

PARENT AND TEACHER INVOLVEMENT: CHILDREN WITH EMOTIONAL AND  
BEHAVIORAL DISORDERS

by

JESSICA F. JANZEN

B.A., Kansas Wesleyan University, 2011

A REPORT

submitted in partial fulfillment of the requirements for the degree

MASTER OF SCIENCE

School of Family Studies and Human Services  
College of Human Ecology

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

2014

Approved by:

Major Professor  
Karen Myers-Bowman

# **Copyright**

JESSICA F. JANZEN  
2014

## **Abstract**

The reciprocal interaction between children and their environment can affect their development. Certain environmental interactions such as problematic parent-child relationships or peer rejection in school are associated with the development of emotional and behavioral disorders. Children with emotional and behavioral disorders experience difficulties in a variety of areas including academics, social relationships, behaviors, and life outcomes. These emotional and behavioral disorders can progress or regress depending on relationships occurring within the child's environment. Positive, healthy, and caring parent and teacher involvement in the lives of these children is an important factor. When parents and teachers become involved, especially when they work together to set mutual goals to help with success, children with emotional and behavioral disorders may see improvements in their problem behaviors, experience more successful achievement in academics, and develop in a direction that is more normative rather than problematic. This information can be applied through an online educational module for parents of children with EBD that aims to educate these parents on the avenues to and importance of involvement.

## Table of Contents

Chapter 1 - Introduction.....	1
Chapter 2 - Literature Review.....	3
Bioecological Theory.....	3
Emotional and Behavioral Disorders.....	4
Characteristics of EBD.....	5
Trajectories.....	6
Continuation or Worsening of Problems.....	7
Early Identification.....	8
Difficulties Associated with EBD.....	9
Academic Difficulties.....	9
Social Difficulties.....	10
Environmental Difficulties.....	11
Behavioral Difficulties.....	13
Difficulties in Life Outcomes.....	14
Parent Involvement.....	15
Teacher Involvement.....	18
Collaboration between Parents and Teachers.....	20
Impact of Involvement.....	21
Effects of Parental Involvement.....	21
Effects of Teacher Involvement.....	22
Summary of Literature Review.....	23
Chapter 3 - Application: Online Parenting Module.....	26
Chapter 4 - Conclusion.....	31
Implications for Future Research.....	31
Implications for Future Practice.....	32
References.....	34
Appendix A - Application: Online Module.....	41
Appendix B - Pretest and Posttest of Module.....	54

## **Chapter 1 - Introduction**

This paper explores emotional and behavioral disorders (EBD) in elementary school age children. This age is highlighted because many changes occur during this time that can affect development. Children at this age are learning how to think in different ways (Crain, 2011). They explore their environment in order to try to understand and deal with it. Changes in environment and learning occur frequently for elementary age children. They enter formal schooling, begin forming relationships with peers in a classroom setting, and gain increasingly more difficult academic information as they progress through the grades levels to name a few. As children face these changes, they experience proximal processes meaning they affect and are affected by their environment (Bronfenbrenner & Morris, 1998). Thus, the environment in which children with EBD exist, as well as the relationships within those environments, can affect their developmental outcomes.

Problem behaviors associated with emotional and behavioral disorders can be identified as early as age three (Velders et al., 2011). When emotional and behavioral disorders develop earlier in a child's life, they have a greater likelihood of having long-term impacts (Morgan, Farkas & Wu, 2009). As time progresses these disorders can remain stable, increase in severity, or decrease in severity. Many factors, including parent-child relationships along with the children's school environment and teacher-student relationships, can influence the progression of these disorders. Difficulties accompanying with EBD occur in multiple areas (Mihalas, Morse, Allsopp & McHatton, 2009). These children are likely to struggle with academic achievement (Nelson, Benner, Lane & Smith, 2004; Wagner, Kutash, Duchnowski, Epstein & Sumi, 2005). They tend to have a difficult time forming healthy and accepting peer relationships (Baker, Grant & Morlock, 2008; Moilanen, Shaw & Maxwell, 2010).

At the same time as early disorder development can lead to greater problems in the future, the earlier parental involvement begins, the more powerful the effects can be (Siddiqui, 2011). Though children with EBD have the potential to experience various hardships throughout their lives, parent and teacher involvement, characterized by warmth and caring, has the ability to elicit positive outcomes for these children (Mihalas et al., 2009; Roelofs, Meesters, Mijke, Bamelis & Muris, 2006). The potential ability of parents and teachers to have a positive influence on the development of children with EBD suggests the importance of early intervention and need for parent and teacher support.

How does both parent and teacher involvement in the lives of children with internalizing and externalizing EBD affect their behavior and success in school? Is there a positive effect on the child due to involvement? This paper will explain characteristics and trajectories of emotional and behavioral disorders. Difficulties that may occur due to the disabilities as they affect academics, social relationships, environments, behaviors, and life outcomes of the children will be discussed. Parent and teacher involvement will then be described as it can occur in the home and school settings. Additionally, ways parents and teachers can collaborate and work together toward involvement is included. The outcomes and impacts of parent and teacher involvement with children diagnosed with emotional and behavioral disorders will also be explored. Finally, the crucial piece of disseminating the information and educating will be created through the development of an online educational module for parents that have children with EBD. That is the ultimate objective: to educate parents on the disorders their children experience, the avenues to involvement, and the numerous, beneficial outcomes involvement can produce.

## **Chapter 2 - Literature Review**

### **Bioecological Theory**

Bronfenbrenner's Bioecological theory focuses on the child's transactional interaction with their environment within the context of time (Bronfenbrenner & Morris, 1998). The child and their personal characteristics affect their environment. The environment has an effect on the child as well. Interactions do not occur in one direction. There is interchange between the child and their environment. The theory further states how this bidirectional interaction occurs over an extended period of time. Development occurs when these interactions become more complex over time.

The theory discusses four systems which make up an individual's environment – the microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1989). The microsystem is the immediate environment. This is the context in which the child experience face-to-face interactions and activities with other people and can occur in the home and school settings. The involvement of other people in the child's life, such as parents and teachers, as well as the child's response to those people affects their development. The mesosystem involves the relationship between microsystems, such as a relationship between parents and teachers and a partnership between home and school. The exosystem is a context that has a less direct effect on the child, yet importantly impacts the child's environment. This could include their parents' work schedules or the politics of the school district in which they belong. These factors indirectly impact the day-to-day life of the children. The macrosystem includes the child's culture and social context. This could include belief systems and patterns of behavior and takes into account the effects of income levels, ethnicity, or family values.

Children interact with their parents and teachers at the microsystem level. These interactions occur in the students' immediate environment. Because the development of externalizing and internalizing problem behaviors can occur with problematic home environments or trouble in school (Hollenstein, Granic, Stoolmiller & Snyder, 2004; Milan & Pinderhughes, 2006; Nelson et al., 2004; Rankin Williams et al., 2009; Wagner et al., 2005), interactions at both the microsystem and mesosystem level need to be considered. Relationships between children and their parents and teachers as well as relationships between parents and teachers can be utilized to create positive impacts in a child's environment (Armstrong, Birnie-Lefcovitch & Ungar, 2005; Baker et al., 2008; Mihalas et al., 2009; Northey, Wells, Silverman & Bailey, 2003; Wagner et al., 2005). These relationships can encourage positive growth and development rather than problems behaviors associated with EBD. A child does not merely exist at home or school. They experience impacts from both environments, thus both are important in their development. Awareness of this can help the teachers and parents work together to react more appropriately and with more support for children with emotional and behavioral disorders.

### **Emotional and Behavioral Disorders**

Emotional and behavioral disorders are typically classified into two categories: internalizing and externalizing disorders. Internalizing disorders include those which are experienced internally by an individual and include problems with mood or difficulties associated with depression or anxiety (Baker et al., 2008; Morgan et al., 2009; Roelofs et al., 2006). These fall more on the emotional side of EBD. Externalizing disorders are those behaviors that occur externally such as aggression or disruptive and defiant behavior (Baker et al., 2008; Morgan et al., 2009; Roelofs et al., 2006). They tend to be more physical and verbal and lie on the behavioral side of EBD.



The characteristics associated with children who are diagnosed with EBD tend to be associated with either internalizing or externalizing problems. At times these characteristics are labeled as risk factors, though it cannot be assumed that these characteristics cause EBD. Rather, it needs to be kept in mind that the disorders and the characteristics of the children that possess these disorders as well as their families merely occur at the same time or alongside one another.

### ***Characteristics of EBD***

Emotional and behavioral disorders are defined as emotional or behavioral reactions that create problems affecting the areas of learning, social relationships, or behavior (Forness et al., 1998). For example, problem behaviors can make concentration and participation in class challenging, and trouble with appropriate social behavior can make relationship development difficult. This definition shows that emotional and behavioral disorders may cause difficulties in many areas of these children's lives.

Many types of disorders are associated with and included in EBD. Some are fairly mild in their symptoms and effects while others can be quite extreme and debilitating. Not only do the disorders themselves exist on a continuum from mild to extreme, but the effects experienced by different individuals diagnosed with the same disorder can range from mild to extreme as well (Gilliom & Shaw, 2004; Mihalas et al., 2009; Morgan et al., 2009; Windle & Mason, 2004). For example, depression can cause a person to feel sad and uninterested in things they used to enjoy on the mild end. When depression becomes more extreme, a person may be unable to work or get out of bed. The same disorder can cause drastically different outcomes depending on the severity.

Specific disorders that tend to be diagnosed as EBD are anxiety, attention deficit hyperactivity disorder (ADHD), bipolar disorder, conduct disorder (CD), depression,

oppositional defiant disorder (ODD), mood disorders, psychosis, and substance abuse disorders (Northey et al., 2003; Wagner et al., 2005). Anxiety, depression, and mood disorders are internalizing problems. ODD, CD, and substance abuse disorders, on the other hand are externalizing disorders. There are times when children experience both internalizing and externalizing disorders (Howell & Watson, 2009). This is termed comorbidity, or the disorders are comorbid, because the children have two or more co-occurring disorders.

Deficits in academics as well as in social interactions and occupational tasks can be assessed by the degrees of distress and impairment the disorders cause (Howell & Watson, 2009). Internalizing disorders are more associated with personal distress meaning the child may experience feelings related to their disorder that cause them internal anguish. Externalizing disorders are associated with impairment meaning the child's behaviors associated with their disorder may cause them difficulty in adequately succeeding in academics or other work-related tasks.

### ***Trajectories***

Trajectories for children diagnosed with internalizing and externalizing emotional and behavioral disorders appear to be bleak (Cartwright-Hatton, McNally, White & Verduyn, 2005; Connell et al., 2008; Gilliom & Shaw, 2004; Moilanen et al., 2010; Morgan et al., 2009). The difficulties associated with these disorders can occur from early childhood all the way through adulthood. Generally, externalizing problems tend to decrease over time, and internalizing problems tend to increase with age (Rankin Williams et al., 2009). While it may be true that externalizing behaviors decrease over time, it does not mean the individual will be completely free from these disorders. Their problems may remain at a lower level, or the disorders may develop into other types of problems instead of externalizing problems. This could help explain

the increase in internalizing behaviors. Rankin Williams et al. have also found that, though internalizing and externalizing behaviors have the potential to remain stable rather than increase or decrease, they also may turn into severe clinical problems or reduce to such an extent that they are no longer troublesome.

Internalizing and externalizing symptoms experienced early on create vulnerability for other symptoms later (Moilanen et al., 2010). Internalizing behaviors may lead to increases in externalizing problems because they interfere with cognitions, academics, and lead to peer rejection. This can initiate deviant peer associations, which potentially create the development of externalizing behaviors. Moilanen, Shaw, and Maxwell have also found that externalizing problems can lead to internalizing problems for the same reasons internalizing can lead to externalizing. Externalizing behaviors such as aggression and hyperactivity can lead to peer rejection. When this occurs, internalizing behaviors such as depression or anxiety may develop.

### ***Continuation or Worsening of Problems***

Problem behaviors associated with EBD can remain stable, become worse, improve, or develop into different problems. Problems exhibited in early childhood have a tendency to continue into adolescence and adulthood (Connell et al., 2008). Without appropriate interventions to change the trajectories of these disorders, they are not as likely to have positive outcomes.

When the problems are comorbid, the impairment associated with the disorders is found to be worse than if the problems occurred either specifically internally or externally. When a child has comorbid disorders, the disorders tend to change at similar rates (Gilliom & Shaw, 2004). When one type of behavior rises, for example externalizing behaviors, so does the other type of behavior (internalizing behaviors). Similarly, when one decreases the other decreases as

well. For instance, if a child is diagnosed with both ADHD and anxiety and experience a decline in their ADHD, they are likely to experience a similar decline with their anxiety as well.

Recurring behavior problems, those which continue to happen over time, are more likely to arise in situations where there is lower income, lack of resources, single-parenthood, impaired academic ability, and previous problem behaviors (Morgan et al., 2009). Depression and anxiety in young children are likely to occur in those individuals as adults, too (Cartwright-Hatton, McNally et al., 2005). These depression and anxiety disorders can also develop into other problems such as substance abuse, self-harm, and suicide if they are not properly addressed.

### ***Early Identification.***

Children identified as having problem behaviors in preschool can develop more severe mental disorders in later childhood and early adolescence if those problems are not addressed (Gilliom & Shaw, 2004). EBD problem behaviors are typically found in children around the ages of 4-5 (Kutash et al., 2000). Kutash et al. noted that these observed behaviors are usually aggression or hyperactivity, and a variety of difficulties ranging from academic struggles to depression can occur later on with these behaviors.

Though early problem development can lead to worse problems later on, the earlier a child is identified and services are implemented the more opportunity there is for improvement (Siddiqui, 2011). Younger children are more adaptable than older children, thus early interventions can be especially effective because behavior patterns have not been as well established and may be more easily shifted toward the positive. These early interventions aiming toward positive trajectories could also lead to child resiliency, meaning the child learns positive adaption skills which can lead to self-driven positive outcomes (Armstrong et al., 2005). When children are under identified they cannot receive the necessary assistance for improvement, thus

school-aimed intervention efforts are important to get early intervention and positive outcomes in the works (Forness et al., 1998).

### **Difficulties Associated with EBD**

Emotional and behavioral disorders cause problems that negatively affect the everyday functioning of children diagnosed with these disorders (Baker et al., 2008). The negative effects impact academic and social functioning in ways that cause impairment and lead to problems with adaptation later in life. Internalizing and externalizing problem behaviors associated with children's EBD can cause problems that seriously interfere with their abilities to be successful in school (Mihalas et al., 2009), with social relationships, and in their future.

### ***Academic Difficulties***

Children with EBD experience a myriad of difficulties with academics and school which makes success for them very difficult. There are fairly high rates of dropout, grade retention, and school failure as well as lower likelihood of going to college or graduating compared to children without EBD (Kramer, Vuppala, Lamps, Miller & Thrush, 2006; Mihalas et al., 2009; Nelson et al., 2004). Students with EBD also have reduced desire to be in school and lower grades than children with more normative behaviors (Mihalas et al., 2009; Wagner et al., 2005). They also tend to have deficits in their academic achievement across all categories from math to reading to writing (Nelson et al., 2004).

The academic challenges experienced by students with EBD tend to occur in reciprocal relationships with the problem behaviors (Wagner et al., 2005). Problem behaviors can lead to lower academic functioning (tied to problems with cognition, attention, and participation), and lower academic abilities can lead to further behavior problems. Thus, both problem behaviors and low academic functioning have the potential to increase in severity, particularly when the

symptoms begin to occur in early childhood, perpetuating the cycle (Moilanen et al., 2010).

Instability in the school setting, including changing schools, suspensions or expulsions, and grade retention, can further the development of academic problems (Wagner et al., 2005). When children are not consistently involved in the classroom nor consistently receiving academic instruction, they are likely to fall behind their peers. Ineffective teaching methods and unsupportive school environments may be other contributing factors as to why these academic difficulties occur (Mihalas et al., 2009). Students who are asked to learn information that is beyond their comprehension or are taught in ways that do not make sense to them are not as likely to learn as if they received education that was suitable for their academic needs. When they feel their school or classroom does not support them or care about their success, they are not likely to put forth the necessary effort to be academically successful. Because of inconsistency, ineffective instruction, or a lack of support, the services the students end up receiving may not be adequately meeting their needs (Wagner et al., 2005).

### ***Social Difficulties***

Children with EBD experience social difficulties in school that center primarily around peer relationships. These children experience an imbalance in their relationship desires (Mihalas et al., 2009). They want independence at the same time as they feel the desire to be dependent on others. This contradiction can cause feelings of confusion or distress that can lead to further difficulty in creating relationships. Language and communication skills may also be lacking in students with EBD. This inhibited ability to communicate hinders social skills and, consequently, the development or continuance of social relationships (Wagner et al., 2005). Students who are diagnosed with EBD may also struggle with role performance, meaning that they may not be able to exhibit appropriate behaviors and/or act in appropriate ways (Kutash et al., 2000). With

these compounding variables found by Kutash et al. and Wagner, Kutash, Duchnowski, Eptstein, and Sumi, it is no wonder that children with EBD struggle to develop healthy and appropriate social relationships .

Internalizing and externalizing problem behaviors, especially those occurring in school, create problems for the development of peer relationships. Students with internalizing and externalizing problems, primarily those who exhibit externalizing behaviors, have trouble getting along and forming relationships with peers (Baker et al., 2008; Kutash et al., 2000). These students may also experience peer rejection as a result of their behaviors (Stormont, 2000). This could be due to potentially aggressive behavior during interactions with peers. Peer rejection and neglect can lead to the development of further problem behaviors or co-occurring disorders such as aggression and withdrawal (Keiley, Lofthouse, Bates, Dodge & Pettit, 2003). The experience of peer rejection can also lead to association with deviant peer groups (Moilanen et al., 2010). Association with deviant peer groups tends to exacerbate problem behaviors and all of the difficulties tied to those behaviors. This can have a particularly negative effect on academics. When problem behaviors increase, problems in the classroom are likely to increase leading to potential instability and ineffective instruction.

### ***Environmental Difficulties***

Children struggling with EBD often come from environments that are associated with a variety of difficulties. Many of these children experience risk factors including low socioeconomic backgrounds and poverty, problematic parent-child relationships, minority status, single-parent or step-parent families, violent neighborhoods, and a lack of economic and cognitive resources (Conway, 2006; Joe & Davis, 2009; Keiley et al., 2003; Morgan et al., 2009; Musti-Rao & Cartledge, 2004; Sutherland & Oswald, 2005; Trotman, 2001; Wagner et al.,

2005). These children are also likely to experience family instability (Milan & Pinderhughes, 2006). This means these children have the potential to experience frequent and simultaneous family life events such as moving, parent divorce or separation, or parental job loss. Family instability has been found to be a particularly powerful risk factor for the development of both internalizing and externalizing disorders. It should be reiterated that risk factors do not cause the development of EBD. They are factors that have often been found to co-occur along with EBD.

Family risk factors, those associated with the family environment and parenting behaviors, are particularly related to children's problems with EBD (Armstrong et al., 2005). Parent-child interactions, for example, are linked to the development of internalizing and externalizing behaviors (Hollenstein et al., 2004). This study also found that mutually negative parent-child relationships are tied to externalizing problems in children, relationships where the negativity is exclusively parental are tied to internalizing problems in children, and relationships where the child is exclusively negative are tied to the development of externalizing and comorbid problems. Additionally, rigid, controlling, demanding, manipulative, harsh, and permissive parenting styles are associated with the externalizing and internalizing problem development in children (Cartwright-Hatton et al., 2005; Hollenstein et al., 2004; Leve, Kim & Pears, 2005; Rankin Williams et al., 2009).

The parent-child relationship is especially influential on the development of children as parents are the primary source of care and interaction when the children are young and as they grow. Children develop not only in the home environment but also in the interpersonal environment that is created by parent-child relationships. Unfortunately, internalizing and externalizing emotional and behavioral disorders seem to develop in families where there is problematic parenting behavior. Rigid parent-child interactions characterized by inflexible



patterns of emotions from situation to situation tend to foster growth in internalizing and externalizing problem behaviors (Hollenstein et al., 2004). Other parenting styles expressed through control, demandingness, harshness, restrictiveness, and permissiveness are also linked to the development of internalizing and externalizing behaviors as they foster unhealthy home environments and parent-child relationships (Keiley et al., 2003; Leve et al., 2005; Rankin Williams et al., 2009)

Problem behaviors tend to develop in these unhealthy home environments as the individual and their environment reciprocally react (Sutherland & Oswald, 2005). Furthermore, children identified as having the noted risk factors are more likely to have long-term, negative outcomes than those who do not have those risk factors (Morgan et al., 2009). Early identification has been emphasized as an important action because it can help intervene and prevent the development of EBD when these risk factors are present (Kavale & MacMillan, 1998).

### ***Behavioral Difficulties***

Behaviors exhibited by children with EBD can range from inappropriate classroom behavior to off-task and disruption problems (Sutherland & Oswald, 2005). More specifically, children with internalizing disorders tend to be anxious, shy, socially withdrawn, phobic, or depressed (Baker et al., 2008; Gilliom & Shaw, 2004; Marchand & Hock, 2003; Morgan et al., 2009; Roelofs et al., 2006). They may also have a sad affect or somatic complaints (Gilliom & Shaw, 2004; Howell & Watson, 2009; Marchand & Hock, 2003). Alternatively, children with externalizing disorders exhibit overactive, impulsive, disruptive, defiant, hyperactive, antisocial, and aggressive behaviors and tend to have a lack of control (Baker et al., 2008; Gilliom & Shaw,

2004; Howell & Watson, 2009; Marchand & Hock, 2003; Morgan et al., 2009; Roelofs et al., 2006).

It is apparent that the behaviors corresponding to internalizing and externalizing disorders are quite different from each other. This can lead to some confusion, then, as to how these different types of disorders could co-occur. Failure due to externalizing behaviors, such as peer rejection from hyperactivity, can lead to internalizing problems such as depression because the rejected child may experience intense sadness due to repeated dismissal (Gilliom & Shaw, 2004). This does not mean that the externalizing problems will go away. Rather, the child will now experience both. It has been found that “children who exhibit co-occurring emotional and behavioral difficulties tend to show more severe impairment than do those with emotional or behavioral problems alone” (Connell et al., 2008, p. 1212).

Behaviors affiliated with EBD tend to cause problems for the children in all areas of their lives. Higher levels of problem behaviors initially predict more problems later on (Windle & Mason, 2004). For example, higher delinquency can lead to higher drug use and negativity in the future. Early problem behaviors are also more likely to have long-term, negative outcomes for the children (Morgan et al., 2009). Problem behaviors, such as hyperactivity and aggressiveness, can lead to higher externalizing problem behaviors and anxiety as well as reduced academic and social success (Stormont, 2000). The development of internalizing problem behaviors has been found in children with higher fear and shyness, and the development of externalizing problem behaviors has been found in children with higher impulsivity (Leve et al., 2005).

### ***Difficulties in Life Outcomes***

The difficulties experienced by children with EBD have been discussed as they occur in academic and social areas as well as in their environment when they are still children. The

potential difficulties do not end when they “grow up” though. If the disorders are not treated and reduced, these difficulties are quite likely to continue into adulthood and may potentially become more severe (Baker et al., 2008; Kramer et al., 2006; Morgan et al., 2009; Stormont, 2000).

Problems associated with school dropout, academic failure, and disciplinary actions in childhood can continue into adulthood (Kramer et al., 2006). Without an adequate education or other interventions to improve behavior problems, these individuals are not likely to be equipped with the necessary skills for success in adulthood. Individuals struggling with EBD in adulthood are less likely than those who have improved their problem behavior or those who do not have EBD to have a stable job, and are more likely to be involved in criminal behavior and become incarcerated (Baker et al., 2008; Mihalas et al., 2009; Stormont, 2000). Because of the continued difficulties, these individuals may experience struggles with adult adaptation (Baker et al., 2008). In order for this bleak outlook to shift, there has to be some sort of protective factor in these children’s lives to reshape their future into a positive one.

### **Parent Involvement**

Parental involvement can affect development, behavior, self-identity and regulation of children along with the growth in child self-esteem, competence, and resiliency (Armstrong et al., 2006). Thus, the amount of time invested in involvement as well as the quality of involvement and interaction is important as problematic involvement and interaction can contribute to EBD while positive and caring involvement is related to decreases in EBD symptoms (Connell et al., 2008). The type of involvement by the parent with their child will elicit the same type of response from their child. For example, if the parent chastises their child for a bad day at school, the child may respond with anger and aggression which could further parental chastisement. Alternatively, if the parent asks their child about their day and talks

through the problems which occurred during their day, the child may be more likely to respond with a willingness to correct the behavior which could lead the parent to respond with warmth and encouragement. These examples show how positive involvement can be effective in fostering healthy development and success.

Parental involvement can occur at home or in relation to their children's school environment. Parent involvement at home includes supervision, structure, discipline, communication, and rule setting (Altschul, 2011; Armstrong et al., 2006; Xu, Kushner Benson, Mudrey-Camino & Steiner, 2010). By being involved in these areas, parents communicate to their children that they care about them. Parent-child attachment also has an impact. Attachments can be characterized by acceptance, warmth, and encouragement toward autonomy on one hand and rejection, criticism, and control or overprotection on the other hand (Roelofs et al., 2006). When negative attachments occur, internalizing and externalizing problems tend to occur (Marchand & Hock, 2003; Roelofs et al., 2006). On the other hand, positive attachments and monitoring can be protective factors against the development of these problems because they convey security and interest from the parents to their children (Formoso, Gonzales & Aiken, 2000; Marchand & Hock, 2003).

Investments in schooling can either be those of time or those of money (Altschul, 2011). Parents can be involved with their child's schooling by helping with and checking homework, attending parent-teacher conferences or other school events and extracurricular activities, becoming involved in school committees or organizations, buying educational resources, and volunteering in and out of the classroom for class related activities (Altschul, 2011; Banerjee, Harrell & Johnson, 2011; Domina, 2005; Wagner et al., 2005; Xu et al., 2010). It is also beneficial for the parents to disclose to the school information about their child's diagnoses,

medications, and problem behaviors in order for their child to be provided with the necessary services (Kramer et al., 2006).

The level of parental involvement varies for a variety of reasons. Amount of involvement may depend upon parents' beliefs about what is important, necessary, and permissible in parenting behavior (Siddiqui, 2011). On one hand, parents might feel that a great deal of involvement is important. On the other hand, parents may feel that an abundance of involvement is not necessary. Involvement also may be affected by the parents' beliefs as to whether or not they have the ability to have a positive influence. They may not feel they have the academic ability to help with their children's schoolwork or the social ability to interact with teachers. Parents may also have poor relationships with the teachers that may further limit the amount they are willing to be involved (Mendez, Carpenter, LaForett & Cohen, 2009).

Additionally, Mendez, Carpenter, LaForett, and Cohen (2009) indicated that parents often experience conflicts with their children's school schedules and demands. Parents often have lack of control over their work schedules or they may have more than one job. These schedule conflicts leave less time for involvement and may cause difficulty in setting up school meetings. These researchers also found that enrollment of parents in classes, issues in obtaining child care, or lack of transportation can also be barriers to involvement. Enrollment in classes further reduces the amount of time available for involvement with the addition of class time and homework into the parents' schedules. Trouble finding child care and a lack of transportation may make it difficult to be involved in school-based activities such as meetings and special events because it can make it difficult for the parents to get there. With these busy schedules parents are likely to feel fatigued by the end of the day (Pearson, Irwin, Burke & Shapiro, 2013).

This may limit their involvement at home with homework or supervision as well as with extracurricular activities or school events that occur outside of the home.

### **Teacher Involvement**

Teacher involvement is created by positive, caring teacher-student relationships. Not only does this relationship directly impact the children, it also helps create the foundation for a more beneficial overall school climate (Mihalas et al., 2009). Students who perceive they have reduced social support are more likely to engage in problem behavior than those who may have more social support. Mihalas, Morse, Allsopp, and McHatton also found that teachers are differentiated by children from other adults, thus teachers may have a greater ability than other adults to have a positive influence on the lives and outcomes of their students. This is because they are in a position to bolster intellectual, social, and behavior development of their students simultaneously in the classroom setting. Other adults in the students' lives may not be in a position to be able to provide this type of support.

There are factors that can become roadblocks to the formation of these types of relationships. Teachers may feel like they have a lack of time to spend fostering individual teacher-student relationships (Mihalas et al., 2009). There is also a lot of pressure from high academic demands placed on the teachers by the school system leading to greater rigidity in interactions as well as demandingness for high academic performance of the students. These types of situations are not promising for the development of caring teacher-student relationships. It was also found by Mihalas et al. that teachers may also feel negativity toward students with EBD. This may be because they feel unprepared or unable to deal with the problems associated with these disorders, thus are frustrated by these students' presence in their classrooms.

Teacher-student relationships are bidirectional and transactional (Sutherland & Oswald, 2005). Positive actions tend to elicit positive reactions at the same time as negative actions tend to elicit negative reactions. Furthermore, Sutherland and Oswald found that students with EBD have been shown to get less academic instruction than their peers, and that instruction tends to be less effective and at a lower level. These academic opportunities are affected by teachers' choices in their classrooms. These types of interactions characterized by inadequate instruction are unproductive. EBD students with ineffective academic instruction are not likely to engage in school. This tends to lead teacher responses toward the students such as reprimands or punishments due to the disengagement. The study's findings show how these types of responses advance the disengagement of the students which continues the cycle. When these negative cycles are occurring, the students are gaining less exposure to academics. These problematic reciprocal relationships can also be created by the internalizing or externalizing problem behaviors expressed by the students which also tend to evoke undesirable teacher reactions. Additionally, the study found that as these types of interactions occur over time, it is possible that the problem behaviors may become magnified. This could amplify the risk for more problems in the future.

Because these findings by Sutherland and Oswald (2009) suggest that the bidirectional and reciprocal relationships that occur between teachers and students with EBD tend to be negative, it is the responsibility of teachers to turn that cycle into a positive one in order to create caring and positive relationships with their students. These types of positive relationships are immensely more beneficial than the negative ones both immediately and in the long run.

In order to build caring teacher-student relationships, teachers need to understand that each child with EBD is different, thus each will respond to interventions differently (Mihalas et

al., 2009). This study suggests that teachers can develop effective interventions and practices by getting to know their students and their backgrounds. This way the teachers are more likely to understand the cause of their students' behaviors. This will help the teachers best meet their students' needs. Mihalas et al further propose the importance of the students can be demonstrated by teachers through active listening, encouragement to participate in the goals of their education, and feedback on how they are doing in school including celebrations of success. Teachers are in the position to be advocates for their students' success.

### **Collaboration between Parents and Teachers**

One way to develop a successful home-school relationship for children with EBD is through parent and teacher collaboration. These types of relationship may be hard to successfully develop because research has shown that parents and teachers may not think the other cares (Musti-Rao & Cartledge, 2004). The parents may feel that the teachers are not helpful and do not really care because the teachers talk in ways that are hard for the parents to understand. The teachers may feel that the parents do not care either and are unable to be effectively helpful because they do not always do what they have agreed to do. These problems seem to be a matter of misunderstanding and ineffective communication.

Effective collaboration can occur through the sharing of information related to the child (Musti-Rao & Cartledge, 2004). Teachers need more information about the home environment, and parents need more knowledge about what goes on at school. Musti-Rao and Cartlege recommend opening the door to communication, so parents and teachers can work together to set goals for the students in ways that involve both parties in working with the student toward success. For example, parents and teachers can set up meetings to discuss goals and strategies. Teachers can educate parents about effective strategies for working with their children at home



and can provide materials to use at home. Parents can provide information about problems the child may be having at home. This can help the teachers deliver appropriate interventions to the students because they can better understand the whole picture of what the children's difficulties and problem behaviors may be (Trotman, 2001). When children have parents and teachers who are working together to create environments that are caring and supportive, they are even more likely to benefit than if either the parents or teachers were working alone.

## **Impact of Involvement**

### ***Effects of Parental Involvement***

Parental involvement affects academic achievement, cognitive development, parent-child relationships, and school behavior in positive ways (Trotman, 2001). Alternatively, a lack of parental involvement deters the progress of children (Siddiqui, 2011). This suggests the importance of parental involvement in the lives of their children. It is especially important for children with EBD since they may face a myriad of risk factors and difficulties in their lives.

Parental involvement can have powerful effects, especially when it is begun early in the child's life (Siddiqui, 2011). This is key for positive academic outcomes which may lead to academic improvements and higher performance as well as better school attendance and behavioral patterns (Altschul, 2011; Wagner et al., 2005). These effects can be seen from preschool through high school (Banerjee et al., 2011). Cognitive improvements due to parental involvement can be seen in reading, language, math, and test scores (Banerjee et al., 2011; Jeynes, 2005; Patall et al., 2008). Parental involvement also can lead to higher homework completion and a lower amount of problems with homework (Patall, Cooper & Robinson, 2008). Higher parental involvement also leads to lower behavior problems in school (Domina, 2005).

The effects of parental involvement on academic success are bountiful. Appropriate parent involvement behaviors can be effective for overall behavior as well.

When parents were trained on appropriate parenting behaviors, their children showed benefits and improvement (Connell et al., 2008). Children with internalizing, externalizing, and comorbid disorders shifted toward more normative behaviors due to the improved parent behavior. Furthermore, parent training on positive parenting styles was effective in reducing internalizing and externalizing symptoms (Cartwright-Hatton et al., 2005). Parents and children involved in therapies that aim to improve the parent-child relationship have found reductions in the severity of internalizing and externalizing behaviors of the children, not only during the interventions but up to seven years later as well (Northey et al., 2003). Parental attachment and monitoring can act as a buffer against behavior problems (Formoso et al., 2000).

### ***Effects of Teacher Involvement***

If students feel as though their teachers do not care, they will not care either (Mihalas et al., 2009). They may be unable to express their desire for a positive teacher-student relationship due to the difficulties associated with social relationship struggles. The children with EBD who need teacher attention the most may be the ones who are most neglected because of the reactions to their problem behaviors exhibited in the classroom (Sutherland & Oswald, 2005).

Additionally, when teacher-student relationships are negative, students experience less success in school (Baker et al., 2008).

On the other hand, care and respect, when given by teachers, are the most important factors for behavior change (Mihalas et al., 2009). These caring relationships aid in the development of intellectual, social, and emotional qualities of the child. More specifically, Mihalas et al. note how teacher-student relationships affect not only internalizing and

externalizing behaviors and emotional difficulties but also motivation, engagement, success, and skill development in academics. Teacher-students relationships characterizing warmth and trust with low negativity also lead to higher grades and test scores, better work habits, and positive school attitudes such as motivation, interest, satisfaction, and expectations of success (Baker et al., 2008). They can also lead to lower problem behaviors that allow the students to adjust to the school environment and succeed.

### **Summary of Literature Review**

According to Bronfenbrenner's Bioecological theory, children with EBD are impacted by their environment on a variety of levels and have an impact on their environment as well (Bronfenbrenner, 1989; Bronfenbrenner & Morris, 1998). For example, when children display problem behaviors at home, they are likely to receive problematic responses from their parents. These types of parenting behaviors may encourage further problem behaviors. One does not necessarily cause the other, but they do affect the reactions of each other. Reciprocal interactions can also be seen between the individual and their environment. For instance, a child with externalizing problem behaviors may act out in the classroom. These acting out behaviors are likely to elicit peer rejection and ineffective academic instruction within the classroom environment. This rejection and ineffective instruction may foster further problem behaviors in response.

Students with EBD experience internalizing or externalizing problem behaviors, and these behaviors reveal components such as internal struggles and outward verbal and physical actions. Because of their disorders, these children experience a variety of difficulties in their lives. These difficulties can include low academic success, problems forming social relationships, exposure to unhealthy environments, and the potential for negative life outcomes

in adolescence and adulthood. The problem behaviors experienced by children with EBD are expected to continue, worsen, or shift as time goes on if there is not positive intervention aimed at shifting the trajectories toward positive outcomes.

Positive involvement of parents and teachers can serve as a defense for children with EBD against these difficulties, and parents and teachers can aid the children in creating success and positive life outcomes. Parents can be involved at home by creating healthy parent-child relationships and home environments. They can also be involved in their children's schooling through homework help, attendance at meetings and school events, and participation in school groups and committees. Teachers can be involved by fostering caring teacher-student relationships. These relationships have the potential to create a school environment where students with EBD can get adequate instruction and are provided with relationships that translate to them that they matter. This helps to develop motivation and effort on the part of the students toward academic success.

Lack of involvement on the part of both the parents and the teachers leads to the development of internalizing and externalizing problems and can also further the difficulties faced by the students, particularly those related to academics and behavior. Because the lack of involvement can have such detrimental effects, it is beneficial to examine the effects of positive involvement. Parent and teacher involvement in the lives of children with EBD has the potential to create numerous positive outcomes. With the involvement of parents and teachers, these students improve academically and receive better grades and test scores. Their problem behavior stabilizes or even improves, leading to more normative behaviors. And when the problem behaviors are improved, these children are much more likely to experience positive life trajectories rather than negative ones.

Because parent and teacher involvement in the lives of children with EBD can be so beneficial, it is important to get information to these individuals and educate them about the importance of their involvement. Lack of awareness or knowledge can be a barrier to involvement, and all the promising benefits associated with the involvement may never be experienced by the children. An online self-study module has the potential to meet this need for awareness and/or information about the importance for and positive impacts of involvement.

An online module may be of interest to parents and teachers who want to learn more about EBD, who want information about how to help these children be more successful, or who want ideas about how to be positively involved in these children's lives. The module should contain a section on emotional and behavioral disorders including characteristics, types, and trajectories of the disorders as well as a section describing difficulties children with EBD experience. This may help parents and teachers put themselves in the children's shoes, and they may better understand what their children and students are experiencing or struggling with.

Sections on parent and teacher involvement and parent-teacher collaboration along with potential outcomes and impacts of involvement are especially important. This is where information about how to be involved as well as the importance and significance of involvement can be communicated. Aiding parents and teachers in becoming positive participants in the lives of children with EBD in ways that facilitate success, achievement, and healthy outcomes is the ultimate goal.

## **Chapter 3 - Application: Online Parenting Module**

A self-study program has been designed as an online resource accessible through Kansas State Research and Extension. Early intervention is important for children with EBD because it provides more opportunity for improvement (Armstrong et al., 2005; Siddiqui, 2011). Therefore, this resource will communicate the importance of the involvement of parents as early as possible. The program provides information about EBD and about what children with EBD may be experiencing. It also includes suggested ways for parents to be involved in their children's school work and lives. This acquisition of knowledge is necessary to prevent the development or progression of problem behaviors associated with EBD in order to increase success and produce behavior improvement by creating and maintaining positive parent involvement.

Arcus, Schvaneveldt, and Moss (1993) developed seven operational principles of family life education. These principles were designed to be used by family life educators as guidelines for action and practice. They discussed how family life education (FLE) is done and how it should be, thus providing procedures for current FLE and recommendations for future FLE. These principles will be used to guide the explanation of the applied portion of this report.

Arcus et al.'s (1993) first principle is that the program should be relevant individuals and families across the lifespan. The module addressed both parents and children and is intended to be an educational tool for parents of children ages 4-12 who are diagnosed with EBD. This age range has been chosen because childhood is the focus of the research guiding the development of the program. This age is appropriate for intervention targeting involvement because early disorder development can lead to greater difficulties throughout the life course (Mihalas et al., 2009; Roelofs et al., 2006). Thus, intervention at an early age to prevent these difficulties before they become severe, is important to improve outcomes for these children. Parents are targeted

because parental involvement can affect development and behavior of their children in a variety of areas from academic achievement and school success to reductions in problematic symptoms associated with the disorders (Armstrong et al., 2006; Cartwright-Hatton et al., 2005; Trotman, 2001).

Arcus et al. (1993) include a principle that addresses the need of FLE to be offered in a variety of settings. This parent education resource is intended to be an educational tool that can be used as an online class. Though it is not offered in any area other than online, it is a resource that is available to many people through its presence on the Internet that can “reach anyone, anywhere, at any time” (Dykman & Davis, 2008, p. 14). This widespread availability also can make it cost effective for participants by reducing physical and financial constraints (Liang & Chen, 2012). Online learning provides the ability to serve different learning styles, from analytic learners interested in understanding concepts to exploratory learners desiring to see role plays and simulations (Bonk & Zhang, 2006). It creates the ability to provide knowledge, opportunities to reflect on information, displays of knowledge, and abilities to apply what has been learned in ways that are flexible and interactive (Bonk & Zhang, 2006; Liang & Chen, 2012). The module under development presented here contains many of these factors. It has the potential to be a widely available, self-guided resource that parents can complete at a time that is convenient for them. It may also be provided free of charge, so barriers due to financial struggles would be reduced. This module can appeal to a variety of different learners because it includes written information, hands-on activities, video and written scenarios, and quotations from real parents.

Another principle introduced by Arcus et al., (1993) explains how FLE is to be educational rather than therapeutic. The purpose of this program is to educate parents about involvement, not to help them through their difficulties. Because each section of material

includes activities or additional resources for the parents to complete or explore, it provides a variety of approaches to education. The activities include matching and sorting exercises that are intended to further the learning of the material. Additional components include scenarios about parent involvement that provide examples of various avenues for involvement and quotes from parents and teachers about barriers to involvement and ways to be successfully involved from both perspectives. A pretest and posttest are also included as part of the program. The pretest will provide the correct answers after answers are chosen by the participants as well as information about the answers to act as another educational resource within the module. The posttest is a resource for the parents to check their understanding and how much they have learned after completing the module.

The objective of this parent education resource is to prepare parents to be involved with their children's schooling. This addresses Arcus et al.'s (1993) principle that FLE is a multidisciplinary and multiprofessional practice because there is a relationship of involvement between home and school. By gaining this knowledge and observing and reading about real-life experiences of involvement, participating parents can feel supported in using their newly gained knowledge to become a positive part of their children's environment in a way that can improve developmental and behavioral outcomes. Because another principle states that FLE should respect differing values (Arcus, Schvaneveldt & Moss, 1993), the information provided in the resource does not tell parents specifically how they should be involved. Rather, it provides a framework for healthy involvement as opposed to problematic involvement. This approach allows parents with different values and opinions to tailor the information to their beliefs while keeping it constructive.



This module is in the developmental stages and will continue to be cultivated until it can be disseminated as an online tool. The wording in the module will need to be revised so the language is not difficult for the audience to understand. The goal will be to reduce it to a sixth grade reading level. Additionally, a great deal of information has been written on each slide for ease of publishing in this report. However, in the actual resource, the information will be reduced on each page, so the amount of reading is not overwhelming for the participants. The program will be easy to navigate. The intention is to make the learning process fun, engaging, and easy to understand in order to encourage parents to participate and complete the module.

Parent participants will be recruited through information on the Extension website as well as through community services such as case managers, therapists, or social workers. Paper materials such as fliers and brochures may also be created for dissemination. Once participation begins, promotion through word-of-mouth by previous participants may be the most effective recruitment technique. If the program is found to be useful and effective, participants may encourage others they know to complete it. It would also be useful to include an evaluation component at the end of the module once it is developed. This component would allow parents to leave feedback at the completion of the module. This feedback could include what they liked about the module, whether they felt it was useful, and how it could be improved.

In the future it would be beneficial to create a sister module to this one that targets preschool and primary grade teachers as participants. This module would follow a similar structure, but the information on involvement and collaboration as well as the impact of involvement would be based on the research about teacher involvement. Involvement of teachers has been found to have a variety of positive impacts, just as parental involvement has (Mihalas et al., 2009; Baker et al., 2008). Thus, it would be useful to get the information out to teachers that

work with students diagnosed with EBD to facilitate the development of caring teacher-student relationships.

## **Chapter 4 - Conclusion**

The research on emotional and behavioral disorders is extensive, and there is ample information about how they are experienced in children. Much of this research focuses on how EBD is experienced by the child or how it affects different aspects of the child's life, but there is a lack of information about how these disorders affect family systems. It would be useful for the research to take a collective approach in addition to the individual approach already available to examine EBD more holistically. Similarly, though an application module is being developed for parent education, it would be useful to develop an additional module for teacher education. By expanding the application, there is potential for the benefits of involvement to become more extensive.

### **Implications for Future Research**

The body of research on emotional and behavior disorders in primary grade students is growing. A lot of studies are being conducted, and a lot of information is being generated. However, even though evidence about EBD as it affects academics, problem behaviors, and risk factors is being generated, there appears to be a lack of information about how these factors related to the parent-child relationship and the family environment. There is material on these factors, but it is more about how particular family characteristics or environments are risk factors for EBD. There is limited information about relationships between children with EBD and their parents and even less on the effects and relationships of these disorders and the family as a whole.

It would be beneficial for future research to examine EBD from the perspective of how it affects the family unit. The effects of the disorders on the children and the parent-child relationships can be tied into how it may affect sibling relationships and family functioning.

Because individuals cannot exist separately from their environment nor can they prevent the effects of the behaviors on their environment, the problems associated with EBD as well as the potential positive effects of involvement and interventions cannot occur individually and separately from the family unit (Bronfenbrenner, 1989; Bronfenbrenner & Morris, 1998). When one person changes, the rest of the system reacts (White & Klein, 2008). Research on these interactions and effects could aid practitioners in the development of effective programs and educational tools.

### **Implications for Future Practice**

The online module for parents introduced in this report is somewhat limited in scope. It focuses specifically on the parent relationships with their children and their children's teachers. This is a very important step toward educating parents about the importance and benefits of their involvement with children diagnosed with EBD. It also would be advantageous to create a similar resource for teachers, because both parent and teacher involvement have the potential to produce positive outcomes for children with EBD. Furthermore, educating both parents and teachers about the benefits of parent-teacher collaboration may elicit more positive outcomes than those that could occur if either parents or teachers were working alone.

The use of online modules to educate both parents and teachers on the significance and success of involvement is just the beginning of providing knowledge about the importance of this collaboration. The more people learn about and become interested in parent and teacher involvement, the more they may desire to be engaged and gain further information. Classes could be created to provide more detailed information about avenues to involvement. These classes could provide environments for parents and teachers to discuss things they have struggled with,

ways they have been successful, and strategies that have proved to be beneficial. Parents and teachers also might be brought together to begin the facilitation toward the development of successful parent-teacher collaboration.

Children with EBD can experience a range of difficulties such as problems with academic success and struggles with forming social relationships (Baker et al., 2008; Moilanen et al., 2010; Nelson et al., 2004; Wagner et al., 2005). These children are also likely to experience problem behaviors that cause difficulties in all areas of their lives (Morgan et al., 2009; Stormont, 2000; Sutherland & Oswald, 2005; Windle & Mason, 2004). The difficulties can be resolved and the problem behaviors can be improved, though, through positive, healthy, caring parent and teacher involvement in the lives of these students. Because of the potential improvements due to these involvements, it is important to create an avenue to educate parents and teachers about these difficulties along with the effects of involvement. The avenue discussed here is the creation of online self-guided modules that provide education on these topics.

Through parent and teacher education about the importance of involvement and the potential for success because of involvement, the hope is to encourage parents and teachers to use the knowledge they have gained to implement positive involvement with their children and students. The effects of involvement can influence the children's individual development (Baker et al., 2008; Mihalas et al., 2009; Trotman, 2001), it can impact the parent-child and teacher-student relationships (Baker et al., 2008; Cartwright-Hatton et al., 2005; Connell et al., 2008), and it has the potential to affect the home, family, and school environments as a whole. These benefits have the ability to be widespread, and if parents and teachers act upon the information gained, there can be quite a positive change in trajectories for students with EBD and their environment.

## References

- Altschul, I. (2011). Parental involvement and the academic achievement of Mexican American youths: What kinds of involvement in youths' education matter most? *Social Work Research, 35*(3), 159-170.
- Arcus, M. E., Schvaneveldt, J. D., & Moss, J. J. (1993). The nature of family life education. In M. E. Arcus, J. D. Schvaneveldt, & J. J. Moss (Eds.), *Handbook of family life education: Foundations of family life education* (Vol. 1) (pp. 1-25). Newbury Park, CA: Sage.
- Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M. T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies, 14*(2), 269-281.
- Baker, J. A., Grant, S., & Morlock, L. (2008). The teacher-student relationship as a developmental context for children with internalizing or externalizing behavior problems. *School Psychology Quarterly, 23*(1), 3-15.
- Banerjee, M., Harrell, Z. A. T., & Johnson, D. J. (2011). Racial/Ethnic socialization and parental involvement in education as predictors of cognitive ability and achievement in African American children. *Journal of Youth and Adolescence, 40*(5), 595-605.
- Bonk, C. J., & Zhang, K. (2006). Introducing the R2D2 model: Online learning for the diverse learners of this world. *Distance Education, 27*(2), 249-264.
- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of child development, Vol 6* (pp. 187-249). Greenwich, CT: JAI Press.

- Bronfenbrenner, U., & Morris, P. (1998). The ecology of developmental processes. In W. Damon (Series Ed). & Lerner, R., (Vol. Ed). *Handbook of Child Psychology, Vol. 1 Theoretical Models of Human Development* (5<sup>th</sup> ed., pp. 993-1028), New York: Wiley & Sons.
- Cartwright-Hatton, S., McNally, D., White, C., & Verduyn, C. (2005). Parenting skills training: An effective intervention for internalizing symptoms in younger children? *Journal of Child and Adolescent Psychiatric Nursing, 18*(2), 45-52.
- Crain, W. (2011). *Theories of development: Concepts and applications*. (6th ed., pp. 118-156). Upper Saddle River, NJ: Prentice Hall.
- Connell, A., Bullock, B. M., Dishion, T. J., Shaw, D., Wilson, M., & Gardner, F. (2008). Family intervention effects on co-occurring early childhood behavioral and emotional problems: A latent transition analysis approach. *Journal of Abnormal Child Psychology, 36*(8), 1211-25.
- Conway, R. (2006). Students with emotional and behavioral disorders: An Australian perspective. *Preventing School Failure, 50*(2), 15-20.
- Domina, T. (2005). Leveling the home advantage: Assessing the effectiveness of parental involvement in elementary school. *Sociology of Education, 78*(3), 233-249.
- Dykman, C. A., PhD., & Davis, C. K., PhD. (2008). Part one - the shift toward online education. *Journal of Information Systems Education, 19*(1), 11-16.
- Formoso, D., Gonzales, N. A., & Aiken, L. S. (2000). Family conflict and children's internalizing and externalizing behavior: Protective factors. *American Journal of Community Psychology, 28*(2), 175-99.

- Forness, S. R., Cluett, S. E., Ramey, C. T., Ramey, S. L., & al, e. (1998). Special education identification of head start children with emotional and behavioral disorders in second grade. *Journal of Emotional and Behavioral Disorders, 6*(4), 194.
- Gilliom, M., & Shaw, D. S. (2004). Codevelopment of externalizing and internalizing problems in early childhood. *Development and Psychopathology, 16*(2), 313-33.
- Haberstick, B. C., Schmitz, S., Young, S. E., & Hewitt, J. K. (2005). Contributions of genes and environments to stability and change in externalizing and internalizing problems during elementary and middle school. *Behavior Genetics, 35*(4), 381-96.
- Hollenstein, T., Granic, I., Stoolmiller, M., & Snyder, J. (2004). Rigidity in parent-child interactions and the development of externalizing and internalizing behavior in early childhood. *Journal of Abnormal Child Psychology, 32*(6), 595-607.
- Howell, A. J., & Watson, D. C. (2009). Impairment and distress judgments of symptoms composing childhood externalizing and internalizing syndromes. *Journal of Child and Family Studies, 18*(2), 172-182.
- Jeynes, W. H. (2005). The effects of parental involvement on the academic achievement of African American youth. *The Journal of Negro Education, 74*(3), 260-274.
- Joe, E. M., & Davis, J. E. (2009). Parental influence, school readiness and early academic achievement of African American boys. *The Journal of Negro Education, 78*(3), 260-276,362-363.
- Keiley, M. K., Lofthouse, N., Bates, J. E., Dodge, K. A., & Pettit, G. S. (2003). Differential risks of covarying and pure components in mother and teacher reports of externalizing and internalizing behavior across ages 5 to 14. *Journal of Abnormal Child Psychology, 31*(3), 267-83.



- Kim, E. (2002). The relationship between parental involvement and children's educational achievement in the Korean immigrant family. *Journal of Comparative Family Studies*, 33(4), 529-540.
- Kramer, T. L., Vuppala, A., Lamps, C., Miller, T. L., & Thrush, C. R. (2006). The interface between mental health providers, families, and schools: Parent and child attitudes about information-sharing. *Journal of Child and Family Studies*, 15(4), 377-392.
- Kutash, K., Duchnowski, A. J., Robbins, V., Calvanese, P. K., & al, e. (2000). The school and community study: Characteristics of students who have emotional and behavioral disabilities served in restructuring public schools. *Journal of Child and Family Studies*, 9(2), 175-190.
- Leve, L. D., Kim, H. K., & Pears, K. C. (2005). Childhood temperament and family environment as predictors of internalizing and externalizing trajectories from ages 5 to 17. *Journal of Abnormal Child Psychology*, 33(5), 505-20.
- Liang, R., & Chen, D. V. (2012). Online learning: Trends, potential and challenges. *Creative Education*, 3(8), 1332-1335.
- Marchand, J. F., & Hock, E. (2003). Mothers' and fathers' depressive symptoms and conflict resolution strategies in the marriage and children's externalizing and internalizing behaviors. *The Journal of Genetic Psychology*, 164(2), 227-39.
- Mendez, J. L., Carpenter, J. L., Laforett, D. R., & Cohen, J. S. (2009). Parental engagement and barriers to participation in a community-based preventive intervention. *American Journal of Community Psychology*, 44(1-2), 1-14.

- Mihalas, S., Morse, W. C., Allsopp, D. H., & Alvarez McHatton, P. (2009). Cultivating caring relationships between teachers and secondary students with emotional and behavioral disorders. *Remedial and Special Education, 30*(2), 108-125.
- Milan, S., & Pinderhughes, E. E. (2006). Family instability and child maladjustment trajectories during elementary school. *Journal of Abnormal Child Psychology, 34*(1), 40-53.
- Moilanen, K. L., Shaw, D. S., & Maxwell, K. L. (2010). Developmental cascades: Externalizing, internalizing, and academic competence from middle childhood to early adolescence. *Development and Psychopathology, 22*(3), 635-53.
- Morgan, P. L., Farkas, G., & Wu, Q. (2009). Kindergarten predictors of recurring externalizing and internalizing psychopathology in the third and fifth grades. *Journal of Emotional and Behavioral Disorders, 17*(2), 67-79.
- Musti-Rao, S., & Cartledge, G. (2004). Making home an advantage in the prevention of reading failure: Strategies for collaborating with parents in urban schools. *Preventing School Failure, 48*(4), 15-21.
- Nelson, R. J., Benner, G. J., Lane, K., & Smith, B. W. (2004). Academic achievement of K-12 students with emotional and behavioral disorders. *Exceptional Children, 71*(1), 59.
- Northey, William F., Jr, Wells, K. C., Silverman, W. K., & C, E. B. (2003). Childhood behavioral and emotional disorders. *Journal of Marital and Family Therapy, 29*(4), 523-45.
- Patall, E. A., Cooper, H., & Robinson, J. C. (2008). Parent involvement in homework: A research synthesis. *Review of Educational Research, 78*(4), 1039-1101.
- Pearson, E. S., Irwin, J. D., Burke, S. M., & Shapiro, S. (2013). Parental perspectives of a 4 week family-based lifestyle intervention for children with obesity. *Global Journal of Health Science, 5*(2), 111-22.

- Rankin Williams, L., Degnan, K. A., Perez-edgar, K., Henderson, H. A., Rubin, K. H., Pine, D. S., . . . Fox, N. A. (2009). Impact of behavioral inhibition and parenting style on internalizing and externalizing problems from early childhood through adolescence. *Journal of Abnormal Child Psychology, 37*(8), 1063-75.
- Roelofs, J., Meesters, C., Mijke, t. H., Bamelis, L., & Muris, P. (2006). On the links between attachment style, parental rearing behaviors, and internalizing and externalizing problems in non-clinical children. *Journal of Child and Family Studies, 15*(3), 319-332.
- Rosenzweig, J. M., Brennan, E. M., & Ogilvie, A. M. (2002). Work-family fit: Voices of parents of children with emotional and behavioral disorders. *Social Work, 47*(4), 415-24.
- Siddiqui, I. J. (2011). Lack of parental involvement: Stress prone children. *International Journal of Education & Allied Sciences, 3*(2), 43-48.
- Stormont, M. (2000). Early child risk factors for externalizing and internalizing behaviors: A 5 year follow-forward assessment. *Journal of Early Intervention, 23*(3), 180-184,186-190.
- Sutherland, K. S., & Oswald, D. P. (2005). The relationship between teacher and student behavior in classrooms for students with emotional and behavioral disorders: Transactional processes. *Journal of Child and Family Studies, 14*(1), 1-14.
- Trotman, M. F. (2001). Involving the African American parent: Recommendations to increase the level of parent involvement within African American families. *The Journal of Negro Education, 70*(4), 275-285.
- Velders, F. P., Dieleman, G., Henrichs, J., Jaddoe, V. W., V., Hofman, A., . . . Tiemeier, H. (2011). Prenatal and postnatal psychological symptoms of parents and family functioning: The impact on child emotional and behavioural problems. *European Child & Adolescent Psychiatry, 20*(7), 341-50.

- Wagner, M., Kutash, K., Duchnowski, A. J., Epstein, M. H., & Sumi, W. C. (2005). The children and youth we serve: A national picture of the characteristics of students with emotional disturbances receiving special education. *Journal of Emotional and Behavioral Disorders, 13*(2), 79-96.
- White, J., & Klein, D. (2008). The systems framework. (3<sup>rd</sup> ed.), *Family Theories* (pp. 151-177). Location: Sage Publications, Inc.
- Windle, M., & Mason, W. A. (2004). General and specific predictors of behavioral and emotional problems among adolescents. *Journal of Emotional and Behavioral Disorders, 12*(1), 49-61.
- Xu, M., Kushner Benson, S.,N., Mudrey-camino, R., & Steiner, R. P. (2010). The relationship between parental involvement, self-regulated learning, and reading achievement of fifth graders: A path analysis using the ECLS-K database. *Social Psychology of Education : An International Journal, 13*(2), 237-269.

## Appendix A - Application: Online Module

# How to be Involved: Having a Child with an Emotional or Behavioral Disorder

## Outline

- ▶ Guiding Theory
- ▶ Pretest
- ▶ Emotional and Behavioral Disorders
  - ▶ Characteristics and paths of change
- ▶ Difficulties
  - ▶ Academically, socially, environmentally, behaviorally, and in life outcomes
- ▶ Parental Involvement
- ▶ Collaboration with Teachers
- ▶ Impact of Involvement
- ▶ Posttest

## Pretest

- ▶ Attached in Appendix B
- ▶ Participants will choose an answer to the question. They will then be provided with the correct answer as well as information about the topic of the question. This will start the educational process from the very beginning.

## Bioecological Theory

- ▶ The environment your child lives in has an effect on their development.
  - ▶ Interactions in their immediate environment can be either positive or negative. Their immediate environment includes home and school.
    - ▶ A positive environment will encourage positive development
    - ▶ A negative environment can cause negative development
      - ▶ This can include the development of emotional and behavioral disorders
- ▶ You can be a positive influence in your child's environment. You can encourage positive development for them.
  - ▶ This can be done through involvement with your child, their schooling, and in relationships with their teachers.

Smith & Hamon, 2012

## Emotional and Behavioral Disorders

- ▶ Emotional and Behavioral Disorders (EBD) can be classified into two types
  - ▶ Internalizing disorders: experienced internally by the child
    - ▶ For example: problems with mood or difficulties with thinking and mental processes
  - ▶ Externalizing disorders: behaviors that occur externally and are acted out
    - ▶ For example: aggression or hyperactivity
- ▶ A variety of risk factors tied to EBD will be discussed. It is important to know that these risk factors do not cause EBD. They are just factors that are related between the disorders and the children and families who experience them.

## Emotional and Behavioral Disorders

- ▶ Characteristics of EBD
  - ▶ Emotional disorders are defined as problems affecting learning, social relationships, or behaviors. Emotional and behavioral disorders are defined as emotional or behavioral reactions that hinder academic and/or social success.
    - ▶ These definitions show that EBD can lead to a variety of difficulties for children in many areas of their life. Education about the disorders as well as ways to help improve them are critical to healthy development for children with EBD.
  - ▶ The disorders experience by children with EBD can be fairly mild or they can be quite extreme. Some disorders can be dealt with without much help, yet others require lots of treatment and help. Not every disorder is the same.
    - ▶ Also, not every child will experience a disorder in the same way. Two children with the same disorder may have completely different experiences with them. Just as no disorder may be the same, no child's experience with the disorder may be the same either.

Forness et al., 1998

## Emotional and Behavioral Disorders

### ▶ Types of Disorders

#### ▶ Internalizing Disorders

- ▶ These disorders are experienced internally by your child.
- ▶ They include anxiety, depression, and mood disorders.
- ▶ Children who experience these disorders are more often girls.
- ▶ These children tend to be anxious, shy, socially withdrawn, phobic, or depressed.
- ▶ The disorders have been found in children with higher fear and shyness.

#### ▶ Externalizing Disorders

- ▶ These disorders are externally expressed through physical or verbal actions.
- ▶ They include oppositional defiant disorder, conduct disorder, and substance abuse disorders.
- ▶ The majority of children diagnosed with these types of disorders are boys.
- ▶ These children tend to be overactive, impulsive, disruptive, defiant, hyperactive, antisocial, and aggressive.
- ▶ These disorders also have been found to develop in children with higher impulsivity.

#### ▶ Comorbid Disorder

- ▶ Comorbid disorders exist in children who have two or more internalizing and externalizing disorders.

Baker, Grant & Horlock, 2008; Gilliom & Shaw, 2004; Howell & Watson, 2009; Leve, Kim & Pears, 2005; Marchand & Hock, 2003; Morgan, Farkas & Wu, 2009; Northey, Wells, Silverman & Bailey, 2003; Roelofs, Meesters, Mijke & Bamelis, 2006; Wagner, Kutash, Duchnowski, Epstein & Sumi, 2009

## Emotional and Behavioral Disorders

### ▶ Paths of Change

- ▶ Difficulties associated with EBD can occur from early childhood through adulthood.
  - ▶ The disorders may remain stable, increase, or decrease.
- ▶ Problem behaviors seen in early childhood can potentially become severe disorders in adolescence or adulthood if they are not properly treated.
  - ▶ Problem behaviors are usually noticed in children around the ages of 4 or 5. The first behaviors seen tend to be aggression or hyperactivity.
- ▶ Early interventions, such as involvement or treatment, can help a child with EBD learn positive adaption skills that help them deal with and control their disorders. This can lead to more positive outcomes.

Armstrong, Birnie-Lefcovitch & Ungar, 2005; Connell et al., 2008; Kutash et al., 2000



## Activity: Sorting

Place each bulleted item in the column under the heading the item fits with.

### Internalizing

- ▶ Experienced internally
- ▶ Anxiety, depression, mood disorders
- ▶ More often girls
- ▶ Anxious, shy, withdrawn, phobic, depressed
- ▶ Higher fear and shyness
- ▶ Emotional disorders
- ▶ Increase over time
- ▶ Linked to personal distress
- ▶ Sad emotions and feelings
- ▶ Can develop due to peer rejection

### Externalizing

- ▶ Expressed externally
- ▶ Physical or verbal actions
- ▶ Oppositional defiant disorder, conduct disorder
- ▶ Most often boys
- ▶ Overactive, impulsive, disruptive, defiant, hyperactive, antisocial, aggressive
- ▶ Higher impulsivity
- ▶ Behavioral disorders
- ▶ Decrease over time
- ▶ Linked to impairment
- ▶ Lack of control

Bullets will be mixed up and will need to be sorted into appropriate column

## Difficulties Related to EBD

### ▶ School Related

- ▶ Children with EBD experience higher rates of school dropout, being held back, and school failure. They also experience a lower likelihood of graduating or going to college.
- ▶ Changing schools, being suspended or expelled, and being held back can cause these problems to continue or become worse.
- ▶ Problem behaviors that occur due to the disorders can cause difficulty with learning. These difficulties with learning can cause the problem behaviors to continue or become worse. This creates a cycle where the problems keep each other going and may make them worse.

Kramer, Vuppala, Lamps, Miller & Thrush, 2006; Mihalas, Morse, Allsopp & McHatten, 2009; Mollanen, Shaw & Maxwell, 2010; Nelson, Benner, Lane & Smith, 2004; Wagner et al., 2005

## Difficulties Related to EBD

### ▶ Socially Related

- ▶ Problems with social relationships often occur with peer relationships.
  - ▶ Problem behaviors expressed with these disorders, such as aggression or acting out, may cause peer rejection.
  - ▶ When these children are rejected by their peers, it is likely to cause continued or worse problem behaviors.
  - ▶ Repeated peer rejection can lead to the development of depression and/or anxiety.
  - ▶ These children may join deviant peer groups which tend to make the problem behaviors worse. Deviant peer groups are those who do not follow what is acceptable or expected

Baker et al., 2008; Kelley, Lofthouse, Bates, Dodge & Pettit, 2003; Kutash et al., 2000; Mollanen et al., 2010; Stormont, 2000

## Difficulties Related to EBD

### ▶ Environmental Factors

- ▶ Risk factors in the environment related to the development of EBD: low income, problematic parent-child relationships, violent neighborhoods, lack of resources, and family instability such as frequent moves or parent divorces
  - ▶ It is important to remember that these risk factors do not cause EBD, they are just related to it.
- ▶ Parent-Child Relationships
  - ▶ Negative interactions between parents and children as well as rigid, controlling, demanding, manipulative, harsh, and permissive parenting styles are connected to internalizing, externalizing, and comorbid problem development.
- ▶ Early interventions aimed at helping with these risk factors can help intervene in problem development.

Cartwright-Hatton, McNally, White & Verduyn, 2005; Conway, 2006; Hollenstein, Granic, Stoolmiller & Snyder, 2004; Joe & Davis, 2009; Kelley et al., 2003; Love et al., 2005; Milan & Pinderhughes, 2006; Morgan et al., 2009; Musti-Rao & Cartledge, 2004; Rankin Williams et al., 2009; Sutherland & Oswald, 2005; Trotman, 2001; Wagner et al., 2005

## Difficulties Related to EBD

### ► Possible Life Outcomes

- If these disorders are not treated and reduced in childhood, they are likely to continue into adulthood. They may even become quite severe.
- In adulthood those with EBD are less likely to have a stable job or career.
- They are also more likely to be involved in crime and be put into jail.

Baker et al., 2008; Mihalis et al., 2009; Stormont, 2000

## Activity: Matching

Match each item on the right to the numbered item on the left that is the best fit.

- |  |   |
|--|---|
| 1. School related problems                                     | a) Dropout, failing grades, being held back                             |
| 2. Emotional and behavioral problem behavior effects           | b) Negatively affect academic and social success                        |
| 3. These cause more problems with school success               | c) Changing schools, being suspended or expelled, being held back       |
| 4. Social difficulties   | d) Peer rejection and neglect   |
| 5. Hurts social skills and development of social relationships | e) Lack of language and communication skills                            |
| 6. These lead to peer rejection                                | f) Problem behaviors associated with emotional and behavioral disorders |
| 7. Repeated peer rejection can cause this                      | g) Development of depression and anxiety                                |
| 8. Risk factors in environment for occurrence of EBD           | h) Poverty, violent neighborhoods, negative parent-child relationships  |
| 9. Family instability  | i) Many life changes such as moving or parental job loss                |
| 10. Problematic parenting styles                               | j) No flexibility, control, harshness                                   |
| 11. Problems that can continue into adulthood                  | k) Lack of stable job, criminal behavior, ending up in jail             |

Information on the right side will be mixed up. They will need to be matched to the corresponding number.

## Parent Involvement

- ▶ Your involvement as a parent can affect the development, behavior, self-identity, and regulation of your children. It can also lead to growth for your children in self-esteem, competence, and resiliency.
- ▶ Problematic involvement like the parenting behaviors discussed in the Environmental Difficulties section may contribute to EBD development. On the other hand, positive and caring parental involvement can lead to decreases in EBD symptoms.
  - ▶ The type of parental involvement you provide will lead to similar responses from your child. For example:
    - ▶ A parent who yells at a child for a bad day at school may receive a response from their child of anger and aggressiveness. This can lead to further parent punishment.
    - OR
    - ▶ A parent can ask their child about their day at school and talk through the problems they experiences. The child's response may be that they are willing to work on and correct their behavior. This can bring about a parent response of warmth and encouragement.

Armstrong et al., 2005; Connell et al., 2008

## Parent Involvement

- ▶ You can be involved at home and in relation to your child's schooling
  - ▶ Home involvement includes supervision, structure, discipline, communication, and rule setting.
    - ▶ By being involved in these ways, you communicate to your child that you care.
    - ▶ Positive parent-child attachments that are considered to be those with acceptance, warmth, and encouragement can protect your children against the development of problems.
      - ▶ These types of attachments express your interest in your child as well as create feelings of security.
    - ▶ Involvement with schooling can include helping with and checking homework, attendance at parent-teacher conferences and other school events, involvement in school committees or organizations, and volunteering in the classroom or on field trips.
  - ▶ You may experience things that keep the from being involved. These can include:
    - ▶ Your beliefs about how much involvement is necessary. Some of you may think you need to be very involved while others of you may thing you need to be involved very little. You may also feel unprepared in being a positive influence.
    - ▶ Parent training on involvement and support from your children's teachers may encourage you to feel more confident thus become fore involved.

Altschul, 2011; Armstrong et al., 2005; Banerjee, Harrel B. Johnson, 2011; Domina, 2005; Fomoso, Gonzales, B. Alken, 2000; Marchand B. Hock, 2003; Roelofs et al., 2006; Siddiqui, 2011; Wagner et al., 2005; Xu, Kushner, Mudrey-Camino B. Steiner, 2010

## Activity: Scenarios

- ▶ Use of stories or videos that give real life examples of parental involvement.

## Collaboration with Teachers

- ▶ Effective collaboration between you and your child's teachers can occur with good communication and sharing of information.
  - ▶ You can give the teachers information about your home environment and what is happening outside of school. This way the teachers may better understand your child's behavior and be able to better respond with appropriate interventions.
  - ▶ Teachers can provide you with knowledge about what goes on during school. They can offer materials as well as information about effective strategies for working on school things at home.
- ▶ You and your child's teachers can also work together to set shared goals. By working together on the goal, you both can be involved in carrying them out.
  - ▶ Meeting can be scheduled to discuss goals and strategies to meet those goals.
  - ▶ By working on shared goals, you can create caring and support home AND school environments which can create more benefits for the children than either of you working alone.

Trotman, 2001

## Collaboration: Quotes from Parents and Teachers

- ▶ Quotes from parents about barriers to involvement, ways they want to be involved, ways they are involved in their child's schooling
- ▶ Quotes from teachers about ways parents are involved and ways they'd like parents to be involved.

## Impact of Involvement

- ▶ Your parental involvement can affect school success and mental development of your child as well as parent-child relationships, and school behaviors in positive ways.
  - ▶ These positive outcomes can include higher school performance, better school attendance, improved test scores, higher completion and lower problems with homework, and fewer behavior problems in school.
  - ▶ The effects are more powerful the earlier they are begun and can occur in children from preschool all the way through high school.
- ▶ Positive parenting behaviors including expressions of acceptance, warmth, and encouragement can reduce the problematic symptoms associated with EBD
  - ▶ A shift can occur from expressions of problem behaviors toward behaviors more like those of children without EBD.
  - ▶ Positive parent-child attachments can act as a shield against behaviors problems leading to additional positive outcomes.

Altschul, 2011; Banerjee et al., 2011; Cartwright-Hatton et al., 2005; Cornell et al., 2008; Domina, 2005; Formoso et al., 2000; Northey et al., 2003; Patail et al., 2008; Siddiqui, 2011; Trotman, 2001; Wagner et al., 2005

## Posttest

- ▶ Attached in Appendix B

## References

- Altschul, I. (2011). Parental involvement and the academic achievement of Mexican American youths: What kinds of involvement in youths' education matter most? *Social Work Research, 35*(3), 159-170.
- Armstrong, M. I., Birnie-Leftovich, S., & Ungar, M. T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies, 14*(2), 269-281.
- Baker, J. A., Grant, S., & Morlock, L. (2008). The teacher-student relationship as a developmental context for children with internalizing or externalizing behavior problems. *School Psychology Quarterly, 23*(1), 3-15.
- Banerjee, M., Harrell, Z. A. T., & Johnson, D. J. (2011). Racial/Ethnic socialization and parental involvement in education as predictors of cognitive ability and achievement in African American children. *Journal of Youth and Adolescence, 40*(5), 595-605.
- Cartwright-Hatton, S., McNally, D., White, C., & Verdun, C. (2005). Parenting skills training: An effective intervention for internalizing symptoms in younger children? *Journal of Child and Adolescent Psychiatric Nursing, 18*(2), 45-52.
- Connell, A., Bullock, B. M., Dishion, T. J., Shaw, D., Wilson, M., & Gardner, F. (2008). Family intervention effects on co-occurring early childhood behavioral and emotional problems: A latent transition analysis approach. *Journal of Abnormal Child Psychology, 36*(8), 1211-25.
- Conway, R. (2006). Students with emotional and behavioral disorders: An Australian perspective. *Preventing School Failure, 50*(2), 15-20.
- Domina, T. (2005). Leveling the home advantage: Assessing the effectiveness of parental involvement in elementary school. *Sociology of Education, 78*(3), 233-249.
- Fornoso, D., Gonzalez, N. A., & Aiken, L. S. (2000). Family conflict and children's internalizing and externalizing behavior: Protective factors. *American Journal of Community Psychology, 28*(2), 175-99.

## References

- Forness, S. R., Cluett, S. E., Ramey, C. T., Ramey, S. L., & al. e. (1998). Special education identification of head start children with emotional and behavioral disorders in second grade. *Journal of Emotional and Behavioral Disorders, 6*(4), 194.
- Gilliom, M., & Shaw, D. S. (2004). Codevelopment of externalizing and internalizing problems in early childhood. *Development and Psychopathology, 16*(2), 313-33.
- Hollenstein, T., Granic, I., Stoolmiller, M., & Snyder, J. (2004). Rigidity in parent-child interactions and the development of externalizing and internalizing behavior in early childhood. *Journal of Abnormal Child Psychology, 32*(6), 595-607.
- Howell, A. J., & Watson, D. C. (2009). Impairment and distress judgments of symptoms composing childhood externalizing and internalizing syndromes. *Journal of Child and Family Studies, 18*(2), 172-182.
- Joe, E. M., & Davis, J. E. (2009). Parental influence, school readiness and early academic achievement of African American boys. *The Journal of Negro Education, 78*(3), 260-276,362-363.
- Keiley, M. K., Lofthouse, N., Bates, J. E., Dodge, K. A., & Pettit, G. S. (2003). Differential risks of covarying and pure components in mother and teacher reports of externalizing and internalizing behavior across ages 5 to 14. *Journal of Abnormal Child Psychology, 31*(3), 267-83.
- Kramer, T. L., Vuppala, A., Lamps, C., Miller, T. L., & Thrusch, C. R. (2006). The interface between mental health providers, families, and schools: Parent and child attitudes about information-sharing. *Journal of Child and Family Studies, 15*(4), 377-392.

## References

- Kutash, K., Duchnowski, A. J., Robbins, V., Calvanese, P. K., & al. e. (2000). The school and community study: Characteristics of students who have emotional and behavioral disabilities served in restructuring public schools. *Journal of Child and Family Studies, 9*(2), 175-190.
- Leve, L. D., Kim, H. K., & Pears, K. C. (2005). Childhood temperament and family environment as predictors of internalizing and externalizing trajectories from ages 5 to 17. *Journal of Abnormal Child Psychology, 33*(5), 505-20.
- Marchand, J. F., & Hock, E. (2003). Mothers' and fathers' depressive symptoms and conflict resolution strategies in the marriage and children's externalizing and internalizing behaviors. *The Journal of Genetic Psychology, 164*(2), 227-39.
- Mihalas, S., Morse, W. C., Allsopp, D. H., & Alvarez McHaston, P. (2009). Cultivating caring relationships between teachers and secondary students with emotional and behavioral disorders. *Remedial and Special Education, 30*(2), 108-125.
- Milan, S., & Pinderhughes, E. E. (2006). Family instability and child maladjustment trajectories during elementary school. *Journal of Abnormal Child Psychology, 34*(1), 40-53.
- Moilanen, K. L., Shaw, D. S., & Maxwell, K. L. (2010). Developmental cascades: Externalizing, internalizing, and academic competence from middle childhood to early adolescence. *Development and Psychopathology, 22*(3), 635-53.



## References

- Morgan, P. L., Farkas, G., & Wu, Q. (2009). Kindergarten predictors of recurring externalizing and internalizing psychopathology in the third and fifth grades. *Journal of Emotional and Behavioral Disorders, 17*(2), 67-79.
- Musti-Rao, S., & Cartledge, G. (2004). Making home an advantage in the prevention of reading failure: Strategies for collaborating with parents in urban schools. *Preventing School Failure, 48*(4), 15-21.
- Nelson, R. J., Benner, G. J., Lane, K., & Smith, B. W. (2004). Academic achievement of K-12 students with emotional and behavioral disorders. *Exceptional Children, 71*(1), 59.
- Northey, William F., Jr, Wells, K. C., Silverman, W. K., & C, E. B. (2003). Childhood behavioral and emotional disorders. *Journal of Marital and Family Therapy, 29*(4), 523-45.
- Rankin Williams, L., Degnan, K. A., Perez-edgar, K., Henderson, H. A., Rubin, K. H., Pine, D. S., . . . Fox, N. A. (2009). Impact of behavioral inhibition and parenting style on internalizing and externalizing problems from early childhood through adolescence. *Journal of Abnormal Child Psychology, 37*(8), 1063-75.
- Rocelofá, J., Meesters, C., Mijke, t. H., Bamelis, L., & Muris, P. (2006). On the links between attachment style, parental rearing behaviors, and internalizing and externalizing problems in non-clinical children. *Journal of Child and Family Studies, 15*(3), 319-332.

## References

- Siddiqui, I. J. (2011). Lack of parental involvement: Stress prone children. *International Journal of Education & Allied Sciences, 3*(2), 43-48.
- Smith, S. R., & Hancock, R. R. (2012). *Exploring family theories*. (3rd ed., pp. 185-200; 249-267). New York, NY: Oxford University Press, Inc.
- Stormont, M. (2000). Early child risk factors for externalizing and internalizing behaviors: A 5 year follow-forward assessment. *Journal of Early Intervention, 23*(3), 180-184,186-190.
- Sutherland, K. S., & Oswald, D. P. (2005). The relationship between teacher and student behavior in classrooms for students with emotional and behavioral disorders: Transactional processes. *Journal of Child and Family Studies, 14*(1), 1-14.
- Trotman, M. F. (2001). Involving the African American parent: Recommendations to increase the level of parent involvement within African American families. *The Journal of Negro Education, 70*(4), 275-285.
- Wagner, M., Kutash, K., Duchnowski, A. J., Epstein, M. H., & Sumi, W. C. (2005). The children and youth we serve: A national picture of the characteristics of students with emotional disturbances receiving special education. *Journal of Emotional and Behavioral Disorders, 13*(2), 79-96.

## Appendix B - Pretest and Posttest of Module

### Pretest

1. A child's environment can...
  - a. Have a positive effect on development
  - b. Be negative and lead to the development of emotional and behavioral disorders
  - c. Be influence by the involvement of their parents

**d. All of the above**

A child's environment, whether positive or negative, will influence their development either positively or negatively. Positive environments create a context for positive development. Negative environment create risk factors that can lead to the development of emotional and behavioral disorders. Parental involvement can be a positive factors.

2. Emotional and behavioral disorders can be classified as internalizing or externalizing disorders.

**a. True**

b. False

There are a variety of emotional and behavioral disorders that fit into two categories. Internalizing disorders are experienced on the inside by the child. Externalizing disorders are those that are acted out by the child physically or verbally.

3. Emotional and behavioral disorders...

- a. Aren't a big deal
- b. Can cause problems for the child that can range from mild to very severe
- c. Are always really bad
- d. Don't really cause problems

Some of the disorders can have mild symptoms while others can be quite extreme. Not only can the disorders range from mild to extreme, but the effects experienced by different children with the same disorder can range from mild to extreme as well.

4. Emotional and behavioral disorders cause problems in...

- a. Learning
- b. Behavior
- c. Social relationships
- d. All of the above

The definitions of emotional and behavioral disorders are that they cause problems and hinder success in these areas. Problems with learning, behavior, and social relationships are at the heart of these disorders.

5. School related difficulties for children with emotional and behavioral disorders occur because...

- a. Lower academic abilities lead to more problem behaviors
- b. Behaviors problems lead to lower academic success
- c. The children aren't smart
- d. Both A and B

The problem behaviors cause problems with thinking, attention, and participation in school which lowers academic success. The lack of success leads to more problem behaviors. Each causes more problems with the other.

6. Parent-child relationships that can lead to the development of emotional and behavioral disorders are:

- a. Those that are not willing to compromise and be flexible from situation to situation
- b. Those full of warmth, caring, and comfort
- c. Those with parenting that is harsh and controlling
- d. Both A and C

These negative parent-child relationships can lead to emotional and behavioral disorder development because they create a negative environment. Negative environments have been found to lead to negative development.

7. Parental involvement doesn't make a difference in the development and behavior of their children.

- a. True
- b. False

The amount and quality of involvement and interaction is very important. Negative or problematic involvement can contribute to emotional and behavioral disorders. On the other hand, positive involvement can development self-esteem and the ability to be successful.

8. Parents can be involved with their child by...
- a. Creating structure and setting rules at home
  - b. Developing parent-child relationships with acceptance, warmth, and encouragement
  - c. Helping with homework and attending school meetings and events
  - d. All of the above

Parents can be involved in a variety of ways. Involvement in each of these areas shows their child that they are about them and are interested in them and how they are doing.

9. Parental involvement can lead to...
- a. Positive school achievement, mental development, and school behavior
  - b. Better school attendance and higher test scores
  - c. Overall behavior improvement
  - d. All of the above

Parental involvement can lead to so many improvements. It's a very important part of a child's development and should be taken very seriously since it can lead to so many positive outcomes.

10. Positive parental attachments can help protect children from behavior problems.
- a. True
  - b. False

Appropriate parenting styles with warmth and caring can cause problem behaviors to reduce both immediately and in the long run.

## Posttest

1. A child's environment includes...
  - a. The home environment
  - b. The school environment
  - c. Relationships with their parents
  - d. All of the above
  
2. Emotional and behavioral disorders affect...
  - a. School success
  - b. Social relationships
  - c. Behavior problems
  - d. All of the above
  
3. Comorbid disorders
  - a. Mean the problems occur behaviorally
  - b. Mean children have two or more internalizing and externalizing disorders
  - c. Only happen with girls
  - d. None of the above.
  
4. Positive parenting behaviors include all of the following EXCEPT...
  - a. Harshness
  - b. Warmth
  - c. Care
  - d. Involvement

5. School related problems for children with EBD include...
  - a. Dropout
  - b. Suspensions
  - c. Being held back
  - d. All of the above
  
6. Peer rejection...
  - a. Isn't a problem for children with EBD
  - b. Causes more behavior problems
  - c. Can lead to the development of depression or anxiety
  - d. Both B and C
  
7. Parental involvement can encourage positive growth for children in...
  - a. Development
  - b. Behavior
  - c. Self-identity
  - d. All of the above
  
8. Positive parent involvement can communicate to children that...
  - a. They can feel safe, secure, and cared about
  - b. They don't really matter
  - c. The parent isn't interested in their success
  - d. None of the above

9. Children with involved parents...

- a. Have better success on homework
- b. Have lower rates of behavior problems
- c. Have higher test scores

d. All of the above

10. Appropriate parenting behaviors...

- a. Decrease children's internalizing and externalizing symptoms
- b. Have no influence
- c. Shift behaviors from internalizing and externalizing toward normative behaviors

d. Both A and C