F). Then both those transcripts and the reflective writing samples (see Appendix G) were analyzed. Participants were contacted by email and given the opportunity to review the transcribed interview for accuracy. Participants were thanked for their participation and commitment to the study and received a fifty dollar gift card to a location of their choice.

The Researcher's Role

For the last 6 years I have worked in a middle school setting as a teacher in a self-contained EBD classroom. In the past, I worked in a similar setting but was responsible for students in kindergarten to fifth grade. Throughout my last 11 years of direct experience with students with EBD, I have witnessed the reality of dropout. This is an area of frustration because students often are trapped in a negative behavior cycle due to lack of teacher training and knowledge in the area of EBD. Unfair and unrealistic treatment or consequences are also areas of concern, most times only exacerbating the situation. In my experience, I have found relationships are fundamental to the establishment of trust, which naturally increases learning opportunities. Without trust and an appropriate student-teacher relationship, students with EBD will continue to suffer, disrupting learning environments, and challenging teachers who lack the skills to manage their diverse learning and behavioral needs. Most students diagnosed with EBD have had traumatic childhood experiences, such as severe abuse and neglect, or have been diagnosed with a form of mental illness such as bipolar disorder, oppositional defiant disorder, anxiety, conduct disorder, or obsessive compulsive disorder. According to the American Psychiatric Association (2018), bipolar disorder is defined as a brain disorder that cause changes in a person's mood, energy, and ability to function. It is clear that schools, and most importantly students with EBD, need teachers who are aware of current best practices and research-based strategies, so they can maintain a learning environment that is safe, comfortable, structured, and suitable to meet each student's individual learning and behavioral needs.

The purpose of this study was to generate new knowledge by creating building blocks for future practitioners and policy makers (Moustakas, 1994). Due to the transcendental framework of this qualitative study, I was an active participant and had the ability to manipulate the data.

Therefore, bracketing was ongoing and prevented bias from influencing the research process and consequently, the results.

Data Collection

Data collection involved open-ended semi-structured interviews, focus groups using an electronic discussion board format, and a written reflection piece. Throughout the process, I collected detailed field notes and participated in memoing. Data triangulation, "the process of documenting evidence from various sources" (Creswell, 2013, p. 251), was used to provide validity to the findings. Each interview was audio-recorded and later transcribed. All data was password protected and stored in a locked filing cabinet or on a password protected computer. The researcher chose to ask basic demographic information during the first interview session and took the time to establish trust and comfortability prior to the first formal interview question. Three of the nine interviews required a follow-up session. Once the final interviews were completed, each participant was given a link and their correlating pseudonym for participation in the online focus group discussion. Participants were instructed to email me when they had completed the focus group questions and then the written reflections prompts were emailed.

Interviews

I conducted open-ended, semi-structured interviews with nine female EBD high school graduates. Participants answered nine questions about their lived experiences as a high school student diagnosed with an EBD. However, other questions frequently were integrated when needed for clarification or expansion of an idea. Prior to the interview sessions, the questions were submitted and approved by the dissertation committee. Other professionals in the field also reviewed the questions for quality and readability. All interviews were audio-recorded. Once transcribed, the interviews were emailed to ensure accuracy.

Three face-to-face interview sessions and six telephone interviews were held. Telephone interviews were conducted due to the geographic location of participants, which included Massachusetts, Washington, Ohio, and Georgia. Using the telephone to hold interviews is an increasingly utilized method for qualitative data collection (Carr & Worth, 2001; Glogowska, Young, & Lockyer, 2011). Disadvantages to phone interviews in past studies have included loss of visual cues, which can negatively affect the process; however, the advantages of cost and flexibility (Sturges & Hanrahan, 2004; Sweet, 2002), disclosure of intimate information (Glogowska et al., 2011), privacy (Sturges & Hanrahan, 2004), and a decrease in pressure as participants can interview from a location of their choice (McCoyd & Kerson, 2006) outweighed the disadvantages. There is "little evidence that data loss or distortion occurs, or that interpretation or quality of findings is compromised when interview data is collected by telephone" (Glogowska et al., 2011, p. 9). Overall, the telephone interviews conducted for the study were comparable to the face-to-face interviews in length, depth, and rapport.

TapeACall Pro was used for each telephone interview. This application creates a three way call and data can immediately be sent for transcription or the recordings can be downloaded. However, I chose to transcribe each interview, both face-to-face and telephone, myself. I chose this to be able to hear the voices for a second time and to stay as close to the data as possible.

Open-Ended Interview Questions

1. How would you describe yourself in high school to someone you have never met?

2. How would you describe your peers/friendships in high school?

3. How would you describe your teachers in high school?

    a. What did you need from the teacher(s) to be successful?

4. What does being diagnosed with an emotional behavior disorder mean to you?

      a. What types of supports did you receive or require during high school?

      b. What does your behavior look like during times of extreme emotional distress?

      c. How can an adult most effectively help you during this time period?

5. What event shaped your perception, whether negative or positive, of your high school experience?

6. Who or what would you describe as your support system during your high school years?

7. What is something no one knew or understood about you in high school?

8. What contributed to your ability to successfully graduate from high school?

9. What advice would you give to a female student diagnosed with an emotional behavior disorder who is about to begin high school?

The intention of Question 1 was to begin broad, but also to build a comfortable and open rapport with each participant (Moustakas, 1994). This question helped me understand the sense of self and the ability to describe personal traits and characteristics. Question 2 highlighted the importance of friendship and social acquaintances and the direct correlation to emotional growth as outlined in Miller's (1976) relational-cultural theory. Female psychological and emotional development occurs during connection with others, not in isolation, reinforcing the need for meaningful and sustainable social relationships with peers and teachers (Brodrick et al., 2014; Miller, 1976). Additionally, the pursuit of healthy development is fundamental to tackling educational challenges such as high school graduation. Inquiry regarding friendships and social connections also assisted in answering the Central Research Question for the study, as well as Sub- Question 3 regarding environmental factors. Cross and Lester (2014) reported that teacher

support and feeling connected to school is associated with positive social and emotional health outcomes. Consequently, Interview Question 3 was developed to examine the relevance of teacher support and how this impacted each student's ability to successfully meet graduation requirements. Foundational to social cognitive theory is the realization that teachers can improve emotional well-being, promote positive self-concept, and improve academic cognition; therefore, Question 3 assisted in an in-depth exploration of teacher influence, as well as support Sub-Questions 1 and 2 regarding learning and behavioral factors (Bandura, 1977).

Questions 4 and 5 gained direct insight into the thought process and individual behavioral needs of each female participant. With this type of examination, I sought to reveal specific strategies and supports for practitioners and researchers in the field of emotional and behavior disorders, when the student was experiencing emotional distress. I focused on understanding the phenomena from a wholeness perspective, while examining entities from many sides, angles, and outlooks until a unified vision was acquired (Moustakas, 1994). Questions 4 and 5 also supported the Central Rresearch Question and Sub-Question 2 by explaining each participant's overall educational experience through the lens of essential behavioral supports such as daily check in/check out (CICO), group counseling, journaling, token economy systems, and meaningful relationships with a staff member. The goal of this question was to explore if a strategy was used in high school to support behavior and if so, if it was effective. Question 6, similar to Question 2, reiterated that growth patterns are affected by social and environmental factors and influences (Bandura, 1989; Cooper, 2011). The quality of each life path is determined by social systems, which also assist in the creation and ongoing development of personality, awareness of self, and ability to trust others in the community and home (Bandura, 1989). Therefore, Question 6 provided insight into support systems and how these systems

positively or negatively affect behavior patterns. This interview question supported Sub-Question 3 by unveiling environmental factors impacting graduation and overall educational success.

Although each interview question was designed to offer the often marginalized student population a voice, Question 7 was constructed to give the participants an opportunity to share insight into their emotional state and self-awareness. Cefai and Cooper (2010) believed actively listening to student voice and perceptions allows practitioners to develop more effective meaningful strategies and programming. This question supported the Central Research Question by awakening further interest and concern, accentuating meanings, and offering direction and focus to underlying developing themes, while enabling the phenomena to linger, retain its spirit, and remain as close to its nature as possible (Moustakas, 1994).

Questions 8 and 9 captured contributing factors, which made high school graduation possible. These two interview questions supported the Central Research Question as well as each sub question. Bandura's (1989) social cognitive theory outlines development as a life-long process, highlighting human motivation and behavior and their direct correlation on maturity and ability to accomplish goals. Due to the importance of social connectivity, each participant's feedback or advice were purposeful and integral to the development of strategies and programming to support and encourage success for female students with EBD.

Focus Groups

An online electronic focus group allowed me to interact with multiple participants at the same time, adding a social dimension to the data collection process. Face-to-face focus groups are preferred, but due to each participant's geographic location and the necessity to protect confidentiality, an electronic platform was utilized. Gaining popularity with ongoing

technological advances, online focus groups open new opportunities for gathering data, specifically for data groups that are scattered across geographic regions (Shamdasani & Stewart, 2017; Stancanelli, 2010). For this study, an online format was necessary because many participants were difficult to reach and to schedule and also, given generational considerations, participants overwhelmingly preferred the online discussion format. Numerous studies showed that online interactions are very similar to face-to-face, having more commonalities than differences (Hoffman, Novak, & Stein, 2012; Stancanelli, 2010; Vargas & Yoon, 2014).

An asynchronous online focus group format (Shamdasani & Stewart, 2017) was chosen because data could be collected over a period of time and involved only chat-based interactions (Link & Sintjago, 2012; Poynter, 2010). I started each discussion thread and then inserted probing questions when needed to keep the discussion moving forward. An advantage to the asynchronous online focus group format was "participants have more time to process the questions and reply at their own convenience," which naturally leads to more detailed answers (Shamdasani & Stewart, 2017, p. 51). A second benefit, especially for my participant population, which can have difficulty sharing their thoughts and opinions, was they were able to answer the questions in a comfortable environment with complete anonymity which resulted in willingness to share personal information.

The researcher assumed the role of a social constructionist when facilitating the focus group. Participants explored opinions and beliefs of others and their shared stories added layers of fullness and richness that can only be achieved through social interaction (Ryan, Gandha, Culbertson, & Carlson, 2013). The focus group format encouraged contributions for those who were reluctant to share their stories during the interview process and through these interactions the participant was able to explore and clarify their view (Kitzinger, 1995). Focus groups can

take the research in new and unforeseen directions (Kitzinger, 1995). To protect each participant's identity, pseudonyms were used throughout the focus group process.

Focus group sessions served as an additional opportunity for participants to share stories, discuss experiences, and collaboratively engage with one another. Focus groups were especially useful for exploring complex, multi-layered concepts from the perspectives of the participants (Creswell, 2013). The questions used during the focus group sessions stemmed from initial interviews intending to explore the phenomena in more depth and seek clarity regarding perceived gaps in data.

The following questions guided the focus group discussion:

1. What was your favorite part of high school?

2. What do you consider your strengths? Weaknesses?

3. What was a major obstacle you faced in high school?

4. What were the major advantages and disadvantages in receiving specialized services from the special education department or teacher?

5. If there was one thing you could change or tell your teacher that would have helped you behaviorally, what would you have told them?

6. If there was one thing you could change or tell your teacher that would have helped you academically, what would you have told them?

7. If there was one thing you could change or tell your teacher that would have helped you environmentally (classroom environment, schedule, home life) what would you have told them?

8. What is one thing your teachers did not know about you, that would have made your high school experience better?

The questions provided an outline; however, a few were added as probes and prompts as the focus group conversation progressed. Transcendental phenomenological research is known for its ability to morph and abandon stagnation by limiting control, and this creative approach was utilized throughout the interview and focus group process (Harmon, 1991). Question 1 established rapport with participants, providing an open platform requiring an easy response, yet intending to enlighten and foretell their overall perception of their high school experience. It was designed to encourage dialogue among participants and hopefully led to several follow up questions integral to the description of the central research question. Question 2, concerning strengths and weaknesses, offered insight into self-perception and sense of self-efficacy. This dialogue was fundamental to the central research question and correlating sub questions because belief in oneself affects all processes cognitive, motivation, emotion, and behavior patterns (Bandura, 1994). From this question, I was also able discover how each participant approaches goals, tasks, and challenges.

Question 3 supported the central research question and also sparked a conversation leading to authentic, deep data. Each experience, whether negative or positive was deemed noteworthy and worth analysis. Question 4 revealed student perception of special education services and highlighted the role special education staff played in making high school graduation a possibility. This focus group question was directly linked to the Central Research Question and also to Sub-Question 2, continuing to seek a descriptive account of lived experiences and also placed emphasis on contributing behavioral supports. Question 4 also unveiled teacher-student relationship, which research suggested is directly linked to the success of students diagnosed with EBD (Cosma, Rebega, & Stefan, 2015). This was essential to the strength of the study because external and internal behaviors can be influenced by the quality of teacher-student

relationship (Brodrick et al., 2014; Collins, Dearing, & O'Connor, 2011; Cooper, 2011).

All questions tackled the daunting reality that outcomes for students with EBD remain unchanged (Sklad, Diekstra, Ritter, Ben, & Gravesteijn, 2012). However, Questions 5 through 8 revealed which supports - whether behavioral, academic, or environmental - were implemented that positively altered the participants' educational journey. Each question offered a voice and a sense of control, which is often one missing component for students with EBD (Cefai & Cooper, 2010). Research indicates that students with EBD can make a significant contribution to the prevention and resolution of learning and behavioral issues in school when they are offered a sense of ownership and opportunity for expression (Kelly & Norwich, 2006; Kroeger et al., 2004).

Reflection Writing Sample

As part of the interview process a reflective writing sample was obtained. Each participant, who participated in a face-to-face interview was given the choice of using a pen and paper or completing the sample on the computer using a basic Word document. The following prompt was used: "Please write about a high school experience where you felt strong emotion. There are no right or wrong answers. I just want you to write about what happened, how you felt, and how you coped with the situation and your feelings. You can choose to write on paper or use the computer."

The reflection sample provided intimate insight into each participant's high school experience and revealed processing and coping skills (Pennebaker, Mehl, & Niederhoffer, 2003). Additionally, Pennebaker and colleagues (2003) suggested those who used high levels of positive and negative emotion words were more likely to experience positive outcomes. Those who did not use emotion words when describing events were at greater risk for future

psychological and physical health problems. This data collection method assisted in answering

the central question and other research questions by providing a snapshot of a memorable

emotional experience, revealing their emotional state, connectedness to school, social issues, and

overall perception of their high school learning environment.

Bracketing

Field notes were collected throughout the data collection process. This assisted with

bracketing and the elimination of personal bias. Journaling included personal judgments,

perceptions, anecdotal records from interviews, insights, and subjective reflections (Berg &

Lune, 2012). All field notes were kept in an online, private journal and were password protected.

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Data Analysis

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Data was evaluated according to Moustakas's (1994) modification of van Kaam's (1966)

method of analysis. The first step involved bracketing of preconceptions regarding the

phenomenon. Prior knowledge and personal opinions were collected in a private, online journal.

Here, field notes and other anecdotal data can also be found. Ongoing opinions and reflections

were stored in this manner to assist in the reduction and elimination of personal bias (Moustakas,

1994). I transcribed each individual interview. Following the qualitative phenomenological

approach, I elected to remain as close to each participant as possible and not risk losing each

participant's inner voice by allowing a private company to complete the transcriptions. After

transcription was complete the transcripts were read as an entire entity. Agar (1980) suggested

"immersing yourself in the details, trying to get a sense of the interview as a whole before

breaking it into parts" (p. 103). Making margin notes supported the formation of initial codes

and abetted the synthesis and creation of larger ideas. The identification of major themes

included, but are not limited to, field notes from the interview process, audio recordings and transcriptions, focus group documentation, and written reflection samples (Creswell, 2013).

I began searching for emerging phenomena through the creation of basic categories once the interviews, focus groups, and written reflections were transcribed, read, and analyzed. The data analysis process followed an iterative research design, meaning it was a cyclic process involving analysis and refinement with each step (Creswell, 2013). Atlas.ti was used for the coding process, and extreme caution was used when entering data. The horizontalization process examined for differences, similarities, and extrapolated overlapping statements (Moustakas, 1994). Once significant statements began to emerge, the data was organized into themes (Moustakas, 1994). Atlas.ti was used on focus group data and written reflections, as well. Goel, Herman, Puri, Reinke, and Stormont (2011) used a similar coding method for their open-ended questions. During the first review of the data, broad themes were identified and codes were assigned. When new responses emerged that did not fit with the original statements, additional codes and categories were created.

When analyzing the data, I kept the central research question in mind, as well as corresponding sub-questions. Keeping the research questions present, assisted in elimination of personal bias from polluting the emerging meaning units (Moustakas, 1994). The essence of the phenomenon is described in this section. This process allowed me to create a literal description of events and an underlying explanation of each experience (Creswell, 2013). From these descriptions an essence was developed which provided core meanings through common experiences on the social phenomenon (Lewis, Nicholls, Ormston, & Ritchie, 2014). The essence is in narrative format and includes tables, figures, and applicable discussions. The narration of the essence is presented in tables and figures.

An iterative research design has been chosen because it allowed me to move in analytic circles rather than a fixed linear approach (Lewis, 2015). Prather-Jones (2011) used a similar design when studying EBD teacher retention. Her data analysis involved inductive analysis to develop descriptions until substantial patterns emerged. She conducted two interviews per participant and two focus group sessions to allow for follow-up questioning and member checking (Creswell, 2013; Prather-Jones, 2011). Data was compared across interviews and focus group sessions. This type of phenomenological reflection as described by van Manen (1990) took a wide array of data sources into account such as conversations, observations, documents, data reports, and field notes. This type of analysis assisted in developing the importance, meaning, and transferability of this study.

<div align="center">**Trustworthiness**</div>

Trustworthiness addresses credibility, dependability, confirmability and transferability. To establish trustworthiness throughout the study several techniques were used. These techniques included: member checking, field notes or bracketing, prolonged field engagement, triangulation, and an expert review.

Credibility

In order to establish and increase credibility, I made a commitment to prolonged field engagement, which spanned over a time period of a year. Credibility was achieved through spending sufficient time in the field in order to understand the culture and phenomenon in question (Cohen & Crabtree, 2006). Over time, I developed relationships and rapport with each participant. This familiarity assisted me in the ability to detect distortions in the data, bracket out my personal opinions, and build trust (Cohen & Crabtree, 2006). During this time, multiple types of data were collected including interviews, focus group transcripts, my anecdotal notes,

bracketing records, and written reflections. Consensual validation was maintained through member checking, and referential adequacy helped to "illuminate the subject matter bringing about more complex and sensitive human perception and understanding" (Creswell, 2013, p. 246).

Participants played an active role in establishing trustworthiness by examining drafts and analyzing language used. Semantic changes were made when needed, specifically when they affected interpretation, insights, or overall impact of the study's conclusions (Eisner, 1991). Furthermore, all participants were given a copy of their transcribed interview and their portion of the focus group transcription to ensure confidentiality remained protected. Participants were given the opportunity to check for errors, add statements to provide further clarification, and withdraw statements if necessary (Creswell, 2013; Lincoln & Guba, 1985).

When data analysis was complete, each participant was allowed to review conclusions on the findings and overall extrapolated essence. Lincoln and Guba (1985) considered member checking to be the most critical technique for establishing credibility. This technique was important because participants play an active role and act as a judge of the data, analysis procedures, and overall credibility (Stake, 1995). Finally, an examination of previous research allowed me to relate findings to the existing body of knowledge, which is a criterion for evaluating works of qualitative inquiry (van Manen, 1990).

Dependability and Confirmability

Bracketing was used throughout the research process to strengthen structural corroboration (Creswell, 2013). Field notes regarding insights during all aspects of the data collection process were logged in an online, private journal (Creswell, 2013). This assisted in limiting the researchers' personal judgments and bias regarding the phenomena (Lewis et al.,

2014). The research journal included correspondence between members of the dissertation committee, anecdotal records taken pre and post interview, and personal synthesized reflections following interview and focus group sessions. Member checking also strengthened the overall dependability of the study (Creswell, 2013).

Triangulation was utilized to promote confirmability, increase validation, and bolster overall trustworthiness of the study. Triangulation involved the use of assorted types of data sources, methods, investigators, and theories to provide validation (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991). This process aided in reducing researcher predisposition, which Huberman and Miles (1994) considered a fundamental measure for confirmability.

Transferability

Transferability involves the extent to which one study can be applied to other situations (Creswell, 2013; van Manen, 1990). Transferability in qualitative research can be achieved; however, Erlandson, Stark, and Ward (1996) noted that many naturalistic inquirers believe that, in practice, even predictable transferability is never possible, as all observations are defined by the specific contexts in which they occur. Consequently, thick and rich description was integrated throughout the study's framework with an ongoing emphasis on abundant and interconnected details (Stake, 2010). Lincoln and Guba (1985) believed it is the role of the researcher to ensure adequate information about each participant is provided to enable the reader to make a reasonable transfer. Prolonged engagement in the field provided deep contextual descriptions and analyses of findings to assist in stimulating generalizability.

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Ethical Considerations

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Institutional Review Board approval was initially received on August 8, 2017. However, a change in protocol was needed to expand the geographic location and age range for further

participant recruitment. The change in protocol was approved by Liberty University's Institutional Review Board on September 6, 2017. The approved consent forms included potential risks and informed each participant that they could stop participating in the study at any time without penalty. Confidentiality was kept through the recruitment process, use of pseudonyms, through locked filing cabinets and the use of passwords for electronic and audio files.

During the interview process, a safe and comfortable environment was maintained to establish and build rapport with each participant. Face-to-face interviews were conducted in a setting of the participants' choice. Prior to the interview, questions were submitted and evaluated by the dissertation committee. I did not have a relationship with the participants in the study and did not offer any advice during the interview sessions. I recorded, transcribed, and interpreted the data. Data is presented without personal interpretation, and personal feelings have been bracketed to prevent unnecessary bias.

Summary

Chapter Three began with the introduction of the transcendental phenomenological design. This qualitative framework was chosen for this study because it takes time to develop relationships, specifically with females with an EBD (Rice & Srsic, 2012). This design assisted in building trust with each participant which led to meaningful data. Moustakas's (1994) data analysis process was used and included bracketing, horizontalization, creation of themes, and development of a textural description to form the overall essence. Field notes and journaling support the elimination of personal bias and opinions from effecting the data collection and analysis process.

The central research questions and sub-questions for the study were included in Chapter Three. They were each supported with current literature and the theories of Miller's (1976) relational-cultural theory and Bandura's (1989) social learning theory. The setting for the study was primarily Southwest Georgia and extended into the states of Massachusetts, Ohio, and Washington to achieve data saturation. Participants were found using homogenous sampling and a snowball technique (Creswell, 2013). To protect each participant's identity, the special education director at local school districts initiated contact. Once permission was received, the researcher obtained informed consent and set up times to meet to begin the interview process. Data collection involved audio-recorded interviews, electronic focus group, and written reflection. All data was password protected and stored in a locked filing cabinet.

Chapter Three concluded with a section covering credibility, dependability, and confirmability of this study. Credibility was obtained by prolonged field engagement (Cohen & Crabtree, 2006) and by the collection of data from multiple sources (Creswell, 2013). Bracketing through the use of field notes and journaling increased the dependability of the study, as well as member checking. Transferability was achieved through a commitment to thick and rich textural description. Triangulation increased the confirmability of this study (Lincoln & Guba, 1985). Ethical considerations such as Institutional Review Board approval, consent forms, and confidentiality were also outlined.

CHAPTER FOUR: FINDINGS

Overview

The purpose of the study was to describe the lived experiences of public high school female college preparatory graduates diagnosed with an emotional behavior disorder (EBD) located in the United States. The goal was to answer each research question and develop an understanding of the participants' learning needs to promote high school graduation. As is evident throughout Chapter Four, although high school was a challenging time for each participant, once they graduated they were able to move forward, many pursuing post-secondary education. Data is presented in this chapter and begins with a thorough portrait of each participant involved in the study. Next, the six themes, identity, learning preferences, accommodations, management techniques, relationships, and environment, that developed through coding and analysis procedures are discussed. An unexpected code, school counselors, was discovered and is also included in this section. Finally, the central and sub research questions are answered in narrative format. All quotes used in Chapter Four are verbatim in the interest of maintaining nuance and identifying information has been changed to protect the confidentiality of each participant.

Participants

Aiyana

Aiyana is 41 years old and resides in a small town outside of Boston. She was interviewed over the phone in two different sessions, each lasting two hours. At first, she seemed a little nervous but then quickly settled once she started sharing her story. Her background information and responses to the interview questions were jumbled at times, making her thought process difficult to follow. The writing style and format of *Catcher and the Rye*, her

favorite book, which will be discussed more later, reminded me of her thought process as she bounced from topic to topic.

Aiyana grew up in a prominent home in Pennsylvania. Her mother and father both had successful professional careers. I gathered from her interview that her journey with emotional issues and conduct problems began around the age of eleven and resulted from continual sexual abuse from her childhood babysitter and flippant parents who choose to dismiss reality instead of tarnishing their professional and social reputations.

My parents were very well known so when I was going to fourth and fifth grade on drugs and doing drugs in the hallway, no one told my parents because my teachers did not want to rock the boat. So, I got high before school every day in fourth grade. My mom told me recently, at the age of 39, that a teacher did call her once and tell her that I was using butane in the hallway, but she never did anything about it. She didn't care about us.

These experiences led Aiyana to a life of instability, self-doubt, extensive drug and alcohol abuse, and a significant lack of trust for others, specifically authority. She was formally diagnosed with bipolar disorder, oppositional defiant disorder, split personality disorder, anxiety, depression, attention deficit disorder, and post-traumatic stress disorder. Personality disorders are associated with ways of thinking and feeling about oneself and others and significantly affects how and individual functions (American Psychiatric Association, 2018). Aiyana was kicked out of her first school at the age of eleven and then sent to a Christian school. She was promptly expelled and her parents decided to send her to an all-girls boarding school. At this boarding school, Aiyana reported that "more sexual stuff happened." Kicked out once again, Aiyana lived in the drainage system and was part of the invisible army, which was a group of

run-away males who took her in and protected her when she needed shelter. Then, she spent two years touring with the Grateful Dead and became very involved in the "drug scene."

> I have a complete disregard for rules. I didn't like people telling me what to do and I especially didn't like women telling me what to do. And, I couldn't be in the same room with a woman and I can't have people walking behind me and I can't have people touching me and I can't stand in line because if someone gets behind me I have to go to the back of the line. I'm all messed up.

During her interview, she stated that "no one knew anything about me and that continues today." Her biological brother came and rescued her from a Grateful Dead show because he was concerned about her drug use and shortly after, Aiyana was emancipated from her biological parents and spent the remainder of her youth in and out of foster homes, eventually landing in a group home in Montana. At the foster home she began to bond with the foster dad. She enjoyed being outside and helped out a lot around the house but refused to go to school. They tried home school but "that was a disaster." Eventually, Mr. Larry contacted a local school and the principal scheduled an informal home visit. Aiyana picked up on the fact that they must have been in "kahoots" with each other to get her into a school building.

> We set up some stuff to make me more comfortable to go to school and so I ended up going. It was a little rocky but I got through it. The principal is the one who helped me and they [the teachers] said if I ever felt uncomfortable then I could go to the principal. He also helped me with my Ritalin, which I was into but I wasn't allowed to hold it and [he] would make sure I took it responsibly.

Academically, Aiyana self-reported that she has a very high IQ but low processing speed. This coupled with minimal attendance led to significant deficits and gaps in her schooling. This

principal also assisted with getting Aiyana into a college where she was granted placement in an honors forestry program. Aiyana admits that she was not good at much, but she could write. She went on to pursue a Bachelor's Degree in early childhood education and a Master's Degree in special education. She began her teaching career in a middle school setting for students with EBD and she "absolutely hated it." She then taught in a kindergarten through fourth grade mild to moderate disability unit for 12 years and loved it. She received the Teacher of the Year Award and then the following year was asked to leave because "my behavior got the best of me and you know I screwed up when they told me not to come back until I could get myself together." From there, she was hospitalized, lived on disability, and spent three years at Duke University with Zachary Rosenthal, who is well known for dialectical behavior therapy. Aiyana attributes the success of her therapy to her ability to be able to speak about her abusive past.

Today Aiyana has a PhD and teaches special education classes at a private college. She has been published twice in two behavior-related peer-reviewed journals. From her interview sessions, it is obvious that Aiyana continues to carry an enormous amount of self-doubt but is trying her best to stay sober, raise her daughter the best she can, and maintain active employment. She acknowledges that she is more successful when she is teaching every day because unstructured time has always proven to be tough. To counteract her ongoing behaviors, like depression and anxiety, she participates in tennis and yoga and states that smoking medical marijuana every day allows her to function.

Her favorite book is *Catcher in the Rye* as she deeply associates with the main character Holden stating, "he was a friend of mine… he understood me." Aiyana always felt very different "but in *Catcher and the Rye* you are not different, he [Holden] is like you." Once, while at a treatment facility, the staff took away this book from her during intake and never returned it.

Aiyana became very emotional over the phone when sharing this information. After taking a break from the transcription process I read this book for the first time. The following quote reminded me of Aiyana, "one of these days you're going to have to find out where you want to go. And then you've got to start going there. But immediately. You can't afford to lose a minute. Not you." (Salinger, 1945, p. 188). Through Aiyana's tumultuous past she was able to keep moving forward. This process was not always fluid but eventually she landed in a place where she enjoys living and working.

> Students who graduate with EBD and high IQ but slow processing with a diploma can fake function really well when they need to. That's how we graduate, but here I am 42 addicted to drugs, which can be proven and evidenced by my confusion and unusual responses to your questions above. This participant with EBD, BPD, complex PTSD, and Conduct Disorder was able to graduate with a general education diploma because she has learned ability to hide the EBD and substance abuse disorder and play the fucking game of life. I'm fucking smarter than those teachers. And now here I am addicted to drugs succeeding. Does that make me a success story? Or a failure story?

Ariel

Ariel is 30 years old, married, and has three young children. She lives in Georgia and worked as a police officer in the past but is now a stay-at-home mom. Ariel describes herself as bubbly, fun, and sassy. She was diagnosed with an EBD, attention deficit disorder, and depression during her freshman year and began receiving special education services. Her interview was conducted over the phone due to location and schedule constraints. She was comfortable from the beginning of the interview and sharing personal information came naturally for her. The interview lasted 1 hour and 45 minutes.

Ariel began her schooling in a public setting but after encountering a few rigid and overall unhelpful teachers, her parents decided it was best for her to attend a private school. When reflecting about her early schooling difficulties, Ariel mentioned it was really tough for her in first and second grade because she had teachers who did not care about helping her and did not seem to want to be there either. From a young age, she knew that there was something different about her. She said:

I didn't feel any less intelligent than others, but it felt like I had not a three-ring circus but a nine-ring circus going on in my head at all times. . . I didn't realize or I couldn't figure out why I was different from anyone else.

Her ability to learn and focus was a continuous struggle, but she responded well to a smaller, loving, and consistent environment that was offered at the private setting. After her parents' divorce, she went to live with her dad and as she began her eighth-grade school year, she transferred to a different private school. Ariel's bubbly and sassy personality was stifled as she no longer had the comfort and support of her social relationships and was also struggling academically. Ariel reported, "they crucified me, and they would tell me I'm stupid and I need to go to special schools. I would stay up all night studying and would still fail." She refused to attend school, and eventually her dad made the decision to move Ariel to the local public high school.

At the local public high school she met a teacher, who Ariel refers to as a "beacon of light in a really dark place. . . she really changed my life for the better—if I had not met her, I wouldn't be where I am today." This teacher built a relationship with Ariel and explained to her how requiring extra help did not make her less capable than her peers.

She [the teacher] set it up so I could take my test in a separate room with her reading the

test aloud. She would call and make sure I took my medicine. She would take notes and

let me copy them if she saw me spacing out instead of embarrassing me in front of

everyone. I had a teacher that cared not just about her job but about me too. She is truly

the number one reason I graduated at all.

Once in the public high school setting, her social relationships improved as well. She

shared:

The social aspect was an escape for me. No matter what was going on in my home or

emotionally I could be whoever I wanted to be during those eight hours. I really enjoyed

the attention since I was used to being overlooked and ignored at home."

After a doctor visit, she learned that she had an extreme case of attention deficit disorder and

everything finally made sense to her.

He [the doctor] sat down with me, which I was very grateful for and he started explaining

this is how your brain works. You are not less intelligent. . . if anything you are more

intelligent. Your brain just works different and you have a different way of processing

things and you have a different way of doing things.

Her relationship with this teacher continued to grow, and trust was established.

Throughout the interview, Ariel referred to herself as one of her kids and mentioned that she was

"more of a parent to me than my parents." Her family life was unstable and her dad was often

not around. Consequently, Ariel was left tending to the house chores, taking care of her younger

step brothers and sisters, and running errands. Sometimes these responsibilities coupled with

school requirements would become overwhelming for Ariel and she would become emotional at

school. When asked to explain these emotional times, she used words like anger, crying, and

quiet. Specifically, "if I get quiet that's when you know I'm past the point of no return. I am shutting down mentally, emotionally, and physically; I'm gone and I am done." During these times, she responded well to support in the form of extra attention. For example, Ariel mentioned that a calm presence, or someone sitting by her would help her calm down. Teachers who asked a ton of questions or asked about her feelings were never helpful with her de-escalation process; she found this to be very annoying.

Accommodations were also helpful, like a copy of notes she missed so she could copy them or extra time to finish a missing assignment.

If like I didn't turn in my homework then they were not going to let me get away with it. They didn't let it affect my grade, they just made me do it. And, so that was nice because I didn't have someone at home who was like did you do your homework or did you study? I think kids that have that issue, or don't have encouragement or don't have parents who are helping at home, really need teachers to act like parents and a lot of my teachers did.

Ariel reported that her dad was not home often due to his work schedule and other hobbies, so the individual attention she received at school was refreshing and appreciated. During the focus group session, she mentioned that her father was "very mentally and emotionally abusive and it was difficult to think about school after dealing with him." With ongoing special education support and appropriate accommodations like individual testing and extended time, Ariel was able to graduate on time with her peers.

Ariel went on to a two-year higher education institute. She stopped taking her medication and did not do well in her classwork. She ended up withdrawing from school and being in a:

really bad domestic violence situation. He tried to kill me many times. It was never a question of if he was going to hurt me today but how bad was it going to hurt and when is he going to hurt me.

After two years of ongoing abuse, Ariel was able to safely leave and restart her life. She enrolled in police academy, got back on her medication and is now remarried. She feels lonely from time to time, but activities like crafting, cooking, and her children keep her busy. She also started a non-profit organization that assists women who are transitioning from a domestic abuse center.

Ivey

Ivey is an 18-year-old Caucasian diagnosed with conduct disorder, attention deficit disorder, oppositional defiant disorder, anxiety, depression, and Asperger's syndrome. She began receiving special education services under the eligibility category of emotional behavior disorder when she was in primary school. Ivey was interviewed in person and the interview took 1 hour and 30 minutes. Immediate rapport was established, she maintained a pleasant demeanor, and appeared to enjoy the conversation.

While Ivey was growing up, her parents divorced and her dad moved out of the family house. This was a very difficult transition for Ivey; she was very much a daddy's girl. Additionally, during a routine hospital visit she was inappropriately touched by a male doctor. She attended therapy; however, from her interview sessions it is evident she continues to struggle with this issue today. Her home life was stable at times, but inconsistencies and power struggles weighed on her, which led to a variety of inappropriate home and school behaviors.

I could not handle it anymore so I flipped out, starting flopping on the floor, started

crying and pulling my hair and scratching myself. I punched a hole in the wall. I'd shake

and try so hard to stop crying but I would just keep arguing and bursting into tears.

When asked about her disability, Ivey mentioned she "regrets having it." She often feels

like a burden at home and school. It is difficult for her to maintain self-control all day long,

especially when medication is not working or when the doctors are trying different combinations.

It is not easy having this disorder. You have to work triple as hard as everyone else and

you just feel like you are not good enough. You see yourself as a burden sometimes

because everyone else around you is completely normal and you ask yourself, why am I

like this? Why is this so hard for me?

During her middle school years, her extreme tantrums such as banging her head against a

cement wall, pulling her hair out, and chewing on electrical cords, caused the school to look at a

more direct setting for her safety.

I try to control my meltdowns. I try and keep my feelings inside even though it's really

not healthy, it just makes it worse. I'm a talker I have to talk it out. And, if I don't do

that then I do it in other ways physically. If they [teachers] show they are scared and if

they don't know what to do, it just doesn't help.

At the time, the school was not prepared or equipped to handle her needs and

recommended a psycho-educational setting. Luckily, her mother knew her rights and knew a

direct setting was needed prior to placement in a different school. When reminiscing on this

time period she stated:

I just felt like an experiment that they are toying with and I don't want to have to go

through that again. I've got depression and anxiety and I have the urge to just go psycho

on everybody in the school. It feels like an abyss and everything is just shooting down
and nothing is filling it up.

Ivey spent less than a year in a direct class and then was able to return to a more
inclusive, co-taught educational setting. When in high school, Ivey required a one-on-one
paraprofessional to provide accountability and daily emotional and academic support. She was
able to graduate from high school and attributes this milestone to caring, flexible teachers, and
hard work.

No one understands how difficult it is for me to do the work just like other people.
Teachers will ask why aren't you finished yet, why did you get that answer. . . I don't
know because I'm not like y'all. I mean yes, I am human and have all the body parts, but
I also have a disorder and I know it is not an excuse but at the same time it is. I have to
work twice as hard as normal people have to and I have to compete with everyone. I
have to achieve my goal and if I don't I will be heartbroken because I would just feel like
I was never good enough.

Ivey mentioned several times throughout the interview that a trigger for her is being
under pressure while being rushed. Accommodations like extended time and flexibility with
turning in assignments and homework also assisted her with maintaining passing grades.
Another stressful time for Ivey was hallway transitions. Even though she knew the
paraprofessional was there, it was still difficult to deal with all the students, chaos, noise, and
being rushed from class to class. She is thankful for her study skills class, too, where she had
time to process the day, get individualized academic help, and had time to do her homework. On
the other hand, Ivey did admit that "sometimes having someone following you around all day
and in every class gets annoying. Sometimes I just wanted my own space."

Ivey plans on attending a two-year school for cooking. She really wants to see a therapist because "everything is bottled up and I just want it to go away, but I don't really have an outlet." She reports that her family does not have the time or the money for her to attend therapy.

Lillie

Lillie is a 20-year-old Caucasian, who transitions back and forth between Georgia and Florida depending on her family dynamics. She was interviewed in person over two sessions that lasted 1 hour each. My first impression of Lillie was that she was edgy, friendly, and intelligent. She was very open during the interview process and maintained engagement throughout both sessions.

Lillie has cerebral palsy, limiting her leg function and overall gross motor abilities. She is also diagnosed with attention deficit disorder, anxiety, and depression, and became eligible for special education services when she was 13 years old under the category of emotional behavior disorder and orthopedic impairment. Lillie currently lives in a small trailer home with her grandmother, boyfriend, and three other relatives. She describes herself as having serious emotional issues, a broken relationship with her mother due to abandonment and mental abuse, identifies as a bisexual, a cutter, and when a choice is needed between fight or flight, she consistently chooses flight. Her life is characterized by a series of inconsistent and unhealthy relationships resulting in the development of suicidal ideations.

> I have been yelled at my whole life and it is not fun. If I laughed about something, then I would be slapped. I mean I flinch if somebody raises their voice at me and I flinch every time somebody comes near me because I'm afraid I'm going to be hit or yelled at even louder. I have been on numerous medications but nothing seems to help.

Lillie's first and most impressionable, yet degrading relationship was with her mother. She used the following words and phrases to describe her: mentally abusive, showed favoritism to her other kids, didn't care. "She would make fun of me and mock me, called me stupid and blind, and said I would fail at everything and that I was not going to finish school." Due to the ongoing negativity from her mother and chaos that resulted in the home setting, Lillie chose to live with her step dad; whom her mom had recently divorced. She said this was a really bad choice and during this time she made poor decisions that she continues to regret to this day. She was not comfortable going into detail, but I was left with the impression that she had an inappropriate sexual relationship with him. As a result, Lillie began cutting and continued to fall into "a very dark place."

> It [cutting] makes me feel relieved and like I can take the pressure out of everything. It feels like your arms are built up with all this stuff and when you take anything and just release it, it makes you feel better. I can sit and cut one time and feel fine.

Lillie started counseling around the age of nine but after overhearing the counselor tell her mom that she had a lot of issues, Lillie decided that she was not going to trust someone she did not know to get an opinion on her life. She craved an authentic mentor who would not see her as a patient but as a person. She gave therapy another chance at the age of 13 but again, the counselor told her mom everything that was discussed during treatment and so she never went back. Lillie admitted to creating a big wall against the world and wanting "everyone to think I am this hardcore, edgy person that just does not like anybody, but all I ever wanted in high school was friends."

When questioned about what her emotional issues looked like Lillie said, "It's very violent." She has punched trees, hit herself in the leg to the point of bruising, and even at times

refused to eat. During these times, Lillie mentioned that she did not like to be touched, but she does not mind if someone sits next to her, especially if they have a calming presence. Telling her to remember to breathe helps her as well.

> I was aware I was doing it sometimes but then sometimes I would black out to where I could not even feel the pain of it. And, I would just go harder and harder to be able to feel the pain of something. I was cutting and trying to figure out a way not to do anything bad [kill herself]. I would just sit there and rock back and forth and try to think the best way I can.

High school was an ongoing challenge for Lillie. Her orthopedic issues coupled with her emotional issues made each day tough, not to mention the everyday challenges a typical high schooler faces. One of her biggest nightmares in high school was group work because she picked up on the fact that no one wanted to be in her group. She constantly worried about what others thought of her. "I'd raise my hand to ask a question and when I did ask the question, I could hear everyone in the back say, 'Oh my God,' as if it was a stupid question." Lillie was pulled out of the classroom for small group testing, like many of the participants in this study, and it was challenging for her to accept that her peers thought this was cheating and that the special education teacher was giving her all the answers. She eventually quit going for small group testing, which she admits was a poor way to handle the situation and did not help her in the long run.

If Lillie could have chosen, she would have preferred to work "in a small cubicle all by myself where nobody is talking behind me, bothering me, or disturbing me. I need peace and quiet to focus." She wishes that she could have taken online courses.

I work better in silence. Secluding me from all of the other students would have helped me significantly because not only am I distracted easily, I pick up every word someone says, so it really didn't help me focus when I could hear rude comment after rude comment from people who wanted to socialize rather than get an education.

There were a few classes she enjoyed attending. Those teachers "made it seem like everything that was negatively affecting me at the time, would vanish and I'd be content for the duration of their class. It made my day a million times better."

Over the years, Lillie has encountered a variety of teachers, some helpful and some not. She said school is most difficult when "people (teachers) don't understand what I have trouble with and when you tell them they think you are talking about something different." Her processing speed is below average, so "explaining content as though I am a normal, fast-paced student is not going to help me learn any quicker." Lillie is also aware of the fact that she had a difficult time asking for help and that "put me at a great disadvantage when it came to completing my work." Lillie mentioned it was arduous showing up each day because there were times when she did not want to get out of bed, but she knew she had to get her education and graduate.

Her friends helped her through the hard times, not the teachers or counselors. Lillie was frustrated after she talked to her counselor because she did not think her situation was handled well. The guidance counselor "did not do anything, nothing happened."

I wanted someone who could take me away from everything and just help me. Get me on medication and talk to me person to person and not person to patient. She [the guidance counselor] made me feel like she did not have time for me. And, from there I just gave

up. I was tired of not being heard, so I just quit trying to talk to people because it

instilled this thing in me where I do not feel like they are going to help me.

In 10th grade she met a teacher who went out of her way to invest in Lillie's life and best

interests. She needed and thrived with this support and allowed this teacher into her life and

began to trust her and talk to her. This teacher was an enormous part of Lillie's high school

success and ability to graduate. After several one-to-one meetings, the teacher determined that it

would be best for Lille to finish her course work in an alternative setting where she could have

access to a quiet working environment and online curriculum. A special education teacher

helped her through this time with motivation, emotional encouragement, and ongoing individual

support as needed.

Each time I met with Lillie her hair was a different color, but her endearing smile was the

same. Even through her physical and mental issues, she is personable with adults and a pleasure

to be around. I could not help but smile when I was in her presence.

Anna

Anna is a 19 year old African American who resides in south Georgia. She was

interviewed in person and the interview lasted just under 1 hour. The majority of her responses

were brief, but she appeared comfortable throughout the process.

Anna started receiving special education services in the third grade under the eligibility

category of EBD. She has a diagnosis of attention hyperactivity disorder which is defined by the

American Psychiatric Association (2018) as a pattern of behavior characterized by inattention,

hyperactivity, and impulsivity that is visible in a variety of settings and negatively affects

performance in social, educational, and work settings. She takes medication daily to assist with

impulse control and focus. Anna and her two sisters were adopted when she was in third grade.

Her biological mother was unable to take care of them, but kept two other siblings. This weighs heavy on her heart. Anna's relationship with her adoptive mother has been volatile at times, resulting in police reports and even her adoptive mom wanting her to leave and live somewhere else. She admits to stealing more than once at home and at school. When asked about her disability Anna started to rock back and forth.

> I had an IEP because of my behavior. I have behavior problems. . . like when I get mad and I don't want to do my work and then someone yells at me, I am going to yell at them back. The teachers let me sit outside the classroom by myself and that helps me calm down and I can go get some water. My teacher [special education teacher] talked to me so that gets me calm.

Anna reported that she is fun, outgoing, and always smiling. Then again, "when people ask me about my personal life, I don't want tell them so I'll cover it up by saying something else. Only two people really know the truth about my childhood." She puts stock in her social relationships and is often involved in social media and school drama. Throughout high school she matured, taking her classes more seriously and staying out of the drama but sometimes her behavior would still get in the way.

> At school it was bad, like I would get mad sometimes over stupid stuff. I would be mad and mean to people and I would have bad facial expressions and I would roll my eyes. Sometimes I would just completely ignore the teachers or walk off mumbling. Teachers helped me by putting me in a room by myself so I could calm down—a quiet time away. It did not help me when the teachers kept talking about it and when it was around other people.

At the beginning of her high school experience Anna mentioned, "The teachers barely explained stuff and did not help us study. I also did not like any of the teachers I had." Her favorite teacher, Mrs. B., explained the content in a step-by-step format which helped Anna. She also enjoyed attending her class because it was fun. They were able to do skits, and she would walk around and help students.

> I liked it when they would send out emails to remind us about our tests and homework. I also like when they give us study guides. Sometimes I miss notes because I'm listening to the teacher and I forget to write it down. It is nice to know that the teacher has a copy for me if I miss something.

She struggled to find the right friends and stay focused on her assignments. Anna mentioned that she had several friends who were not good influences, and her focus was to graduate "so I can get off the street we live on because I do not like the street we live on." Her involvement in technical training classes, culinary arts and cosmetology, assisted with her motivation to graduate. "I wanted so desperately to be good at something, but if I wasn't it was embarrassing and difficult to admit." She noticed a change in herself when she had access to the cooking and cosmetology curriculum. These self-esteem building blocks led Anna to be able to graduate from high school with a general education diploma and with an Associate's degree from the local technical college by the completion of her senior year. She is looking forward to owning her own beauty salon one day.

Anna reported that her most difficult time period was during her middle school years. She is thankful that she had guidance and support during this time. Having individualized support and a special education teacher in each of her classes helped her when she had academic

questions, kept her on track with turning in her assignments, and helped her manage her impulsiveness on days she forgot to take her medication.

Krista

Krista was closed off during her interview. She was very succinct in each of her responses and did not want to go into any detail. Setting up her interview was also difficult due to her changing work schedule and poor communication skills. She currently lives in Savannah, Georgia, and works in a fast food restaurant.

Her high school was highly ranked in academics and athletics. When asked about high school, Krista mentioned that she loved having study skills as a class where she could "just chill, do homework, and work on other class stuff." She is thankful that she had two teachers in most of her classes and was able to receive individualized attention. According to Krista, her behavioral issues resulted from feeling overwhelmed by the content in the classes, the overall pace, and receiving low grades. Her office referrals generally came from leaving the classroom without permission.

> Like some days I don't talk. Like if I'm really frustrated with a person, I can't deal with it. I just don't do it. I'll just sit there the whole time with my head down. That's all I'm gonna say. I get real frustrated really easily when I don't know something and when I can't get it.

Krista had limited parental support, but could rely on her older brother to help her with studying and with her homework. She knew she had behavioral issues, which "didn't really mean anything to me. I just took it as I was different." So, she pushed herself harder and asked for extra help when she needed it. At first when she was in high school she was not comfortable

asking for help. "My freshman year was the worst," but as she matured and understood the benefits of graduation she started advocating for herself.

Krista bonded and felt comfortable talking with two of her high school teachers. She said, "They were awesome and they helped me a lot. They did a lot of one on one and guidance through the steps of the work." When Krista is upset she prefers to talk one on one with the teacher instead of in front of her peers. Once the school realized the function of her behavior, they set up a proactive plan with all of her teachers so she could receive a few minutes to gather herself when she became overwhelmed or escalated with a peer. This simple plan helped her understand that the teachers and staff were on her side and wanted what was best for her. She attributed their tough love and proactive interventions to her ability to graduate on time.

Sierra

Sierra is a 23-year-old Caucasian female who resides in south Georgia. She lives at home with her parents to save money and currently works as a puppy and house sitter. She is diagnosed with obsessive compulsive disorder, Asperger's syndrome, oppositional defiant disorder, attention deficit disorder, and cerebral palsy. Due to her physical limitations, Sierra is unable to drive. She began receiving special education services when she was in elementary school under the category of EBD and also orthopedic impairment. Her interview was simple to set up. She was courteous and communicated in a timely manner. Rapport was easily established and Sierra seemed comfortable throughout the face-to-face interview.

I will never forget this one-hour interview because as soon as we began, Sierra stated that she was going to have a very difficult time with the questions because there were nine, "and that scares me because I have OCD and nine questions is a problem. I am one of those people that

have to have one digit over an odd number." After she promised not to "freak out," I added an extra question to make 10.

Sierra was focused throughout high school but is aware that she would not have graduated without the continuous support from her mother who, "basically fought harder for me than I was fighting for myself."

> Every time something came up that stressed me out and messed with my head, she [Sierra's mother] would guide me through it and if it came down to it she would talk to the teachers for me. She was basically just trying really hard to make it to where I passed. She fought for me.

Sierra reported having friends throughout high school and met most of them through the special education program. However, her entire grade, especially her senior year seemed supportive to her. Sierra never felt bullied by her peers. She struggles with meeting new people due to anxiety issues, but says that Prozac helps. Sierra has been on medication since she was two years old and currently takes Concerta, clonidine, Risperdal, and Fluxontine. She likes this combination but sometimes she wishes she was back on Adderall because, "I am overweight now and it was nice to not have an appetite and lose a bunch of weight." If she forgot to take her medication she could "easily blow up." She continued to describe herself, "like one of those cartoon characters whose head explodes before they go off."

Sierra reported having great teachers throughout her high school career. They were "willing to work with me and not get flustered because I was taking longer than usual." The only negative experience she had was with a science teacher in ninth grade who would become visually frustrated with her because of her processing speed.

I needed patience and extra help with certain things, like anything that involved science, spelling, or math. I would have not been able to pass the high school writing test without technology [word application]. They disabled spell check and all that stuff and I was able to type it by myself and then print it off.

With all the aforementioned diagnoses, it is evident that Sierra not only required academic support, but also benefited from behavioral assistance from her special education and general education teachers. Her teachers were firm with her and "knew I needed a little extra push to stay focused."

I was gifted with great teachers who walked to the bathroom with me and let me breathe it out and clear my head a little bit. I would breathe deep and then would burst into tears for no reason. . . frustration with not being able to write as good as I was supposed to. And, I would be like I have to get it right. I still do that to this day. Even minor little things frustrate me. What helps me calm down the most is allowing me to walk out of the room or to a quiet place and give me time to gather my thoughts and just cool off. I had really good teachers.

Due to obsessive-like tendencies, Sierra was hard on herself, "I kept saying that I could do better even when I did the best I could." The special education staff worked out a plan where if her work was finished in her study skills class, then she could visit her best friend who was in gym class during that period, which made Sierra "happy and made me feel more comfortable."

Ashley

Ashley is from Washington and is a recent high school graduate. She is 19 years old and we had to reschedule the interview twice because she had to go and ride horses. She has been riding for five years and has been competitive for the last three. I ended up interviewing Ashley

while I was in my car at Publix because I was scared we would not be able to work out another time. The interview lasted one hour and was conducted over the phone due to the location of the participant and the researcher.

Ashley was adopted when she was 18 months old and has been formally diagnosed with reactive attachment disorder. According to the American Psychiatric Association (2018), reactive attachment disorder is a condition typically found in children under the age of five who received negligent care and did not form a healthy attachment with their primary caregivers. Ashley does not have any contact with her biological parents. She might decide to try and make contact with them one day but says she is not "mentally strong enough right now. . . . I am in progress but I am not there yet." Other diagnoses include oppositional defiant disorder, bipolar disorder, high functioning Asperger's, anxiety and depression. She takes 450 milligrams of lithium twice a day, Clonozopan at night, 500 milligrams of Delpoprolax at night, and Risperidone.

Ashley attended a very large high school with over 2,100 students. A unique feature of this school is that they have a full time psychologist on staff for mental health purposes. Ashely described herself as pretty, independent, and friendless. She went to class, did her work, and "basically stayed under the radar." She is currently taking a break from her college course work at the University of Washington. She said, "there is a lot of stress with it [classes] and it has been really difficult to handle."

Ashley has always enjoyed riding horses and over time became very close to her female riding instructor, who ended up having a handful of mental health issues herself. Ashley admitted to viewing her as a "mother figure. . . and I looked up to her and it's harsh to say but it may have even become an obsession but there was not sexual part of it but there was a very deep

connection." One day, the riding instructor disappeared without notice. This was an extremely difficult time for her. Ashley was 14 years old. She admits to being naïve during this time and tries to block out as many memories as possible. Due to suicidal ideations Ashley was admitted into a residential therapeutic facility. She has "tried to commit suicide multiple times. I tried to hang myself, take pills, and I've tried to run into the street. I have never cut my wrists."

> I spiraled out of control and had to go to a different school for a little while. It was a specialty school and they worked with kids and were more interactive and there was more outside time and we went to the zoo and did all these interesting things like to the chocolate factory which is a big thing in Seattle. I also did the summer program there.

After a year and a half, Ashely was able to return to her home high school. When asked about her teachers, Ashley reported, "They were wonderful." Through her school-based psychologist and the special education staff, she was able to individually choose her schedule and take teachers who came recommended. She required extensions on assignments and also a separate area to take tests due to testing anxiety. The teachers "were extremely accommodating and always made sure that I felt like I was as successful as possible." If she needed time to gather herself, she was allowed to go to Mr. W.'s room, the school psychologist, and either work through the problem or sometimes allow time for sleep for a period or two. Ashley was then responsible for checking back in with her teachers and making up her missed assignments. This "was phenomenal and I think that is how I got through it [high school]." Sometimes "I would feel ashamed that I had to have those accommodations, but I was always reassured by everyone that it was okay."

Attendance was an issue in high school for Ashley. She would "become exhausted and not have enough energy or motivation." Luckily, she was able to speak with the assistant

principal who waived some of her absences. They agreed that she had to prove herself as an

academic student, work hard, and attend her classes. She ended up making grades of A and B

her junior and senior year and raised her grade point average enough for college acceptance.

Although, Ashley struggled throughout high school, she believes the underlying issue

was her mental illness.

> I take it in stride to be honest. I do not process as fast as others. But, with all mental
>
> illnesses there are strengths. So, I guess mental illness is just another thing that makes
>
> me who I am. It is not something that hinders more or is a burden. It is obnoxious, I am
>
> not going to lie, it is obnoxious at times. I do not think people should be afraid of it and
>
> not talk about it. I do not want there to be a stigma. People need to be educated,
>
> especially in high school. A psychology class should be mandatory.

When experiencing emotional distress, which Ashley "hates talking about," her body

shuts down and "I am content with myself where I have done everything I can and I am tired and

sick of it and just do not want to do it anymore."

> I have a hollow stomach and I feel extremely empty and I can't feel anything as much as
>
> I try to feel it is either artificial or it's there but it passes extremely fast, which makes me
>
> go back into a really horrible suicidal ideation where I think of a plan like how I am
>
> going to do it. And, I have to hit a certain level of shittiness until I can build myself back
>
> up. It is extraordinarily painful and I do not know if this is helpful but I have decided that
>
> I am not going to have kids because I don't want them to go through the same mental
>
> issues that I do.

On difficult days, Ashley's primary goal was to endure the school day. Her teachers

helped her by offering patience and support. Knowing that the teachers cared spoke volumes to

Ashley, and she knew they cared because they took interest in her success and also spent down time with her when possible. For example, she remembers playing board games during study hall and the teachers offering time for her to share her interests and hobbies.

Eden

Eden is a 19 year old from Ohio. At the time of the interview, she had a one-year-old daughter, and her parents helped to take care of her daughter so Eden could finish high school. She was interviewed over the phone due to her location. The interview lasted 45 minutes. Eden sounded friendly, engaged, and was polite. She described herself as quiet and reserved but can become loud and argumentative when she is frustrated or upset.

Eden had a 504 plan while she was in middle school for her behavior. According to Eden, she was unable to test into special education because "my test grades were too high." The transition from middle school to high school did not go well, and due to the extreme decrease in academic performance, an individualized education plan was developed. Eden started receiving services during her freshman year under the eligibility of EBD. She struggles with her medication regime so the doctors decided to put her on a mood stabilizer injection, which she receives monthly. She is formally diagnosed with attention deficit disorder, oppositional defiant disorder, bi-polar disorder, and depression.

> They [the teachers] never understood why I acted the way that I did. I would get into arguments with my teachers and with other students and then I was always getting suspended. I had paperwork but that is when they started following it. . . they didn't really follow it before. It was a lot of things going on in my life like with me and my mom. We didn't have a good relationship, so I would act out in school.

Eden attended general education classes, except for two. One was an IEP class for Skillstreaming, a structured program where students work on social skills, and an academic lab, which mimics a study hall or study skills class. The majority of her issues occurred during her freshman year.

> I won't talk to nobody and I cry and sometimes it depends on how mad I am, I might throw stuff. I argue and I would walk out of the classrooms and slam the doors and stuff. Every adult just couldn't come talk to me to calm me down. It would have to be a certain person that can talk to me and tell me what I did wrong and what I could have done differently. Sometimes I have to isolate myself completely. It usually takes me about 20 to 30 minutes to calm down.

She did not have many friends throughout high school, but the few she had "would encourage me to do the right thing like when I would act out." She also saw the counselor occasionally, less than once a month, but it was evident from the interview that Eden did not have a confiding relationship with her.

> Sometimes the principal would see one of my friends in the hallway and would have them come to try to talk to me when I was upset. I don't really have many friends now. I feel like I am more mature than them now that I have a baby.

One thing that kept Eden motivated her junior and senior years was her teachers complimenting her overall maturity, saying "'you have grown so much and I can see the difference in your maturity level,' and then I look back and I can tell that I have grown and that I am doing better." Eden admits to having a lot of struggles during her freshman year but was able to graduate because she re-focused, asked for help when needed, and "didn't go to school to just play around. I barely talked to anybody and I just did my work."

Eden's family was supportive throughout her high school experience. They could not help her with her academics, but they would ask her about her classes and grades. "My dad and my step mom keep my baby so I can focus on school. I would not have been able to do it on my own." She relied heavily on their support and said she was able to graduate because "I wanted to make my family proud and I really don't have a choice because I have a baby now so I want to be able to provide for her." Eden finished the interview by saying that she will be enrolling in cosmetology school soon.

Results

The purpose of the Results section is to discuss how themes developed during the study and to provide answers to the research questions. This section provides additional information on participants and includes their co-morbid diagnoses, self-reported strengths, self-reported weaknesses and home life information. The code development process is also included and is followed by a detailed description of each theme: identity, learning preference, accommodations, management techniques, relationship, and environment. Finally, the central research question and each sub-question is answered and is supported with data collected throughout the study.

Theme Development

The data analysis followed Creswell's (2013) recommendation for phenomenology studies, which included the following steps. First, the researcher creates and organizes files for the data. Then the researcher reads through the text, making margin notes, forming initial codes, and describing personal experiences through epoche as well as describing the essence of the phenomenon. Next the researcher identifies significant statements and groups the statements into meaning units. Eventually, the researcher develops a textural and structural description leading to the essence, and finally presents the narrative through discussion, tables, and figures.

The transcribed interviews, focus group conversations, and written reflections were each entered into Atlas.ti Qualitative Software to search for initial codes. Each transcript and written reflection document was read thoroughly three times prior to the initial coding phase, which also included margin notes. Specific words, phrases, feelings, events, and ideas or "meaning units" (Creswell, 2013, p. 190) related to the central and sub research questions were approached "with an openness, seeing just what is there and allowing what is there to linger" and organized into 74 unique codes (Moustakas, 1994, p. 88).

Then, after preliminary coding, I read through each document again in its entirety to ensure nothing was missed. After coding was complete the codes were grouped into 14 sub themes. I kept the central and sub research questions at the forefront of my mind, referring to them often, to make sure each sub-theme was appropriately aligned. This analysis process also included an "unusual, sustained attention, concentration, and presence" (Moustakas, 1994, p. 88). As the new knowledge began to present itself, I actively committed to "setting aside predilections, prejudices, predispositions, allowing things, events, and people to enter anew into consciousness, and to look and see them again, as if for the first time" (Moustakas, 1994, p. 34). The sub-themes that developed from this process included: learning preferences, wrap-around programming, differences, home life, environment, accommodations, management techniques, medication, coping strategies, relationships, emotional connections, co-morbid diagnoses, identity, and trauma.

The sub-themes led to six major themes: identity, learning preferences, accommodations, management techniques, relationships, and environment. These major themes explained "what happened and how the phenomenon was experienced" by each participant (Creswell, 2013, p. 191). The Participant Portraits section shared and described each participant's personal

experiences where as a researcher I was "challenged to create new ideas, new feelings, new awareness and understandings" (Moustakas, 1994, p. 86). Here, the essence of the phenomenon was also unveiled. Next, a textural description, including what happened and how, captured the essence and is presented through narration, discussion, and figures.

In Table 3 detailed participant information is provided. The table includes participant names, self-reported diagnoses, strengths, and weaknesses. The table also provides a brief snapshot of their homelife.

Table 3

Participant Identifications

Name	Aiyana	Ariel	Ivey	Lillie	Krista	Sierra	Anna	Ashley	Eden
Co-morbid diagno-sis	Bipolar, ODD, Split Person-ality Disorder anxiety, depres-sion, ADD, PTSD	ADD, depres-sion, PTSD	Conduct Disorder ODD anxiety depres-sion, Asperger Syn-drome	ADD, anxiety, depres-sion, Cerebral Palsy	None reported	OCD, ODD, ADD, Asperger Syn-drome, Cerebral Palsy	ADHD	RAD, ODD, Bipolar Disorder Asperger Syn-drome, anxiety, depressi on	ADD, ODD, Bipolar, depressi on
Self-reported strengths	Writing	Multi-tasking	Math, Cooking and Art	None reported	Honest and friendly	Litera-ture and History	Running and Spelling	Love for learning	Helping others
Self-reported weaknes s	Drug abuse, impulse control, emotion-al stability	Diffi-culty saying no	History and Literatur e	Asking for help	Easily frustra-ted	Math	Reading and control-ling my temper	Being a perfec-tionist	Control-ling my anger
Home-life	Negative no connec-tion to biologi-cal mother	Negative dad	Inconsis-tent Unstable	Negative poor relation-ship with mother & step dad	Un-known	Positive very support-tive mother	Negative unstable at times	Positive wonder-ful adoptive family	Negative begin-ning of High School; Positive 11th & 12th

In addition to each participant's portrait, the process of phenomenological reduction was used to develop the epoche. This required me to see and listen with a deliberate intention of openness to the phenomena (Moustakas, 1994). I stayed with the phenomena, analyzed it from various angles, persisted until data saturation was achieved, and reduced the data until I reached a "stream of pure consciousness" (Husserl, 1931, p. 172). This process led me to six major themes, which are described below along with narratives from the interview process, focus group, and written reflections. The process of coding and theme extraction can be viewed in Table 4.

Table 4

Code Development Process

Major theme	Sub-theme	Codes
Identity	Co-morbid diagnoses Characteristics/Identity Differences Coping Strategies Trauma	Characteristics, identity, differences, lack of respect for authority, strengths, weaknesses, low self-esteem, self-talk, attention seeking, motivation, grateful, humor, perceptiveness, trauma, betrayal, verbal abuse, suicidal ideations, abandonment, stress, mental illness, co-morbid diagnoses, drug abuse
Learning Preference	Learning Preferences Differences Co-morbid diagnoses	Learning preferences, processing speed, caring teacher, academics, emotional connection, social acceptance, trust
Accommodations	Differences Accommodations Medication	Accommodations, positive verbal statements, flexibility, individualized attention, consistency, rushing, proactive planning, testing, modified schedule, patience, paraprofessional, medication
Management Techniques	Wrap-around programming Management Techniques Coping Strategies	Negative school experiences, advice, graduation, non-confrontational, patience, medication, structure, embarrassment, control, behavioral/emotional meltdown, self-advocacy, freshman year, coping strategies, drug abuse, escape, wrap-around programming, therapy, animals, advocate
Relationship	Emotional Connections Relationships	Relationships, misconceptions, friends, social acceptance, resentment, emotional connection, trust
Environment	Home Life Environment	Environment, homeschool, school attendance, hospitalization, transient, home life, maternal issues, paternal issues, divorce

Note. Table 4 shows the code development process. The initial codes are listed on the far right of the table and from these codes sub themes emerged. On the left the reader will find the 6 major themes which include identity, learning preference, accommodations, management techniques, relationship, and environment.

Identity

It is impossible to understand the EBD student population without first understanding how they view their identity. This study is unique because it provides a look into their perception of their world and how this relates to their high school experiences. A common word used by participants throughout the interview process was "different." Ivey realized during her junior year that "sometimes I'm not going to be the same as other people." Ivey continued:

No one understands how difficult it is for me to do the work just like other people. They would ask me, 'why haven't you finished that?' 'Why did you get that answer?' I'm not like y'all. I mean yes, I'm human, but I have to work twice as hard as normal people have to. I feel like I have to compete with everyone. I have to achieve my goal if I don't, I don't know what I would do. I would be heartbroken because I would just feel like I was never good enough.

Each individual was clearly aware that she had learning and emotional differences when compared to her general education peers. Ariel mentioned, "I knew something was different but I didn't think I was any less intelligent…even at those early ages, something was different about me but I couldn't figure out what it was." Aiyana shared, "No one knew anything about me and that continues until today. I'm not like any of them." For Ashley, her mental illness meant that she could not process information and emotions as fast. During her interview Ashley mentioned that "with all mental illnesses there are strengths. It is just another thing that makes me who I am. It isn't something that hinders me or is a burden. I'm not going to lie - it is obnoxious at times."

After offering well-developed and thought provoking answers to each question and thoughtful responses throughout our four hours together, Ayiana said, "I'm sorry I couldn't give

you any answers." This disturbing final comment haunted me; nevertheless, it provided another glance into the low self-esteem and self-doubt that these women continue to struggle with on a daily basis. Aiyana shared, "I continue to do it [risky behaviors] because I hate to say, it's the nature of the disability."

Although, the data from the interviews and the focus group showed many weak areas such as low self-esteem, suicidal ideations, trauma, betrayal, lack of respect for authority, and abandonment, this group of women also had many noted strengths. For example, despite their challenges they were able to maintain motivation to meet graduation requirements.

As indicated in their interviews, Lillie's and Aiyana's childhood authority figures were inconsistent, unfair, and in some cases damaging, and extremely harmful to their overall emotional and social development, eventually leading to a lack of respect for authority. Lillie stated as she discussed her relationship with her mom, "She would make fun of me and mock me which eventually led me to cutting and wanting to overdose." Sometimes Lillie would go for six days without eating and became very reclusive. Lillie explained:

> I was in the process of cutting and starvation and my step dad just sat there and didn't do anything. He didn't seem like it was a problem. One time I literally just sat there crying and I was like, 'Are you not going to do anything?' and 'Are you not going to say anything?' So, I just sat there and shrugged my shoulders and was like, 'OK, well I know what kind of house I live in.'

For Aiyana, her childhood and adult development were muddled with ongoing abusive relationships, specifically sexual trauma from her babysitter for around five years. This led to dialectical behavior therapy for two years, and once she learned how to stop hurting herself she

was able to begin exposure therapy for another year. She reported that this process "desensitized me to it but you know it doesn't make everything go away." Aiyana continued:

> Part of my goal of therapy is to remember something that was happy between the ages of zero and 11. Because my memory of zero to 11 is sitting on a swing at school and watching the other kids run around on the playground and I'm trying to understand why they are so happy. My parents were socialites so they kept me at home with this babysitter. My only memory is sitting on the swing and being in so much pain and not understanding what happiness was.

Each participant involved in the study had at least one and up to seven related co-morbid diagnoses, each affecting them in various ways. These diagnoses included bipolar disorder, oppositional defiant disorder, split personality disorder, anxiety, depression, attention deficit disorder, post-traumatic stress disorder, Asperger's syndrome, cerebral palsy, obsessive compulsive disorder, attention deficit hyperactivity disorder, and reactive attachment disorder. Ivey, diagnosed as bipolar in middle school, did better once she was in high school because she received the correct diagnosis of Asperger's syndrome and started a new medication regime. She mentioned "feeling like an experiment that they are toying with and I don't want to ever have to go through that again." The school system attempted to send her to a psychoeducational facility, but her mom knew her rights as a parent and was able to get the support Ivey needed within the framework of her home school setting.

Seven of the nine participants were vulnerable when sharing their background story during their interviews. This vulnerability helped develop the knowledge needed to understand the function of their behaviors in high school. Each participant was unique but shared several

learning commonalities, accommodations, management techniques, relationships, and environmental preferences.

Learning Preferences

An overarching request from a majority of participants was "more one-on-one time to review what I don't understand." Although this is not always feasible within the framework of a school setting, it is valuable to note that these participants, even though they did not express it at the time, were extremely grateful for the individualized time they received from their special education and general education teachers. Krista shared in her interview that her two favorite teachers "did a lot of one on one and gave me a lot of extra help that I needed." Ivey remembered a teacher who,

> Helped me if I didn't do a good quiz grade then she would take one on one time with me and help me, study with me, and she'd help me with some of my work and take a little time with me and pull me out from the group and study with me.

Ariel was also grateful because she had a teacher who "really worked with me and loved on me, I went to her for everything." Similar to Ariel, Ashley "had a person who would take the time to just talk to me or let me sleep in their office so I could get through the rest of the day." Lillie enjoyed her study skills class and study hall time because there were fewer students present. She appreciated the one-on-one time she received in this class. The teacher was able to review the exact content she needed, which she found extremely helpful.

Several others, during their interview and focus group discussion, mentioned that they were visual and creative learners. Lillie said, "Drawing helps me focus. As I draw I listen to what they are telling me and with each pencil stroke, I'd slowly begin to grasp the concept of what they were saying." Then Ariel followed with:

If my hands are moving then my ears are listening. I have found that if I am doing something with my hands it is easier for me to listen to a lecture or speaker. I am actively trying to focus on what they are saying.

According to Aiyana, she had a high IQ and very low processing speed, and desperately benefited from extra processing time, patient teachers, and classes that were as hands-on as possible. Aiyana shared in detail about her woodshop and metal class, stating that these times were her favorite and she rarely had discipline issues in this setting. Aiyana's teachers were also very supportive during these classes, understood her needs, and assisted with buying her materials since she was not allowed to go to the store. Anna appreciated teachers who made learning fun. Her favorite teacher "explained stuff out step by step and would walk around the room and help us." Anna mentioned during the focus group that it also really helped her when she could review with a teacher before a test.

Finally, Ivey "needed someone who could relate to what I am going through and explain it in a way I would understand." In a few of her classes she would have multiple teachers and she mentioned that sometimes that could get confusing. This coupled with OCD tendencies and trust issues could easily build over time and lead to behavioral problems in that class.

Accommodations

References to testing and classroom accommodations quickly developed into a commonality among participants. It was evident that individualized and small group testing drastically helped reduce anxiety, removed the social aspect, and allowed for improved focus. Anna and Ivey also mentioned how much having the test questions and answers read aloud to them helped. During her interview Sierra said she would not have been able to pass her writing assessment for high school graduation without the use of technology. Sierra stated, "My

handwriting and spelling is so awful that I couldn't pass it until I was able to type it. They disabled spell check and all that stuff and had me type it myself and then printed it off."

Furthermore, classroom accommodations made a drastic difference in each participant's ability to be successful. For example, additional patience and wait-time to counteract emotional processing and other learning-related deficits was intertwined throughout each interview. It was also evident that participants do not like to be rushed. Ivey followed through by saying, "When I'm taking my time, it's not because I'm not working; it's because I'm figuring out the question. I am not easily rushed. I can't get stuff really fast." Sierra also "needed patience and extra help in things, certain things, like anything that involved science, spelling, or math." In her final reflection, Lillie shared that she wished she would have been more patient with herself as well. She always felt like she had to rush to keep up with the other students, but now realizes that she should have taken her time, which would have drastically lowered her stress level.

Lillie made evident that her least favorite time in the classroom was affiliated with group work. She shared, "I don't know what is more terrifying being in a group or being in a group that no one wants you in." Her advice to teachers was to take time to get to know the students and figure out who has anxiety or learning issues and maybe let them sit by themselves or ask about possible partners and groups. Offering choice was another common thread appreciated by a majority of the participants. I believe this sense of control offered a level of ownership to the curriculum, making learning and daily assignments more attainable.

Flexibility from her teachers kept Aiyana enrolled in high school. Her teachers made her feel special by allowing her to listen to music during physical education class and by buying her supplies she needed for projects. After experiencing extreme trauma throughout her childhood development, Aiyana had a variety of ongoing issues related to the abuse. During our interview,

Aiyana reflected on her favorite physical education teacher by saying, "I was going to fail his class because I never changed my clothes. I didn't like to change my clothes in the locker room. And he let me write an essay instead so I wouldn't fail." This type of flexibility also included extensions, which helped Ashley be successful especially when she was not having a great day. It took a year for her to develop adequate communication skills, but over time Ashley learned she could directly speak with the teacher and discuss extensions. Ashley's teachers were understanding and receptive, appreciating the interaction and development of self-advocacy skills. Ashley reported:

> Oh yes, there were so many times when I needed extensions on assignments and I needed help or a different area to take my tests because I have horrible testing anxiety. I was very comforted to know that I was able to use my IEP.

Another classroom accommodation frequently appreciated was access to a copy of notes. These were not needed every day, but those participants with attention deficit disorder and attention deficit hyperactivity disorder shared how helpful the notes were, especially on days they forgot to take their medication or when it just was not a good day. Ariel reflected:

> I remember her taking notes sometimes and she would say I was watching you and you did not take any notes. You look like you were just sleeping with your eyes open. Here are the notes, you can't have them but you can copy them.

Another consensus among participants was they did not like to be rushed, which could lead to stress and could trigger emotional or behavioral meltdown. Each of the women expressed that they worked hard to keep it together, especially in front of their peers. Allowing flexibility with deadlines made the daily high school experience run smoothly, and surprisingly the participants were grateful and did not take advantage of this accommodation. Some stated that

the lower amount of stress enabled them to remain calm and led to assignments getting turned in earlier than expected. Ariel shared:

> If I didn't turn in my homework then they were not going to let me get away with it. It was like ok well you didn't do it so you can sit here right now and do it. And is like okay. Which is nice. They didn't let it affect my grade they just made me do it. That was nice because I didn't have someone at home who was like did you do your homework, did you study and I think kids that have issues, like not taking their medicine, or don't have the encouragement, or don't have the parents that are helping them stay on their work, you know I really needed them to act like my parents and a lot of my teachers did.

Ivey had a similar experience with one of her teachers saying, "She was really cool, she let me turn in three weeks of late work and still counted it as a grade." I can see how this can be an arguable accommodation; however, from the Participants and Identity section it is obvious that Ivey, along with the other participants, are complex and have hidden emotional needs. Due to this type of accommodation, Ivey was able to pass the class, complete each required assignment, graduate from high school with her peers, and move forward with post-secondary education. I would have to argue that the individualized flexibility given in this situation was beneficial to the all-around well-being of the student.

Proactive planning measures helped Ariel and Ashley in many ways with their high school graduation pursuit. Special education staff, with the assistance of the student, worked on developing a schedule prior to the school year to find supportive teachers and create a manageable workload. Ashley asserted, "I was able to individually choose my teachers. I did it through my psychologist and he made sure that I had good teachers." Lillie had a similar

experience and benefited from having a friend in each of her classes. She expressed during her interview sessions that having "a best friend in class made everything so much better." The focus group discussion showed that participants shared a high level of stress when it came to passing all of their assigned classes. Having control over their schedules, or at least input, supported a more positive outlook and encouraged ownership. In some circumstances, a modified scheduled was used, especially when attendance was an ongoing issue or when transitioning back to a general education public school setting.

The focus group discussion revealed an interesting, unexpected, and overlooked daily accommodation that benefited several participants. Ivey and Lillie in particular mentioned how stressful the hallway transitions could be during class changes. Ivey stated the transitions "really stressed me out. I just wanted to go loose and flip out on everybody." Procedures were implemented so the student could leave class a few minutes early to prevent unnecessary stress. Administrative staff was on board and as long as the accommodation was utilized appropriately and respectively, then the IEP committee was comfortable.

Management Techniques

It was very important to me to listen to the exact words used by participants to be able to extrapolate exactly what they were saying and what they needed in regard to assistance from teachers. When working with this student population, teachers often feel hopeless and are unaware of how to meet students' educational and emotional needs (Cefai & Cooper, 2010). Data from the interviews, focus group, and written pieces reflect the perspectives of the students, helping teachers understand realistic and real-life examples of management ideas directly from the students' viewpoint, which at this time is unprecedented.

While some participants needed someone to sit quietly with them, others needed seclusion, away from other students during times of intense emotion. Anna indicated, "Teachers can help by putting me in a room by myself so I can calm down. A quiet time away. It doesn't help me when the teachers keep talking about it and it is around other people." Sierra, when experiencing frustration was grateful for her teachers who allowed her to take a break and walk out of the room and into the hallway or restroom. This quiet setting helped Sierra calm down, gather her thoughts, and then return to class. Several times throughout the interview, Sierra mentioned that she had really good teachers.

Eden referred to her behavior saying, "I will not talk to anyone and I cry and sometimes it depends on how mad I am, I might throw stuff. I would argue and walk out of the classroom and slam doors and stuff." A trained and well-prepared staff also helps deescalate challenging times, especially in regard to behavior when tempers from student and teacher can accelerate quickly.

Ivey, often confronted with unprepared staff during times of extreme stress, said, "If they show that they are scared and if they don't know what to do it just doesn't help." Additionally, focus group data pointed out that this student population prefers not to be called out or yelled at, especially in front of their peers. Specifically, they did not like it when teachers raised their voices or yelled out their name. According to Lillie and Aiyana, they would rather be "pulled out of the classroom and talk to me instead of yelling my name. They don't need to make a big scene."

Aiyana, who is now a college professor, refuses to let her undergraduate students leave her without an in depth understanding of the functional behavior process. She believes:

There is not a single answer. It is so personal. Find the function and then teach a replacement behavior that serves the same function as the behavior. Ask them about their

family and life situation. Go deeper. You might realize that the function of the behavior

doesn't have anything to do with what you thought but has to do with power and control.

Teacher interviews are not enough but you need to take the child's risk factors, home life,

and stability into consideration. You need a deep, deep understanding. An FBA

[Functional Behavior Assessment] is not just a simple tool, it is essential and if you take

it extraordinarily seriously and find out the function, the true function, not the obvious

one, than more often you will find that it is environmental and stems from lack of power.

One of the things that would have helped me was a deeper functional behavior

assessment. Schools don't do that.

Aiyana's outlook on the functional behavior process leads into the concept of wrap-

around support. All except two of the participants lacked appropriate support at home. One of

the major factors contributing to their graduation was additional support beyond the school

setting. One example is assistance with medication. Ariel shared that her parents were not good

at reminding her to take it. So, Ariel's special education teacher "would periodically call me at

the crack of dawn or the night before and say set your medicine out by your bed and take it in the

morning." Aiyana also required this medication support, and stated, "Dr. W would hold it and

make sure I took it responsibly." Ariel also appreciated the time her teacher spent with her after

school hours and even sometimes on the weekends. According to Ariel, this time out of school

transferred to increased compliance in school and the development of a trusting relationship

which continues to this day.

Another example of this type of support is when Aiyana's principal came to her home to

work out a manageable and agreeable class schedule. This act helped with increased school

attendance, high school graduation, and acceptance into an honor's college program where a 4.0

grade point average was maintained. To this day she says he is the "most profound teacher I had in my life. He personally came to my home and got me to come to school. That's home-school communication. And it changed my life. It got me to school and got me to graduate."

During the data analyis process, it was evident that participants developed positive and negative coping strategies over time. Aiyana, who started experimenting with drugs in fourth grade admits, "I've never lost my drug problem. I'm addicted to drugs and always one step out of the hospital." Currently, Aiyana is able to function in society due to her new medication regime. Aiyana works hard to maintain her medication pattern because she understands that without it she could end up in the hospital which has a negative impact on her daughter. Others, such as Lillie built a "very tall wall" around herself wanting to appear "hardcore and edgy" to give off a callous impression to those around her. She also dealt with her emotional difficulties and broken relationships by self-mutilation. She shared it "feels like your arms are built up with all this stuff and when you take anything and just release it, it makes you feel better." Ivey admitted to "bottling up her feelings" and wanting someone to talk to but did not have anyone whom she could trust. The data also showed denial and avoidance were two other negative coping skills participants had developed over time.

On a positive note, Ariel referred to making lists, cooking, and crafting several times, which helped her brain relax. Aiyana managed her impulsive behavior and symptoms better when she is involved in extra-curricular activities like yoga and tennis. Horse-back riding was foundational for Ashley; she even mentioned this as a contributing factor to her being able to graduate from high school. Other positive coping strategies mentioned during the focus group included spending time with friends, having time to be alone, assertive communication with teachers, going outside to enjoy nature, helping others, talking to someone, and taking a walk.

Relationships

Focus group data and individual interviews exposed the importance of friends and social acceptance. Ariel, who saw high school as a social escape, enjoyed the attention since she was accustomed to being overlooked at home. Although she would not explicitly state it, Lillie's comments indicated that all Lillie ever wanted in high school was friends. Unfortunately, this led to an unhealthy group of online friends with a variety of issues such as gender transitioning, self-mutilation, and fragmented relationships with parents. Aiyana, due to early childhood trauma, struggled with friendships as well, specifically with females. She shared, "I've never had a female friend except for my foster sisters. I can't have friends. I have a really hard time." Aiyana's main interactions during high school were with her teachers and administration. Like Lillie, Aiyana did find a group of friends outside of high school but they were not healthy relationships, surrounded by drugs, alcohol, and following jam bands. Ashley had a similar experience with making friends, specifically during her freshman year. She stated in her written reflection that she "had a terrible time making friends and more importantly, I felt like I didn't know how." So, Ashley kept to herself, focused on her work, but always craved a group of friends.

During the data collection process, not many disadvantages were mentioned to receiving special education services during high school. One negative aspect resulted from specific class schedules, which limited interactions with general education peers. Another disadvantage noted was that peers thought Ivey was cheating or that the "teachers were telling me the answers… I quit going [smaller/separate location for testing] because I felt like if I did go, everyone would look down on me for going to special education class." During the focus group, several

participants felt the exact same way and said some students would even ask questions like, "'Are you in special education?' and 'Are you retarded?'" Lillie admitted that her "main issue in high school is that I worried about everyone else and what they think of me and it's not worth it at all."

Another relationship, and possibly the most important, mentioned 116 times during the data collection process, involved a caring teacher. These teachers were defined by participants as encouraging, genuine, easy-going, physically present, and patient. As Ariel was reflecting on her teacher, she said:

> She was more like a friend and more of a parent to me than my parents. I ended up being one of her kids, I asked her, 'Was I just special or do you do this with all your kids?' I would beg her to be in my classroom and then there she would be and I don't even think she was supposed to be in that class. She could be real with me and I wouldn't get, like even if I was irritated, I would still listen, even with the teenage attitude, I was still listening. She pretty much had me ninth grade through 12th, whether she wanted me or not.

This relationship led to trus,t which led to behavioral change and increased compliance. This particular caring teacher also added a level of accountability by "going and talking with my teachers and asking how I was doing and if I wasn't doing what I was supposed to be doing. I had a teacher that cared not just about her job but about me too." Ivey was appreciative of having a "teacher that is always going to be there for you to help you." Lillie had great experiences with most of her teachers, but during her interview stated that she felt that one of her teachers did not take the time to understand her needs. On the other hand, Lillie's backbone throughout high school was Mrs. O. She was the "only teacher who ever sat with me to help me

calm down, which is why I was invested in wanting to spend time with her and wanting to talk to her."

Eden had a special education teacher she could always confide in and she knew she could go to her whenever she needed. This teacher helped Eden calm down when she was upset. Like the other participants, she required a specific person to calm her down. It could not be a random adult; "it would have to be a certain person that can talk to me and tell me what I basically did wrong and what I could have done differently."

Environment

A variety of environments were mentioned throughout the interview process. Each participant graduated from a public high school setting. Within, this setting the most preferred environment was a small group setting with minimal or at least limited distractions. Even with proactive scheduling, a small group could not be arranged for most general education classes; however, participants depended on their study skills class where they could review content and catch up on assignments. This environment also assisted in the development of trusting and caring relationships with their teachers. Lillie desperately wanted someone to "take her away from everything and just help" her. Removing the social aspect was critical and during her interview Lillie shared that she benefited from online classes. Eventually, Lillie's committee listened and decided for her to attend an alternative setting to complete her work online in a separate setting. Lillie was able to continue on her diploma track and meet public school graduation requirements. Due to this shift in environment, Lillie ended up finishing her coursework early.

Ariel started out her schooling in a private setting. There she said, "they crucified me. They would tell me I'm stupid and I need to go to special schools." She eventually told her

father, "I don't care what punishment you come up with I am not going back there. . . I will hurt myself before I go back there." After enrollment in a public setting, followed by a medical diagnosis and qualification into the EBD program, Ariel received appropriate services and accommodations leading to graduation with her class.

Aiyana's parents were socialites and were not comfortable sending their child to a separate special school. They believed in Catholic schools and boarding school, which Aiyana continued to get expelled from, because those schools did not have the resources or support staff to handle her emotional and learning needs. Her boarding school was not prepared either, so she decided school was just not for her, until one principal in high school reached out and developed an individualized plan to increase attendance and make her comfortable. It was obvious from Aiyana's interview that some teachers were prepared and understood her intricate background story.

A final environment to take into consideration when working with this type of student population is their home life. Ariel said, "on the inside I was just. . . lost. There wasn't a lot of guidance at home and not a lot of attention at home. When I went home, reality hit and it was like I don't matter." Lillie who self-reported abandonment issues had and continues to have a lack of consistent relationships. This created a tumultuous and unpredictable home setting. Lillie had a very difficult time growing up. Lillie's mom called her "stupid and blind and I was going to fail at everything and that I was not going to finish school."

Ashley spiraled out of control after a difficult situation with her riding instructor during her freshman year. She attended a separate campus for around a year but was able to continue earning high school credits. Ashely was able to return to her public high school setting and finish her last two years with her general education peers. Eden expressed that she had "a lot of

things going on in my life like with me and my mom. We didn't have a good relationship so I would act out in school." The participants who had a supportive family still struggled in high school, but relied less on an individual teacher.

Unexpected Theme: School Counselors

An unexpected theme worth noting is that these females did not find their high school counselors helpful. Comments like, counselors "are usually gone and doing their own thing so I just leave it" (Ariel) and "I had a guidance counselor and she was a very nice lady but she did not do diddly squat for me" (Lillie) plagued the interview and focus group transcripts. It is evident in most school settings that the school counselors have taken on several roles, such as testing coordinators and organizers for response to intervention teams or student support teams. I assumed the guidance counselors would be highly regarded by participants but the data was quite the contrary. Lillie vocalized:

> I went to the counselor and I told her I can't do this. I don't want to live anymore.
> You've got to help me, I need help. And, she just kinda sat there and was like let's talk
> about it and I was like I don't want to talk about it. I have talked about it for months and
> months. You have a book about everything I have talked about and she just. . . she didn't
> do anything, nothing happened.

The way Lillie felt correlated with the opinions of other participant,s mentioning that they felt the counselors did not really have time for them. The participants were tired of not being heard, which led them to giving up on counseling all together. Fortunately, in each of their cases, the special education teacher fulfilled the role of providing emotional support. Only one participant had a working relationship with a mental health provider at her high school. I was

thankful to hear that some districts are making this a priority and providing the funding needed for this type of position.

Research Question Responses

The answers for the central research question and sub-questions are interpreted through the Participant Portrait and Theme section. Continuing a narrative format with the use of tables, I used all data including interviews, focus group transcripts, and written reflections to concisely answer each research question. The synthesis of responses follows.

CQ: How do female public high school graduates diagnosed with an emotional behavior disorder describe their educational experience leading to high school graduation?

Two words repetitively used to describe participant's high school experience were *stressful* and *anxiety-ridden*. Complex background histories, ongoing emotional issues, co-morbid diagnoses, and challenging course work can amplify anyone's stress and anxiety level. Couple this with social issues and an unstable living environment and it is easy to understand why 50% of the time females with EBD are unable to meet general education high school graduation requirements (Sklad, Diekstra, Ritter, Ben, & Gravesteijn, 2012). Lillie shared in her interview session:

High school is definitely what I would consider very anxiety spiking. I don't do crowds, I don't do people, I don't like loud noises. It's like I had so many emotions that were not related to school and made it difficult to focus. I didn't really know what it was at the time, I just knew I was very wishy-washy. I had far more emotions at school than I would like to have. Like, I remember one day she [teacher] came to me and looked at me and just asked if I was ok and I just burst into tears. I'm like no, I'm not ok.

Ariel, as well as many other participants, attributed her ability to graduate to a caring staff member, usually a special education teacher, who took them under their wing. Ashley shared, "I was able to get through high school because I had such a wonderful support system there. My school was a very, very, very, good school for students who have issues like I do." Ariel believed her special education teacher was "the reason I graduated and I believe she is the reason I graduated on time-you really have to be called to do that job and if you are not you should not be with those kids." Ivey reinforced that she had to think positively instead of negatively. Credit recovery classes helped her with her graduation efforts, similar to many other participants involved in the study. Ivey noted:

> It is not easy. You have to work triple as hard as everyone else and you just feel like you are not good enough. You see yourself as a burden sometimes because everyone else around you is completely normal and you ask yourself why am I like this. Why is this so hard for me?

SQ1: What learning factors do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation?

Figure 1 shows learning preferences as reported by each participant. Extra processing time, flexibility, one-to-one instruction, and quiet learning yielded the highest percentages.
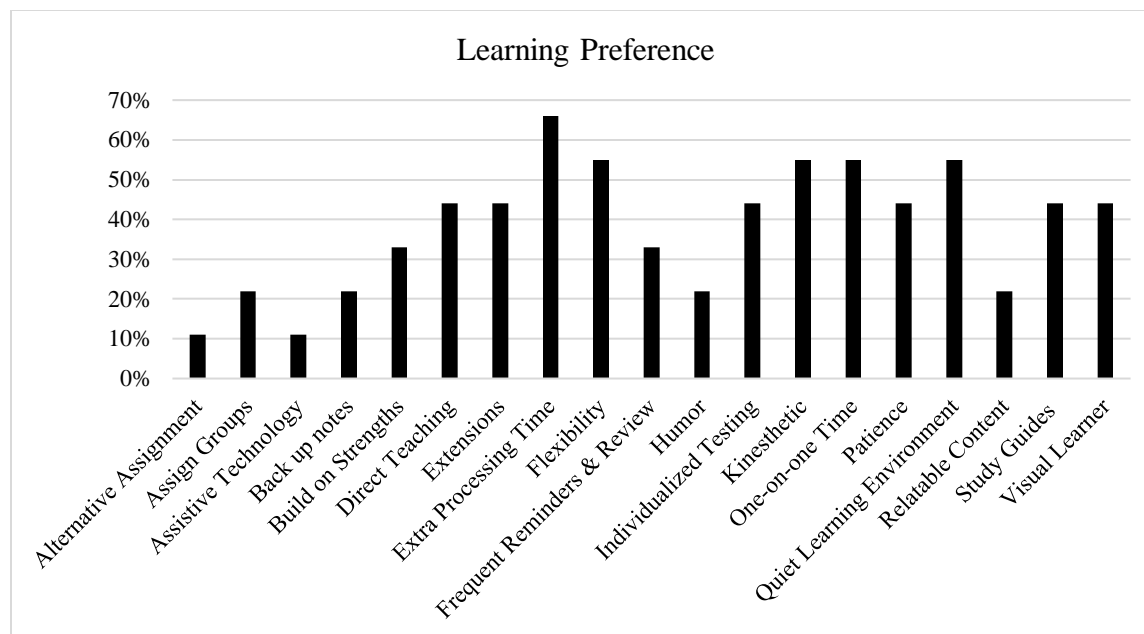
Learning Preference

Figure 1. Participant learning preferences.

Although every school day was sometimes seen as a struggle, honing in on individual strengths and talents seemed to be an appreciated foundational building block to get momentum headed in the right direction. Once participants realized they were good at something, they were able to focus with minimal frustration. Aiyana, whose perception of school was consistently negative because she kept getting kicked out, eventually had a teacher show her how to write. Aiyana inserted, "I enjoyed two classes, the research paper class and my creative writing class." Building on this strength, she was able to successfully graduate, pursue post-secondary education, and a professional career.

Ariel, diagnosed with attention deficit disorder, would become frustrated with her teachers when they asked her not to draw while they were talking. Ariel was frustrated even to the point of asking to be moved to the back of the classroom so the teacher would not be able to

see her. She was not trying to be disrespectful but knew she needed to be moving to be able to concentrate. Ariel stated:

> I was actually hearing them better you know coloring than I was just sitting there because when I'm just sitting I'm not really listening nor am I trying to listen. Where if I'm sitting there doodling then I'm physically making myself say ok I need to listen. I know it's silly but that's just how it works.

The focus group data uncovered several helpful learning factors that contributed to course work completion and eventual graduation. Anna mentioned that "study guides are helpful because sometimes I miss notes—I'm listening to the teacher. I just forget to write it down. It is nice to know the teacher has a copy for me if I miss something." Along this same line, emails and reminders about upcoming tests and homework proved to be helpful.

Another common theme in regard to learning factors included a quiet classroom. Eden, Lillie, and Sierra specifically made references to a loud learning setting. Lillie and Sierra preferred to work in silence and if "the class is being loud then I needed to go to the hall" (____) Eden also appreciated a quiet, structured learning environment because, if not, she tended to engage in the behaviors of the other students instead of focus on the task at hand. Strategic seating could negatively or positively affect Ashley's learning. For example, she did not like sitting or being partnered with people who were going to distract her. This idea leads into the following learning factor, which is group work. Lillie begged, "Please assign groups, don't let them be picked out because that means someone is going to be left out." She also encouraged teachers to take the time to get to know each student so they can make considerate grouping decisions.

Of course, one-on-one time is always desired, but understandably not always feasible. Consequently, whenever the teacher made learning relatable or even when participants could be creative with the content, they were more likely to retain the information and learn it more quickly. Finally, almost every participant involved in the study made a reference to not being rushed. They asked for patience. Lillie specifically said, "I process little by little." Ivey, who also benefited from additional processing time, said she always performed better with easy going teachers. This limited the stress level in the classroom, which could easily elevate her obsessive compulsive tendencies. Knowing that Ivey had flexibility with deadlines also maintained a lower stress level, allowing her to learn and perform better on her assignments.

SQ2: What behavioral supports do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation?

Figure 2 shows the behavior management strategies preferred by participants. A caring teacher, flexibility, and patience yielded the highest percentages. Other strategies are also noted in Figure 2.
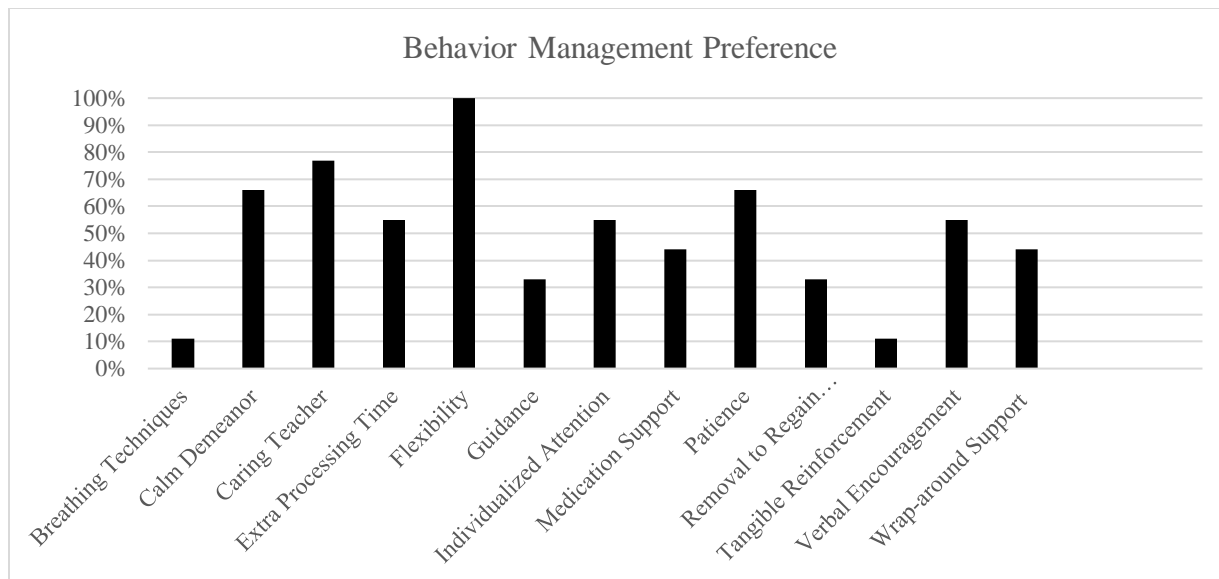
Figure 2. Participant behavior management preferences.

During difficult times, Ashely said, "It's not what they [teachers] can say, it is what they can do, which would be just sitting and being with you." This exact statement was repeated twice by two other participants. "She didn't do anything but sit beside me-she might put her hand on my back" (_____). "She would just sit beside me or put her arm around me but she wouldn't say anything" (_____). Each quote was purposefully included to emphasize the importance of building a relationship, staying quiet, allowing processing time, and most importantly not trying to fix their problem with suggestions. First of all, teachers probably cannot fix the problem, due to the depth of the issue and secondly, the student is not ready to hear it if they are in a state of "discombulance," as Lillie likes to call it.

As mentioned in the Theme section, proactive planning greatly impacted graduation efforts, especially during difficult days. Ashley reflected, "Sometimes I would be so tired, like exhausted, and so I would go into Mr. H's room, and he would let me sleep for a period or two and my teachers would understand." This helped her get through the remainder of the school

day. It is obvious the EBD student population cannot be compared to their general education peers in regards to emotional stability, processing ability, and coping strategies—just to name a few areas of weakness that can negatively affect the school setting. So, a proactive instead of reactive, plan assists students, staff, and can even trickle down to the family. When schools show this level of support and are able to successfully implement proactive intervention measures, school-to-home communication remains positive, embracing the student in a circle of support. Eden is an example of what can happen when these supports are not in place. Eden had a very difficult freshman year and had special education paperwork but reported that it was not necessarily followed. After numerous suspensions, paperwork was initiated, followed, and assisted with behavior and completion of academic assignments.

Promoting and explicitly teaching positive coping strategies could arguably be one of the most important discoveries from this study. Self-advocacy was evident in several of the interviews; however, some struggled and relied on their special education teacher or mother to ensure their educational learning and behavioral needs were met. Nonetheless, incorporating a realistic goal into the individualized educational plan, matching student preferences, needs to be taught during high school, if not sooner, in order to transfer into independent living and post-secondary learning. This process will take time and should involve explicit teaching efforts, guidance, and then eventual fading out to achieve independence.

SQ3: What environmental factors do female graduates diagnosed with an emotional behavior disorder perceive as contributing to graduation?

Figure 3 shows the environmental preferences of participants. A smaller class environment such as study skills yielded the highest percentage. Other preferred environments included a quiet classroom and a credit recovery setting.
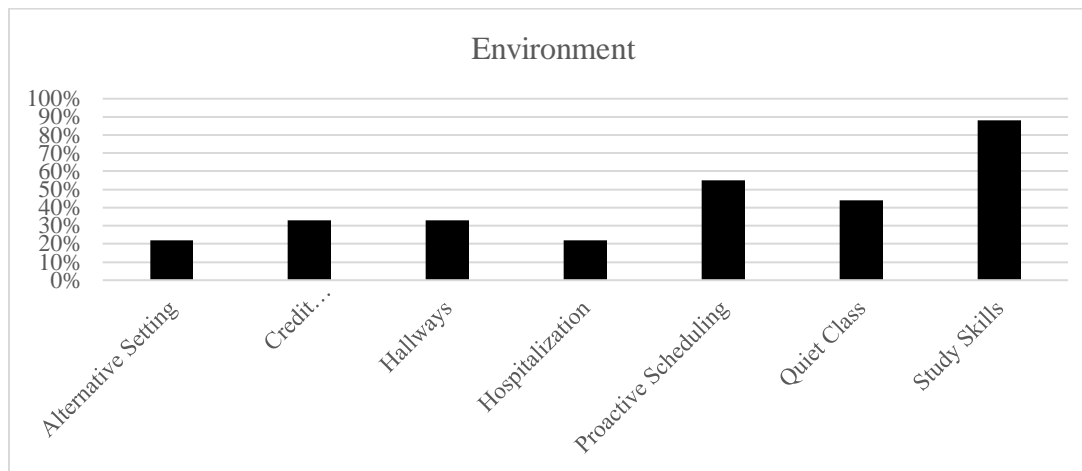
Environment

Figure 3. Environments.

First and foremost, participants benefited from a separate, small group setting where they could focus. Some participants called this type of class study skills, academic lab, or skillstreaming. In this environment they had access to behavioral and academic support and could get individualized attention from a specialized teacher. This was also a time when they felt comfortable with the other students and the teacher, increasing socialization. The importance of relationships was a common theme and a small group learning setting served as a perfect environment for relationships to develop.

Lillie and Aiyana were determined when describing their preference to be alone. Sierra had similar feelings and said, "There are some days that I'd rather be in solitude someplace other than in a crowded class, even if it's just the hallway." This environmental preference led some to online classwork. Credit recovery classes, which were also online assisted in the graduation efforts of Ivey, Aiyana, Lillie, and Krista. Even though they originally failed the class, they were allowed a second opportunity, utilizing an online format, to complete the credit. Transitions, involving the hallways, were brought up by two participants as an extremely anxiety-inducing

time. Through self-advocacy and eventual accommodations both students were allowed to leave each class a few minutes early to minimize stress associated with often chaotic transitions.

Ashley, diagnosed with reactive attachment disorder, was transitioned to a separate learning environment after sudden abandonment from her horse riding instructor. This emotional trigger significantly decreased her attendance at her local public school and after this emotional crisis, a change in environment was warranted. Luckily, the separate environment was a positive experience and she was able to continue earning high school credits and return to her public high school setting with the ongoing support of the special education staff and school psychologist.

Hospitalizations were sometimes required, but proved to be healthy for the three participants who mentioned this environment. They viewed it as necessary and therapeutic, helping them get back on track and providing a much-needed adjustment in their medication. Thankfully, in the three cases this setting was temporary.

<div align="center">**Summary**</div>

Chapter Four began with a portrait of each participant in narrative format. Themes from the qualitative analysis procedures are presented. Finally the study's research questions were answered with support from participant comments and quotes and correlating tables.

Each participant portrait provided an in-depth look into their perspective of learning, behavioral, and environmental factors assisting in their high school graduation efforts. Additionally, these questions could not be effectively answered without a glimpse into their social histories. This information became foundational to the study, as it is necessary to understand their complex development and overall background story prior to initiation of solutions.

The theme section developed over a three-month period of intense data analysis using qualitative procedures with the support of Atlas.ti to assist with coding. The discovered themes not only answered the research questions for the study, but are intertwined with each participant's voice and perspective, which has never been done before in this type of format. The participants' viewpoint was integral in discovering answers to the research questions and to showing practical examples and preferences required for the specific learning, behavior, and environment needs of females diagnosed with an emotional behavior disorder.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental, phenomenological study was to describe the lived experience of public high school female college preparatory graduates diagnosed with an emotional behavior disorder (EBD) located in the United States. Chapter Five includes a summary of findings and answers to the central and sub research questions. A discussion of the findings and implications and how they relate to Bandura's social cognitive theory and Miller's relational-cultural theory are incorporated as well as correlating relating literature from Chapter Two. The implications section includes both methodological and practical suggestions for those who teach females diagnosed with an EBD. Chapter Five concludes with study delimitations and limitations as well as recommendations for future research.

Summary of Findings

Participants were exceptionally vulnerable when sharing their high school experiences and personal social histories. A majority welcomed and appreciated the opportunity to share their perspectives and to discuss past abuse and trauma shaping them into the people they are today. Two of the nine participants were not as open as the others, resulting in shorter interview sessions; nevertheless, their responses contained important data particular to females with EBD.

The central research question was designed to discover how female public high school graduates diagnosed with an emotional behavior disorder describe their educational experience leading to high school graduation. Key words used throughout the data collection—interview session, focus groups, and written reflections—included stress and anxiety. Due to co-morbid diagnoses and extremely complicated social histories, typically plagued by mercurial home situations, it is understandable why these females saw their previous school experiences as

anxiety-inducing, requiring ongoing and consistent interventions throughout high school. Despite their challenges, they were able to remain positive, specifically as they entered their junior and senior years and were able to see the end goal more clearly.

Social Acceptance

When sharing experiences about high school, all participants made reference to their friends and the importance of social acceptance. Many were unsure of how to make friends, often feeling like an outsider. In extreme cases, some females with EBD resisted making friends due to negative experiences during childhood and middle school years, causing them to develop a tough protective barrier. Assistance in this area of making friends is needed because females with EBD who enjoyed coming to school had a better overall experience and at this age they based their satisfaction of school, not on academic success, but on the social acceptance of their peers. Participants had a tendency to care more about their social group during their early high school years. After a bit of maturity, guidance, and goal development, they realized they needed to focus less on friends and more on their classwork.

Testing and Classroom Accommodations

The initial research sub-question examined learning factors that from the perception of females with an emotional behavior disorder contributed to their ability to meet high school graduation requirements. First and foremost, that data showed that females with EBD need testing and classroom accommodations effectively implemented on a daily basis. Several accommodations were discussed throughout the data collection, but the most impactful testing accommodations included individualized and small group testing, read-aloud for test questions and answers, and extended time. These accommodations, especially the individualized testing accommodation, drastically reduced anxiety and enabled greater focus with minimal distractions.

Keywords used by participants when describing learning support within the classroom were flexibility and patience. They appreciated the opportunity for reasonable extensions on assignments and projects and found if they spoke with the teacher ahead of time, the teachers were understanding and afforded the extra time. It was a consensus among the participants involved in this study that they did not like to be or feel rushed. Obsessive compulsive tendencies paired with lower processing speeds only exacerbated the situation, quickly escalating the behavior while limiting learning opportunities. The administration of ongoing patience reinforced a positive and comfortable learning environment and improved the strength of the teacher-student relationship.

One-on-One Time with Teachers

Although not always feasible, individualized time with the special education or general education teacher was always appreciated. Offering this time built an emotional connection and sometimes sparked interest in that particular area of content. Each participant was able to successfully meet graduation requirements because they had a teacher, or in one case an administrator, who reached out, built a relationship, and made a commitment to their learning needs. These teachers or administrator left the 99, found the lost sheep, and made an enduring and significant impression. The participants represent a variety of noteworthy achievements such as the completion of a Doctor of Philosophy degree, a published author, a developer of a nonprofit organization serving women who have experienced domestic abuse, and a creator of an independent business making soaps, candles, and other small gifts.

Proactive and Strategic Planning

The next research sub-question explored the behavioral supports that females with an emotional behavior disorder perceived as contributing to their graduation. Proactive and strategic planning positively minimized unnecessary behavioral issues and possible personality collisions with teachers. Participants were given a level of control when they were able to offer input regarding teachers and assist in the development of their class schedule.

Awareness is key. Case managers, who met proactively with general education teachers, explaining student needs and accommodations, were more prepared to handle behavioral incidences. This simple forewarning minimized stress and unnecessary periods of intensity for teacher and student. The pre-conversation included points such as background history, co-morbid diagnoses, medication, behavior plan, and required accommodations. Eventually, several participants from the study were able to meet with teachers without the support of their special education teacher; however, this was not until around their junior and senior years. It is worth noting that a few required self-advocacy supports throughout their entire high school experience.

Plan for Times of Crisis

Each female involved in the study was very clear about receiving individualized attention, especially when presented with a behavioral concern or during a time of emotional distress. They wanted to be removed from their peers and given time to regain composure in a quiet and private location. Their stories also captured the need for additional processing time, and each preferred when a teacher would sit with them and not hassle them with questions. From an educator standpoint this can be difficult due to time, curriculum pacing, and required services for other special education students. This challenge highlights the demand for the creation of a preemptive and well-thought out plan for times of crisis.

Each participant would not have been able to graduate without teachers who went out of their way to build an authentic, caring relationship. Sometimes this involved additional late-night reminders to complete assignments, special lunches to create an emotional connection, time together on the weekends to decompress from instability at home, and notifications of when to take medication and get refills. Many could argue this type of support is not a requirement of teaching. However, teachers are asked to continually facilitate student engagement, use effective strategies and data to address the differentiated needs of all students, maintain a student-centered environment, and actively pay attention to students' diverse needs. These methods align with the shared experiences of females with EBD from this study and the unique outreach genuinely made a difference in their lives.

Smaller Learning Environment

The final research sub-question for this study was to examine what environmental factors females with EBD perceive as contributing to their ability to graduate. It was evident from the data that each participant preferred a smaller learning environment because they were more comfortable and open to academic and behavioral feedback. In this type of setting, they received more individualized attention and were able to build a more profound relationship with the teacher. Depending on location, this smaller environment was often during a time either called study skills or academic lab. This class offered time for questions, organization, review, study, and homework completion, which significantly assisted those who lacked support at home.

As technology continues to expand in school systems, many schools are able to offer online learning opportunities. This type of environment is ideal for those females requiring a quiet setting with limited distractions where they can focus on one task at a time. This format also allows for flexibility, which is often needed for medication inconsistencies, attendance

issues, and days of emotional distress. As the concept of online learning continues to descend into the high school setting, it is a warranted opportunity for this type of learner. It is worth mentioning that completion in the home environment will more than likely be unsuccessful. Developing a schedule with a specific time and place to complete this type of course in the high school setting will increase successful completion.

Throughout their time in a public high school setting, two participants required hospitalization and one needed alternative placement for a year. Each was able to return to her home school and graduate on time with her peers. From this data, it can be assumed that sometimes a more restrictive placement is warranted for females with EBD; however, the transition back to the public school setting should be incorporated into the overarching plan.

It is impossible to answer this final research question without at least mentioning the home environment. The home played a considerable role in high school graduation efforts for those who had stability. However, seven of the nine participants did not have support at home, which based on this study, is typical for females with EBD. Luckily, the participants with instability at home had a special education teacher who provided guidance, structure, and emotional support needed to complete a task like high school graduation. Many are still in contact with that teacher today.

<div align="center">**Discussion**</div>

The Discussion section begins with a narrative detailing the correlation between the study's results and the theoretical foundation. Bandura's (1989) concept of bi-directionality and Miller's (1976) relational-cultural theory are briefly reviewed and compared with the findings of the study. Next, empirical support is shared through a comparison of previous studies. This

information is presented in a table format, followed by a narrative description. The Discussion section concludes with an analysis of novel ideas that emerged.

Theoretical Literature Discussion

The theoretical support for this study includes Bandura's (1989) social cognitive theory and Miller's (1976) relational-cultural theory. The results indicate that development is a life-long process and growth patterns can change over time. Females with EBD matured significantly from their freshman to senior year in regard to motivation and emotional regulation. Social and environmental influences were evident throughout the data collection, predominantly in the areas of home life and peer or social acceptance. These influences, identical to Bandura's suggestions, played a significant role in their overall development and their ability to function in a structured school setting. Social Cognitive Theory places emphasis on bi-directionality, meaning there is a direct correlation between behavior and environment or a healthy environment typically equals healthy development. For most participants, their childhood was less than desirable - filled with trauma, abuse, abandonment, as well as unstable and often hostile relationships. Based on Bandura's theory it is understandable why each participant eventually met eligibility requirements for EBD.

Thankfully, as Bandura's theory progressed into Social Learning Theory (1977), he explained that developing appropriate behavior patterns is possible and can produce positive outcomes, which is exactly what happened with each participant involved in this study. This hopeful prospect implies students can learn to self-organize, self-reflect, and self-regulate. Therefore, teachers can make an impact and although the environment might be undesirable, with appropriate supports and training, students can be successful, and this underestimated

student population with limited positive outcomes can not only graduate from high school but become productive members of society.

The findings from the study also correlate with Miller's (1976) relational-cultural theory, which explains that psychological development is different for females and occurs during connection with others, not in isolation. Two participants, Lillie and Aiyana, who experienced the most childhood trauma when compared to the others, were not able to establish healthy friendships with other women in high school and even to this day continue to struggle with wholesome connections. They preferred isolation; however, with individualized support and an emotional connection from a dedicated teacher, they were able to meet their graduation goals. Other participants, although inconsistent at times, were able to establish rapport with female peers and also with a teacher. These friendships and emotional bonds led to a more positive perspective of school, increasing attendance rates, overall motivation, and eventually better grades. Both theorists, Bandura and Miller, emphasized the importance of social systems, which is also evident in the findings of this study. These systems, generally poor for females with EBD, led to the need for systematic interventions, individualized academic and behavioral support, and explicit teaching of soft skills required to successfully navigate through their high school years.

Empirical Literature Support

A study in this capacity has never been conducted. However, many have been completed regarding students, primarily males with EBD at the elementary and middle school level. Most studies are quantitative in nature and involve specific strategies such as Check-in/Check-out, behavior-specific praise, and positive behavioral intervention programs and supports. This particular study focused on female students with EBD, is qualitative, and honed in on their

perspective of high school academic, behavioral, and environmental supports that contributed to their ability to graduate. Related literature is included in Table 5 below and indicates commonalities between previous research and the current study.

Table 5

Prior Research Results Versus Current Study Results

	Aiyana	Ariel	Ivey	Lillie	Krista	Sierra	Anna	Ashley	Eden
Internal Behaviors	X	X	X	X	X	X	X	X	X
External Behaviors	X	X	X	X	X	X	X	X	X
Substance Abuse	X						X		
Relationship Difficulties	X	X	X	X	X	X	X	X	X
Psychiatric Disorders	X	X	X	X		X		X	
Incarceration									
Poor School Outcomes									
Low Community Participation	X		X	X	X	X		X	X
PBIS or SWPBS Beneficial									
Required Tertiary Supports	X	X	X	X	X	X	X	X	X
Zero Tolerance Ineffective	X		X		X	X	X	X	X
Teacher's First Line of Defense		X	X	X	X	X	X		X
Inconsistent Therapy Attendance	X		X	X					
Wrap-Around Support	X	X	X	X		X	X	X	X
Inclusion	X	X	X	X	X	X	X	X	X
Proactive Strategies	X	X	X	X	X	X	X	X	X
Curricular Accommodations	X	X	X	X	X	X	X	X	X
Behavior-Specific Praise			X						X
Student-Teacher Relationship	X	X	X	X	X	X	X	X	X
Social Skills Instruction									X

Note. Sources of previous research results in order presented in rows of the first column: . (Kern et al., 2015); (Kern et al., 2015); Gregory, Allen, Mikami, Hafen, & Pianta, 2014; Cross & Lester, 2014; Vaughan, Van Hulle, Beasley, Rodgers, & D'Onofrio, 2015); (Cross & Lester, 2014); (DiCroce et al., 2016); (Vaughan et al., 2015); (Horner, Jones, Lewis, & Sugai, 2010); (Porretta & Samalot-Rivera, 2012); (Horner et al., 2010); (Landrum & Sweigart, 2014); (McHugh et al., 2013); (Kaff, Teagarden, & Zabel, 2013); (DiCroce et al., 2016); (Kaff et al., 2013); (Collins, Cook, & Cook, 2016; Kostewicz & Skerbetz, 2013); (Landrum, 2011; Landrum & Sweigart, 2014); (Cooper, 2011); (Archer & Kostrzewa, 2012); (Kaff, Teagarden, & Zabel, 2011; Pierson, 2013; Rėklaitienė, Gaižauskienė, Ostasevičienė, & Požėrienė, 2014); (Carter, Lane, Crnobori, Bruhn, & Oakes, 2011).

Table 5 compares information from the current study to previous research. Prior research topics can be seen in the column on the left hand side of the table. Commonalities are noted by an X underneath each participant name. It is evident from the table that all participants had internal and external behaviors, relationship difficulties, and attended inclusive settings. Additionally, the participants each required significant or tertiary supports while in high school, curriculum accommodations, and benefited from a caring and supportive teacher.

One area of extension on previous research noted by this study is that Positive Behavior Interventions and Supports (PBIS) or School-wide Positive Behavior Support (SWPBS) programs were helpful with females with EBD but only when tertiary supports were implemented (Horner et al., 2010; Landrum & Sweigart, 2014). Tertiary or Tier 3 interventions typically include a change in environment, teaching replacement behaviors, and, in general, a more personalized approach. It was clear from the interviews and focus group data that individualized attention and support was preferred to primary and secondary preventative efforts such as setting clear behavioral expectations, referring to rules often, and social skills groups. Although this was not an explicit research question for this study, it is important to note that tertiary supports were required, and it is recommended for this particular student population based on the data gathered during this study. McHugh et al. (2013) reiterated that PBIS or SWPBIS is not an answer to all of the challenges associated with students with EBD, but it is a step in the right direction. However, since these initiatives are linked with school climate, it can be assumed that the culture of each high school was positive.

On a similar note, it was interesting to learn that participants were encouraged by relationships and individualized attention opposed to tangible rewards. This is evident throughout the interview data and reemphasizes the importance of the teacher-student

relationship. Previous researchers noted that teachers are the first line of defense for this student population and their willingness and commitment to support students with EBD is critical (Kaff et al., 2013). Ariel, one of the participants, mentioned several times that she does not know where she would be today without the caring and trusting relationship that was built between her and her special education teacher. Knowing that she had someone in her corner is what made the difference and contributed to her ability to successfully graduate from high school. This theme was repetitive amongst all participants involved and also coincides with past research (Kaff et al., 2011, 2013; Pierson, 2013; Rėklaitienė et al., 2014).

Bandura (1977) presented the idea of bi-directionality, the influence between behavior and environment, which is well represented throughout the study. Bandura's Social Cognitive Theory and previous research show that genetics, environmental factors, and negative experiences within the social environment all contribute to the disability and shape school-related behaviors. It is obvious from the Participant Portrait section in Chapter Four that every participant in this study had a set of unique circumstances to overcome, each initiating in the home environment. To add to their complex social histories, they also had co-morbid diagnoses, which again correlates with previous research completed in this subject area (DiCroce et al., 2016). However, it is important to note that these previous studies were not specific to female students. The complexity of issues can be difficult to tackle in therapy, let alone within the school system (Bienvenu et al., 2011;). It can be assumed this is why so many fail to meet graduation requirements and end up involved in negative post-school outcomes such as pregnancy, incarceration, and substance abuse (Horner et al., 2010; Vaughan et al., 2015).

Cefai and Cooper (2010) were certain that schools will continue to struggle to effectively meet the learning and behavior demands for students with EBD. Cefai and Cooper believe that

student voice is fundamental in finding realistic solutions. This perception assisted in shaping the foundation of the current study, where students were provided with an outlet to voice their opinions and share their stories. It was an assumption that participant vulnerability could be challenging, however almost everyone involved welcomed the research questions and went into a considerable amount of detail. Once the purpose of the study was explained, they seemed interested and eager to participate and share their high school experiences. The lack of qualitative studies regarding students with EBD is alarming (Kindzierski, O'Dell, Marable, & Raimondi, 2013; Rice & Srsic, 2012). This was the first qualitative study in this area and presents useful and realistic academic, behavioral, and environmental strategies defended by direct experiences from the perception and personal shared stories of females with EBD.

A few novel ideas developed throughout this study. First of all, the sooner coping strategies can be introduced and internalized the better. Working these objectives into the student's individualized education plan will assist in accountability for student and teacher and also transferability across settings. The participants who lacked support at home attributed their ability to graduate to a teacher who built a relationship with them and supported them throughout high school. Although this finding highlights the importance in the teacher-student relationship, it is not always going to happen. For example, there could be a personality conflict, a high level of teacher stress or burn-out, or simply a teacher who is not in the field for the correct reasons. Subsequently, the earlier a coping mechanism is implemented the more likely the student will develop more independence and behavioral regulation.

Wraparound support was highlighted in previous literature and thoughout the study. Relationships in and out of the school building were several participants sole reason for graduating. Wraparound services usually involve a dedicated lead facilitator and from this study

it can be assumed that the special education teacher handled this role (Bruns et al., 2017). This type of care emphasizes doing "whatever it takes" to support youth with EBD (Bruns et al.). This mindset and spirit of relentlessness was the turning point that changed the trajectory for most participants.

Secondly, accommodations—classroom and testing—are fundamental for females with EBD. During the data collection process, each participant clearly articulated their need for flexibility and patience. Those two key words are essential when making decisions regarding appropriate accommodations. The most common classroom accommodations discussed were additional processing time and extended time on turning in assignments. These assisted with lowering stress level and with maintaining a positive learning environment and student-teacher relationship. I know teachers can be hesitant with extending deadlines; however, I gathered from the data that each female did not take advantage of this extra time, but was appreciative and truly benefited. The pace of the high school classroom can be intimidating and given the social histories and everyday struggles of females with EBD, it can be assumed that the extended time accommodation is beneficial to their overall well-being and learning efforts.

Proactive scheduling was another novel idea that emerged when interpreting the results from this study. Participants preferred to be involved in the process and placed in classes where they would feel welcomed and supported by staff. Offering a sense of control led to ownership of academics, naturally increasing the likeliness of graduation. Finally, females with EBD preferred individualized testing. They reported it drastically reduced stress and anxiety affiliated with test taking and it removed the social aspect, which sometimes interrupted focus and learning.

The participants who had access to ongoing mental health services were able to discuss and explain their disability and their unique needs better than those who had not attended any mental health or counseling sessions. They understood and expressed that their disability did not define them but was something they had to learn to manage. There was a stark contrast between the two groups' ability to effectively and confidently express their needs. Ashely, located in Washington, had a full-time psychologist available at her high school and she firmly believes this support is why she was able to graduate.

Several participants mentioned that their school counselors were not effective and did not have time to meet. Ivey stated, "They were never in their office. . . and they acted like they didn't have time for me." This unexpected code is disconcerting but is a reality that today's school are facing. Counselors are bombarded with testing, response to intervention, or student support team efforts, and other administrative organizational jobs, like scheduling, that are not an original part of their job description. This gap reinforces the need to reform the counselors' job description or hire a mental health professional who can solely focus on examining issues like substance abuse, relationships, self-image, and a variety of other concerns that today's student is tackling.

Implications

The Implication section begins with theoretical implications, particularly an explanation of Bandura's (1977) social cognitive theory and idea of triadic reciprocity and Miller's (1976) relational-cultural theory and the need of connectedness to progress emotionally. The empirical implication narrative follows restating the need for awareness of co-morbid diagnoses for females with EBD and an understanding that support will be required beyond the typical

expectation. The section concludes with implications for stakeholders, administrators, and teachers.

Theoretical Implications

As mentioned before, a part of Bandura's (1977) social cognitive theory is triadic reciprocity, or the idea that behavior directly impacts the environment and in turn influences behavior and character. This notion is evident within the study through the stories presented and described by participants and emphasizes the need for awareness of the home environment and exploration into past social histories. What has happened in the past and what happens at home cannot typically be fixed during the school day, but the mindfulness can increase understanding, lead to additional supports, and prevent unnecessary stress and anxiety.

Miller's (1976) relational-cultural theory was also used for this study as it considers the impact of female relationships and the need for connectedness to progress emotionally. Relationships proved to be fundamental and included both peer and student-teacher relationships. Two participants, who were extremely reclusive in high school and are still to this day, appeared to struggle the most emotionally and developmentally. Therefore, the research presented extends Miller's theory suggesting the need for relationships naturally increasing the feeling of self-worth and ongoing healthy development. This idea also leads to an understanding of oneself through the processing of emotions. With this being said, those working with females with EBD should be aware of social relationships and encourage active connectedness when appropriate.

Empirical Implications

A major contribution of the presented study is that it provides empirical data needed to assist those who work with females with EBD. Related characteristics for this student population portrayed in the study included low self-esteem, slow processing tendencies, minimal

self-advocacy, and poor academic confidence. These characteristics alone can leave many teachers feeling helpless and in need of ongoing support (Goel, Herman, Puri, Reinke, & Stormont, 2011; Kauffman, 2010; Kumar & Teklu, 2013). Through the presented stories, practitioners receive realistic insight into the daily challenges of this student population. One major observable implication is the frustration participants have with co-morbid diagnoses. Not only were they dealing with emotional issues, but each had other formal diagnoses such as bipolar disorder, obsessive compulsive disorder, and attention deficit disorder. These obviously should be taken into consideration when developing individualized education plans, behavior plans, and when creating student schedules.

Another empirical implication is the need of support beyond the typical educator expectation. Many participants mentioned they benefited from phone calls and reminders to complete work or take medication. Others enjoyed the stress-free time of going to lunch on the weekends or to a school sporting event with their teacher. This extra time spent outside the school setting made a lasting impression while increasing academic and behavioral compliance.

Practical Implications for Stakeholders

1. On-site psychologist: Parents often do not have the time or resources to take their child consistently to therapy. A psychologist, not associated with the special education department, meaning they are not weighed down by testing, reports, and IEP meetings should be housed at local high schools. This service should be referral-based and available to all students. I believe this trend has been initiated but stakeholders need to make a commitment, so it is feasibly and financially possible for schools.

2. Manageable caseloads for special education teachers: Individualization and relationships are two fundamental pieces for females with EBD. Staff need to proactively be in place

and able to manage the demands of each student. An overwhelmed staff can quickly lead to negative school outcomes for this student population and for teacher retention.

Practical Implications for Administrators and Teachers

1. Maintain perspective: Participants had various negative experiences that could have easily ended their high school careers. The school, however, was willing to work with each of them in various capacities and each situation resulted in graduation positively affecting their societal outcomes and post-secondary goals. Administrators and teachers need to maintain a broad, flexible vision when developing plans and determining consequences.

2. Scheduling: Allow the student to be a part of the scheduling process. This can include choosing the order of classes and even teachers. This sense of control increases ownership and engagement. The student can also, when feasible, create a schedule based on their strengths, best time of day, and possible medication issues.

3. Coping strategies: Discuss and determine realistic, individualized coping strategies to add to the IEP. Explicitly teach, practice, and monitor these strategies until independence is achieved. Coping strategies will assist with the management of high school stressors and will hopefully transfer into the home setting.

4. Integrate appropriate accommodations into the IEP: Include testing and classroom accommodations. Examples of testing accommodations include small group, individualized testing, read-aloud, flexibility in administration, and extended time. Examples of classroom accommodations include extended time, flexibility with deadlines, caring/supportive interactions, verbal encouragement, and individualization when needed.

5. More intensive and meaningful Functional Behavior Assessments (FBA): Look at all angles when conducting an FBA. Do not jump to conclusions. Get to know the student and family. Then, teach correlating replacement behaviors, matching the function of the undesirable behavior. There is not a single answer and this process should be personal and individualized.

6. Individual student strengths: Hone in on student strengths and talents; then, build from there. Find a task or content area the student is interested in or enjoys and use this momentum to increase positive learning interactions.

7. Wrap-around support: Research supportive services outside the school setting. Teachers will have to be creative and reach out to alternative resources, grants, and programs to find options for students and families. Examples include equestrian therapy, art or music therapy, yoga, etc.

Delimitations and Limitations

Delimitations for this study included the participant population, which purposefully included females, over the age of 18, who received special education support while in high school. It was also required that each female have special education eligibility under the IDEA category of Emotional Behavior Disorder. The study was intended to take place in south Georgia and extend into the Atlanta region and north Florida area if necessary; however, the scope quickly broadened into the entire United States area as participants were quite difficult to locate. A transcendental phenomenological design was chosen for this study because flexibility was needed, and it was my intention to keep each participant's perspective and voice at the forefront of the study. Transcendental phenomenology allowed participants the opportunity to authentically express their experiences and feelings, honing in on their stream of consciousness,

in order to reveal the reality of their high school experience and share the factors that contributed to their ability to successfully meet graduation requirements.

A limitation of the study was the online focus group format. Although, this was the preferred and only practical method due to the geographic location of participants, it can be assumed that authenticity could have been increased if questions were answered individually, prior to having access to other participants' responses. It was evident from the data that some participants simply read and copied what others shared, skewing the data and leading to one-dimensional responses.

Additionally, throughout the data collection process it was obvious that some participants gave answers they wanted me to hear or they felt were correct. For example, "my favorite part was getting to experience new things and challenging myself." After analysis it was quite obvious that this individual preferred routine and was often overwhelmed by challenging situations. Consequently, it is important to note that self-reporting was a significant limitation of this study since information was not included that could triangulate participant assertations. Most participants were vulnerable and shared extremely private details. There were two participants who were quite brief, and I could tell they were not yet ready to share. After these two interviews, I wished I could have contacted a teacher or someone who knew the participant well and could re-interview them or offer additional details and background information.

Recommendations for Future Research

In consideration of the study findings, limitations, and the delimitations placed on the study, it is recommended that future research take place. In the future, a more expansive study with additional participants will assist in the development of a broad perspective and provide insight into additional special education programs, services, and how females with EBD can best

be served. Quantitative studies focusing on the novel methods and approaches discovered as a result of the current study is also recommeneded to aid in generalizations. A specific area of need is gender-response programming. Currently, "minimal consideration has been given to the idea of gender-response programming and its potential effectiveness when used with girls with an emotional behavior disorder" (Rice & Srsic, 2012, p. 641).

A case study, if a school can be located with high graduation rates for females with EBD, is recommended in hopes that a deep analysis would show effective best practices. A qualitative study involving the opinions and perceptions of teachers and administrators is also needed. It is difficult to prescribe assistance when there is not a full understanding of the problem from multiple angles. The student side has been explored; now, it is recommended that the teacher, administrator, and even the parent side be investigated.

Summary

Less than 1% of students are diagnosed with an EBD (National Center for Education Statistics, 2018). This seems like an extremely small number of students and I am sure many stakeholders, administrators, and teachers choose to focus their energies on the greater whole. However, when one considers 1% in an average high school size of 700, that is approximately seven students. Or, to highlight the issue on a larger scale, as of right now the United States population is 323.1 million making approximately 3,230,000 students in the United States with EBD. Although the percentage can be seen as minuscule, the individual students diagnosed with EBD across a broad spectrum is not.

From the implications section in Chapter Five, females with EBD need access to a caring teacher who is willing to advocate for them and provide ongoing emotional and academic support. In his latest Goalcast, Josh Shipp (2017) explained the enormous impact one

compassionate adult can have on the trajectory of a child's life. He stated, "The difference between a statistic and a success story is you" (Shipp, 2017). The Center of the Developing Child out of Harvard University (2018) agreed that "every child who winds up doing well has had at least one stable and committed relationship with a supportive adult." Ariel, from this study said it best, "She really changed my life for the better. If I had not met her and she hadn't done the things she did, I would not be where I am today—she was a beacon of light in a dark place. "

Appropriate classroom and testing accommodations are another area of importance that emerged from the study. Flexibility and individualization, when needed, was an underlying reason for graduation success. Allowing the student to be part of the scheduling process by providing input offered a sense of control which assisted in the maintenance of attendance, grades, and behavior. Hopefully, these basic revelations will assist those working with females with EBD in their management efforts and on their journey to high school graduation.

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APPENDICES

Appendix A: Liberty University IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

August 8, 2017

IRB Approval 2936.080817: Exploration of Learning, Social, and Behavioral Experiences of Female High School Graduates with Emotional Behavior Disorder from Public Schools in the United States: A Transcendental Phenomenological Study

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

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Appendix B: Participant Consent Form

Consent Form

Exploration of Learning, Social, and Behavioral Experiences of Female High School Graduates with Emotional Behavior Disorder from Public Schools in the United States: A Transcendental Phenomenological Study

You are invited to be in a research study involving your social, behavioral, and academic experiences throughout high school. You were selected as a possible participant because you meet the study criteria as an 18-45 year old female who received special education eligibility for an emotional behavior disorder and fulfilled public high school college preparatory graduation requirements. Please read this form and ask any questions you may have before agreeing to be in the study.

Background Information: Very few children receive needed mental health services: consequently, the annual economic burden of mental disorders on the well-being of American youth and their families approaches a quarter of one-trillion dollars (Merikangas et al., 2010). Due to the negative post-school outcomes of females diagnosed with EBD like incarceration, teenage pregnancy, substance abuse, and reliance on governmental programs, public officials should take interest so these challenges can be properly faced during adolescence, instead of developing into life-long problems (Bassett & Dunn, 2012). These data points show a public health concern, reinforcing the urgency of early interventions and other academic, behavioral, and environmental supports needed for female students with emotional behavior disorders in the United States. The purpose of this study is to understand what factors contributed to your ability to graduate from high school and explore academic, social, behavioral, and environmental domains so teachers can better understand your unique needs to increase graduation rates for females diagnosed with emotional behavior disorders. The central research question guiding this study is how do female public high school graduates diagnosed with an emotional behavior disorder describe their education experience leading to high school graduation?

Procedures: If you agree to be in this study, I would ask you to do the following things:

1. Meet with me and participate in an interview. The interview process will take approximately one hour and will be audio-recorded. All information will be confidential and your identity will not be disclosed. A follow-up interview may be required and will also be audio-recorded. Each interview session will take approximately 45 minutes.

2. Participate in an online discussion forum with other participants. Again, this information will remain confidential and a pseudonym will be used while participating in the discussion. The online forum will take approximately one hour.

3. You will be asked to complete two short writing prompts at the end of the study. This can be done at home or after the focus group session. Again, all information collected will be confidential. The written reflection prompts should take 20-45 minutes to complete.

Risks and Benefits of Participation: The risks involved in this study are minimal, no more than you would encounter in everyday life. As a mandated reporter, if you disclose information suggesting child abuse, neglect, or intent to harm herself or others, I will be required to report these concerns.

There are possible benefits to participating in this study. You may benefit from the reflection process and possible connectedness to other participants.

Possible benefits to society: The goal is that this data will assist future female learners with emotional behavior disorders and will help teachers understand these learners' diverse learning and behavioral needs. Hopefully, the study will reveal valuable insights into what made graduation possible and uncover a hidden perspective that currently remains untold.

Compensation: You will be compensated for participating in this study. You will receive a $50 gift card upon completion of the interview, focus group discussion, and writing sample. If you fail to complete all of the requirements of the study, then you will not receive compensation.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- All computer files will be password protected and all hard copy data will be locked in a file cabinet. A pseudonym will be assigned to you and used throughout the study.

- Collected data, including interviews, focus group discussions, and written reflections, will be used in this study and could be used in the future for scholarly journals and professional presentations.

- Recordings will be stored via a recording device. Once the recordings are transcribed and the study is complete, they will retained for three years per federal regulations.

- There is a limit of confidentiality with the focus group online discussions. I cannot

assure that participants and other members of the group will maintain their personal confidentiality and privacy; however, I will meet with each participant individually and make sure they are aware of this potential breach. A reminder will also be given prior to the beginning of the focus group discussion.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, you should contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected, apart from focus group data, will be destroyed immediately and will not be included in this study. Written reflection samples will also be destroyed. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 1887, Lynchburg, VA 24515 or email at irb@liberty.edu.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

The researcher has my permission to audio-record me as part of my participation in this study.

_____
Signature of Participant Date

_____
Signature of Investigator Date

The Liberty University Institutional Review Board has approved this document for use from

8/8/2017 to 8/7/2018 Protocol # 2936.08081

Appendix C: Letter to Potential Participants

RE: Research Study

Dear _____,

One of our special education behavior teachers is conducting a research study in order to meet requirements for a doctoral degree through Liberty University. You are receiving this letter because you are a candidate for the study. You meet the target age of 18-45, and you received special education services through the emotional behavior disorder program during high school while successfully graduating with a general education college preparatory diploma. Consequently, your input is highly desired. If you would like to participate in this study, you will be required to meet for an interview, share in an online focus group discussion, and complete a written reflection sample. You will be compensated for your time. After the three requirements (interview, focus group, and written reflection) you will receive a $50 VISA gift card. Please respond to this letter by mailing it back to me or contacting me via email if you would like to be a part of this study. I will then, once I have your written permission, share your contact information with the researcher. Everything will be kept confidential and pseudonyms will be used throughout the entire process. If you choose to be a part of this study, she will contact you soon and set up an initial meeting where formal consent paperwork with be provided and obtained.

Please print your name in the spaces below and then sign.

I, _____, would like to participate in this study and I, _____,

give the Director of Special Education permission to release basic contact information to the

researcher.

Participant Signature _____

Respectfully,

Director of Special Education

Lee County School System

Appendix D: Script for Writing Reflection

Please write about a high school experience where you felt strong emotion. There are no right or wrong answers. I just want you to write about what happened, how you felt, and how you coped with the situation and your feelings. I would also like to know what you learned through participation in this study. You can choose to write on paper or use the computer.

Appendix E: Participant Pseudonyms to Correspond With Data Collection

Participant	Pseudonym
1	Aiyana
2	Ariel
3	Ivey
4	Krista
5	Lillie
6	Sierra
7	Anna
8	Ashley
9	Eden

Appendix F: Sample Transcript of Interview

Quiet, very non-sociable, kinda shy, nervous a lot, just the fact that somebody that I don't know would approach me would give me that spike of anxiety. And I'm just like…

I have always had anxiety it just gets worse depending on the situation. High school is definitely what I would consider very anxiety spiking. I don't do crowds, I don't do people, I don't like loud noises. I'm very jumpy so like the slightest thing could literally scare me half to death.

The friends I did have were actually very outgoing. bubbly and just very talkative. Just encouraging and kind of the people that will literally sit down and talk to you about anything. I would consider them friends that I most enjoy out of anything else pretty much. So they are great to have around regardless of school. I mean I could go to their house and they would just be like "Tiffany…!" I don't deal with being alone very well. I kinda have this very big wall set up to where everyone thinks I'm this hardcore, edgy like person that just doesn't like anybody. And really all I ever wanted in high school was friends, so… I have been betrayed a lot. I was actually in a relationship with a friend that I met in high school and we were friends from (girl) the 6th grade to 9th grade and we were like best friends. We told each other everything. Went to the bathroom together and just sat there and talked. Like nothing was going on and then one day she popped the question. And actually it was really weird because I didn't, I never thought she was into that type of thing and we dated for, I don't know how long we dated, but on Valentine's day she broke up with me. And she said that the only reason she dated me or wanted to hang out with me was because she felt sorry. So that was the day I declared I was tired of being betrayed and pushed off and through the wall. I can read people very well just by the look on their face. And

so it's nice sometimes but I've gotten some friends that don't like me at all and it kinda sucks because I just push that judgement of them aside and you know it just my head messing with me and turns out I was wrong. So I just kinda put a wall up and it's just kinda been a protection thing.

Some of my teachers were actually very understanding. Some of them were actually a little bit harsh. I had one teacher in particular and it wasn't that he didn't care it was just that he didn't take the time to understand because when I talk to people I tend to use really big vocabulary to the best of my ability to try to get them to comprehend what I am telling them. It kinda went the wrong way and being that I am very offended easily it doesn't really help that his opinion blew in my face. Some teachers tend to understand and some just pretend to understand but they truthfully don't.

I have abandonment issues. Um… my mom when I was little it was nice because my mom used to be my number one best friend. And as I got older I kind of got the crappy end of the stick and went into this deep depression mode. I wore all black all the time and just wanted nothing to do with her. I call it mental abuse. She just kinda degraded me a lot and showed favoritism to more of her kids than she did me. She would make me do more taskful things than she did the other kids. And it's like she didn't care and that's where most of my anxiety and fear comes from because she treated me like very badly. And I used to get along with all of them really well until I got older and then they choose my next oldest sister against me. And was kinda like she's the older sister she is more mature and more responsible than you are. And it just degraded me even more because I was always grounded and put down. It was hard growing up it was really hard. It

was kinda like a back and forth thing with my mom. She would move here and then she would move back and then she would move here. She was going through a divorce and it wasn't really a divorce. It was like I can't, I don't want to be with you because of this reason and that reason they would just bicker back and forth and it just made it to where I would have to switch schools constantly and so that is kinda why I never got any friends and around the age of 13 was really crucial because that is when everything kinda fell apart. I was grounded a lot and my phone was taken a lot and there were times where my brothers and sisters would purposefully tell a lie on me so I could get grounded and when I would get grounded they would take the phone and the phone to me was like my only contact to the outside world and the only contact to my family and to anyone who actually cared. And it would tear me apart so bad and it got to the point where they decided to divorce and my mom moved and this is where I got very attached to my step dad. It was kinda a bad choice but it was a good choice at the time but I made some really bad decisions and ended up cutting and going through that whole process of just kind of doing that and my dad found out eventually and it just became this thing that they held over my head. I mean when my mom moved back after the fight or whatever she would make fun of me about it and mock me for it and get the kids to mock me for it and it just made it worse and worse and then it went from there to cutting again and then wanting to overdose. And then I decided around 15 I couldn't deal with it so I called my uncle who is/was a very big supporter of me. My mom actually at the time put me in front of a wall to sit at all day. I can't even remember why–I dyed and cut my hair. I went to my friend's house to do it. She didn't want me to do it but I did it anyway. I was sitting there so long I could see hallucinations. I was literally feeling like I could see things and I was starting to freak out. So I called my uncle and I was like I can't do this anymore you have to help me. And he was like if you want to do anything and you want to get

out of there being as you know that it is that bad then do whatever you have to do. And I rebelled. I mean I yelled at my mom and did whatever I had to and within three weeks I was out of there. I went to my grandmas for a while. I think that my mom resents me or the things that I did to make her hate me. I still don't know to this day. I mean I actually moved back recently like a year or two ago–moved back with my boyfriend who I have been off and on with. And that is actually why I am back with my grandmother and not with him. And I moved back thinking it would be great and wonderful with him and we could start a brand new chapter and you know I thought that maybe my mom could be a part of it. And you know one thing led to another and he couldn't find a job and they would fill my head with things like this is what you need to do and this is what you need to tell him to do. It's what you are going to have to do. I couldn't take the brainwashing anymore. I told him he had to leave and that kinda made it worse. Um my mom I mean I saw her the moment I told her I wanted to move back. She freaked out. She panicked. She started yelling at me. Mom step mother actually on the phone with her called me stupid and blind and said I didn't know what I wanted in life and my mom told me before I left that I was going to fail at everything and that I was not going to finish school. I try to look at it in a perspective that people have been telling me but it just doesn't happen. My sister who is the next oldest. She has moved from my grandmothers and to another state. She has told the family that she does not care about the family anymore and I'm moving here with my dad and if you want to come and get me then you are going to have to get the cops. She has done numerous things. She has lost her virginity at a very young age but yet the one time I want to do something that will make me happy I'm considered a criminal. And it sucks because before I left they were like we are all good now. She actually patched up everything and wants to move back down here with me. I

wish I could figure out why she doesn't like me so much. Which I don't really care now but we obviously cannot live in the same house together.

I have had a lot of counseling. I went to someone at a very young age like before any of the cutting actually started. I was maybe around nine, turning ten. And it was a professional counselor and she talked to me and you know I basically tried to give her a run down and I didn't trust anyone at that time anyway. And I told her all I really needed to tell her. And she was like go ahead a go up front, I'll talk to your mom and basically all I heard was she has a lot of issues. And that was when I decided that I would never go to someone to get their opinion on my life. She said that there is something that just I don't know. The last thing I could remember is that I have a lot of issues. I've actually given it another shot later on. I was about maybe thirteen or fourteen when I really started investing myself into counselors. It was around 13 or 14 when I really needed it the most. I had a friend that was telling me it's really that bad for you if you really just want to go and leave go to a mental hospital and they will help you with all this stuff. And at that time I was crying and I was in art class and I was sitting and I was like I can't do this anymore I don't want to have to restart this whole thing all over again. I went to the counselor and I told her I can't do this. I don't want to live anymore you've got to help me, I need help. And she just kinda sat there and was like let's talk about and I was like I don't want to talk about it I have talked about it for months and months. You have a book about everything I have talked about and she just … she didn't do anything, nothing happened.

I wanted someone who could take me away from everything and just help me. Get me on medication and talk to me person to person and not person to patient. The way she was making it

seem is that she really didn't have time for it. And I mean from there I just gave up. I was tired of not being heard and not being wanting to be heard and when I actually do try nothing happens so I just quit for a while. One counselor I saw actually told everything to my mom. She would call her and I'd be home and she would already know. So after that I just quit trying to talk to people because I have instilled this thing in me where I don't feel like they are going to help me. I feel like my mom honestly has some really bad issues or she has some secrets that she is not revealing that makes her treat me so bad. I have said some horrible stuff to my mom and I look back on it and sometimes I feel bad and then I remember all the stuff that she has done to me and all the stuff that I have done to myself. And I'm like no. I'm not going to sit here and feel bad for someone who had made me want to die so many times. And I just I mean I told her I hated her at age 10 because when I was going through cerebral palsy and I was going through the braces and all the therapy I was like mom this hurts I want medicine or I want to go lay down or something and I came home she was just like ok go to bed or whatever well you said you were tired so you can just go to bed. And I said that I hated her and she just kinda backlashed and hit me and I'm just like cool and um I can remember when I was younger and I used to hate calling the nurse if the nurse would be like you need to call your mom I would start crying because every time it seemed like I had to call the nurse for a legitimate reason I would get in so much trouble. And I never understood why I would get in trouble because my mom would sleep for hours at time and not wake up until we got home. She takes some stuff I don't really know. She told me she did drugs back in the day but I don't know now. I recently, like I moved back in with her around 16 well 16 going on 17 or 17 going on 18 and moved back. But I haven't done anything wrong for a while actually. And I'm actually very glad about that because there has been times where I have come very close. And I just I don't know it's really hard to explain to somebody how doing that

makes you feel better. Because honestly it makes me feel better. It makes me feel relieved and like I can take the pressure out of everything and it feels like your arms are built up with all this stuff and when you take anything and just release it and it makes you feel better. I mean honestly to give a brief yet disturbing example I mean if I was ever pressured I could sit and cut one time and feel fine. I have really tried to not cut simply because I have promised my on and off boyfriend and it's hard because if it's not that it's hitting my fist against the floor because I don't have very good mechanisms. I mean I have been yelled at my whole life and it is not fun. I mean I flinch if somebody raises their voice at me I flinch every time somebody comes near me becomes I'm afraid I'm going to be hit or yelled at even louder. I have been on numerous medications from Lexapro to something that's for adults and nothing seems to help. Anti-depressants and ADD. I have ADD, anxiety, depression, I actually forced myself to quit eating once as a type of mechanism. I wouldn't call it coping but I would quit eating for days and days at a time. When my boyfriend got kicked out and we moved there I quit eating for 6 days. I never left the house that we were in I mean I never went anywhere. I mean it was terrible I couldn't even walk up the steps or jump or anything. My grandmother has to be the best person ever. She is great. I actually don't know why I even left. I left because of a situation that could have been solved or solved eventually. She was ignoring us for reasons I don't even remember and we got in a wreck and it was her car and she just kind of ignored us for even longer. And I couldn't deal with being ignored by the one person I cared about. So I called my mom thinking it would be fine. Hey we can work this out and we can start over and I mean there has been numerous times where she has come to me and said hey can we start over. I remember when I was like five and she told me that if I laughed about something then I would be slapped. And I laughed and I got slapped and she busted my lip. She came to me and she was like can we start over. But nothing

really started over the whole process just started over and nothing really solved itself. I remember the time when I was in the process of cutting and starvation and everything my step dad just sat there and he didn't do anything. He didn't seem like it was a problem it was just like it was one time I literally sat there crying and I was like are you not going to do anything are you not going to say anything. So I just sat there are shrugged my shoulders and was like ok well I know what kind of house I live in.

I wish they could have told me maybe what I did wrong. What kind of person they think I would be and why they treat me so badly. I'm sorry (is all parents had to say to make it better) All I've ever wanted was an apology - For the words, for the yelling, for the treatment for all those years I've wasted on trying to kill myself I mean it sucked and having to wear sleeves all the time because you do not want to roll them up. Or getting hot and rolling up your sleeves and remembering that you can't because you have scars. The school actually didn't notice, my friends were the most supportive people ever. When they say it they freaked out. One of my friends actually stopped talking to me because of that because he was so hurt by it um actually went back to school for a little bit and one of my friends that actually talked me out of it, had started cutting and that brought back so much and I was holding his wallet one day and I just happened to open his wallet one day and there was a razor blade in there and I freaked out on him. I mean it's hard especially when you have four friends with the same type of home life. And I mean his was that his mom didn't care. One of my friends was going through a transgender phase and her mom kept trying to convince her that she was not a she and she wasn't going to be anything else. I mean it was hard but actually I can say that having friends made it the best years of my life.

I need help. I need help in math. It is my weakest subject. (aware of weak areas academically) and I would kind of need peace and quiet because if there is noise I can't focus period. Um… I've always imagined myself in a small cubicle all by myself where nobody is talking behind me or bothering me or disturbing you because if I can focus really really good then I can work. But the slightest noise will just distract me and I will look this way and I'll just… A better understanding of what I have trouble with because some people don't understand what I have trouble with and when you tell them they think you are talking about something different and actually you have to sit there and dumb it down to the most simplistic way possible just for them to get what your problem was. I was diagnosed with EBD when I was 13. She declared me emotionally impaired. I tried to put it in my own words at that time. It's like where you have so many emotions you cannot focus or you are having so much trouble with one thing that is not school wise that's making you discombobulated. It's just I didn't really know what it was at the time I just knew I was very wishy-washy. And had far more emotions than I would like to have at school. Like I remember one day she came to me and looked at me and just asked me if I was ok and I just burst into tears. And I'm like no I'm not ok.

The study hall is nice and it has less kids. But I wish there could be a certain time where you are just one on one with a student. Go over a few things that they don't comprehend and then go back later once a week type thing each week for each unit. That would be awesome. I mean it's nice and all and you get to focus a lot more with less children and loudness because everyone wants to listen to their music while they work. I mean music helps me sometimes. Sometimes it doesn't it just depends. Um… I've actually been taught at a young age that piano music helps focus and I think the best thing to while I'm doing work is the Midnight Sonata by Beethoven.

It's very violent. I've tried to go outside once and punch a tree. When I was younger I actually go to the point where I would lay in the bathroom floor and so many emotions would just go through my head at once and I would just start hitting myself like right here (points to thy) and I would just get so mad, and I'd go to take a shower and there would be a bruise her and a bruise there and I'm just like whatever. I was aware I was doing it sometimes but then sometimes I would black out to where I couldn't even feel the pain of it. And I'd just go harder and harder to just be able to feel the pain of something. I was cutting and I was trying to figure out a way to not do anything bad. I'd just sit in the bathroom and rock back and forth and try to think the best way I can and I know that sounds very asylum crazy.

I actually learned a long time ago that if I get everything out of my system, like if I sit there and cry for a few minutes, then I will kinda calm down. But telling me to breathe helps and just kinda sitting there with me basically and the thing is I don't like to be touched when I am overly emotional because if you do that then I will probably break down. This has happened at school before. I had an online friend and it was very important to me and at that time I was very into the internet and it was the only thing that helped me kinda escape from home. One of my online friends actually told me, well he is actually a she now, they told me that they were going to go outside and they were going to go far away and they were going to kill themselves. And it just brought a panic attack and it brought panic and anxiety and everything. And I just got out of the classroom and went to the bathroom and broke down and just oh my god that day was terrible. This happened when I was in the 10th grade. It has never really been teachers that have sat there and tried to help me. I can say the only teacher that has ever tried to sit there and help me calm down or actually want to be invested into what my life is like is Ms. O. Which is why I'm

actually so invested in wanting to spend time with her and wanting to talk to her. She is just great.

I view high school as negative because I was bullied a lot. When I was around 7 or 8 I had a boy that would always get in the line with me and he would push me down which caused frequent nose bleeds even when I wasn't pushed down or the slightest pressure on my nose it would just start bleeding. I was bullied off and on, here and there but the most recent thing made me like school but I just wish that half of the people weren't in it. A boy actually, there was a group of boys, and they would run in front of me as I am walking down the hall, and they would make it look like I'd hit them and they would make me apologize and I'd be all you know frazzled and everything and it would just ruin my day. And I wasn't intentionally trying to hit anybody and I really didn't want that to happen right now.

Probably my friends, my uncle, my uncle is great. My friends were a big part of school for me. In the 10th grade I actually met some really good friends. And we used to hang out all the time at school which made it even more fun to go to when I woke up the next day. I can't wait to go to school and tell her this or tell him this. I mean I use to have the best friend in class and it made everything so much better. These friends just graduated and they have their own life and it sucks but I have to move on with it. We still talk but not as good as we used to.

That even though I may look hard and edgy I do have feelings.

Support. You got this. You can do this. Cause you know I have been downed all the time and you know it sucks to be told you are going to fail at this or I'm going to be here to tell you I told you so. I can't wait to walk across the stage and be like that you to everyone who ever supported me. Here's my diploma I'm going home. I'm not sure if I'll invite my mom. If she comes she comes if she doesn't she doesn't. I'm not going to call her and be like hey mom come to my graduation. I don't think anything could ruin that day because it is going to be the best day of my life. I can't wait. I've always wanted my own place and my own life. I've always wanted to be able to decorate my apartment the way I wanted to without being judged about what I'm decorating with.

School has just gotten to the point where it is just so hard it is just so stressful. I mean for me it's not the first thing you think about in the morning. It's the first thing you think about in the morning, as you sleep, as you get up. I mean it's something I wish would not be so prolonged I mean it's difficult because you just go up each grade level and each one gets harder and harder. And you go from loving school to just being like oh my God I can't wait to get this out of the way. I've always wanted to do an online class. Group work has always been the hardest thing for me. I wish like teachers would understand certain struggles that certain students have cause I mean you can notice it right off the bat. Like what student has what issue. I mean not just what issue but what little quirk comes with them and I wish they would take the time to figure out hey this person has really bad anxiety hey this person has really bad you know whatever. And be like yeah you know you can sit by yourself and maybe we can bring some people along in a little bit or you know because … there was one teacher who let me sit by myself but then after a while she told me to go and sit with a group. I don't know what is more terrifying being in a group or

being in a group where no one wants you in because nobody wants me in their group. And I mean I've become neutral to that. I don't really care. Either way my work is done. My work is probably done before theirs.

Don't rush it. God don't rush it. Take your time and just work at your pace. And while you might be a little behind you can always catch up eventually and I just can't stress that enough. I've always been one to rush in order to be good with the other students and up to par and it's not worth it at all. I can't imagine trying to rush with my work trying to be as good as the other students. At the end of the day you go slow and get them done right or you go quick and get them wrong. I mean just try to take your time and not worry about everyone else. I mean cause that is my main issue in high school is that I worry about everyone else and what they think of me and it's not worth it at all.

Appendix G: Written Reflection Sample

When I was around 8 years old, I went to a school where I didn't fit in. My classmates had their cliques figured out by the time I moved there, so making friends wasn't an option. I remember the boy who had done this, his name was Russell. He was taller than most children in my school, but he was a minority when it came to ethnicity.

As I walking to the lunchroom, I usually sat down and waited last for everyone to get their lunches so I would not be in the way. At the time, I did not have a walker and relied on balance to assist me with my walking and other things; I had a very bad time with that when I was young. Once I sat down, I began rubbing my knees, because of course, I was hurting and no one had nor wanted to grant me medicine. It would mean another trip to the nurse and I was famous for those. When I walked, I was very, very short and had a hard time with this also.

The boy was a little older than me but as he walked through the line, he stopped at the table where I was sitting. He stared at me before talking, and he said: "I bet you have fake legs under those jeans… you just use it as an excuse to get whatever you want, while the normal people have to stand in line." The thought just shocked me. It was like being hurt and being stabbed all at once, all because he chose to be an ignoramus and not ask about what was actually going to with me.

When he said that to me, everyone laughed. And I mean everyone–Everyone in the lunch line, everyone around him, and the words only got worse. Before he could say anything else I was out the door, sitting in and chair crying my eyes out. I wasn't sure what was happening. I started to

hyperventilate and that was when my principal got to me and I had told him what occurred. When I did, he said he would talk with him… he did. When I went back to class, I was pulled out and I was with the principal and Russell before I could ask what was going on. Russell had been crying and I really think more happened than just a talk in my opinion. After that day, it seemed like Russell did not say a word to me ever again.

Even after he was handled, it still got to me. Like a bad memory that I couldn't erase. Even not I still think about it and what could have happened had a not walked out.

I learned that through this study, I felt more towards what I had vented. I learned that there is always someone to listen to you and actually take your feelings and emotions under consideration. I've also learned that during school, things can get tough. And despite what you're going through you will get through it. Go to a teacher, or a friend. I'm pretty sure if there and there is definitely someone there to listen to what you have to say. I appreciate the time you took out of your day to listen and allow me to give opinions as to what would be better most teachers when it comes to students with more than they can handle.