

Future Directions for Research to Improve Outcomes for Students with Emotional and Behavioral Disorders

Technical Working Group Meeting Summary / November 16, 2017

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National Center for Special Education Research

Institute of Education Sciences

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INTRODUCTION

On November 16, 2017, the National Center for Special Education Research (NCSE) in the Institute of Education Sciences (IES) convened a Technical Working Group (TWG) that consisted of a group of experts (TWG members) to gain insights and advice on improving outcomes of students with emotional and behavioral disorders (EBD) through research (see Appendix A for agenda). The discussion followed four topics of inquiry:

1. What do we know—and need to know—about academic, social, and emotional needs of students with EBD?
2. What do we know—and need to know—about policies, programs, and practices for elementary students with EBD?
3. What do we know—and need to know—about policies, programs, and practices for secondary students with EBD?
4. What is needed to advance EBD research?

The discussion for each topic consisted of introductory comments by two TWG members, followed by general discussion among all panel members. The meeting concluded with each TWG member providing top-priority recommendations for IES. This report summarizes the meeting discussion by topic.

A NATIONAL PERSPECTIVE ON STUDENTS WITH EBD

To highlight the need for research in EBD and to provide context for the day’s discussion, staff from the National Center for Education Evaluation and Regional Assistance (NCEE) at IES provided the following summary of the National Longitudinal Transition Study 2012 (NLTS 2012) and key findings about youth with emotional disturbance (ED).¹

Background characteristics

- Youth with emotional disturbance and youth with intellectual disability are students who are the most socioeconomically disadvantaged and most likely to attend lower-performing schools
- Youth with emotional disturbance are more likely to be male and African American

Health, functional abilities, and independence

- In general, youth with emotional disturbance do not have more difficulty in these areas than youth in other groups
- Youth with emotional disturbance, autism, other health impairments are the students most likely to use prescription behavioral medicine

¹ The Individuals with Disabilities Education Act uses the term “emotional disturbance” to describe students with emotional or behavioral disorders.

Engagement

- Youth with emotional disturbance are most likely to get in trouble (e.g., be bullied, suspended, expelled, arrested)

Academic supports

- Youth with emotional disturbance, intellectual disabilities, autism, and multiple disabilities are less likely to receive academic help outside of regular school hours
- Youth with emotional disturbance, autism, and multiple disabilities are less likely to have parents help with homework or attend school events

Preparation for life after high school

- Youth with emotional disturbance are not among groups at highest risk for not transitioning successfully

Additional information can be found in the publicly released [NLTS2012 reports](#).

WHAT WE KNOW—AND WHAT WE NEED TO KNOW—ABOUT ACADEMIC, SOCIAL, AND EMOTIONAL NEEDS OF STUDENTS WITH EBD

During this session, the TWG considered the unique needs of those with EBD and what information is needed to better serve this population of students.

Defining the population of students with EBD. Members discussed the heterogeneity of students with emotional and behavior problems and the subjective nature of the EBD label. Members questioned whether we really understand the needs of this population, because existing data we have about students with EBD, such as NLTS 2012, inform us only about those who are identified with an EBD label, rather than *all* students with EBD-related problems. For example, studies have shown that students with internalizing disorders may be under identified in the EBD population. A “deeper dive” into existing data sources is needed to better understand the characteristics and needs of this population. There are also students who exhibit extensive and intensive behavior problems who for a variety of reasons, are never identified under the EBD label. When data such as NLTS2012 provide results about “students with EBD”, we need to recognize that existing data may not represent the entire population of students with significant behavior problems in schools. Because of this, the field needs to think about students with “intensive service needs” rather than focusing on students only with the EBD label.

The TWG discussed that one barrier to EBD identification and intervention delivery is the stigma of having an EBD label. At the kindergarten level, an estimated 70 to 80 percent of parents of students with EBD are highly involved in their child’s education. By middle school, this percentage drops to around 40 percent—perhaps due in part to the perceived stigma of having a child with EBD. Parents of children with emotional, behavioral, or mental health issues often feel judged (i.e., that the child’s problems are their fault). Complicating this problem is a lack of data on how perceived stigma may vary among cultures. The existence of this stigma should be

recognized and considered in intervention development research, in order to appropriately identify students and to ensure that all students who need services receive them.

Multidimensional needs of students with EBD. TWG members remarked that interventions for students with EBD have tended to focus on behavioral management (e.g., classroom management, social skills, and anger management) often to the exclusion of other needs of these students. For example, IES projects that have examined academic outcomes for students with disabilities show that the academic performance of students with EBD is lower than most disability groups, yet the literature does not provide practitioners with much guidance on academic interventions for students with EBD. Academic interventions exist for students with other disabilities, but members questioned whether we can assume that academic interventions developed for students with learning disabilities (LD), for example, would be appropriate and effective for students with EBD. TWG members suggested that researchers conducting academic intervention research be purposeful in addressing students with EBD, and collect data on student behavior to determine if academic interventions alone can improve outcomes for these students. The Office of Special Education Program's National Center on Intensive Intervention was noted as a resource that is advocating for programs that address behavior and academic needs of students.

Neuroscience research discussed suggests that early-life experiences can affect brain development, including executive function, which can in turn affect behavior and academic outcomes. It was noted that often students with EBD have greater risk exposure than their peers, and the field does not understand well the relationship between risk exposure and EBD identification and intervention. Risk exposure could have a significant moderating effect on the findings of EBD intervention research. Much of the existing risk research examines health and mental health outcomes, but we need a better understanding the impact on academic outcomes as well. Members called for more uniform measurement of childhood exposure to risk factors (e.g., family risk factors of trauma, neglect, abuse, and community risk factors such as exposure to violence) for students with EBD to begin to address these issues.

In addition, results of meta-analyses examining the relationship between language deficits and behavior issues suggest that these two challenges are often comorbid in students with EBD. Some students who ultimately receive an EBD label initially had language delays. Intervention development research for students with EBD should consider academic, behavioral, and language processing needs. In particular, it was noted that students with EBD are able to expressively communicate effectively, but often struggle with receptive language. This argues for attention also to be paid to understanding how teachers talk to students – the language used may impact student perception and understanding, and therefore their behavior. Measurement was discussed as challenging, so additional research is also needed to better understand how to measure language deficits for students with EBD. TWG members encouraged EBD intervention development researchers to collaborate with speech-language pathologists to address these issues.

The state of practice for students with EBD. TWG members discussed the importance of considering context when interventions are implemented with students with EBD. Every school setting is unique and multifaceted. The departure of a principal who is supportive of

interventions, for instance, can change a school’s educational environment. School leaders can play a critical role in the success of interventions. Teachers will need a range of contextual supports to successfully implement an EBD intervention—above and beyond training in intervention implementation—including time, resources, and access to colleagues. As one TWG member observed, it is not helpful to train a general education teacher on an effective intervention for their student(s) with EBD, and expect him or her to implement it with fidelity without a range of supports, particularly when teachers are responsible for a large number of students (e.g., high school).

TWG members argued that recruiting talented new professionals to this field and promoting their success should be a priority. Members recognized however, that more data is needed on the characteristics and skills of successful teachers of students with EBD. Teachers of students with EBD have higher rates of burnout, yet there are some teachers who thrive with this population of students. Addressing how talented new professionals can be recruited to this field and promoting their success should be a priority.

TWG members also recommended that intervention development research consider the role of every adult who interacts with EBD students, including teachers, administrators, para-professionals, counselors, cafeteria workers, security monitors, and bus drivers. They will all encounter students with EBD and can play important roles in creating a positive school culture and climate for students.

Members also noted that students with EBD typically have needs that extend beyond the school walls, and we need to address student needs across home, school, and community settings. Interventions should be informed by stakeholders from relevant sectors, such as juvenile justice, mental health, and community/social services. IES could bridge the separate funding and purpose of these entities by partnering with the Office of Juvenile Justice and Delinquency Prevention, the Substance Abuse and Mental Health Services Administration (SAMHSA), and others, to support comprehensive, integrated intervention development and evaluation. TWG members noted that providing wrap-around supports to students with EBD can be successful, such as having a local mental health agency co-located within a school to provide onsite support for students with ED.

Finally, members noted what is often missing from the research literature and practice is an understanding of the quality of services students receive. The focus is usually on what they receive with little if any attention paid to quality. TWG members noted the need for assessments to be able to better measure and differentiate the quality of services students with EBD receive.

WHAT WE KNOW—AND WHAT WE NEED TO KNOW— ABOUT POLICIES, PROGRAMS, AND PRACTICES FOR ELEMENTARY STUDENTS WITH EBD

TWG members expressed the need for a better understanding of all factors that are relevant to academic success for this population, including context, curriculum, and instructional practices.

Early identification. TWG members indicated that early recognition of problem behavior is critical to improving short and long-term outcomes for students, and schools are often not doing very well in this area.

Staff Preparation. It was noted that schools tend to be reactive rather than proactive toward students with EBD. Children with intense behavior problems, particular secondary-aged students, are often transferred to alternative settings that have teachers skilled in dealing with emotional and behavioral issues. The general consensus was that teachers and administrators—both general and special education—are frequently inadequately prepared to meet the time-, energy-, and cost-intensive needs of students with EBD. To reduce this trend, teachers and other school district staff should be provided with more training and supports because they are often unprepared to support students with EBD in general education settings. TWG members also called for more effective methods to promote behavior change in the adults who teach and interact with students with EBD. Coaching as a professional development strategy for teachers holds promise, but questions remain about why it works and how much is required, as well as the coaching needs of other staff such as para-professionals. For an EBD intervention to succeed, administrators, teachers, and para-professionals also need accurate information on the time requirements and cost/benefits of the program.

Systems Approach. TWG members noted that schools often lack the support systems to ensure adoption of such interventions with fidelity, adaptation to specific settings and populations, and the infrastructure necessary to sustain such programs. To be effective, an intervention must work at all levels (e.g., the student, classroom, school, and school system). There is much to learn about how to determine whether a system is “ready” for innovation and intervention. One promising model for scaling up innovation is the methodology used in the Positive Behavior Interventions and Supports (PBIS) literature.²

A systems approach may be enhanced by additional information about costs of programs, including cost-benefit and cost-effectiveness of programs. A large evidence base exists for PBIS, and the Office of Special Education Programs supports a technical assistance center for school systems interested in implementing PBIS.³ A TWG member discussed a recent study that found every \$100 invested in effective EBD interventions results in a later savings of \$105 per student in the form of reduced demand for community-based social services. This is particularly true when interventions are implemented as early as possible in the child’s elementary school career. Despite the success, schools still may face barriers in investing in some EBD interventions because the economic benefits are delayed and not recouped directly by the school system. High quality interventions may be more expensive because of more resources, support, and people necessary. It is difficult for schools to invest in something whose payoff may be years down the road.

There are also existing processes in place that can sometime impede development and/or implementation of interventions. For example, a current procedure requires that instruction and interventions for a student with EBD be informed by an individual functional behavioral assessment. In other words, intervention needs to be targeted to the individual need of a

² Scott TM, Anderson CM, Alter P, *Managing Classroom Behavior Using Positive Behavior Supports* (Pearson, 2012).

³ See <https://www.pbis.org/research/tier1supports/evaluation-studies>

particular student. Although TWG members acknowledged the importance of individualization, members discussed the tension between the need to assess and provide individualized academic and behavioral interventions to students with EBD and the promise of interventions that can be generalized to most or all students with EBD, or easily adapted based on individual student differences. Research is needed to identify intervention principles that apply broadly to students with EBD, as this may be more palatable to a school system than creating what seems like numerous resource intensive interventions for individual students .

Curricula and Interventions. Some TWG members remarked that when teachers need an intervention for students with a learning disability (LD) for example, they can find specific, progressive, skills-based curricula specifically designed for students with LD. This is generally lacking in the field for students with EBD. Teachers can find specific practices to implement with students with EBD, but more program are needed of structured, sequential, and comprehensive emotional and behavioral skills instruction, such as the LEAPS curriculum.⁴ Providing teachers with a scope and sequence of progressive, EBD-focused instruction enables them to develop daily lesson plans in a strategic way. TWG members agreed that although professional development for teachers is important for them to understand students with EBD, teachers would greatly benefit from having explicit curriculum support to help improve outcomes for students.

Members also noted that as students advance through grades, there is less of a focus on proactively teaching social and emotional and social skills. Tier 1 EBD interventions, characterized as proactive, positive, and preventive, are often focused at the primary grades. Tier 2 EBD interventions, characterized by triaging students in need of more intensive, focused interventions, tend to replace Tier 1 interventions in the older grades. Two problems emerge with this shift: older students with EBD do not receive needed explicit instruction to improve their emotional and social skills, and often it is unclear which staff members are responsible for identifying older students with more intense needs, and then implementing effective, targeted interventions for those identified students. Several Tier 2 EBD interventions have been shown to work well. Members cited the Check-in/Check-out program as highly effective and replicable.⁵ However, Tier 2 and more intensive tier 3 interventions require additional training, personnel, and resources. School systems need to be convinced that such interventions are worth the investment.

Research Needs. TWG members discussed the need for research that incorporates an understanding of the causes and mechanisms of behavior of students with EBD. Some adults view students' ED-related behaviors as intentional (i.e., they *can* behave properly but choose not to), and they can overlook the fact that EBD are as real as physical or learning disabilities. Moreover, ED-related behaviors are often learned coping mechanisms. Many students with EBD know what to do, and in fact behave appropriately most of the time. When exposed to certain stressors, however, their brains shift into "fight or flight" mode and they react purely out of emotion. Behavior-related errors in judgment (e.g., threatening a teacher) appear much more threatening and tend to result in more severe consequences (including suspension) than academic-related errors in judgment. More research is needed to understand how best to help

⁴ See <https://selfforschools.com/>

⁵ See http://www.pbis.org/common/cms/files/Forum11_Presentations/A11_Hawken.pdf

school professionals understand these behaviors, engage in ways that diffuse rather than escalate situations, and apply consequences appropriate for someone with this disability.

A large evidence base exists for Positive Behavior Interventions and Supports (PBIS), and the Office of Special Education Programs supports a technical assistance center for school systems interested in implementing PBIS.⁶ A TWG member discussed a recent study that found every \$100 invested in effective EBD interventions results in a later savings of \$105 per student in the form of reduced demand for community-based social services. This is particularly true when interventions are implemented as early as possible in the child’s elementary school career. Despite the success, schools still may face barriers in investing in some EBD interventions because the economic benefits are delayed and not recouped directly by the school system. High quality interventions may be more expensive because of more resources, support, and people necessary. It is difficult for schools to invest in something whose payoff may be years down the road.

Additional research is needed to understand barriers to implementing interventions such as PBIS and to develop more cost-effective strategies.

TWG members suggested the importance of research to better understand the long term impact of interventions for students with EBD. Research needs to better establish a link between effective and efficacious interventions and long-term student outcomes. For example, the Good Behavior Game intervention has been found to be a successful, reward-based way to build positive behaviors,⁷ but there is less research on the impact of the intervention on long-term outcomes. Additional research is needed to understand the long-term outcomes of interventions that have evidence of efficacy.

WHAT WE KNOW—AND WHAT WE NEED TO KNOW—ABOUT POLICIES, PROGRAMS, AND PRACTICES FOR SECONDARY STUDENTS WITH EBD

The discussion of secondary school interventions focused on the complexity of secondary settings, the challenges to intervention implementation and research at this level, the need to change adult behaviors and school environments, and the importance of engaging all adult members of the school community.

Challenges of Secondary Settings. Panel members acknowledged that the structure of high schools can be challenging for students with EBD. When in elementary school, students have a smaller number of teachers and the culture is typically more nurturing than secondary school. In secondary settings, particularly high schools, schools seem to be arranged for the convenience of the adults (e.g., the daily schedule) rather than the needs of the students. The nature of classroom instruction in high school differs significantly from that in elementary or even middle school, with greater emphasis on self-reliance and independence, which can challenge students with EBD. Classes are diverse and can range from a “typical” classroom with

⁶ See <https://www.pbis.org/research/tier1supports/evaluation-studies>

⁷ See <http://www.interventioncentral.org/behavioral-interventions/schoolwide-classroommgmt/good-behavior-game>

teachers lecturing to a room full of students, to small group work, and laboratory classes. All of these require different skill sets for students to be successful. The secondary system is also credit-driven, and historically has been geared toward college-bound students, with much less emphasis on students who may be successful in career and technical education (the panel did acknowledge that education in the U.S. is embracing CTE more now). The availability of mental health providers in schools is also a challenge; many schools have little support in this area, and guidance counselors are often tasked with college counseling and administrative tasks with little time for other counseling duties.

Teachers also identify closely with their academic discipline and teach to that content, with much less emphasis on teaching the whole child to include social and behavioral skills necessary to be successful. Members noted that overall, the field of education does poor job preparing secondary teachers for classroom management and behavior strategies. Another topic worth consideration is the degree to which teachers are tracked in high schools. The most highly qualified teachers are disproportionately assigned to teach Advanced Placement classes, whereas the least experienced teachers are assigned to less distinguished classes. Some schools assign teachers to classes with many students with EBD as a form of punishment. Even if not intended to be punitive, such assignments can have a negative impact on a teacher's career, because success is likely measured against the expected outcomes for non-EBD students.

Implementation Challenges. TWG members discussed a high school intervention that uses Check and Connect⁸ in combination with interpersonal skills instruction and classroom mental health assessment-based strategies. In developing the intervention components, researchers sought and incorporated the students' own ideas about what would work best. Teachers in the study agreed to implement the recommended strategies. However, implementation was inconsistent—with some teachers refusing and others unwilling to change their practice to help one student—which resulted in a lack of instructional continuity as students changed classrooms throughout the day. This is a challenge for any intervention that is intended to be implemented across multiple teachers/adults in a school setting.

Conflicting Pressures for School Staff. Practitioners continue to seek new ways to help high school students with EBD, including for example, promising initiatives such as trauma-informed care, mindfulness, restorative practices, among other programs. Conflicts often arise however between what teachers want and policy set by superintendents. Even when policy changes for the better, some schools find “work arounds” to continue existing practices. For example, practitioners noted that it is becoming increasingly clear that Zero Tolerance policies are not effective. As schools work to reduce the use of Zero Tolerance policies, some schools are subverting this ineffective practice by unofficially sending students home or to another location instead of formally suspending them for behavior infractions. Data also tells us that schools continue to disproportionately suspend students with EBD compared to their peers.

Barriers for Students. Most members agreed that high school can be a stressful setting for adolescents with mental health, emotional, or behavioral problems. Context is especially important to intervention development and implementation research at the adolescent stage of development for students with EBD. Students may be involved with multiple systems (e.g.,

⁸ See <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=WWCirdpcc06>

community mental health, juvenile justice) which interventionists need to take into account. High school students with EBD may also be facing more challenges at home, or even have moved out to live with friends or other family members, and we need to consider how this may impact intervention implementation and success. By this stage, students with EBD have also had numerous bad experiences in school which impact their willingness to persevere and graduate. A sense of identity becomes important at this developmental stage, for example the “cheerleader” or the “athlete.” Students with EBD often get the label of “bad kid” and it is difficult for them to get out from under that label, no matter what other skills or gifts they possess. Some students with EBD that have spent time in other settings such as an alternative schools and they do gain that positive identity and sense of self once they are in those settings, yet they are once again labeled as “bad kids” when they return to a conventional high school.

Research Challenges. For all of these reasons, conducting research in high schools can be challenging. Researchers noted that they are disincentivized to implement practices in HS. One barrier is the amount of time required to prepare for and fully implement an intervention in secondary settings. This “preparation” phase can often take a year or longer, and the grant period does allow enough time for this phase. In addition, involving a sufficient number of students can be difficult. The label of EBD is subjective; if researchers focus only on students with the label, they will miss other students who exhibit similar educational and behavioral challenges but lack the EBD label. Access to data is also a challenge. Researchers noted that obtaining 8th grade data is important high school planning purposes but getting access to those records is challenging. In addition, some students may be involved with other systems (e.g., the child welfare system) and it is difficult to get systems to communicate and collaborate, including sharing of data. Students with EBD are highly transient, and information as basic as a student’s grades and attendance can be delayed or lost in the transition from middle school, a residential program, the juvenile justice system, or another high school. The various software programs containing such key data are not aligned; schools have different semester/quarter systems; and student records are frequently incomplete, lost, or unavailable.

TWG members suggested that IES issue a special technology request for applications to address the transmission of data across settings—perhaps through the Researcher-Practitioner Partnership Grants program.⁹ Also needed are studies of administrative leadership at the high school level, given the academic discipline–based departmental structure, as well as of the factors that motivate principals, special education directors, district institution review board personnel, and other secondary school leaders to participate in EBD research.

TWG members recommended funding of studies to test whether interventions found to be successful at the elementary school level (e.g., Comprehensive Assessment of Reading Strategies program¹⁰) can be effective at the high school level, and with what adaptations. Other suggestions include developing interventions to create a school climate department (similar to an academic department such as mathematics or history) and to develop interventions that involve one grade level across all academic disciplines, starting with ninth grade as a pivotal transition year. More research is also needed to better understand how to

⁹ See <https://ies.ed.gov/ncer/projects/program.asp?ProgID=81>

¹⁰ See <https://www.curriculumassociates.com/products/detail.aspx?title=cars-plus>

motivate students with EBD at this stage in their personal development and how a positive sense of school identity can be helpful.

Researchers also noted that a lot of EBD researchers publish in non-education journals, such as psychology journals. This can also contribute to a disconnect between research and practice, if practitioners are looking for information in education journals or sites.

WHAT IS NEEDED TO ADVANCE EBD RESEARCH?

Members began this session by proposing three primary avenues to advancing EBD research:

1. Continue the effective and forward-moving work of IES.
2. Revisit the IES RFA language and look for opportunities to clarify research priorities and solicit specific types of research that will systematically build an evidence base for interventions for students with EBD.
3. Convene experts for input to develop a common framework for EBD research, including inclusion and exclusion criteria, conceptual/logic models, outcome measures, methodological designs, and other standards. Such a framework would promote transparency, replicability, rigor, and the ability to conduct meaningful meta-analyses. TWG members recommended that such a framework, and the process by which it was developed, would be publicly available.

TWG members were enthusiastic about developing a consensus-based panel of best practices, based on input from all relevant sectors, including mental health, disease prevention, and juvenile justice. Common outcome measures could facilitate more longitudinal, contextual, and flexible research—for example, studies of EBD comorbidities and quality of services. Dropouts could be included as an outcome, enabling researchers to capture and make use of those data.

Other suggestions for IES included the following:

Suggestions for Future Funding Opportunities

- Focus more on IES Goal 2 grants to explore (1) restructuring the high school system and (2) developing policies that work at both the classroom and system levels. The IES report, *A Practitioner's Guide to Implementing Early Warning Systems*,¹¹ could serve as a valuable resource in this effort.
- Adapt the IES funding structure to include a “Goal 3.5” between the efficacy and effectiveness stages, to provide a mechanism for an iterative process. Researchers could use this stage to obtain feedback from stakeholders, adapt interventions, and engage other stakeholders before launching a large-scale controlled trial.
- Support more cost-effectiveness research of EBD interventions, differentiating between new costs and reallocated expenses.
- Signal importance to the research community by including high-priority research areas, populations, study designs, etc. into the review criteria or responsiveness criteria of RFAs.
- Develop a suite of RFAs to solicit research that creates interconnected networks of related research and/or supports a succession of studies that build upon each other.

¹¹ See <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=REL2015056>.

- Build in a transition period between grant approval and disbursement of funds, to allow researchers to lay the groundwork for the study before data collection begins or consider using phased funding mechanisms.

Suggestions for Role of IES at a National Level

- In the absence of a professional organization operating at the interface of different EBD-related sectors, IES could serve as a liaison to gather thought leaders from the mental health, disease prevention, public health, juvenile justice, and other fields to develop a common framework to more comprehensively address the needs of this population.
- Curate and disseminate relevant SAMSHA and National Institute on Mental Health (NIMH) funding opportunities to postdoctoral researchers.
- Foster stronger partnerships and more communication with the Office of Special Education Programs, the Centers for Disease Control and Prevention, the National Institutes of Health, and regulatory and policymaking entities. For example, IES could identify and collaborate with NIMH-funded researchers studying EBD interventions or fund a project to develop common and recognizable terminology.

Suggestions for Improving Peer Review Process

- Emphasize to reviewers, who tend to be risk-averse, that grants are designed to find solutions to real-world problems in community settings. In addition, review panels should include practitioners with direct experience with EBD students.
- Consider ways to shorten the grant application and review period. School staff turnover is a barrier for researchers: by the time a researcher is funded and ready to implement the intervention, it is possible that many of the school representatives who signed the letters for support are no longer employed at the school.

Suggestions for Supporting New Investigators

- Increase opportunities for postdoctoral researchers specifically interested in EBD.
- Provide incentives and support for postdoctoral trainees to attend scientific research conferences with principal investigators, and provide technical assistance (e.g., pre-conference workshops) to early investigators about how to apply for IES grants.

LIGHTNING ROUND: WHAT IS EACH PARTICIPANT’S TOP RECOMMENDATION FOR IES?

TWG members shared their top recommendations for IES for EBD research needs, funding, and strategy:

- Facilitate more **collaborative research** between special education and other disciplines on instruction and wraparound services for students with EBD.
- Encourage more research on understanding the **educational context** in which practitioners operate, including the working conditions and support for practitioners.
- Study **risk factors** for EBD across the stages of development.

- Focus on the **quality of services** provided to students with EBD.
- Focus on **training and professional development** for pre-service and in-service teacher who work with students who have EBD-related issues,
 - Encourage more research on what is happening with both pre-service and in-service teachers, in terms of training and well-being (e.g., burnout).
- Continue to support **Early Career Development and Mentoring grants**, and consider providing support for **doctoral research awards**, especially among under-represented groups.
- Encourage more work on **measurement**. Consider including a more explicit focus on measurement in Goal 1 to support a synthesis on measurement for students with EBD.
- Encourage research that addresses the **stigma associated with EBD**, for parents and students.
- Support **training and ongoing support structures for practitioners** working with students with EBD issues.
- Focus on **comprehensive programs/models** because interventions targeted to only one domain of student functioning have limited efficacy. Within these models, identify core components and their relationship to student outcomes.
- Support research on practices that have a high chance of being adopted and used by schools and encourage research/methods that will help determine **adoptability** (e.g., cost analyses)
- Continue to require **cost analysis** and provide training around this as it is particularly useful for districts.
- The RFA should **emphasize problems that are salient for schools and practitioners**.
- Encourage research that will **provide answers for districts** who are working to provide programs and materials for special educators, behavior specialists, etc.
- Encourage more **implementation research** that is useful for districts and schools (e.g., research that shows that contextual supports are needed for an intervention to be implemented and sustained with fidelity).
- Encourage research that **involves districts** to promote **sustainability**.
- Require grantees to document the **long-term impact** of interventions.
- Look at models that focus on **individualization of interventions**.
- Fund research that will provide **practical strategies** for addressing Tier 2 behaviors.
- Support more **longitudinal studies** to better understand experiences of people with EBD from kindergarten to young adulthood.
- **Disaggregate research findings** by IDEA disability group to better understand whether the results similar for students with different disabilities.
- Consider enabling **contexts** to foster high-fidelity implementation of interventions.
- Provide a way to **build a base of data and share it** so that can be used for subsequent research by other teams.
- Study the **characteristics of a good leader**: how do the school leaders develop the skills and competencies to grasp the importance of enabling contexts?
- Study the issue of **stigma** and how we can support parents, students, and teachers in coping with the stigma associated with ED and EBD.

For the grant review process:

- Provide **better training for reviewers and panel chairs**, so that they can advocate for applications that address critical problems of practice
- Consider having **three reviewers for every application** regardless of research type

Appendix A: Agenda

- 8:45 am Gather in meeting room
- 9:00 am Welcome (Joan McLaughlin, Jackie Buckley, NCSER)
- 9:15 am A National Perspective of Students with EBD
- What do the state and national statistics say about students with EBD and their outcomes?
- 9:45 am What do we know – and need to know – about the academic, social, and emotional needs of students with EBD?
Questions to consider for this session include, for example:
- Are there unique academic needs for students with EBD?
 - What is the relationship between language and behavior?
 - What is the prevalence of comorbid disabilities or mental health disorders?
 - What do we need to know to better serve students with EBD?
- 10:45 am BREAK
- 11:00 am What do we know – and need to know – about policies, programs, and practices for *elementary students* with EBD?
Questions to consider for this session include, for example:
- What are new and promising trends in services for students with EBD?
 - What curricula/instructional practices are in widespread use but have little support from research?
 - What do we need to learn about implementation of policies, programs, and practices for students with EBD?
- 12:15 pm LUNCH (On-site)
- 1:15 pm What do we know – and need to know – about policies, programs, and practices for *secondary students* with EBD?
Questions to consider for this session include, for example:
- Same questions as above as above plus transition to post-school opportunities for students with EBD
- 2:30 pm BREAK
- 2:45 pm What is needed to advance EBD research?
Questions to consider for this session include, for example:
- How can we encourage greater collaboration among researchers from various disciplines and between researchers and practitioners?
 - How can we support the next generation of EBD researchers? (e.g., graduate students, early career researchers)
 - What strategies will make EBD research more useful for policymaking and practice?
- 3:45 pm Lightning Round: What is each participant’s top recommendation for IES?

4:15 pm Closing Remarks (Joan McLaughlin, Jackie Buckley, NCSER)

4:30pm ADJOURN