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The Positive Actions Curriculum as a Special Education Intervention for Students with
Emotional Disturbance

Erin Lynn Gibbons

Arcadia University

A DISSERTATION
IN
EDUCATION

Presented to the Faculties of Arcadia University in Partial Fulfillment of the Requirements for
the Degree of Doctor of Education

2017

Approved and recommended for acceptance as a dissertation in partial fulfillment of the requirements of Doctor of Education.

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Abstract

The purpose of this study was to examine the impact of the Positive Actions curriculum on the academic achievement, attendance, self-esteem and external behavior of students with emotional disturbance. This study was conducted using a quasi- experimental, ex post facto, casual comparative design. The sample population was made up of 2,954 sixth through eighth grade students from three middle schools in a suburban school district. Results revealed no measured impact from the Positive Actions curriculum after one year on academic achievement, attendance, as well as most areas of student reported measures of self-esteem. There was a statistically significant impact from the Positive Actions curriculum on the general education teacher observed external social emotional learning behavior of students with emotional disturbance. Recommendations for assessment of long term impact of the curriculum are presented.

Keywords: emotional disturbance, special education intervention, Positive Actions Curriculum

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I want to dedicate this project to my family. To my children, I hope you watching me chase my dream serves as an inspiration to you for the rest of your lives. Live life to the fullest, don't hold back and believe in yourself, with hard work, anything is possible.

To the love of my life, Tom, thank you for the being the kind of husband that supports his wife's dream and her, fully, while she does it. Twenty years ago, I told you about my goal and you helped me achieve it. Without you, your expertise and your support, this wouldn't have happened. What did I ever do to deserve you? Thank you....

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The Positive Actions Curriculum as a Special Education Intervention for Students with Emotional Disturbance

Positive Actions, (PA) is a social and emotional learning curriculum that has been established as an evidenced based practice for general education students. This study looked to expand the current body of research behind Positive Actions and validate its use with students requiring special education services for emotional disturbance. Specifically, this study examined the effects the of Positive Actions curriculum on attendance rates, classroom grades, state accountability assessments, self-esteem and teacher observed external behaviors for students with emotional disturbance.

This chapter discusses the background of this study; the need to establish a body of literature of promising and effective social and emotional learning interventions and curricula for students with emotional disturbance. The law requiring educators to provide remediation for students with emotional disturbance will be presented. Additionally, what that remediation currently looks like in education and the importance and role of evidenced based interventions will be discussed. This chapter will introduce the research problem, which includes the lack of evidence base for the Positive Actions curriculum as an evidenced based intervention for students with emotional disturbance. The research questions and context for the study will be proposed. Finally, the rationale for the importance of this study will be presented.

Background

In order to understand the magnitude and significance of this problem, it is important to understand the child who is most affected. According to data gathered from the Special Education Elementary Longitudinal Study (SEELS) and the National Longitudinal Transition Study-2 (NLTS2), the typical student who receives special education services for emotional

supports is a young man of color. He is identified as needing special education services in elementary school for a behavioral disorder which is impeding his or the learning of other students in his classroom. He lives below the poverty line and comes from a single parent household. His single parent may be unemployed, may not have graduated high school and may have a disability. This young student has probably already been diagnosed with psychosis, anxiety, oppositional behavior disorders, bipolar, ADHD, obsessive compulsive, Tourette's and/or depression (Wagner et al., 2005). He has between a 24.9% and 29.9% chance of being diagnosed with a co-morbid learning disability. He will most likely be identified by his parent as having lower social skills. He will also likely experience retention, suspension or expulsion and/or attend four or more schools, due to a move, grade level progression or school reassignment.

His teachers will try many strategies to help him achieve academically. For his socially inappropriate behavior in the classroom they may use practices such as time outs, response cost, group-oriented contingencies and continuous monitoring of performance (Landrum, Tankersley & Kauffman, 2003). To aid him academically, his teachers may employ more time to take tests, tests read to him, modified tests, more time to complete assignments, modified assignments, modified grading standards, slower paced instruction, peer tutoring, adult tutoring and learning strategies/study skills assistance (Wagner et al., 2006). His school will employ additional support professionals including school psychologists, guidance counselors, social workers, reading specialists, and instructional aides. There will be additional academic resources to support him as well such as academic support programs, supplemental language arts and mathematics instruction (Wagner et al., 2006). His school may also try to provide additional diagnostic services, counseling and conflict resolution/anger management programs. Despite all of the

aforementioned strategies, research demonstrates that students who have emotional disturbance (ED) have the poorest educational outcomes (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005) and that children and youth with emotional disturbances probably experience less school success than any other subgroup of students with or without disabilities (Landrum, Tankersley & Kauffman, 2003).

While well intended, few of the aforementioned strategies address the core of the students' difficulties. At the core of the problem, students with emotional disturbance lack social and emotional competencies, which are a fundamental precursor to academic achievement (Masten, Roisman, Long, Burt, et al., 2005). "Social and emotional learning (SEL) is the capacity to recognize and manage emotions, solve problems effectively, and establish positive relationships with others" (Zins & Elias, 2006, p.234). SEL is best described as a combination of actions, cognitions and feelings. It involves the process of learning and applying the concepts, skills, and beliefs required to identify and control emotions; promoting concern and compassion for others, making mature and sensible choices, developing pro-social interpersonal relationships, and navigating difficult situations in a mature fashion. Durlak, Weissburg, Dymnicki, Taylor, & Schellinger (2011) completed a meta-analysis of 213 school-based, universal social and emotional learning (SEL) programs. This study established that in general education populations there was a moderate effect size for SEL skills development (.57), small effect size for attitudes (.23), small effect size for positive social behavior (.24), small effect size for conduct problems (.22), small effect size for emotional distress (.24) and small effect size for academic performance (.27). Overall, their findings indicated that judged next to a comparison group, treatment groups exhibited significantly expanded SEL skills, as well as more prosocial behaviors & attitudes, and performance on academics. Positive Actions has been validated as an

evidenced based intervention for helping students to develop SEL skills in the general education environment. This goal of this study was to explore the impact of PA on a population of students with emotional disturbance as compared to non-identified peers. It was hoped that the findings would expand the body of the empirical evidence for the Positive Actions curricula as an evidenced based intervention to develop SEL skills for students with emotional disturbance.

Emotional Disturbance

The Individuals with Disabilities Education Act 2004 (IDEA), provides educational rights to students who are found eligible for special education. Emotional disturbance (ED) as defined by the federal IDEA regulation is:

(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section. (IDEA.ed.gov, 2015).

Under IDEA schools are required to provide eligible students with an IEP that provides them with a free and appropriate education. For students with identified educational needs their IEP must include remediation or accommodations addressing the student's identified disability (IDEA.ed.gov, 2015). For many students with an IEP for ED that means schools need to provide instruction or remediation in social and/or emotional skills while continuing to adapt and modify to support access to the curriculum.

Wagner, Kutash, Duchnowski, Epstein, & Sumi (2005) outlined the prevalence and characteristics of students receiving special education services under a classification of emotional disturbance. Of all the students receiving IDEA services in any category, 6.2 % were elementary and 11.2 % were secondary students identified as in need of services for emotional disturbance.

Services for Students with Emotional Disturbance.

Wagner et al. (2006) produced a report on trends in programming and services based on the Special Education Elementary Longitudinal Study (SEELS) and the National Longitudinal Transition Study-2 (NLTS2). They reported their findings within three generalized areas: school characteristics and resources; students' educational programs, services and support; and general education participation, instruction and supports. Academic resources included academic support programs, as well as supplemental language arts and mathematics instruction. Other supports included diagnostic services, counseling and conflict resolution/anger management programs. Extra-curricular activities included enrichment or recreational clubs, performing groups and sports.

Cook et al. (2008) completed a mega analysis of five separate meta-analyses to explore social skills training for secondary students with ED was effective. They reviewed the results of

77 studies and calculated effect sizes. They found a Cohen's effect size of $r = .32$. This can be classified as medium, meaning large enough to be noticed by others. Their study was important in establishing that for students ages 11 and older social skills training was effective for improving social skills for students with ED. The results of these studies were also found to have strong internal and external validity. No particular theoretical approach was found to be more effective than another.

Taken together the research to date regarding services for students with ED suggests that children and youth with emotional disturbances probably experience less school success than any other subgroups of students with or without disabilities (Landrum, Tankersley & Kauffman, 2003). Cook et al. (2008) established that for students ages 11 and older social skills training was effective for improving social skills for students with ED. There is a need to establish a body of literature of promising and effective social and emotional learning interventions and curriculum.

Social and Emotional Learning

Humphrey et al. (2011) delineated five factors which make up SEL under the categories of emotional competence skills and relational skills. Within the emotional competence skills realm were self-awareness, self-management and social awareness. Within the relationship skills area were social problem-solving and relationship skills. Denham's (2005) initial framework is also very similar to what was described by Zins & Elias in 2006. These definitions were eventually adopted by the CASEL organization as the competencies included in social emotional learning framework. Seminal researchers in the field who make up the CASEL organization define "social and emotional learning (SEL) as the capacity to recognize and manage emotions, solve problems effectively, and establish positive relationships with others" (Zins & Elias, 2006, p.234). SEL is best described as a combination of actions, cognitions and feelings. It involves

the process of learning and applying the concepts, skills, and beliefs required to identify and control emotions; promoting concern and compassion for others, making mature and sensible choices, developing pro-social interpersonal relationships, and navigating difficult situations in a mature fashion.

Durlak, Weissburg, Dymnicki, Taylor, & Schellinger (2011) completed a meta-analysis of 213 school-based, universal social and emotional learning (SEL) programs involving 270,034 students. They included programs published in English, after 2007, for students ages 5 to 18 in regular education, which targeted one component of SEL competencies, used a control group and a reported effect size. Furthermore, they excluded interventions targeting students in specialized classes receiving SEL programming as an intervention. Forty four percent of the programs were geared towards middle and secondary students, (31% were middle school alone). Fifty three percent were conducted in suburban or rural areas, over half were delivered by teachers and 23% lasted for one year or longer. Effect sizes were calculated for continued skill retention after six months. Results indicated there was a moderate effect size for SEL skills development (.57), small effect size for attitudes (.23), small effect size for positive social behavior (.24), small effect size for conduct problems (.22), small effect size for emotional distress (.24) and small effect size for academic performance (.27). Overall, their findings indicated that judged next to a comparison group, treatment groups exhibited significantly expanded SEL skills, as well as more prosocial behaviors and attitudes, and improved performance on academics.

In conclusion, in the general education environment, SEL programs have been shown to improve SEL skills, attitudes, positive social behavior, conduct problems, emotional distress and academic performance. It is important to determine if these effects hold true for students with special education needs. In planning this research, it was important to explore what research

design components are required to demonstrate that a SEL program can be an evidenced based practice.

Research Design to be Considered an Evidenced Based Practices

Educational laws, such as No Child Left Behind, charge educators with the task of using evidenced based practices to address skill deficits. (U.S. Congress, 2001). Cook, Smith and Tankersley (2012) argued that the term evidenced based practice could be applied if a strategy met four criteria. Those criteria include an adequate number of studies using sound methodology, proper design and evaluation tools to show efficacy, and determined profound results that other researchers could deem trustworthy. Cook, Tankersley & Landrum (2009) reviewed the proposed standards outlined for determining what constitutes an evidenced based practice for special educators. They purported that the more “quality indicators” present the more trustworthy a research study. Quality indicators are comprised of research design, number of studies conducted, quality of methods and effect size. In the area of design, Cook, Tankersley & Landrum (2009) report that only group experimental and quasi experimental designs were sufficient. They indicted at least one true experiment would also be necessary. Minimally two or more group studies would have to be conducted in order to be considered quality. Horner et al. (2005) recommended for single case studies that “a minimum of five single subject research studies that involve a total of at least 20 participants and that at least three different researchers conduct across at least three different geographical locations” (Horner et al, 2005 as cited in Cook, Tankersley & Landrum (2009) p.372).

Research synthesis websites, such as What Works Clearinghouse or Best Evidence Encyclopedia, serve the purpose of reviewing research literature for evidence based practices and condensing the information into usable guides for educators. The function is to determine what

the most effective evidenced based practices in education are (What Works Clearinghouse, 2015). Each website reviews research on different topics; some may focus on a singular diagnosis, such as autism, whereas others may cover a broad array of topics. The Collaborative for Academic, Social, and Emotional Learning (CASEL) is a university based scientific organization of researchers who are dedicated to advancing academic, social and emotional learning. They focus on curriculum from preschool through high school. (Dusenbury, Domitrovich, Durlack, Goren, & Weissburg, 2013). The first CASEL guide was produced in 2003. The intention was to provide educational leaders a guide from which to find quality SEL programs to improve SEL practice in schools. At the time, they endorsed 80 different curricula. There were no quality indicator or exclusionary criteria. However, CASEL awarded 22 of the programs the “SElect” endorsement, which indicated the program had proof of effectiveness.

The CASEL guide was revised ten years later in 2013 due to advances in research. Upon review, exclusionary criteria were established. The curricular program needed to be “well – designed” (Dusenbury et al., 2013), meaning it had to address the research based five core competencies of SEL, have more than one year of programming, offer students practice opportunities, have a manual and provide training and ongoing support for teachers to support implementation. Within the research design category, the criteria included the use of a control group and pretest and posttest measures of behavior. No stipulation about being an experimental design was made and quasi experimental was acceptable. Reliable measures were emphasized. Finally, it had to have at least one evaluation showing efficacy, at the $p < .05$ level, on academics or behavior which was clearly communicated and had no serious threats to external or internal validity. These criteria reduced the list of endorsed “SElect” programs to 23.

Positive Actions

One of the 23 “SElect” programs endorsed by the CASEL group is Positive Actions. Flay (2002) advocated the use of The Positive Actions Program in his paper which analyzed the theoretical concept of positive youth development. Flay (2002) reported Positive Actions was developed by Carol Allred in 1977. The Positive Actions website (2015) reported that the program offers kits for each grade level from Kindergarten to High School. There are 6 units within each kit, targeting self-concept, taking care of the body and mind, self-regulation of behaviors, interpersonal relationships, honest self-assessment, and continual improvement. The Positive Actions curriculum has been the focus of twenty journal articles from the years 2001 until 2014. There were three major testing sites, Chicago, Hawaii, and a southeastern district. All studies were conducted in typical classroom settings with a full range of students in elementary grades. No research has been specific to students who are eligible for special education services, specifically emotional disturbance.

Participants from five studies, Lewis et al (2012), Lewis et al. (2013a), Lewis et al. (2013b), Bavarian et al. (2013), & Li et al. (2011), were drawn from 14 Chicago Public Schools over a 6-year period of program delivery with outcomes assessed for a cohort of youth followed from Grades 3 to 8. Total participants were 1,170 students. Data were collected from Fall 2004 to Spring 2010, and analysis began in the Spring of 2012. The research design for all five studies was matched- pair cluster randomized control trials. Due to attrition over the six-year span less than half of the original participants (510 students control and treatment) were available for the 8th grade data collection. Lewis et al (2013a) found increased positive affect ($ES = .17$), and life satisfaction ($ES = .13$). They also found decreased levels of depression ($ES = -.14$) and lower anxiety ($ES = -.26$). Bavarian et al. (2013) observed marginal positive academic outcomes that

could have also could have been attributed to many factors. There were positive reading effects for males and positive math effects for females. Lewis et al.(2013b) found participants in treatment schools were less likely to report participating in bullying behaviors. Guardians of children in treatment schools reported less bullying behaviors by their children and slightly less conduct problems as compared to the control groups. Discipline referrals and suspensions trended downward over the six years of data collection. Li et al. (2011) reported effect sizes ranging from 0.27 to 0.41 were found for decreased conduct problems.

Research Problem

Students eligible for special education supports and services with emotional disturbance lack social and emotional skills, which are a fundamental precursor to academic achievement (Masten, Roisman, Long, Burt, et al., 2005). IDEA stipulates that schools provide students with remediation in their skill deficit areas using evidenced based practices. SEL interventions and curriculum have been found to have positive effects on the social and emotional learning skills of students. Positive Actions has been validated as an evidenced based practice for use with students in the general education setting by the CASEL organization using quality criteria previously established in peer reviewed journals (Cook, Smith and Tankersley, 2009 & 2012). The term evidenced based practice could be applied if a strategy met four criteria. Those criteria include an adequate number of studies using sound methodology, proper design and evaluation tools to show efficacy, and determined profound results that other researchers could deem trustworthy. This current study proposes to contribute to the evidence base for the Positive Actions Curriculum for students with emotional disturbance in the special education setting with an IEP. Secondly, this study was designed to adhere to the quality criteria established to be considered as an evidenced based practice.

Research Questions

The current research study proposed to contribute to the evidence base for the Positive Actions Curriculum for students with emotional disturbance in the special education setting. Research questions guide and focus the research process (Butin, 2010). This study aimed to contribute evidence toward evaluation of PA as an evidence based practice for students with ED. To that end, the following four quantitative research questions were posed:

- 1- What impact did the use of the Positive Actions curriculum have on student achievement for students with emotional disabilities exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?
- 2- What impact did the use of the Positive Actions curriculum have on student attendance for students with emotional disabilities exposed to the curriculum after 1 year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?
- 3- What impact did the use of the Positive Actions curriculum have on students' SEL skills, measured by the DESSA mini rating scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?
- 4- What impact will the use of the Positive Actions curriculum have on students' self-esteem, measured by the Piers Harris: The Way I Feel About Myself Scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?

Hypotheses

The purpose of this study was to contribute to the body of evidence behind the Positive Actions curriculum, in an effort to help it be classified as an effective practice for students with emotional needs, the following four research hypothesis are posed:

- 1- Students with emotional disturbance, after one year of instruction, exposed to the Positive Actions curriculum will have significantly higher levels of achievement than their same aged typically developing peers and peers with learning needs.
- 2- Students with emotional disabilities, after one year of instruction, exposed to the Positive Actions curriculum will have increased or maintained attendance compared to their same aged typically developing peers and peers with learning needs.
- 3- Students with emotional disabilities, after one year of instruction, exposed to the Positive Actions curriculum would demonstrate improved SEL skills measured by the DESSA mini rating scale.
- 4- Students with emotional disabilities, after one year of instruction, exposed to the Positive Actions curriculum would have more positive self-esteem as measured by the Piers Harris: The Way I Feel About Myself Scale.

Role of the Researcher

During the past 16 years, I have had the opportunity to work as a Certified School Psychologist in an approved private school, a small urban public district and a large suburban district.

Additionally, I am a Licensed Professional Counselor. I have a Bachelors of Arts degree in psychology. I have a Master's degree in counseling psychology. I am currently in the fifth year of a doctoral program in Educational Leadership. I also hold Pupil Personnel Services and a K-12 Principal Supervisory Certificates.

In my second semester of a doctoral program in Education Leadership, I was assigned the task of completing an equity audit. I compared Keystone scores of students with higher incidence learning disabilities to those of students with lower incidence emotional disturbance attending my place of work. Wagner, Kutash, Duchnowski, Epstein, & Sumi (2005) suggested as many as 24.9% of elementary/middle and 29.9% secondary students with ED were also diagnosed with a co-morbid learning disability. That suggests as many as 75.1% of students with emotional disturbance are thought to have average intelligence and achievement scores and, therefore, not in need of remediation for specific learning disabilities. The findings of the non-published equity audit indicated students identified with emotional disturbance were performing worse academically than students with learning disabilities. The analysis revealed significant needs in the population of students with emotional disturbance.

In my current position, I have been charged with helping children identified with emotional disturbance develop better relationship and decision-making skills. In all my experience, I have not encountered evidence based emotional support programming occurring on a regular basis in special education classrooms. It became my personal goal to find a teacher friendly evidenced based program to provide direct instruction in relationship and decision making social to students identified with emotional disturbance.

In my second semester of doctoral study, I identified three sets of curricula that were promising using the Collaborative for Academic, Social, and Emotional Learning (CASEL) guide. I was given an opportunity by the Pupil Services Director for the school district to develop a committee, to choose a curriculum and purchase one for use. Within a month, the committee had identified Positive Actions as the curriculum of choice. We ordered the materials and the training packages. In the summer of 2014, we trained all high school staff who would be charged

with implementing this program. In the summer of 2015, we trained all middle school staff who would be charged with implementing this program. Three high schools and three middle level schools within the district implemented the program. One of the middle level buildings was also my place of employment, for which I provided school psychology services. This middle level school was also one of the research sites.

Because this was my workplace, researcher bias had to be mindfully addressed. In order to address these bias concerns, I put into place quality indicators such as including declassifying all student information, using a research assistant for gathering data, using multiple control groups, considering disconfirming evidence, and using multiple achievement and social and emotional measures. Measurement tools were chosen to reduce bias, such as third-party raters and reliable and valid measures. (Campbell & Stanley, 1963).

Research Design

This research was pursued through the lens of pragmatism. To analyze effective practices the most pragmatic method is evaluative. Evaluative dissertations are aligned with quantitative experimental, quasi experimental and pseudo non-experimental designs (Butin, 2010, Lodico et al, 2006 & McMillian & Schumacher, 2010). This study was conducted using a quasi-experimental, ex post facto, casual comparative design. (Campbell & Stanley, 1963 & Lodico et al, 2006). Ex post facto is a quasi-experimental design. It is also known as a retrospective, casual comparative design. (Lodico et al, 2006). It is considered to be a quasi- experimental design because it mimics design features of experimental design such as using control comparative groups. Most importantly, this design uses archival or retrospective data. The researcher does not manipulate independent variables; instead, conducts analysis of events which previously occurred to establish a causal or comparative relationship (Lodico et al., 2006). A second

analysis of only the treatment group will be conducted using a single –group pretest posttest design method. (McMillian & Schumacher 2010).

Setting and Intervention

This study used the Lincoln School District as the research site. Lincoln School District is located in the northeastern section of the continental United States. It is a large, suburban school district. There are three schools which service the Lincoln School District grades six to eight, the Oak Grove School, Fairview School and Washington School. In Lincoln School District, middle schools are grades six to eighth. “Functional Strategies” is the name of the emotional support classes conducted at Oak Grove School, Fairview Middle School, and Washington Middle School in the Lincoln School District. PA or the Positive Actions curriculum is the name of the curriculum the students received. Students who take the FS class must have an IEP (Individualized Education Program) and their multidisciplinary team must have identified them as being in need of specially designed instruction for emotional support. Each student enrolled in the Functional Strategies class was exposed to the Positive Actions program for two forty-eight minute periods, twice per six-day cycle; up to 2500 minutes per academic year, varying with attendance rates.

Rationale for and Significance of the Study

Students with emotional disturbance lack social and emotional competencies, which are a fundamental precursor to academic achievement (Masten, Roisman, Long, Burt, et al., 2005). Research demonstrates that students who have emotional disturbance (ED) have the poorest educational outcomes (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005) and that children and youth with emotional disturbances probably experience less school success than any other subgroup of students with or without disabilities (Landrum, Tankersley & Kauffman, 2003).

Few strategies educators currently use address the core of the students' difficulties. Cook et al. (2008) established that for students ages 11 and older social skills training was effective for improving social skills for students with ED. The rationale for this study was to help establish a body of literature of promising and effective social and emotional learning interventions and curriculum.

The primary goal of this study was to explore the impact of PA on students with emotional disturbance on attendance rates, classroom grades, state accountability assessments, self-esteem and teacher observed external behaviors for students with emotional disturbance. The secondary goal was to hopefully expand the body of the empirical evidence for the Positive Actions curricula as an evidenced based intervention to develop SEL skills for students with emotional disturbance. Cook, Tankersley & Landrum (2009) outlined standards for determining what constituted an evidenced based practice for special educators. In the area of design, Cook, Tankersley & Landrum (2009) report that only group experimental and quasi experimental designs were sufficient. By utilizing an ex post facto, quasi-experimental, casual comparative design (Campbell & Stanley, 1963 & Lodico et al, 2006), this study mimicked the quality of design proposed by Cook, Tankersley & Landrum (200). Moreover, studies of quality for SEL skills used measures of behavior and achievement. This study did both.

Conclusion

In conclusion, the goal of this current study was to contribute to the current body of research behind Positive Actions as a potential evidence based intervention for students with emotional disturbance. Federal Regulation (IDEA, 2015) stipulates that schools must provide remediation services for students with emotional disturbance in their area of disability. Students found eligible for an Individual Education Plan (IEP) under the classification of ED often have

higher rates of inappropriate behavior and have difficulty relating to others socially (Walker, Hops, & Greenwood, 1993; Walker, Shinn, O'Neill & Ramsey, 1987; Walker 1995; Walker et al. 1995). The body of established evidenced based interventions targeting social and emotional skills for students with emotional disturbance is lacking. There is an increased call for use of evidence based practices by educators, better progress monitoring and tools to determine effectiveness of programming for students with disabilities.

In the next chapter, emotional disturbance was defined and services currently used in practice were explored. Social and emotional learning concepts and procedures for establishing an intervention as an evidenced based practice was further discussed. Chapter 2 also includes a review of research synthesis websites, the CASEL guide and the studies already conducted on the Positive Actions Curriculum. In Chapter three, the research questions, research design, setting, population, access to site, methods and instrumentation proposed are presented. Also, include a discussion of reliability and validity of the proposed measurement tools, data collection procedures, as well as the limitations and ethical considerations.

Literature Review

In order to understand the need to validate an intervention method for students with emotional disturbance, it is important to explore how emotional disturbance was defined by federal regulation and educators and what services are currently used in practice. It is necessary to explore what social and emotional learning is and how methods become evidenced based practice. This includes a discussion of research synthesis websites, the CASEL guide and the studies already conducted on the Positive Actions Curriculum.

Emotional Disturbance Defined by Federal Regulation

There are no federal regulations or statutes which required the instruction of social and emotional skills in the regular education setting in public schools. However, The Individuals with Disabilities Education Act 2004 (IDEA), provided educational rights to students who were found eligible for special education. For this study, students found to be identified with emotional disturbance (ED) were germane to the discussion. Emotional disturbance (ED) as defined by the federal IDEA regulation was:

(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section. (IDEA.ed.gov, 2015).

Cloth, Evans, Becker & Paternite (2014) discussed the socially maladjusted clause and how that fits into the special education picture. They found school professionals believed the clause to be indefensible and therefore dismissed it for that reason. Students with social

maladjustment were only found to be ineligible if it was thought services would be unable to help them.

Students found eligible for an Individual Education Plan (IEP) under the classification of ED often have higher rates of inappropriate behavior and have difficulty relating to others socially (Walker, Hops, & Greenwood, 1993; Walker, Shinn, O'Neill & Ramsey, 1987; Walker 1995; Walker et al. 1995). Under IDEA schools were required to provide eligible students with an IEP that provides them with a free and appropriate education. For students with identified educational needs that IEP should have included remediation or accommodations addressing the student's identified disability. Specially the regulation details:

(2)(i) A statement of measurable annual goals, including academic and functional goals designed to--

(A) Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; and

(B) Meet each of the child's other educational needs that result from the child's disability; (IDEA, 2015)

For many students with an IEP for ED that meant schools needed to provide instruction or remediation in social and emotional skills. Remediation did not apply to students who received services under a Section 504 Service agreement (Understanding the Differences between IDEA and 504, 2015). A Section 504 Service agreement is a provision of the American with Disabilities Act of 2008. Under the Americans with Disabilities Act schools were required to make accommodations for people with disabilities to have access but not to provide remedial services to correct them. Under IDEA schools were required to provide remedial services to help

correct the disability. The fine line between whether or not a student required accommodations and remediation often determined what type of educational plan, IEP or a 504, and what type of instructional, remedial or typical, a student was provided.

School psychologists typically led multidisciplinary teams through the evaluation process which identified students as in need of specially designed instruction for emotional disturbance. School psychologists are educational specialists who received advanced graduate training in assessment, interpretation, data collection and analysis, mental health and behavioral interventions (National Association of School Psychology, 2014). Allen and Hanchon, (2013) argued that the definition of ED was vague, ambiguous, and outdated and school psychologists should adhere to comprehensive assessment strategies for emotional disturbance to be considered. They reported school psychologists use five essential components as part of an evaluation for emotional disturbance. The essential components included: classroom observation, parent interview, teacher interview, student interview and behavior rating scales.

Emotional Disturbance Defined by Educators.

Wagner, Kutash, Duchnowski, Epstein, & Sumi (2005) outlined the prevalence and characteristics of students receiving special education services for a classification of emotional disturbance. Their data set was made up of children ages six to sixteen in the United States and Puerto Rico, receiving services under the IDEA statute in the school year of 1999-2000. The data was taken from the Special Education Elementary Longitudinal Study (SEELS) and the National Longitudinal Transition Study-2 (NLTS2). Of the students receiving IDEA services, 6.2 % were elementary and 11.2 % were secondary students identified as in need of services for emotional disturbance. Eighty percent of elementary students with ED are male. Seventy- six percent of secondary students with ED are male. Forness, Freeman, Paparella, Kauffman & Walker (2012)

purport that 12% of school age children or youth have Emotional and Behavioral Disorders (EBD) with a least moderate impairment. They further argued one third of all school aged children would have an EBD at some point before graduation. Wagner et al. (2005) identified an over representation of males of color but an under representation of males of Hispanic origin. Furthermore, students identified with ED were at risk for poor life outcomes, about one-third are below the poverty level and live in one parent homes. Approximately 20% of parents of students with ED experienced unemployment and had not graduated high school. Moreover, many of these students lived in households with others who also had disabilities.

Mental Health and behavioral disabilities included in this category were reported by parents as psychosis, anxiety, oppositional behavior disorders, bipolar, ADHD, obsessive compulsive, Tourette's and depression (Wagner et al., 2005). As many as 24.9% of elementary/middle and 29.9% secondary students with ED were also diagnosed with a co-morbid learning disability. Over 90% of both elementary and secondary students with ED were identified by parents as having lower social skills on all measures. Sixty-two percent of secondary and 27.7% of elementary students with ED had higher cognitive skills than students with other disabilities. Ten percent of elementary and 2.5% of secondary students with ED had lower cognitive skills than students with other disabilities. Approximately one-third of elementary and secondary students had difficulty with speaking, carrying on a conversation, and understanding what other say. Wagner et al's (2005) data suggests all students with ED had significant academic challenges in either reading, math or both. Almost all students with ED began receiving services from school or outside providers by age nine. Only one-third of both elementary and secondary students with ED received early intervention or preschool special education services. Approximately one-third of both elementary and secondary students with ED

experienced retention, suspension or expulsion or attended four or more schools, due to a move, grade level progression or school reassignment. Approximately 20% of parents of both elementary and secondary students with ED reported being dissatisfied with the student's school, teachers or special education services. Thirty percent of secondary parents reported putting a great deal of effort into getting services for students in the last 12 months, 18% report participating in mediation and less than 10% in due process hearings.

Stoutjesdijk, Scholte & Swaab (2012) reported that students with emotional and behavioral disorders (EBDs) who need to be educated in more restrictive specialized schools were more severely disabled, were lower functioning cognitively, had more risk factors, and came from more poorly functioning families. No differences were observed in the presence of psychiatric disorders. The authors found that the strongest predictor of educational placement in an alternative, more restrictive setting was relational problems with students with EBD and their parent/guardians. Two other factors were also identified: overall academic performance and earlier age of onset of youth care services. Youth care services were defined by the author as residential treatment, foster care or under supervision of a guardian.

The ability to accurately assess academic outcomes for this population has been limited. George & Vannest (2009) found that nearly half of students with EBD did not participate in the Texas statewide reading assessments. Students with EBDs who did participate in assessments were more often placed in the general education setting. Additionally, 65% of females with EBDs were taking the statewide assessments whereas the majority of males with EBDs were not. Finally, more white and Asian students with EBDs were taking the statewide tests than students of color or Hispanic students. Wagner et al. (2006) found that students with ED taking tests had less than 35% getting average ranking on passage comprehension or mathematics calculations.

Services for Emotional Disturbance.

Commonly used practices promoted by educators and research as helpful for students with ED were reviewed in this section. The practices included behavioral interventions, school and resources, academic services, supports and modifications. Landrum, Tankersley & Kauffman (2003) suggest that children and youth with emotional disturbances probably experienced less school success than any other subgroups of students with or without disabilities. They completed a literature review to determine promising practices for students with emotional and behavioral disorders (EBDs). They identified three major skill deficit areas for students with EBDs; inappropriate behavior, academic learning problems and unsatisfactory interpersonal relationships. Within the inappropriate behavior category, they identified two potential targets of intervention, the first external, behaviors such as aggression and disruptive classroom behavior. The second target of intervention was identified as deficit in behaviors, such as social withdrawal and noncompliance. Examples of effective practices offered by the authors for external behaviors were reinforcement, precision request, and behavioral momentum. Examples of effective practice for deficits such as withdrawal socially or non-compliance were time outs, response cost, group-oriented contingencies and continuous monitoring of performance.

Landrum, Tankersley & Kauffman (2003) indicated within the academic learning problems areas, achievement, attention to task, and academic responding were potential targets for intervention. They indicated direct instruction, self-monitoring, class wide peer tutoring and continuous monitoring of student performance were examples of effective practice found in the literature. Within the unsatisfactory interpersonal relationships deficit domain, they identified social skills and language skills as potential targets for interventions. Effective intervention

examples included: direct instruction of individually targeted behaviors, modifying antecedents and consequences and opportunities to practice in natural settings.

Wagner et al. (2006) produced a report on trends in programming and services pulled from the Special Education Elementary Longitudinal Study (SEELS) and the National Longitudinal Transition Study-2 (NLTS2). They reported their findings within three generalized areas: school characteristics and resources; students' educational programs, services and support; and general education participation, instruction and supports.

Wagner et al. (2006) defined the school characteristics and resources first. Between 68.9 and 72.8 % of students with ED attend their neighborhood schools. They attended larger schools with student populations of over 500. They experienced five to seven days a year of absenteeism, expulsions, in and out of school suspensions and incidents of violence. The special education rates within their schools varied from 14.2 to 21.9%. Support professionals included school psychologists, guidance counselors, social workers, reading specialists, and instructional aides. Academic resources included academic support programs, supplemental language arts and mathematics instruction. Other supports included diagnostic services, counseling and conflict resolution/anger management programs. Extra-curricular activities included enrichment or recreational clubs, performing groups and sports.

The educational programs, services, and supports of students with ED included placement in general and special education classrooms (Wagner et al., 2006). Common academic services, supports or modifications included: more time to take tests, tests read to students, modified tests, more time to complete assignments, modified assignments, modified grading standards, slower paced instruction, peer tutoring, adult tutoring and learning strategies/study skills assistance. Behavioral supports and services involved behavior support/management plans,

intervention services or mental health services. Family support often entailed social work, family support and case management. Several authors (Harrison, Bunford, Evans, & Owens, 2013) identified potential accommodations which could have been used in the general education environment to help students achieve proficiency on high stakes testing. The accommodations included interventions such as choice making, making changes to presentation, such as using interest level materials, fast paced instruction, making changes to setting timing/scheduling, and changes expectations for responding.

The teachers of students with ED received supports that included information about their students, in service training, consultation, aides, and smaller class loads. Types of instruction Teachers of students with ED used were identified as whole class instruction, small group instruction, one to one instruction from a teacher or instruction from another adult. Students with ED answered question orally most often. But less than half of the population student data set worked independently, worked well with a peer or group, or presented in front of the class. Teachers reported receiving at least eight hours of training in behavior management, information on how to work with students with disabilities and positive school environments. Despite all of these supports, teachers were reported to observe students getting distracted easily, acting impulsively, arguing with others, and acting sad or depressed, very often. (Wagner et al., 2006). Middle and high school students were observed to get into fights at significant rates of $p < .05$ to $< .01$. Thirty percent or less of educators who supported students with ED believed they had received adequate training for teaching students with disabilities. It was imperative that a structured program with adequate teacher training be made available for educators who work with students with ED.

Given their findings, Wagner & Davis (2006) highlighted that successful transition services for middle and high students with ED has five components. Those components included mentoring programs, offering challenging curriculum taught by well-equipped teachers in regular education environments, authentic learning experiences, and instruction in social skills, life skills and self-advocacy. Finally, students benefitted from developing goals that include both the family and students input during transition planning. While these aforementioned services have improved over the last twenty-five years, the authors noted that significant growth was still needed.

Evans, Weiss and Cullinan (2012) conducted a survey of 94 K to 12 special education teachers. The purpose of this research was to investigate what behavioral strategies teachers used with students with ED in the general education setting, resource room and specialized self-contained/alternative settings. Their results indicated student characteristics were similar across all three settings in relation to inability to learn, relationship problems, inappropriate behaviors, unhappiness or depression, and physical symptoms or fears. Their study found that teachers in all three settings used similar techniques to address academic problems, externalizing problem behaviors and internalizing problem behaviors. The differences they found were in the frequency of use of strategies. The only difference they found across all settings was in the treatment of physical symptoms or fears. Educators in the regular education environment focused on academic concerns. Specialized classrooms within the public school focused on using strategies to decrease externalizing and academic problems. They also used verbal cuing to reinforce or affirm for internalizing problems. Educators in the specialized setting used a variety strategies to address all categories of behavior. Some of those methods included behavioral analysis and direct instruction of skills.

Harrison, Bunford, Evans, & Owens (2013) reviewed the effectiveness of twelve accommodations for students with ADHD and emotional behavioral disorders (EBD). These authors, were the first to define the differences between interventions, accommodations and modifications for special educators in the research literature. This difference was important to this discussion because most approaches to working with students with ED fell under the umbrella of accommodations and modifications. This study focused on interventions. Modifications were defined as adjustments to customs in educational settings that change, lessen, or decrease expectations to counter balance for a disability. Accommodations were adjustments to lessons in the general educational setting. These adjustments did not alter the expectations of the student. In fact, the expectations were that a student with disabilities would meet the same expectations as students without disabilities, specifically, meeting grade level academic content standards. These accommodations were an attempt to level the playing field for the student to meet the achievement goal. Interventions were alterations made through an organized process to cultivate or enhance understanding of abilities, actions, thoughts, or feelings. Social and emotional learning curricula, such as Positive Actions, is an example of an intervention.

Vannest, Harrison, Temple-Harvey, Ramsey, & Parker (2011) highlighted there were difficulties related to the discussion of, distribution, and application of evidence-based practice because of the small number of articles published that focused on interventions for students with emotional disturbance. They argued that single case research has much to offer educators looking for effective evidenced based practice because it was more applicable to special education and a more realistic fit into the environment. In their study, they focused on only academic interventions, which they operationally defined as teacher initiated alterations to education or curriculum. They did not include student or peer mediated interventions. Each study had to be

empirically based, the independent variable had to be an academic strategy, the dependent variable was a performance indicator and the student had to have a diagnosis which met the federal regulations for Emotional Disturbance. No distinction was made between quantitative and qualitative research design in the empirically based definition. Ultimately, they reviewed and calculated effect sizes for 34 single case studies providing evidence that 16 interventions offered promise for students with emotional disturbance. They included cover, copy and compare, mnemonics, time, corrective feedback, previewing, reading programs, functional assessments, prompting, story mapping (PALS), adjusted task difficulty, high interest materials, choice, opportunity to respond, verbally responding computer assisted instruction and planning strategy. All interventions were directed towards specific content areas such as: geography, reading, math, science, English, spelling, paper and pencil tasks, and written language. While this information was helpful to the everyday practitioner in the field, the findings did not meet the level of scrutiny desired by federal regulation.

Cook et al. (2008) completed a mega analysis of five separate meta-analysis to answer the question of whether social skills training for secondary students with ED was effective. They reviewed the results of 77 studies and calculated effect sizes. They found a Cohen's effect size of $r = .32$. This can be classified as medium, meaning large enough to be noticed by others. Their study was important in establishing that for students ages 11 and older social skills training was effective for students with ED. The results of these studies were also found to have strong internal and external validity. No particular theoretical approach was found to be more effective than another.

Taken together the research to date regarding services for students with ED suggests

that children and youth with emotional disturbances probably experienced less school success than any other subgroups of students with or without disabilities (Landrum, Tankersley & Kauffman, 2003). Multiple researchers have uncovered and validated effective instructional practices but teachers still report observing students getting distracted easily, acting impulsively, arguing with others, and acting sad or depressed, very often. (Wagner et al., 2006). Cook et al. (2008) established that for students ages 11 and older social skills training was effective for students with ED. There was a need to establish a body of literature of promising and effective social and emotional learning interventions and curriculum.

Social and Emotional Learning

Greenberg et al. (2003) argued that synchronized emotional, social and academic education opportunities were necessary components of educational environments. In general, across our society, the authors observed there were greater financial and societal burdens on families, a decompensation of community organization that foster morals, and increased social media which combined were leading to a lack of appropriate character development of students. Roeser, Eccles, & Samoroff (2000) indicated that schools were now seen as a primary area for development of healthy mindsets. The U.S. Department of Health and Human Services (1999) reported that 20% of all students experience emotional difficulties during a school year and only 25% of those students receive appropriate treatment. To further complicate the issue Dryfoos (1997) indicated one third of 14- to 17- year olds engage in several sensation seeking or high risk activities which can endanger their life outcomes. To combat this, in 1994, the Fetzer Institute convened a multidisciplinary group and coined the term social and emotional learning (SEL) (Greenberg et al., 2003). This group's goal was to develop a framework to meet the emotional needs of students while developing community partnerships to help schools to meet student

needs. It was believed that SEL opportunities would help address the fundamental sources of student struggles reasons and help support student achievement. From those initial meetings with the Fetzer group, grew an organization entitled Collaboration for Academic, Social, and Emotional Learning (CASEL). The focus of this group was to promote and integrate well researched, effective social and emotional learning as a core component of education preschool to high school.

Denham (2005) initially outlined the necessary components of social emotional learning and the components were reported by Humphrey et al. (2011) to include five factors. Those five factors include emotional competence skills and relational skills. Within the emotional competence skills realm was self-awareness, self-management and social awareness. Within the relationship skills area was social problem-solving and relationship skills. Denham's (2005) initial framework was also very similar to what was described by Zins & Elias in 2006. These definitions were eventually adopted by the CASEL organization as the competencies included in social emotional learning framework. Seminal researchers in the field who made up the CASEL organization used the definition that "social and emotional learning (SEL) is the capacity to recognize and manage emotions, solve problems effectively, and establish positive relationships with others" (Zins & Elias, 2006, p.234). SEL is best described as a combination of actions, cognitions and feelings. It involved the process of learning and applying the concepts, skills, and beliefs required to identify and control emotions; promoting concern and compassion for others, making mature and sensible choices, developing pro-social interpersonal relationships, and navigating difficult situations in a mature fashion. Much the way students learn to read, with practice and application, they needed to do the same with SEL skills. SEL skills are not innate and needed to be modeled and expressly taught. Dusenbury, Domitrovich, Durlack, Goren, &

Weissburg (2013), Weissberg & O'Brien (2004) Zins & Elias (2006) & Denham (2005) identified five core competencies of SEL: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Self-awareness was described as being aware of one's own feelings and beliefs and how that impacts their actions. It involved correctly gauging one's own strengths and weaknesses. It included being confident and having a positive outlook. Self-management was described as the ability to police one's own thoughts, feelings and actions in various settings. It could include stress management, impulse control, self-motivation and goal setting. Social awareness could be thought of as having care and compassion for others who came from different cultures and varied backgrounds. This included perspective taking and understanding social norms and ethical behavior. Relationship skills included the ability to begin and continue relationships with other people and other parties. It also involved verbal and nonverbal communication skills, cooperation, avoiding peer pressure, problem solving conflicts, seeking assistance and offering assistance to others when necessary. Finally, responsible decision-making involved making sensible and reliable choices that take into account ethics, safety, others, consequences of actions.

Zins & Elias (2006) and Elias (2009) identified components of successful SEL programming. Initially, SEL should be based on theoretical principles which had been researched and mindfully planned. It should be interactive and practical to daily circumstances. It should bridge connections from the classroom to school philosophy and actions. It should be culturally sensitive and should encourage cultural awareness. The program should be integrated into other academic areas and have measurable and reportable outcomes. Student should find it engaging and interactive while enhancing their SEL skills. It should build, foster and maintain school, community and family partnerships. There should be administrative supports and board

policies which encourage success. There should be professional development to support staff. There should be ongoing professional development, progress monitoring and program evaluation to assess the success of the program.

Effects of SEL.

Catalano, Berglund, Ryan, Lonczak and Hawkins (2002) reviewed 161 positive youth development programs for efficacy. Their results indicated 25 of the programs were deemed to have a positive effect on youth development. They found the following key components of the effective programs: skills building, addressing five SEL concepts, programs lasting more than nine months, structured manuals and curricula, implementation fidelity, and progress monitoring tied to the concepts taught.

Greenberg et al.'s (2003) study further reported meaningful effects of SEL on students' mental health (Durlack & Wells, 1997, Greenberg, Domitrovich & Bumbarger, 2001, Greenburg et al., 2001), substance abuse (Tobler et al., 2000), attendance difficulties and conduct problems (Wilson, Gottfredson, and Najaka's, 2001), and academic learning behaviors (Wang, Haertel & Walberg, 1997). They further called for increased use of evidence based practices by educators, better progress monitoring and tools to determine effectiveness of programming and use of all embracing programs.

Durlak, Weissburg, Dymnicki, Taylor, & Schellinger (2011) completed a meta-analysis of 213 school-based, universal social and emotional learning (SEL) programs involving 270,034 students. They included programs published in English, after 12/31/2007, for students ages 5 to 18 in regular education, which targeted one component of SEL competencies, used a control group and a reported effect size. Furthermore, they excluded interventions targeting students in specialized classes receiving SEL programming as an intervention. Forty four percent of the

programs were geared towards middle and secondary students, (31% were middle school alone). Fifty three percent were conducted in suburban or rural areas, over half were delivered by teachers and 23% lasted for one year or longer. Effect sizes were calculated for continued skill retention after six months. Results indicated there was a moderate effect size for SEL skills development (.57), small effect size for attitudes (.23), small effect size for positive social behavior (.24), small effect size for conduct problems (.22), small effect size for emotional distress (.24) and small effect size for academic performance (.27). Overall, their findings indicate that judged next to a comparison group, treatment groups exhibited significantly expanded SEL skills, as well as more prosocial behaviors & attitudes, and performance on academics.

In summary, the CASEL group made up of seminal researchers such as Dusenbury, Domitrovich, Durlack, Goren, & Weissburg (2013), Weissberg & O'Brien (2004) Zins & Elias (2006) & Denham (2005) defined the five necessary components of social and emotional learning as self-awareness, self-management, social awareness, problem-solving and relationship skills. The essential components of SEL programming, as identified by Zins & Elias (2006) and Elias (2009) included being theoretically based and mindfully planned; interactive and practical to daily circumstances; SEL should bridge connections from the classroom to school philosophy and actions; be culturally sensitive and encourage cultural awareness; finally, should be integrated into other academic areas and have measurable and reportable outcomes. SEL programming could be more successful if students find it engaging and interactive; was community building; had administrative support; and provided professional development. In conclusion, when a meta-analysis of programs taking these factors into account occurred it was indicated that compared to a control group, treatment groups exhibited significantly expanded

SEL skills, as well as more prosocial behaviors & attitudes, and performance on academics. In moving forward, it became important to explore what research designs components made a SEL program evidenced based practice.

Evidence-Based Practices

Research Design.

Cook, Smith and Tankersley (2012) argued that the term evidenced based practice could be applied if a strategy met four criteria. Those criteria were if an adequate number of studies using sound methodology, proper design and evaluation tools to show efficacy, determined profound results that other researchers could deem trustworthy. Educational laws, such as No Child Left Behind, charge educators with the task of using evidenced based practices to address skill deficits. (U.S. Congress, 2001). Yell & Rozalski (2013) reminded us that the IDEA portion of the law stipulates special educators must also use peer reviewed methods. Peer reviewed was defined by the Elementary and Secondary School Act (ESEA) as “research that has been accepted by a peer reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.” (Elementary and Secondary Education Act, 20 U.S.C. 1208 [6][B]). Research synthesis websites, such as What Works Clearinghouse or Best Evidence Encyclopedia, served the purpose of reviewing research literature for evidence based practices and condensing the information into usable guides for educators. The function was to determine what the most effective evidenced based practices in education were (What Works Clearinghouse, 2015). Each website reviewed research on different topics; some focused on a singular diagnosis, such as autism, whereas others covered a broad array of topics. What each website had in common were the strict guidelines for acceptable research design to be considered an evidenced based effective practice. Almost all research synthesis organizations

accepted the quantitative true experimental research design, which included randomization of subjects and use of a control group. This type of research can be practically impossible in the educational setting due to the nature of the environment. It can be very difficult to randomize pre-existing student groups and educational administrators will often not allow their groups of students to be randomized (Slavin, 2002). What was more common in the educational research field was quantitative quasi experimental research designs. In this instance, randomization could still occur, however it may only be randomized by teacher, grouping, schools etc. The quasi experimental research design was often accepted by research synthesis groups. What was also common in educational research is quantitative single case studies, qualitative research, or mixed method. However, these designs often did not meet the strict research design criteria due to lack of randomization and/or lack of control groups.

Cook, Tankersley & Landrum (2009) reviewed the proposed standards outlined for determining what constituted an evidenced based practice for special educators. They purported that the more “quality indicators” present the more trustworthy a research study. Quality indicators are comprised of research design, number of studies conducted, quality of methods and effect size. In the area of design, Cook, Tankersley & Landrum (2009) reported that only group experimental and quasi experimental designs were sufficient. They indicted at least one true experiment would also be necessary. Minimally two or more group studies would have to be conducted in order to be considered of quality. Horner et al. (2005) recommended for single case studies that “a minimum of five single subject research studies that involved a total of at least 20 total participants and that had at least three different researchers conduct across at least three different geographical locations” (Horner et al, 2005 as cited in Cook, Tankersley & Landrum (2009) p.372)

Gersten et al. (2005) reported that under the umbrella of quality, subjects needed to be fully described, procedures to ensure equality among control and treatment groups were used and adequate information about interventions were described. Detailed information about setting and independent variables should be included. There should be multiple outcome measures and implementation fidelity should be documented. Horner et al. (2005) argued that there should be at least seven areas of quality indicators, covering 21 different points. He argued that “describing participants and setting, dependent variables, independent variables, baseline, experimental control and internal validity, external validity, and social validity.” (Horner et al, 2005 as cited in Cook, Tankersley & Landrum (2009) p.372)

Within the realm of effect size, researchers were more vague than specific. Gersten et. al. (2005) would accept a weighted effect size that was significantly better than zero, including the 20% confidence interval. Horner et al. (2005) were not specific about size of the effect but they desired to observe a causal relationship documented.

Lane, Kalberg & Shepcaro (2009) furthered the discussion by analyzing the evidence base for interventions with emotional and behavioral disorders attending secondary schools. In their study, the researchers applied the quality indicators posed by Horner et al. (2005) to 12 studies. Their results indicated that only one of the 12 studies meet the field test of quality indicators. The authors cautioned that while maintaining a high level of quality is important, educators may have discarded possible effective interventions, by not being flexible.

Research Synthesis Websites.

Research synthesis websites, such as What Works Clearinghouse or Best Evidence Encyclopedia, served the purpose of reviewing research literature for evidence based practices and condensing the information into usable guides for educators. The function was to determine

what the most effective evidenced based practices in education were (What Works Clearinghouse, 2015). Each website reviewed research on different topics; some focused on a singular diagnosis, such as autism, whereas others covered a broad array of topics. In an effort to find evidence based SEL curriculum for middle school students, I utilized nine research synthesis websites. The nine websites were chosen because the evidenced based interventions endorsed had already been through the quality indicator examination by the authors. As previously mentioned, each website varied by subject and level of scrutiny for quality indicator of what would be considered acceptable.

The What Works Clearinghouse (2015) did not reveal any evidence based SEL curricula for middle school students. The Best Evidence Encyclopedia (2015), Robert Slavin's endorsed website, provided a summary statement indicating SEL can help increase students' academic performance and emotional development, (Durlak & Weissberg, 2010, p. 4). The Promising Practices Network (2015) provided the names of two curricula, Resolving Conflict Creatively Program (RCCP) and the Second Step Violence Prevention. The Blueprints for Violence Prevention (2015) discussed a life skills training program which only addressed two of the five core competencies of SEL. The Social Programs That Work (2015) website highlighted a particular middle school in New York but no particular curriculum. The following websites provided no additional curricula: National Autism Center (2015), The National Professional Development Center on Autism Spectrum Disorder (2015), National Secondary Transition Technical Assistance Center (2015). The Collaborative for Academic, Social, and Emotional Learning (CASEL) (2015) website revealed ten curricula.

The CASEL Guide.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) was a university based scientific organization of researchers who were dedicated to advancing academic, social and emotional learning. They focused on curriculum from preschool through high school. (Dusenbury, Domitrovich, Durlack, Goren, & Weissburg, 2013). The CASEL group consisted of scholars from multiple universities who were recognized in the SEL field as eminent researchers, who have paved the way for changes in regulation and disseminating SEL. CASEL's mission was to provide information that was trustworthy and current. No other organization, known to this researcher, existed which provided this level of information on SEL.

The first CASEL guide was produced in 2003. The intention was to provide educational leaders a guide from which to find quality SEL programs to improve SEL practice in schools. At the time, they endorsed 80 different curricula. There were no quality indicator exclusionary criteria. However, CASEL awarded 22 of the programs the "SElect" endorsement, which indicated the program had proof of effectiveness.

The CASEL guide was revised ten years later in 2013 due to advances in research. Upon review, exclusionary criteria were established. The curricular program needed to be "well – designed" (Dusenbury et al., 2013), meaning it had to address the research based five core competencies of SEL, have more than one year of programming, offer students practice opportunities, have a manual and provide training and ongoing support for teachers to support implementation. Within the research design category, the criteria included the use of a control group and pretest and posttest measures of behavior. No stipulation about being an experimental design was made and quasi experimental was acceptable. Reliable measures were emphasized. Finally, it had to have at least one evaluation showing efficacy, at the $p < .05$ level, on academics or behavior which was clearly communicated and had no serious threats to external or internal

validity. These criteria reduced the list of endorsed “SElect” programs to 23. Furthermore, the CASEL group indicated they were planning to conduct a full review of new curricula annually.

In 2015, a middle and high school version of the “SElect” programs addressing grades 6 to 12 was issued. Domitrovich et. al. (2015) defined their inclusionary and exclusionary practices in the guide. All of the previous criteria were retained and some additional criteria was added. Programs had to be studied in the general education setting. They needed to be delivered during the school day. They had to be initially designed for middle and high school aged students and had to provide documentation of development process. Finally, programs originally included that had program effects which were skewed towards the comparison group were excluded. Therefore, only six middle school and six high school programs were endorsed as “SElect”. Complementary and Promising practices were identified. Complementary programs either did not have multiyear programing or did not address all five areas of the competencies. Promising practices may have been SElect programs in the past but require additional evaluation to once again be endorsed. Positive Actions was excluded from this revision.

In order to further assess the exclusionary criteria of the most recent version of the CASEL guide, the researcher contacted the CASEL organization representative in charge of the review process in June of 2016 through email and telephone. Through discussion it was discovered results of why previously endorsed programs were excluded from the guide could not be revealed by CASEL. Lack of endorsement of a particular product could be viewed as slanderous. However, based upon review of Positive Action research further explored in the next section, it is hypothesized that Positive Actions may have been excluded for two possible reasons. Primarily, most of the research conducted with Positive Actions utilized a participant sample from elementary schools. Secondly, the creators of Positive Actions may not have

submitted additional research for review to be included in the middle and high school edition. A review of their measurement procedures utilized did not suggest bias therefore, that reason was discarded. In summary, a review of the data suggests the reason Positive Actions was excluded from the CASEL guide was because their previous research was primarily conducted with elementary students and they may not have submitted for inclusion in the middle and high school edition.

Positive Actions

One of the 23 “SElect” programs endorsed by the CASEL group was Positive Actions. Flay (2002) advocated the use of The Positive Actions Program in his paper which analyzed the theoretical concept of positive youth development. Flay (2002) reported Positive Actions was developed by Carol Allred in 1977. The Positive Actions website (2015) reported that the program offered kits for each grade level from Kindergarten to High School. There were 6 units within each kit, targeting self-concept, taking care of the body and mind, self-regulation of behaviors, interpersonal relationships, honest self-assessment, and continual improvement. There were approximately 140 lessons in each kit, taking approximately 20 minutes each to complete. The Positive Actions curriculum had been the focus of twenty journal articles from the years 2001 until 2014. Five of these articles were not included because they addressed topics beyond the scope of this research project; such as, pre-school programming only, body mass index effects, the family component of the program, teacher’s beliefs regarding Positive Actions and/or community readiness for the program.

Flay (2002) researched the theoretical constructs of preventative interventions. He found that all behaviors have common roots in cultural environment, social situations and biology, which he called triadic influence. He identified social influences were the most prominent during

adolescent years. He linked character development (SEL programs) as being effective in combatting this influence. He further identified Positive Actions as a potential effective program to address social influences.

Ji et al. (2005) utilized a population of students in grades 6 to 12 in rural Utah. Assessment measurements were obtained from the Positive Action Website which were produced by the creators of the program. The study was designed to test the theoretical constructs and philosophy of Positive Actions. Students were in one of two samples. The first sample had been exposed to the Positive Actions Program and were mainly in high school. The second sample had not been exposed to Positive Actions and were mainly in middle school. Students were asked to complete a survey about how frequently they participated in certain behaviors. Behavioral items were topics from the Positive Actions units. Secondly, they were asked how they felt about themselves while engaging in the behaviors. Ji et al. (2005) samples were analyzed separately using “the root mean square of approximation (RMSEA) and the comparative and Tucker fit indices (CFI and TFI)” (p. 114). Correlations which were significant at the $p < .01$ level were found between feeling and behaviors which corresponded to the Positive Actions Units in seven of the nine areas in both samples. The results validated the set of constructs and indicated they could be assessed accurately and separately from one another.

Twelve of the outcome studies were discussed geographically. There were three major testing sites, Chicago, Hawaii, and a southeastern district. There were four groupings of studies. The Chicago data was used for five studies. The Hawaii data was used for four studies and the Southeastern was used for one. Two additional studies were completed using combinations of multiple sites. All studies were conducted in typical classroom settings with a full range of students

in elementary grades. No research has been specific to students who are eligible for special education services, specifically emotional disturbance.

Chicago.

Participants from five studies, Lewis et al (2012), Lewis et al. (2013a), Lewis et al. (2013b), Bavarian et al. (2013), & Li et al. (2011), were drawn from 14 Chicago Public Schools over a 6-year period of program delivery with outcomes assessed for a cohort of youth followed from Grades 3 to 8. Total participants were 1,170 students. Data were collected from Fall 2004 to Spring 2010, and analysis began in the Spring of 2012. The research design for all five studies was matched- pair cluster randomized control trials. Due to attrition over the six-year span less than half of the original participants (510 students control and treatment) were available for the 8th grade data collection.

Lewis et al (2013a) used student self-report measures collected at baseline and seven more times at scheduled intervals. A modified version of The Positive and Negative Affect Scale for Children (PANAS) was used to measure positive affect. A modified version of the Student Life Satisfaction Scale was used to measure life satisfaction. Portions of the Behavior Assessment System for Children, 12 questions, were used to assess depression and anxiety. Finally, the complete Social-Emotional and Character Development Scale was used to measure social and emotional character development. Researchers found increased positive affect (ES = .17), and life satisfaction (ES = .13). They also found decreased levels of depression (ES = -.14) and lower anxiety (ES = -.26).

Bavarian et al. (2013) utilized a four question self-report measure developed by Furrer and Skinner addressing academic engagement and performance, teacher ratings of students' achievement ability and motivation observed, attendance and statewide accountability tests. The

researchers observed decreased absenteeism. Self-reports measures in both groups trended towards more negativity as students aged. Teachers of students who received treatment rated their students as having better achievement motivation and ability, especially African American boys and low-income students. Marginal positive academic outcomes were also observed but could have been attributed to many factors. There were positive reading effects for males and positive math effects for females.

Lewis et al. (2013b) utilized four self-report student measures, one parent report measure and school archival disciplinary records. The Normative Beliefs About Aggression Scale, the Orpinas and Frankowski's Aggression Scale, a modified selection of test questions from the child problem behavior scales and the Risk Behavior Survey were all used to assess aggression and violent, disruptive behaviors. The Aggression and Conduct Problems sub scales of the Behavior and Assessment System for Children was used for parents. Discipline referrals and suspension history archival data was also used. Participants in treatment schools were less likely to report participating in bullying behaviors. Guardians of children in treatment schools reported less bullying behaviors by their children and slightly less conduct problems as compared to the control groups. Discipline referrals and suspensions trended downward over the six years of data collection.

Lewis et al. (2012) utilized the student reported 28 item Social Emotional and Character Development scale and five modified items from the Risk Behavior Survey. Results indicated a moderate effect size in regards to decreased substance abuse ($\beta = -0.639$, $p < 0.01$) and significantly better social emotional character development than students attending control group schools.

Li et al. (2011) used a researcher created unit implementation teacher report and researcher developed questions about student substance abuse and violence related behaviors. They also used the Aggression Scale and the Frequency of Delinquent Behavior Scale. No significant difference was found in regards to disruptive behaviors. Effect sizes ranging from 0.27 to 0.41 were found for decreased conduct problems. Implementation data collected suggested that better implementation fidelity led to larger effect sizes.

Hawaii.

Participants from four studies, Snyder et al. (2013), Snyder, Vuchinich, Acock, Washburn & Flay (2012), Snyder et al. (2010) & Beets et al. (2009) were drawn from 20 Hawaiian Public Elementary Schools over a 4-year period of program delivery and a one year follow up with outcomes assessed for a cohort of youth followed from Grades K to 5. Total participants were 544 students. Data were collected from 2002-2003 until 2007. The research design for all four studies was matched- pair cluster randomized control trials.

To examine academic behavior for students in Grade 5, Snyder et al. (2013) & Beets et al. (2009) utilized self-report researcher designed tools and teacher report researcher designed tools. To examine negative behaviors, Students completed a modified tool from the Aban Aya Youth Project. Teacher participants were asked to rate students on substance abuse related questions on a researcher made tool. There were concerns about the appropriateness of the measurement tools for this study suggesting there may be some internal and external threats to validity inherent with this population. While these results indicated less substance abuse, violence and sexual activity and better academics with the treatment grouping on student and teachers measures; the results are considered with caution.

Snyder et al. (2010) utilized archival school data on rates of attendance, suspensions, grade retention, and statewide testing results from Math and Reading. There were no significant differences between control and treatment at baseline. Results indicated on all four measures of achievement from statewide tests, students from the treatment group performed better in all areas. Students' gains in the treatment group grew each year over the five years and were consistently better than control, showing increasing gaps for control groups. In addition, students in treatment groups had less absenteeism, less suspensions and less retention.

Snyder, Vuchinich, Acock, Washburn & Flay (2012) conducted a follow up study one year after intervention was stopped. They used archival statewide testing data and archival data from previous data collection with teachers, parents and students. Analysis revealed ongoing positive outcomes from the intervention program which sustained through the post intervention period.

Southeastern District.

Flay and Allred (2003) completed a research study using a large Florida school district which had previously been using the Positive Actions program. The researchers were able to gather school archival achievement and discipline data from both elementary and secondary schools. All schools in the treatment group had implemented Positive Actions for four or more years. All schools in the control group had not used Positive Actions for the four years prior to the inception of the study. School report card data was used to match schools in rank ordered pairs for socioeconomic status, mobility rates, and ethnic diversity. All schools in the treatment groups had received Positive Actions for at least two years prior to data collection. Results indicated improved school involvement, student behavior and student achievement in the

elementary middle and high school bands. There was a clear relationship between the amount of Positive Actions implemented and the level of improved response measured.

Combination Studies.

Washburn et al. (2011) utilized participant data from the Hawaii, the Chicago, and the southeastern state studies. The student self-report data from all three data points led the researchers to draw the conclusion that students reported participating in less maladaptive behaviors. The results from these three cohort studies demonstrates replication of results that the implementation of the Positive Actions programs in schools leads to a decline in maladaptive behaviors.

Flay, Allred, Ordway (2001) combined participant data from a Nevada school district and archival data from the Hawaii series of studies. Student participants ranged in grades from kindergarten to sixth grade. Once again schools were matched to have a control and treatment schools based on school ranking, socioeconomic status, and ethnicity. Standardized test scores and disciplinary reports were utilized as measurements. Improvement in achievement ranged from 16% to 52%. Decreased disciplinary referrals ranged from 78% to 85%. The researchers proposed their results suggest that a positive action program may be a successful approach to in decreasing student disciplinary referrals while simultaneously increasing achievement performance.

Positive Actions as a Tier Two Support.

Oakes et al. (2012) completed a case study of nine fourth-grade students in a general education, rural, elementary school in the southeastern United States. The researchers questioned whether Positive Actions would be a useful intervention as a Tier 2 support as part of a response to intervention model (D. Fuchs & Fuchs, 2006). A tiered level of support system, such was the

focus of this study, could have three levels designed to assist student struggling educationally with achievement, social skills and emotionality. Students at the Tier 1 level fell within the general educational environment and did not require additional supports or services. Student who fell within the Tier 2 level were in need of instructional supports services for social, academic or behavioral reasons. They were often being monitored to determine if more intense services were required or if they were responding to pre-referral interventions. Tier 3 students were students who had been identified as eligible and in need of specially designed instruction supports and services. Oakes et al. (2012) questioned whether the Positive Actions program could be used effectively in a Tier 2 intervention model. The researchers indicated difficulty with consistent data collection from teachers. Results for students revealed increased skills development but not mastery. Overall, the Positive Actions program was successful for increasing student engagement and teacher rated motivation. However, it had minimal effect on academics.

Summary

Federal Regulation (IDEA, 2015) stipulated that schools must provide remediation services for students with emotional disturbance in their area of disability. Research demonstrated that students with emotional disturbance lacked social emotional skills. Research also showed the body of established evidenced based interventions was in short supply. Students with emotional disturbance have had the poorest educational outcomes (Wagner et al., 2005). Studies have validated the use of SEL as having effects on youth development, mental health, substance abuse, attendance and achievement. (Berglund, Ryan, Lonczak and Hawkins, 2002, Greenberg et al, 2003, Durlack & Wells, 1997, Greenberg, Domitrovich & Bumbarger, 2001 and Greenburg et al., 2001, Tobler et al., 2000, Wilson, Gottfredson, and Najaka, 2001 & Wang, Haertel & Walberg, 1997). There remains an increased call for use of evidence based practices

by educators, better progress monitoring and tools to determine effectiveness of programming.

The creators of the CASEL guide have led educators through the process of uncovering evidence based SEL practices for general education students. It became imperative to validate such measures for students eligible for special education with emotional disturbance needs.

Methodology

The literature review revealed that it was imperative to validate evidence based SEL interventions for students eligible for special education with emotional disturbance. In addition, the literature review provided foundation for research questions, methods and instruments for measurement. In this chapter, the research questions, research design, setting, population, access to site, methods and instrumentation utilized are presented. Also, included is a discussion of reliability and validity of measurement tools, data collection procedures, limitations and ethical considerations.

Research Questions

Research questions guide and focus the research process (Butin, 2010). To analyze effective practices, the most pragmatic method is evaluative. Evaluative dissertations are aligned with quantitative experimental, quasi experimental and pseudo non-experimental designs (Butin, 2010, Lodico et al, 2006 & McMillian & Schumacher, 2010). This study was conducted using a quasi- experimental, ex post facto, casual comparative design. (Campbell & Stanley, 1963 & Lodico et al, 2006). For the purpose of this study, to determine if Positive Actions can be qualified as an evidenced based intervention for students with emotional needs, the following four quantitative research questions were posed:

- 1- What impact did the use of the Positive Actions curriculum have on student achievement for students with emotional disabilities who had been exposed to the curriculum after one

year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?

- 2- What impact did the use of the Positive Actions curriculum have on student attendance for students with emotional disabilities who had been exposed to the curriculum after 1 year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?
- 3- What impact did the use of the Positive Actions curriculum have on students' SEL skills, measured by the DESSA mini rating scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?
- 4- What impact will the use of the Positive Actions curriculum have on students' self-esteem, measured by the Piers Harris: The Way I Feel About Myself Scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?

Hypotheses.

For the purpose of this study, to determine if Positive Actions could have been qualified as an evidenced based intervention for students with emotional needs, the following four research hypothesis were posed:

- 1- Students with emotional disturbance, after one year of instruction, exposed to the Positive Actions curriculum will have significantly higher levels of achievement than their same aged typically developing peers and peers with learning needs.

- 2- Students with emotional disabilities, after one year of instruction, exposed to the Positive Actions curriculum will have increased or maintained attendance compared to their same aged typically developing peers and peers with learning needs.
- 3- Students with emotional disabilities, after one year of instruction, exposed to the Positive Actions curriculum would demonstrate improved SEL skills measured by the DESSA mini rating scale.
- 4- Students with emotional disabilities, after one year of instruction, exposed to the Positive Actions curriculum would have more positive self-esteem as measured by the Piers Harris: The Way I Feel About Myself Scale.

Research Design

This research was pursued through the lens of pragmatism. Greene (2007) presented Johnson & Onwuegbuzie, and John Dewey's views of pragmatism. Pragmatism appreciates the natural, physical, social and psychological world. It puts value on a person's inner being. Knowledge is based on real world experiences. It prefers action to theory and "values democracy, freedom, equality and progress" (Greene, 2007, p. 84). Pragmatism emphasizes that the research questions demarcate the methods. To analyze effective practices, the most pragmatic method is evaluative. Evaluative dissertations are aligned with quantitative experimental, quasi experimental and pseudo non-experimental designs (Butin, 2010, Lodico et al, 2006 & McMillian & Schumacher, 2010). This study was conducted using an ex post facto, quasi-experimental, casual comparative design. (Campbell & Stanley, 1963 & Lodico et al, 2006). Ex post facto is a quasi-experimental design. It is also known as a retrospective, casual comparative design. (Lodico et al, 2006). It is considered to be a quasi-experimental design because it mimics design features of experimental design such as using control comparative groups. Most

importantly, this design uses archival or retrospective data. The researcher does not manipulate independent variables; instead, conducts analysis of events which previously occurred to establish a causal or comparative relationship (Lodico et al., 2006). A second analysis of only the treatment group was conducted using a single –group pretest posttest design method. (McMillian & Schumacher 2010).

Setting.

Lincoln School District is located in the northeastern section of the continental United States. It is a large, suburban school district. There are three schools which service the Lincoln School District grades six to eight, the Oak Grove School, Fairview School and Washington School. In Lincoln School District, middle schools are grades six to eighth. The names of the schools and school district utilized as sites in this research study have been renamed and reflect the top four most common school names found in a Google search. This was done to protect the confidentiality of the proposed participants. Demographic information for the Lincoln School District and schools had been drawn from publicly available information, such as a state reporting system and national and state ranking systems.

During the research year, 2015-2016, Lincoln School District served 12, 290 students. There were approximately 7.2 % of students who were eligible for free and reduced lunch. District wide schools were 52% male and 48% female. There were 1.6% Multiracial, 0.1% American Indian, 9.2% Asian, 3.5% African American, 3.8% Hispanic and 81.9% Caucasian. In 2013, the median household income was \$55, 749. In 2013, the median housing unit value was \$362, 501. Lincoln School District has 16 school buildings. Ten buildings are elementary schools servicing students grades K to 5. All students enrolled in sixth grade attend one district wide school, that school was Oak Grove. Oak Grove School's total enrollment at the end of the 2015-

2016 school year was 985 students. After sixth grade, students split into Fairview or Washington Middle Schools, based upon their attendance boundaries, for seventh and eighth grades. Fairview Middle School's total enrollment at the end of the 2015-2016 school year was 974 students in grades seven and eight. Washington Middle School's total enrollment was 1093 students in grades seven and eight. For high school, grades nine to twelve, students had the choice to attend the local neighborhood high school or apply to a magnet school within the district specializing in a science, technology, engineering or mathematics curriculum for an International Baccalaureate degree.

Intervention.

The FS class, or Functional Strategies class, was the name of the emotional support classes at Oak Grove School, Fairview Middle School, and Washington Middle School in the Lincoln School District. PA or the Positive Actions curriculum was the name of the intervention the students received. Students who took the FS class had an IEP (Individualized Education Program) and their multidisciplinary team identified them as being in need of specially designed instruction for emotional support. Students at the middle level programs were typically enrolled in sections of the FS class by based on two factors, grade and need. Students were typically grouped with their grade levels mates. Only one grouping at Fairview Middle School had a mixed grade grouping, seventh and eighth grades. Groups were usually divided by need, intrinsic or extrinsic. Intrinsic students were classified as students whose emotional symptoms manifested inwardly towards themselves such as cutting, eating disorders, anxiety and depression. Extrinsic students were classified as students whose emotional difficulties manifested as outwardly towards others such as verbal or physical aggression, and defiant and disruptive behaviors.

Most students were in the FS class for two forty-eight minute periods twice per six-day cycle; two students received the service four times per cycle. There were approximately 30 cycles per year. Therefore, students would have typically received Positive Actions instruction for at up to 2500 minutes per academic year, varying with attendance rates.

Procedures.

Each Functional Strategies teacher, Mrs. R. White (Washington Middle), Ms. A. Scarlett (Oak Grove) and Mrs. K. Violet (Fairview), who implemented the Positive Actions program was trained by the examiner, a master's level School Psychologist and another district master's level School Psychologist, at the beginning of the school year prior to implementation. The curriculum designer provided training materials and manuals (Positive Actions Website, 2015). The materials consisted of a step by step guide of how to implement training. Training was conducted as outlined and took six hours to complete. Additionally, training was conducted by the product developers on how to use the SEL Evo Apperson data collection system (Apperson Website, 2015). Website data collection training consisted of a two-hour teleconference. Finally, teachers received three hours of scoring and data collection support from the examiner and three additional district psychologists, during the first round of data collection. All teachers reported that the curriculum was delivered as prescribed throughout the school year, two forty-eight minute periods twice per six-day cycle; up to 2500 minutes per academic year, varying with attendance rates. There were no written teacher records kept detailing which lesson was taught, how long it took to complete or which students were present at the time of delivery. Implementation fidelity was established through verbal report of the teachers to the examiner only. Any intervention comparison students who had less than three marking periods in the intervention class were not be counted as part of the final analysis group. Attrition could be

attributed to a mid-year transfer student, mid-year special education identification, or removal of service.

Sample Population.

To this examiner's knowledge, this district was the only district within its county that used this curriculum, Positive Actions, in middle and secondary buildings as a Special Education intervention program. In a telephone conversation with the program representative, they were not aware of the program's use in any area within the state. Therefore, finding another sample such as was difficult because of the scarcity of the program. In addition, these middle level buildings were intense because they were using this program with over 60 students per school year. This made the current sample a sample of intensity. A sample of intensity, "involves information-rich cases that manifest the phenomenon intensely, but not extremely" (Marshall & Rossman, 2011, p 111). It was also a disadvantage because it was a purposeful sample of convenience and the examiner's worksite. Due to limited sample availability, an alternative site would not have been feasible.

Treatment Group: There were a total of 79 middle level students who received direct instruction in SEL skills with the Positive Actions Curriculum over the course of the 2015-2016 school year from three buildings. There was a total of 46 males and 33 females. There was a sum of 19 eighth graders, 30 seventh graders and 30 sixth graders in the program across three schools. There was a total of 15 small groupings. All groups ranged in size from three to eleven students.

The remaining students enrolled at Oak Grove, Washington and Fair View schools during the 2015-2016 school year became part of one of two comparison groups. The school district's data warehouse system, Ed Insight- On Hands Schools, was used to develop the data set. Sample

size was reported after attrition had been taken into account. Attrition was explained by students moving in or out of the district during the focus year. A total of 2,954 students were enrolled during the 2015-2016 school year at all three schools. One thousand, four hundred and forty-seven students, 48.98%, were males and 1507 or 51.02% were female. Approximately, 972 were eighth graders, 1030 were seventh graders and 952 were sixth graders across three schools. The district reported that 17.7% of their entire school population was identified for special education services.

Comparison Group One (Comparison No IEP group), this group was made up of 2,449 students who were enrolled at Oak Grove, Fairview and Washington during the 2015-2016 school year and did not receive any IEP services.

Comparison Group Two (Comparison IEP group), was made up of 426 students who were enrolled at Oak Grove, Fairview and Washington during the 2015-2016 school year, who received IEP services but did not receive services from the FS class.

It was hypothesized that by having two comparison groups such as these, maturational effects would be controlled for since improved SEL skills could be accounted for by typical adolescent development. (Campbell & Stanley, 1963, McMillian & Schumacher, 2010). In addition, by using control groups made up of peers with and without disabilities this study was able to speak to generalization for all students and/or just those with disabling conditions.

Site Specific Intervention Comparison Group Details.

Oak Grove.

There was a total of 30 sixth grade students enrolled in the FS class. Nine were female and 21 were male. These students made up the intervention comparison group from Oak Grove School. They received instruction in one of three groupings. In the morning grouping, there were

11 students, nine males and two females. In the mid-day grouping, there were eight students, six males and two females. In the afternoon grouping, there were 11 students, six males and five females.

Fairview Middle School.

Twenty-three students took the Functional Strategies class at Fairview Middle School the 2015-2016 school year. Five of the students were eighth graders and 18 were seventh graders. Nine were female and 21 were male. They received instruction in one of five groupings. In the first period seventh grade grouping, there were three students, two male and one female. In the second period seventh grade grouping, there were five students, two male and three females. In the third period seventh grade grouping, there were six students, two male and four females. In the fourth period eighth grade grouping, there were three students, two male and one female. In the late afternoon tenth period mixed grouping there were six students, four male and two females. Two students were eighth graders, one male and one female. The remaining students were seventh graders.

Washington Middle School.

Twenty- six students accessed the Functional Strategies class at Washington Middle School during the 2015-2016 school year. Fourteen of the students were eighth graders and 12 were seventh graders. Thirteen were female and 13 were male. They received instruction in one of six groupings. In the first period eighth grade grouping, there were three students, two male and one female. In the second period A/B eighth grade grouping, there were seven students, three male and four females. In the second period E/F eighth grade grouping, there were four students, two male and two females. In the fourth period C/D seventh grade grouping, there were four students, one male and three females. In the fourth period E/F seventh grade grouping, there

were three students, two male and one female. In the fifth period A/B seventh grade grouping, there were three students, two male and one female. In the sixth period seventh grade grouping there were two students, one male and one female.

Access to Site.

The site was the researcher's workplace. The researcher had to meet with the district Superintendent and Assistant Superintendent to discuss the research proposal. During those meetings, the Superintendent gave verbal consent approving the researcher's initial proposal and outlined acceptable research practices within the confines of the school district. The researcher was referred to Board Policy number 235 to view formal district consent forms and guidelines. The guidelines included using declassified, archival (retrospective) student information about measuring the effectiveness of an educational intervention. Formal site formal approval was sought and secured on 5/23/2017. Appendix A contains approval form 235-AG-1, Consent Form for Research Study/Survey/Personal Analysis/Evaluation. Institutional Review Board approval was sought and given on 6/5/2017, this can be found in Appendix B. Because of the level of declassification of data, the project was approved under an exempt status.

Data collection began shortly after site approval and IRB permission was granted. Half of data collection was gathered by using the school district data warehouse program, On Hands Schools (Ed Insight). A support analyst technician from Ed Insight ran a student report. The student report was delivered to the Ed Insight technician in an Excel file. The On Hands technician electronically transferred the Excel file to the research assistant. The second half of the database, was created manually, with the use of a research assistant. A doctoral level district employee, who had successfully completed CITI certification IRB ethical practices training served as the research assistant. The research assistant linked additional data to the treatment

students in the Excel file. After which, the research assistant deleted the columns containing any information which could be used to identify a student from the file, making the information it anonymous. After the information had been declassified it was provided to the researcher for analysis.

Instrumentation

The first research question, what impact did the use of the Positive Actions curriculum have on student achievement for students with emotional disabilities who had been exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention, was answered using eight points of data. The eight points of data which were utilized were pre intervention end of year report card grades from the 2014-2015 school year in Mathematics and English Language Arts, post intervention end of year report card grades from the 2015-2016 school year in Mathematics and English Language Arts, pre intervention state accountability assessments from the 2014-2015 school year in Mathematics and English Language Arts, and pre intervention state accountability assessments from the 2015-2016 school year in Mathematics and English Language Arts. By using grades and state accountability data, further insight was given into students' educational achievement and learning behavior. Student report card grades incorporate teachers' rating of student classroom participation, homework completion and classroom performance. State accountability data does not reflect student classroom participation, homework completion and classroom performance; reflecting achievement data only. Using both sets of data could have led to potential areas for further exploration. Mathematics (Math) and English Language Arts (ELA) were chosen as the subject areas because they are considered core subjects of instruction and both areas are tested in all

grades required for this analysis. Science was excluded as it is not a state accountability tested areas during all grades required. Social Studies was excluded as it is not a state accountability tested subject. An example of the data collection for research question one analysis has been shown in Table 1.

Table 1

Example Data Collection for Research Question One Analysis

<u>Grade</u>	<u>Sex</u>	<u>Building</u>	<u>Grouping</u>	<u>Baseline</u>	<u>Post</u>
8	M	Washington	Comparison IEP	<u>ELA Grade</u>	<u>ELA Grade</u>
				A	B
				<u>SAA ELA Score</u>	<u>SAA ELA Score</u>
				1098	1236
				<u>Math Grade</u>	<u>Math Grade</u>
				B	A
				<u>SAA Math Score</u>	<u>SAA Math Score</u>
				1077	1234

Note. IEP = Individual Education Plan; ELA = English Language Arts; SAA = School Accountability Assessment

The second research question, what impact did the use of the Positive Actions curriculum have on student attendance for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention, was answered using two points of data. The points of data include pre-intervention end of year attendance from the 2014-2015 school year and post intervention end of year attendance from the 2015-2016 school year. An example of the data collection for research question two analysis has been shown in Table 2.

Table 2

Example Data Collection for Research Question Two Analysis

Grade	Sex	Building	Grouping	Baseline	Post
8	M	Washington	Comparison No IEP	<u>Attendance</u> 4	<u>Attendance</u> 7

In order to answer the third research question, what impact did the use of the Positive Actions curriculum have on students’ SEL skills, measured by the DESSA mini rating scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction, the DESSA mini rating scale will be utilized. The DESSA Mini (Devereux Student Strengths Assessment- Mini) is a strength-based behavior rating scale that measures social and emotional skills. (Apperson, 2015). General education teachers, who did not provide the direct instruction in Positive Actions, rated the students quarterly using the DESSA Mini. The English and Math teachers of students in the FS class were asked to rate the student using the DESSA mini, four times per year, during mid-marks each marking quarter. The feedback was gathered to determine if SEL skills taught in the Positive Actions intervention were being generalized into other settings within the school environment. Teachers from state tested subject specific classes, English and Math, were chosen instead of the Positive Actions interventionist teacher to prevent data collector bias. For the purposes of this research study, data collector bias was defined as the interventionist and the student behavior evaluator as being the same person. If the interventionist had biased feelings about the program, it may have been reflected in the student ratings, therefore this was avoided. An example of the data collection for research question three analysis has been shown in Table 3.

Table 3

Example Data Collection for Research Question Three Analysis

<u>Grade</u>	<u>Sex</u>	<u>Building</u>	<u>Grouping</u>	<u>Baseline</u>	<u>Post</u>
8	M	Washington	Treatment	<u>DESSA T Score</u>	<u>DESSA T Score</u>
				42	60

To answer the final research question, what impact did the use of the Positive Actions curriculum have on students’ self-esteem, measured by the Piers Harris: The Way I Feel About Myself Scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction, the Piers Harris: Children’s Self Concept Scale 2nd edition was employed. As indicated by the Community-University Partnership for the Study of Children, Youth, and Families (2001), the tool was developed by Ellen Piers, David Herzberg and Dale Harris. This is a 60 item self-report questionnaire designed to assess self-concepts in children between the ages of 7 and 18 years old. It can be administered in 10 to 15 minutes. All students who took the Functional Strategies class were asked to complete the form as part of their classroom progress monitoring at the beginning of the school year as a pre-measure and at the end of the year as a post measure. An example of the data collection for research question three analysis has been shown in Table 4.

Table 4

Example Data Collection for Research Question Four Analysis

<u>Grade</u>	<u>Sex</u>	<u>Building</u>	<u>Grouping</u>	<u>Baseline</u>	<u>Post</u>
8	M	Washington	Treatment	<u>Piers Harris T Score</u>	<u>Piers Harris T Score</u>
				42	60

Note. Data was recorded for each sub scale, baseline and post, including: Behavioral Adjustment, Intellectual and School Status, Physical Appearance and Attributes, Freedom from Anxiety, Popularity and Happiness and Satisfaction.

Reliability and Validity of Measurement Tools.

Reliability and Validity are two important concepts in educational research. Reliability signifies the uniformity in results, specifically each time the measure is administered and when administered by different evaluators (Fraenkel & Wallen, 2009). These terms are most often referred to test-retest reliability and interrater reliability. Test- retest reliability means each time the tool is administrated the same results are observable. Interrater reliability means that the results are consistent between evaluators. These scores are reported as reliability coefficients. Research standards suggest .90 values as acceptable (McMillian & Schumacher, 2010).

Validity is discussed in three separate terms, content, construct and criterion. (Fraenkel & Wallen, 2009). Content validity refers to the definition of the concept. If the tool is meant to measure depression, the content of the assessment has items and questions which are consistent with the accepted symptoms of depression. Criterion validity speaks to the correlation between the target assessment and other assessments which are also supposed to evaluate the same content. This is usually discussed as predicative validity or concurrent validity. This type of validity is established by regression analysis. That is reported by a correlational coefficient represented by a symbol *r*. This scale ranges from +1.00 to -1.00. The stronger the relationship,

the higher the r coefficient. Finally, construct validity is measured by factor analysis. Factor analysis is based upon three factors, clear definition, a hypothesis based on theory and empirical research.

In order to ensure there are no threats to the internal validity of this study, the reliability and validity of each measurement tool was reviewed. The first measurement tool utilized for this study was Student Progress reports. Information about how student progress was reported was available to the public on the school district website. According to board policy, assessment strategies for determining progress were gathered through written work, scientific experiments, works of art or musical, theatrical or dance performances, demonstrations, performances, products or projects, examinations, nationally available achievement tests, diagnostic assessments, evaluations of portfolios and other measures as appropriate. A review of the school board policy regarding reporting student progress revealed that reliability and validity data was not available. Therefore, it was evaluated by judgement validity. (Davis, 1964) This type of validity is based upon professional judgment on the appropriateness of a measurement. Judgement Validity has its foundation in face and content validity.

Information regarding the reliability and validity of the state accountability assessment was available to the public on the state's Department of Education website. The 2015 Technical Report was used to report this information. The internal reliability coefficients for the state accountability assessment for Mathematics were fifth grade (.94), sixth grade (.92), seventh grade (.93) and eighth grade (.92), (2015 Technical Report). The reliability coefficients for the state accountability assessment for ELA were fifth grade (.92), sixth grade (.92), seventh grade (.91) and eighth grade (.91), (2015 Technical Report). Convergent validity coefficients in

comparison to other norm-referenced measures such as the CTBS/Terra Nova was approximately 0.8 for mathematics and 0.7 for ELA. (Thatcher, 2004)

The third measurement tool utilized for this study was student attendance. Information about how student attendance was recorded was available to the public on the school district website. A student was recorded as in attendance if they were physically present in the designated area at the designated time. A student was recorded as absent if they were not physically present in the designated area at the designated time. A review of the school board policy regarding reporting student progress reveals that reliability and validity data was not available. Therefore, it was evaluated by judgement validity, (Davis, 1964). Teacher recorded daily tallies of attendance was considered to be a valid measured of attendance rates.

The fourth measure was the DESSA Mini (Devereux Student Strengths Assessment-Mini). The DESSA mini consisted of four 8 item parallel forms that were standardized, norm-referenced, and screen social and emotional competencies related to resilience that serve as protective factors for children kindergarten through eighth grade.” (DCRC Assessment Summary Table, 2013). The DESSA mini was developed by Jack A. Naglieri, Paul LeBuffe & Valerie Shapiro in 2014 (DCRC Assessment Summary Table, 2013). As reported by the DCRC Assessment Summary Table (2013) in the area of reliability, it had been shown to have internal reliability or consistency values between .912 and .924. Research standards suggest .90 values as acceptable (McMillian & Schumacher, 2010). The test-retest reliability has a correlation range from .88 to .94 over a four to eight-day interval. Interrater reliability had a reported range between .70 and .81. The validity information available indicates high content, criterion and construct validity.

The final research measure was the Piers Harris: Children's Self Concept Scale 2nd edition. In the area of reliability, it had been shown to have an internal reliability or consistency rate of a Cronbach's alpha of .91 for the Total scale. There are six subscales, the Cronbach's alpha for each subscale is as follows, Behavioral Adjustment (.81), Intellectual and School Status (.81), Physical Appearance and Attributes (.75), Freedom from Anxiety (.81), Popularity (.74) and Happiness and Satisfaction (.77). The test-retest reliability rates range from between .83 to .96. Content validity was established by an inter-scale correlation with the first edition. Construct validity was moderate to high with other like assessments. The validity information available indicated a correlation coefficient of .68 when used with a special education population of students from 12 to 16 year olds.

Data collection procedure

After site and Institutional Review board approval was secured data collection began. Half of data collection was gathered by using the school district data warehouse program, On Hands Schools (Ed Insight). A support analyst technician from Ed Insight ran a student report. The student report was delivered to the Ed Insight technician in an Excel file. The On Hands technician electronically transferred the Excel file to the research assistant. The second half of the database, was created manually, with the use of a research assistant. A doctoral level district employee, who has successfully completed CITI certification IRB ethical practices training served as the research assistant. The research assistant linked additional data to the treatment students in the Excel file. After which, the research assistant deleted the columns containing any information which could be used to identify a student from the file, making the information it anonymous. After the information had been declassified it was provided to the researcher for analysis. For all student comparison groups, the data recorded included the following

information: age, sex, building, grade, pre-ELA grade, post ELA grade, pre-ELA state accountability measure, post ELA state accountability measure, pre Math grade, post Math grade, pre Math state accountability measure, post Math state accountability measure, pre-attendance rate, and post attendance rate. The single treatment group analysis dataset contained baseline DESSA Mini T Score, post DESSA Mini T Score, baseline Piers Harris T Score for the Total scale and all subscales, and post Piers Harris T Score for the Total scale and all subscales. Examples of the data collected are visually represented in Tables 3 and 4.

Protecting student confidentiality was of utmost concerns. Precautions were taken with the dataset. The data set was delivered to the researcher electronically by a school district technology consultant to the research assistant. Once obtained, it was kept in a password protected file and on a password protected computer. It was only viewed by the consulting statistician, the research assistant and the researcher. Dissertation committee members did not view the data set. The data was made anonymous by declassifying the information.

It is important to note, once the databases were created, any identifiable information linking a student to a particular line of data did not exist, in order to protect the participants' identity. Once the student's information was entered into the database even the researcher was blind as to student identity. A complete list of students names whose data was examined for this study was maintained to further protect their confidentiality. No paper files were maintained. The data was anonymous and declassified.

Data Analysis

In order to answer the first two retrospective casual comparative research questions regarding the impact on achievement and attendance after 1 year of instruction, a Kruskal-Wallis H Test, Mann Whitney U, Wilcoxon Matched Pairs Signed Ranks Test, an analysis of variance

(ANOVA) test and a Tukey HSD were used. The Kruskal-Wallis H Test, Mann Whitney U, Wilcoxon Matched Pairs Signed Ranks Test was used with classroom grades and attendance. This combination of tests was appropriate because there were three independent groups from the same sample. The data had been converted to an ordinal scale. Finally, the group sizes differ markedly; specifically, the Treatment group had less than 100 students, the first Comparison IEP group had more than 300 and the Comparison No IEP group had more than 2500 students.

An analysis of variance (ANOVA) test was utilized for the state accountability assessment portion because there was one independent variable, with three or more groups, the data is ratio, or scale and comparisons was made between groups. Scale or Ration data is “ordered levels, in which the difference in magnitude between levels is equal, and there is a true zero.” (Leech, Barrett & Morgan, 2011).

To answer the third and fourth retrospective casual comparative research questions about the impact on SEL skills and student’s self-concept, the t test procedures was followed. A paired sample t- test was employed when comparing means to determine if they differ. For these two measures, since both scales produce t scores, the data was interval and presumed to be normally distributed; therefore, a parametric test was appropriate.

Limitations and Delimitations

The proposed study was limited by three factors. First, the third and fourth research questions could only be answered in a single case study design. Ideally pre-and post-measures of self-esteem and extrinsic behaviors would have been sought for the control groups. This information was not available for two reasons; the data was not collected for students outside of the FS program and the site would not allow information which was not retrospective to be used. The site limited the researcher to declassified archival data. It was crucial to include this

information, even if only in a limited fashion, because it adds to the body of existing evidence surrounding the Positive Actions curriculum. These attributes were found by Durlak, Weissburg, Dymnicki, Taylor, & Schellinger (2011) to have impact upon SEL skills development, attitudes, positive social behavior, conduct problems, emotional distress and academic performance.

The second limitation of this study is the absence of parental data. Interesting observations may have been available about the generalization of SEL skills outside of the school environment if parent version DESSA mini data were available. The third limitation is fidelity of implementation data was not collected. Teachers reported that the procedures were implemented as designed, up to 2,500 minutes for the year, but no data exists to cross-check that belief.

Delimitations in research refer to conscious choices the researcher makes limiting the study. In this instance, the researcher did not choose to make any delimitations.

Ethical Considerations

In this study, several ethical considerations are at hand, specifically population, Institutional Review Board approval, and proper consent. The intervention was not an ethical concern because, the intervention, which was the focus of this study, had already occurred. The intervention was a choice of the district to implement in the emotional support classrooms at the middle level. The focus of this study was to validate or disconfirm that choice as an appropriate option in the future. While this intervention place took place, school safety measures were in place to ensure their well-being. Those measures included access to guidance counselors, school psychologists, and prevention specialists. Finally, each student enrolled in the FS group had to have an IEP which their parents legally agreed to prior to treatment in a Notice of Recommended Educational Placement (NOREP).

The population was an ethical consideration for two reasons, age and disability. The students in this study were under the age of 18, they required parental consent to participate. To further layer the complication, the treatment students in this study were identified as being in need of special education services for emotional disturbance. It was imperative and a legal obligation that their confidentiality be maintained. Therefore, the safest way to protect their confidentiality was to completely declassify the information. Once the student information was entered into the research assistant created database, there was no link to student's identity. No linking record was kept. No identifying information was retained.

All research studies, even ones using archival, declassified student information that attempt to validate a previously used educational practice must go through Institutional Review Board approval to ensure the safety to the participants. Only once that approval had been granted did data collection begin.

The final ethical consideration involved proper consent. School districts fall within the limits of acceptable purview to determine the efficacy of their educational practices and to use student data to do so. It was the school district's obligation to ensure that if it consented to such research that the student information was protected. The researcher and the district representative adhered to the School Board Policy 235 (Appendix A) to ensure proper consent was gained. Adherence to Board Policy 235 was ensured to student rights were protected. The best assurance to do this was through completely declassified information with no linking documents. When information was completely declassified and no harm could have come to a participant because of its use, individual consent was not required, only the Superintendent of the School District or his designee. The obligation to ensure protection of student data fell under his responsibility.

Therefore, whatever guidelines set up by the school district to access data, protect the data and use the data were followed.

Results

The purpose of this study was to examine the impact of the Positive Actions curriculum on the academic achievement, attendance, self-esteem and teacher observed externalizing behavior of students with emotional disturbance. Specifically, this study examined the following:

- 1- What impact did the use of the Positive Actions curriculum have on student achievement for students with emotional disabilities who had been exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?
- 2- What impact did the use of the Positive Actions curriculum have on student attendance for students with emotional disabilities who had been exposed to the curriculum after 1 year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?
- 3- What impact did the use of the Positive Actions curriculum have on students' SEL skills, measured by the DESSA mini rating scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?
- 4- What impact will the use of the Positive Actions curriculum have on students' self-esteem, measured by the Piers Harris: The Way I Feel About Myself Scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?

The subsequent sections will review the results for this study. The sections will include descriptions of data preparation and statistical analysis for each query used to explore the research questions. Demographics of the data gathered will be presented. An explanation of inclusionary and exclusionary criteria is offered for each research question. An examination of the analysis methods employed is presented. Finally, a chronical of the results of the data analysis in relation to the research questions is provided.

For the purpose of this study, the Statistical Analysis System (SAS), Version 9.4, was utilized to perform all statistical analyses. SAS is widely used for elementary and advanced analytics, multivariate analysis, and predictive analytics (SAS Institute Inc., 2016). In consultation with a professional statistician, all appropriate statistical analyses were performed using SAS.

Data Set Demographics

Lincoln School District provided the data in the form of a Microsoft Excel worksheet to the Research Assistant. The data set contained limited anonymous demographic data for each student, including gender, current school in the 2016- 2017 school year, current grade in the 2016- 2017 school year, and IEP status. The data set contained the final subject grades for English Language Arts (ELA) and Mathematics from the 2014-2015 and 2015-2016 school year for each student. It also contained the statewide school accountability assessment results for each student for the 2014-2015 and 2015-2016 school years. The data set included the attendance data for each student for the 2014-2015 and 2015-2016 school years. In order to investigate the effects of exposure to the Positive Actions curriculum on self-esteem and teacher observed external behaviors, the Research Assistant linked individual data points for each student.

Afterwards, the complete dataset was made completely anonymous by the Research Assistant, after which the complete dataset was delivered to the researcher.

The initial dataset contained information for 2,954 students ranging in grades from six to eight. Of the 2,954 students included in the sample 1,447 were female and 1,507 were male. There were 952 sixth graders, 1,030 seventh graders and 972 eighth graders. Comparison Group One (Comparison No Individual Education Plan [IEP] group), was made up of 2,449 students who were enrolled at Oak Grove, Fairview and Washington during the 2015-2016 school year and did not receive any IEP services. Comparison Group Two (Comparison IEP group), was made up of 426 students who were enrolled at Oak Grove, Fairview and Washington during the 2015-2016 school year, who received IEP services but did not receive services from the Functional Strategies (FS) class. Seventy-nine students were identified as able to be included in the treatment group. Due to the nature of the way the district provides high school services and how the dataset was provided, it was impossible to determine the gender and grade breakdown of each building; therefore, the subject group will be discussed as a whole instead of by service delivery building. Individual students in the treatment group were included if they had the necessary baseline and post treatment measures. They were only excluded if they were missing necessary data points. For example, missing data points or attrition could be explained by a student moving in or out of the district. The examiner did not voluntarily exclude any students. The number of students included in each analysis differed for various reasons; which will be discussed further in relation to each question in the following sections.

Achievement

The first research question was, “What impact did the use of the Positive Actions curriculum have on student achievement for students with emotional disabilities exposed to the

curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?”. This question was explored in two different facets. The first was in relation to classroom grades, specifically ELA and Mathematics. The second was in relation to state accountability assessments, specifically for Reading and Math. Four separate analyses were conducted to answer this question. The first analysis compared baseline and post measures for ELA grades. The second compared baseline and post measures for Mathematics grades. The third analyzed baseline and post measures of state accountability data for Reading; finally, the fourth evaluated baseline and post Math state accountability measures.

Data Preparation and Analysis for Classroom Grades

In order to begin the analysis, the data had to be prepared properly. Classroom grades were provided in the initial dataset as letter grades. In order to complete the statistical analysis, they had to be converted to numeric form. A traditional four-point grade average format was used. Baseline and post baseline grades were converted from letter grades to numeric values, for example, a classroom grade of A was converted to a four. In some instances, letter grades of O, S and P were used by teachers when a student was graded as Pass/Fail for a course. The district’s board policy was used to assign a corresponding grade point average. An O stands for Outstanding, it was weighted to correspond with a B because the coursework is modified in a Pass/Fail situation. An S stands for Satisfactory and a P for Passing; they were weighted to correspond with a C grade because the student’s produced work is considered average, which is the same as a C grade. The resulting variable is an ordinal categorical variable. Table 5 displays the comprehensive conversion chart.

Table 5

Letter Grade Conversion

Letter Grade	Equal Numerical Value
A	4
B	3
O	3
C	2
S	2
P	2
D	1
F	0

The second step was to calculate a numeric difference of change score for each student which also indicated a direction of change. The numeric difference of change score was calculated as post final grade minus baseline final grade. The resulting difference is a numerical direction of change score for each student. These numeric values ranged from negative four to positive four. Table 6 represents the range of possible direction of change scores and their meaning in regards to a student’s grade change. This difference became the classroom grades is the dependent variable.

Table 6

Numerical Difference of Change Meaning

Numeric Difference	Grade Change Representation
-4	Letter grade decreased four grades from baseline to post
-3	Letter grade decreased three grades from baseline to post
-2	Letter grade decreased two grades from baseline to post
-1	Letter grade decreased one grade from baseline to post
0	No letter grade change from baseline to post
1	Letter grade increased one grade from baseline to post
2	Letter grade increased two grades from baseline to post
3	Letter grade increased three grades from baseline to post
4	Letter grade increased four grades from baseline to post

The statistical test employed for the analysis of the classroom grades, in the form of the numerical grade change of +4 to -4, was a Kruskal-Wallis H Test. The Kruskal-Wallis H Test was performed to compare each of the three-group’s sum of ranks. A Kruskal-Wallis H Test (Leech, Barrett, & Morgan, 2011), , , . . .

is the nonparametric equivalent of a one-way analysis of variance (ANOVA) and tests whether several independent samples (groups) are from the same population. The K-W test is more appropriate than a one-way ANOVA if the data are ordinal or if the homogeneity of variance assumptions is seriously violated and group sizes differ markedly. (p. 281)

In this study, there are three independent groups, Treatment, Comparison IEP and Comparison No IEP. The classroom grade data which had been converted to a numerical difference of change score, is an ordinal scale. Finally, the group sizes differ markedly; specifically, the Treatment group had less than 100 students, the first Comparison IEP group had more than 300 and the Comparison No IEP group had more than 2,500 students. Therefore, the Kruskal-Wallis H Test was appropriate.

ELA Classroom Grades.

Students who met the eligibility criteria (n=2,679) were included in the sample for the ELA classroom grades analysis. The Treatment group had 69 students, the Comparison IEP group had 344 students, and the Comparison No IEP Group had 2,266 students to compare. Only those students who had the necessary baseline and post treatment measures were included in the analysis. In this instance, students were excluded only if relevant pairs of scores were not available. This could be explained by a student moving in or out of the district during the treatment year. Table 7 below illustrates the frequency data across the sample within each subgroup. Frequency data reveals normal distribution across all three groups within the sample.

Table 7

Distribution Data for ELA Classroom Grades

Difference	Treatment Group N= (69)	Comparison IEP N= (344)	Comparison No IEP N= (2, 266)
-4	0 (0.0%)	1 (0.3%)	0 (0.0%)
-3	1 (1.4%)	2 (0.6%)	1 (0.0%)
-2	5 (7.2%)	14 (4.1%)	60 (2.6%)
-1	20 (29.0%)	76 (22.1%)	445 (19.6%)
0	24 (34.8%)	124 (36.0%)	1, 397 (61.7%)
1	14 (20.3%)	88 (25.6%)	337 (14.9%)
2	4 (5.8%)	38 (11.0%)	23 (1.0%)
3	1 (1.4%)	1 (0.3%)	3 (0.1%)
4	0 (0.0%)	0 (0.0%)	0 (0.0%)

It was hypothesized that the students with emotional disabilities, who had been exposed to the Positive Actions curriculum, would have increased achievement after 1 year of instruction as compared to their same aged typically developing peers and peers with learning needs. The results of the Kruskal-Wallis H Test revealed a significant difference between groups for ELA classroom grades $\chi^2(2) = 20.32, p <.0001$, with a mean score of 1,269.35 for the Treatment Group, 1,495.24 for the Comparison IEP group, and 1,318.58 for the Comparison No IEP group.

To explore and understand the nature of the significant difference found between the three groups, Treatment, Comparison IEP and Comparison No IEP using the Kruskal- Wallis H Test, three Wilcoxon-Mann-Whitney tests were performed. A Mann-Whitney U Test (Leech, Barrett, & Morgan, 2011)

is a nonparametric test similar to the independent samples t test, which assesses whether the mean ranks of two groups are equivalent in the population. The M-W test is appropriate if the dependent variable is ordinal or if the assumptions for the independent samples t test are markedly violated (p.276).

The first Mann-Whitney U test compared the ELA classroom grades mean ranks of the Treatment Group and the Comparison Group IEP. The results of the M-W test indicated that the ELA classroom grades were higher for the Comparison Group IEP (Mdn=211.94 than for Treatment Group Students (Mdn = 182.32), $U = 12,580.50$, $p = 0.050$. The second Mann-Whitney U test compared the ELA classroom grades mean ranks of the Comparison Group No IEP and the Comparison Group IEP. The results of the M-W test indicated that the ELA classroom grades were higher for the Comparison Group IEP (Mdn=1,455.79) than for Comparison Group No IEP Students (Mdn = 1,282.68), $U = 500,792.50$, $p < .001$. This result was statistically significant. The third and final Mann-Whitney U test compared the ELA classroom grades mean ranks of the Comparison Group No IEP and the Treatment Group. The results of the M-W test indicated that the ELA classroom grades were slightly higher for the Comparison Group No IEP (Mdn=1,169.39) than for Treatment Group Students (Mdn = 1,122.02), $U = 77,420.00$, $p = 0.510$.

Further exploration with the Mann-Whitey U tests permitted the examiner to conclude that the difference in the mean ranks was not observed for the treatment group; however, an observed difference was found for the Comparison IEP Group. Therefore, despite a significant

difference, the difference did not trend towards the expected direction. That is, ELA classroom grades for the treatment group did not demonstrate a positive change as predicted.

Math Classroom Grades.

Students who met the eligibility criteria (n=2,695) were included in the sample for the Math classroom grades analysis. The Treatment group had 73 students, the Comparison IEP group had 355 students, and the Comparison No IEP Group had 2,267 students to compare. Students were deemed eligible if the student had the necessary baseline and post treatment measures. In this instance, students were excluded only for missing data points. The number of students eligible for comparison of the ELA and Math grades was different because of how the district applies grading procedures for students in low incidence classrooms across the district. For example, students in language development classes may not receive ELA grades due to language development but may be graded pass/fail on learning math concepts. Similar alternative practices may be applied for students who are English Language Learners. Table 8 below demonstrates the frequency data across the sample within each subgroup. Frequency data reveals normal distribution across all three groups within the sample.

Table 8

Distribution Data for Math Classroom Grades

Difference	Treatment Group N= (73)	Comparison IEP N= (355)	Comparison No IEP N= (2, 267)
-4	1 (1.4%)	0 (0.0%)	0 (0.0%)
-3	0 (0.0%)	2 (0.6%)	3 (0.1%)
-2	3 (4.1%)	19 (5.4%)	51 (2.2%)
-1	16 (21.9%)	79 (22.3%)	517 (22.8%)
0	34 (46.6%)	188 (53.0%)	1, 285 (56.7%)
1	13 (17.8%)	55 (15.5%)	367 (16.2%)
2	5 (6.8%)	10 (2.8%)	42 (1.9%)
3	1 (1.4%)	2 (0.6%)	2 (0.1%)
4	0 (0.0%)	0 (0.0%)	0 (0.0%)

It was hypothesized that the students with emotional disabilities, who had been exposed to the Positive Actions curriculum, would have increased achievement after 1 year of instruction as compared to their same aged typically developing peers and peers with learning needs. The results of the Kruskal-Wallis H Test indicated no significant difference between groups for Math classroom grades $\chi^2(2) = 1.24, p < 0.53$, with a mean score of 1,408.75 for the Treatment Group, 1,317.81 for the Comparison IEP group, and 1,350.76 for the Comparison No IEP group. Therefore, the hypothesis for Math classroom grades was rejected.

Analysis for State Accountability Assessments.

English Language Arts State Accountability Assessments.

State accountability assessment information was provided in the initial dataset as standardized scaled scores; therefore, the data did not need to be converted to be analyzed and was in proper format. Scaled scores are traditionally referred to as interval data. Interval data has no true zero point but the change between each level is equal (Leech, Barrett, & Morgan, 2011). For these state accountability assessments, scaled scores may range from 600 to approximately

1,800. They are descriptively categorized as Below Basic, Basic, Proficient or Advanced. There were less students included in the state accountability sample because some parents withdrew permission for their students to take the state accountability assessments for religious objections.

The statistical test employed for the analysis of the state accountability assessment was a One-Way ANOVA. A One-Way ANOVA (Leech, Barrett, & Morgan, 2011) “also called single-factor analysis of variance, is used when you have one independent variable with a few, often nominal, levels and one normally distributed dependent variable. (p. 279)”

Students who met the eligibility criteria (n=2,647) were included in the sample for the ELA state accountability analysis. The Treatment group had 74 students, the Comparison IEP group had 345 students, and the Comparison No IEP Group had 2,228 students to compare. The normality of the data was assessed first through visual inspection of the frequency distributions histograms. Each of the groups frequency distributions approximated a normal curve upon inspection. Skewness and kurtosis statistics were also analyzed to determine normality. All subsequent analyses of state accountability assessments also included analyses of assumptions of normality using skewness and kurtosis statistics. Values for skewness for the Treatment Group (0.35), Comparison Group IEP (-0.08) and Comparison Group No IEP (-0.01) fell into acceptable levels. Values for Kurtosis fell within acceptable levels for the Treatment Group (0.26), Comparison Group IEP (0.04) and Comparison Group No IEP (1.63). Normality assumptions were validated. Appendix C contains Figures E1, E2 and E3, the figures are the histograms demonstrating normality.

A One-Way ANOVA was conducted to assess the differences in the pre-and post-measures of the ELA state accountability assessments. A difference score was calculated for each student. The mean difference score for each group was used to conduct the analysis. The

analysis of variance showed that the effect of the Positive Actions curriculum on the ELA state accountability assessments was not significant, $F(2, 2644) = 2.29, p = 0.1012$. Therefore, the null hypothesis, regarding Positive Actions having no effect on ELA state accountability assessments, was accepted.

Mathematics State Accountability Assessments.

Students who met the eligibility criteria ($n=2,649$) were included in the sample for the Math state accountability analysis. The Treatment group had 74 students, the Comparison IEP group had 343 students, and the Comparison No IEP Group had 2,232 students to compare. Values for skewness for the Treatment Group (-0.56), Comparison Group IEP (-0.06) and Comparison Group No IEP (0.11) fell into acceptable levels. Values for Kurtosis were Treatment Group (0.58), Comparison Group IEP (0.16) and Comparison Group No IEP (1.42) also fell into acceptable levels. Normality assumptions were validated. Appendix C contains Figures E4, E5 and E6, the figures are the histograms demonstrating normality.

A One-Way ANOVA was conducted to assess the differences in the pre-and post-measures of the Math state accountability assessments. A difference score was calculated for each student. The mean difference score for each group was used to conduct the analysis. An analysis of variance showed that the effect of the Positive Actions curriculum on the Math state accountability assessments was significant, $F(2, 2,646) = 14.55, p = <.0001$. In this instance, all three groups had a negative trend in scaled scores from baseline to post measurement. The Treatment Group had a mean difference score of -33.16 with a standard deviation of 55.47. The Comparison Group IEP had a mean difference of -28.84 with a standard deviation of 51.62 and the Comparison Group No IEP was -11.40 with a standard deviation of 65.45.

Post hoc analyses were conducted given the statistically significant omnibus ANOVA F test. Specifically, Tukey HSD tests were conducted on all pairwise contrasts. The following pairs of groups were found to be significantly different ($p < .05$): Comparison Group No IEP ($M = -11.40$, $SD = 65.45$) and Comparison Group IEP ($M = -28.84$, $SD = 51.62$), and Comparison Group No IEP ($M = -11.40$, $SD = 65.45$) and the Treatment Group IEP ($M = -33.16$, $SD = 55.47$). In other words, all three groups did not perform as well in the post measurement year as they did in the baseline year. The Comparison Group No IEP had the least amount of decline. The amount of decline was comparable between the Treatment Group and Comparison Group IEP students. It was hypothesized that after exposure to the Positive Actions Curriculum Math State accountability scores would increase. Therefore, the null hypothesis regarding Positive Actions having a positive effect on Math state accountability assessments is accepted.

In summary, the first research question explored the impact the Positive Actions curriculum on student achievement for students with emotional disabilities who had been exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention. Several statistical analyses, including Kruskal-Wallis H, Mann Whitney U, One-way ANOVA tests and a post hoc Tukey HSD test, were used to answer this question in regards to classroom grades and state accountability assessment in ELA and Math. In all four instances the researcher's hypothesis had to be rejected. Therefore, based on the variables examined, the Positive Actions curriculum had no effect on student achievement for students with emotional disabilities who had been exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention.

Attendance

The second research question, what impact did the use of the Positive Actions curriculum have on student attendance for students with emotional disabilities exposed to the curriculum after 1 year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention. This question was explored in two ways. The first was to examine the impact on a combination of attendance related incidents such as tardiness and absences. The second was to only examine full day absences. Three separate analysis were conducted to answer this question. The first analysis compared baseline and post measures for all attendance related incidents for all three groups. The second compared baseline and post measures for full day absence only for all groups. The third compared baseline and post measures for tardiness only for all groups.

Analysis for Attendance Information.

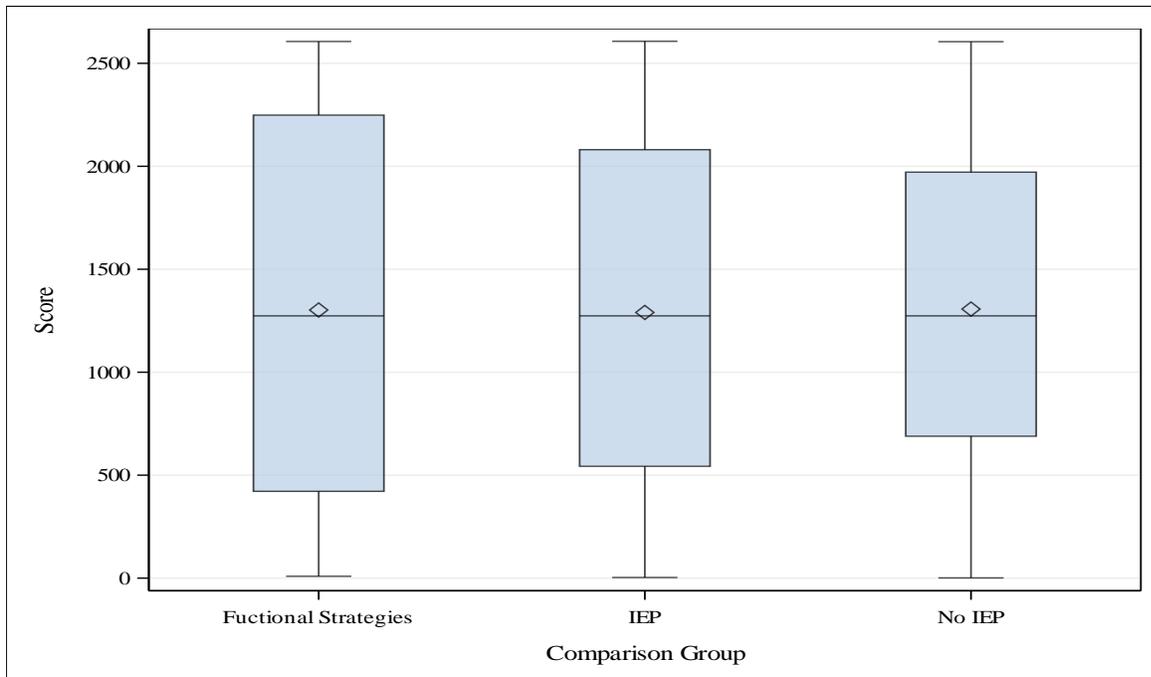
Attendance data were provided as tallies of occurrences. The numeric difference was calculated as post attendance ratio minus baseline attendance ratio. The resulting change or numeric difference became the attendance independent variable. The statistical test employed for the analysis of the attendance was a Kruskal-Wallis H Test. The Kruskal-Wallis H Test was performed to compare the mean ranks between the three groups.

All Attendance Infractions.

Students who met the eligibility criteria (n=2,670) were included in the sample for the attendance analysis. The Treatment group had 73 students, the Comparison IEP group had 392 students, and the Comparison No IEP Group had 2,142 students to compare. Students were included if all necessary baseline and post measure data was available for review.

The normality of the data was assessed through visual inspection of the frequency distributions box and whisker plots. Figures 9 are the box and whisker plots demonstrating normality. Because the length of each box is similar and the shapes are symmetrical, normality can be inferred (Huck, 2012).

Figure 9 All Attendance Infractions Box and Whisker Plot



The results of the Kruskal-Wallis H Test indicated no significant difference between groups for all attendance infractions $\chi^2(2) = 0.15, p < 0.92$, with a mean score of 1,301.98 for the Treatment Group, 1,290.15 for the Comparison IEP group, and 1,306.60 for the Comparison No IEP group. Therefore, the null hypothesis for all attendance infractions was accepted.

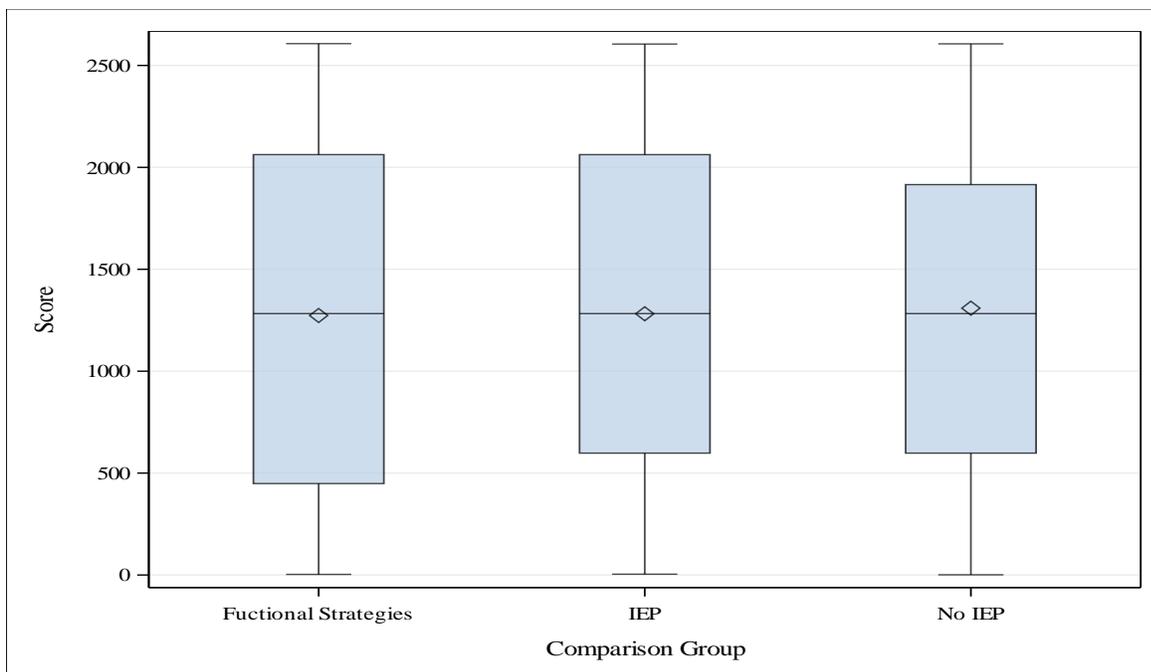
Full Day Attendance Only.

Students who met the eligibility criteria (n=2,670) were included in the sample for the full day attendance analysis. The Treatment group had 73 students, the Comparison IEP group

had 392 students, and the Comparison No IEP Group had 2,142 students to compare. Necessary baseline and post treatment measures was available for all included students.

The normality of the data was assessed through visual inspection of the frequency distributions box and whisker plots. Figures 10 are the box and whisker plots demonstrating normality. In Figure 10, the diamond symbol within each box represents the mean of each group. Normality may be inferred if the length of each whisker is symmetrical to the other half and the boxes are proportional to the other groups. Analysis suggests normality can be inferred. (Huck, 2012).

Figure 10 Full Day Absence Box and Whisker Plot



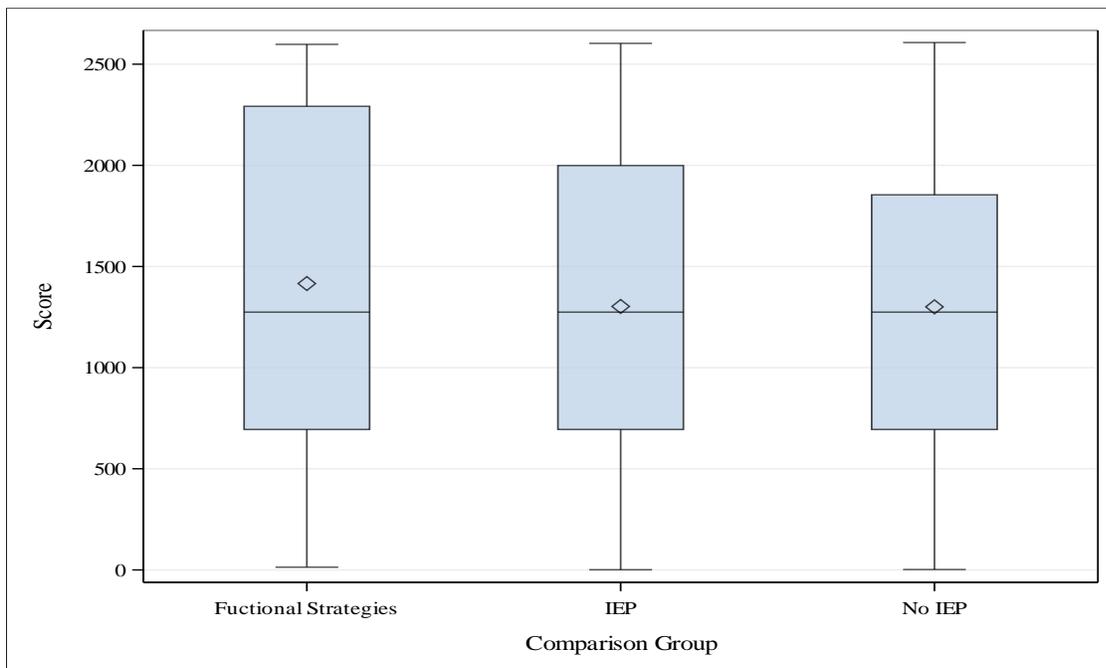
The results of the Kruskal-Wallis H Test indicated no significant difference between groups for full day attendance infractions $\chi^2(2) = 0.57, p < 0.75$, with a mean score of 1,273.20 for the Treatment Group, 1,281.61 for the Comparison IEP group, and 1,309.14 for the Comparison No IEP group. Therefore, the null hypothesis for full day attendance infractions was accepted.

Tardiness Only.

Students who met the eligibility criteria (n=2,670) were included in the sample for the tardiness only analysis. The Treatment group had 73 students, the Comparison IEP group had 392 students, and the Comparison No IEP Group had 2,142 students to compare. Students were deemed as acceptable for inclusion if the necessary baseline and post-treatment measures were reported.

The normality of the data was assessed through visual inspection of the frequency distributions box and whisker plots. Figures 11 are the box and whisker plots demonstrating normality. After examination, normality was inferred (Huck, 2012).

Figure 11 Tardiness Box and Whisker Plot



The results of the Kruskal-Wallis H Test indicated no significant difference between groups for tardiness only infractions $\chi^2(2) = 1.71, p < 0.42$, with a mean score of 1415.72 for the Treatment Group, 1,302.41 for the Comparison IEP group, and 1300.48 for the Comparison No IEP group. Therefore, the null hypothesis for tardiness only infractions was accepted.

It was hypothesized that the students with emotional disabilities, who had been exposed to the Positive Actions curriculum, would have less attendance infractions or better attendance after 1 year of instruction as compared to their same aged typically developing peers and peers with learning needs. Based upon the results of three separate analyses with the Kruskal- Wallis H test, the null hypothesis was accepted. There were no differences between groups at the baseline measurement stage. There were also no changes in attendance rates from baseline attendance to the post measurement stage in attendance for all infractions, full day or tardiness.

Social and Emotional Learning Skills

The third research question examines the impact of the Positive Actions curriculum on students' SEL skills, measured by the DESSA mini rating scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction. The DESSA Mini (Devereux Student Strengths Assessment- Mini) is a strength-based behavior rating scale that measures social and emotional skills. (Apperson, 2015). General education teachers, who did not provide the direct instruction in Positive Actions, rated the students quarterly using the DESSA Mini. As a baseline measure, two teachers from the general education environment completed DESSA mini scales for each treatment group student. This research question was explored in a single case study design. Comparison data from IEP or No IEP group was not available. At the end of the year, the same two teachers completed post DESSA mini measures for the same student. The two baseline scores were averaged together for each student. Next, the two post measures for each student were averaged. A numeric difference was calculated as post SEL score minus baseline SEL score. The resulting change or numeric difference became the SEL independent variable. The independent variable score was averaged for the group in the baseline and post measures, creating a group mean. These means were then explored using a

paired sample t test. A paired sample t test is appropriate when there is a paired set of observations for the same participant, such as a baseline and post intervention assessment. It is a parametric procedure used to determine the degree of difference from one mean to the next. It is appropriate for interval or ratio data, where observations are independent from one another, the data should be normally distributed and there should be no outliers (Huck, 2012).

Treatment group students (N = 67) from the data set met eligibility criteria to be included in the sample for the SEL analysis. Only students who had both necessary baseline and post treatment measures were included. In this instance, students were excluded only for missing data points. The normality of the data was assessed by visual inspection of the histogram. Figure 7 represents the distribution of the SEL data. Each of the groups frequency distributions approximated a normal curve upon inspection. The frequency distribution graph E7 is located in Appendix C for review.

A paired-samples t-test was conducted to compare the SEL skills displayed by students with emotional disturbance in general education before receiving Positive Actions instruction and after receiving Positive Actions instruction. There was a significant difference in the SEL scores for students with emotional disturbance in general education after receiving Positive Actions instruction ($M = 2.73$, $SD = 6.90$); $t(66) = 3.25$, $p = 0.0018$). For this scale, the higher the T-score the more positive social skills the student is exhibiting. Lower scores indicate weaknesses or needs for skills development. Based on this data, the null hypothesis was accepted. Students who were exposed to the Positive Actions curriculum had a positive impact on their SEL skills development. This impact was observed to carry over into the general education environment outside of the specialized classroom setting by general education teacher

observers. Further exploration would be completed in this area; however, the DESSA- mini only provides one subtest, so it is not possible.

Self - Esteem

The final research question examined the impact the Positive Actions curriculum had on students' self-reported self-esteem on the Piers Harris: The Way I Feel About Myself Scale. Before beginning the Positive Actions program, the treatment group students completed a Piers-Harris: How I Feel About Myself scale. As indicated by the Community-University Partnership for the Study of Children, Youth, and Families (2001), the tool is a 60 item self-report questionnaire designed to assess self-concepts in children between the ages of 7 and 18 years old. The scale, as a post measure, was completed at the end of the school year. The data was originally used as progress monitoring data for their IEPs. The Piers Harris scale provides scores in the following areas Total Scale; Behavioral Adjustment (BEH); Intellectual and School Status (INT); Physical Appearance and Attributes (PHY); Freedom from Anxiety (FRE); Popularity (POP); and Happiness and Satisfaction (HAP).

This research question was explored in a single case study design. Comparison data from IEP or No IEP group was not available. Seven paired sample t-tests were conducted to analyze the Total Score and each subscale. The same procedure was followed for the subsequent seven t-tests. A numeric difference was calculated as post score minus baseline score. The resulting change or numeric difference became the independent variable. This question was then explored using a paired t- test. For all seven t-tests, Treatment group (n= 54) students from the data set met eligibility criteria to be included in the sample for the Self-Esteem analysis. To be included in this analysis the baseline and post treatment data needed to be available. For this question, student refusal to complete the questionnaire or student absence on day of completion may have

also contributed to attrition. The normality of each subtest dataset was determined by visual inspection of the histogram. Histograms are located in Figures E8 to E14 in Appendix C, they represent the distributions of the Piers Harris data sets. Each subtest’s frequency distributions approximated a normal curve upon inspection.

Table 12 is a visual representation of the descriptive statistics and findings for the all Piers Harris data. Results are discussed in the following sections.

Table 12

Descriptive Statistics and Findings for Piers Harris data

	N	Mean	Std. Dev.	Std. Er. Mean	t	p
Total Score	54	-1.12	8.78	1.19	-0.94	0.34
BEH	54	-1.98	8.22	1.11	-1.77	0.08
INT	54	-0.90	7.95	1.08	-0.84	0.40
PHY	54	-1.11	8.41	1.14	-0.91	0.33
FRE	54	-1.90	7.44	1.01	-1.88	0.06
POP	54	-0.42	7.29	0.99	-0.43	0.66
HAP	54	-1.50	10.62	1.44	-1.04	0.30

A paired-samples t-test was conducted to compare the Self-Esteem Total score reported by students with emotional disturbance before receiving Positive Actions instruction and after receiving Positive Actions instruction. Figure E8 in Appendix C represents the distribution of Piers Harris Self-Esteem data. There was no significant difference on the Self-Esteem Total Score for students with emotional disturbance after receiving Positive Actions instruction [M= -1.12, SD= 8.78; t(53)=-0.94, p = 0.34]. Based on this data, the null hypothesis was accepted.

Behavioral Adjustment.

The Behavioral Adjustment (BEH) scale measures admission or denial of problematic behaviors. This includes getting into fights or causing trouble to family. The normality of the data was determined by visual inspection of the histogram. The groups' frequency distributions approximated a normal curve upon inspection. Figure E9 in Appendix C represents the distribution of the Behavioral Adjustment data. A paired-samples t-test was conducted to compare the Behavioral Adjustment score reported by students with emotional disturbance before receiving Positive Actions instruction and after receiving Positive Actions instruction. There was a no significant difference in the Behavioral Adjustment Score for students with emotional disturbance after receiving Positive Actions instruction [$M = -1.98$, $SD = 8.22$; $t(53) = -1.77$, $p = 0.08$]. Although the results did not reach the standard $p < .05$ criterion for rejecting the null hypothesis, it did, however approach significance. A discussion of this result will be presented in the Discussion section.

Intellectual and School Status.

The Intellectual and School Status (INT) scale measures the child's assessment of their own abilities with respect to intellectual and academic tasks. The normality of the data was determined by visual inspection of the histogram. The groups' frequency distribution approximated a normal curve upon inspection. Figure 4.10 in Appendix C represents the distribution of the Intellectual and School Status data. A paired-samples t-test was conducted to compare the Intellectual and School Status score reported by students with emotional disturbance before receiving Positive Actions instruction and after receiving Positive Actions instruction. There was a no significant difference in the Intellectual and School Status Score for students with emotional disturbance after receiving Positive Actions instruction [$M = -0.90$, $SD = 7.95$; $t(53) = -0.84$, $p = 0.40$]. Based on this data, the null hypothesis was accepted.

Physical Appearance and Attributes.

The Physical Appearance and Attributes (PHY) subscale measures a student's appraisal of their own physical appearance as well as attributes such as leadership and the ability to express ideas. The normality of the data was determined by visual inspection of the histogram. The groups' frequency distribution approximated a normal curve upon inspection. Figure 4.11 in Appendix C represents the distribution of the Physical Appearance and Attributes data. A paired-samples t-test was conducted to compare the Physical Appearance and Attributes score reported by students with emotional disturbance before receiving Positive Actions instruction and after receiving Positive Actions instruction. There was a no significant difference in the Physical Appearance and Attributes Score for students with emotional disturbance after receiving Positive Actions instruction [$M = -1.11$, $SD = 8.41$; $t(53) = -0.91$, $p = 0.33$]. Based on this data, the null hypothesis was not rejected.

Freedom from Anxiety.

The Freedom from Anxiety (FRE) scale reflects anxiety and dysphoric mood. It taps into emotions of worry, nervousness, shyness, sadness, fear, and general feelings of being left out of things. The normality of the data was determined by visual inspection of the histogram. The groups' frequency distribution approximated a normal curve upon inspection. Figure 4.12 in Appendix C represents the distribution of the Freedom from Anxiety data. A paired-samples t-test was conducted to compare the Freedom from Anxiety score reported by students with emotional disturbance before receiving Positive Actions instruction and after receiving Positive Actions instruction. There was a no significant difference in the Freedom from Anxiety Score for students with emotional disturbance after receiving Positive Actions instruction [$M = -1.90$, $SD = 7.44$; $t(53) = -1.88$, $p = 0.06$]. Although the results did not reach the standard $p < .05$

criterion for rejecting the null hypothesis, it did, however approach significance. A discussion of this result will be presented in the Discussion section.

Popularity.

The Popularity (POP) scale represents the child's evaluation of their own social functioning. The normality of the data was determined by visual inspection of the histogram. The groups' frequency distribution approximated a normal curve upon inspection. Figure 4.13 in Appendix C represents the distribution of the Popularity data. A paired-samples t-test was conducted to compare the Popularity score reported by students with emotional disturbance before receiving Positive Actions instruction and after receiving Positive Actions instruction. There was a no significant difference in the Popularity Score for students with emotional disturbance after receiving Positive Actions instruction [$M = -0.42$, $SD = 7.29$; $t(53) = -0.43$, $p = 0.66$]. Based on this data, the null hypothesis was accepted.

Happiness and Satisfaction.

The Happiness and Satisfaction (HAP) scale measures overall happiness and satisfaction with life. The normality of the data was determined by visual inspection of the histogram. The groups' frequency distributions approximated a normal curve upon inspection. Figure 4.14 in Appendix C represents the distribution of the Happiness and Satisfaction data. A paired-samples t-test was conducted to compare the Happiness and Satisfaction score reported by students with emotional disturbance before receiving Positive Actions instruction and after receiving Positive Actions instruction. There was a no significant difference in the Happiness and Satisfaction Score for students with emotional disturbance after receiving Positive Actions instruction [$M = -1.50$, $SD = 10.62$; $t(53) = -1.04$, $p = 0.30$]. Based on this data, the null hypothesis was accepted.

The findings related to students' self-esteem, measured by the Piers Harris: The Way I Feel About Myself Scale, for students with emotional disabilities who have been exposed to the Positive Actions curriculum revealed no statistically significant differences on the Piers Harris Total Scale; Behavioral Adjustment; Intellectual and School Status; Physical Appearance and Attributes; Freedom from Anxiety; Popularity; and Happiness and Satisfaction. Results of two areas, Behavioral Adjustment ($p = 0.08$) and Freedom from Anxiety ($p = 0.06$), did not reach the standard $p < .05$ criterion for rejecting the null hypothesis, they did, however approach significance. A discussion of this result will be presented in the Discussion section.

Summary

The purpose of this study was to examine the impact of the Positive Actions curriculum on the academic achievement, attendance, self-esteem and external behavior of students with emotional disturbance. To explore the first research question several statistical analyses, including Kruskal-Wallis H, Mann Whitney U and One-way ANOVA tests were used to answer this question in regards to classroom grades and state accountability assessment in ELA and Math. In all four instances the researcher's hypothesis had to be rejected. Therefore, the Positive Actions curriculum had no effect on student achievement for students with emotional disabilities who had been exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention.

The second research question hypothesized that the students with emotional disabilities, who had been exposed to the Positive Actions curriculum, would have better attendance after 1 year of instruction as compared to their same aged typically developing peers and peers with learning needs there were no differences in attendance at the baseline across groups. Based upon

the results of three separate analyses using the Kruskal-Wallis H test, the null hypothesis was accepted. There was no difference in attendance for all infractions, full day or tardiness.

A paired-samples t-test was conducted to compare the SEL skills reported by general education teachers displayed by students with emotional disturbance in the general education before receiving Positive Actions instruction and after receiving Positive Actions instruction, to answer the third research question. There was a significant difference in the SEL scores for students with emotional disturbance in the general education after receiving Positive Actions instruction [$M = 2.73$, $SD = 6.90$; $t(66) = 3.25$, $p = 0.001$]. Based on this data, the null hypothesis was rejected and the researcher's hypothesis was accepted. Students who were exposed to the Positive Actions curriculum were perceived to improve their SEL skills development. This impact was observed to carry over into the general education environment outside of the specialized classroom setting by general education teacher observers.

The final research question examined the impact the Positive Actions curriculum had on students' self-reported self-esteem on the Piers Harris: The Way I Feel About Myself Scale. Results of seven paired sample t-tests revealed no statistically significant differences on the Piers Harris Total Scale; Behavioral Adjustment; Intellectual and School Status; Physical Appearance and Attributes; Freedom from Anxiety; Popularity; and Happiness and Satisfaction. Results of two areas, Behavioral Adjustment ($p = 0.08$) and Freedom from Anxiety ($p = 0.06$), Results of two areas, Behavioral Adjustment ($p = 0.08$) and Freedom from Anxiety ($p = 0.06$), did not reach the standard $p < .05$ criterion for rejecting the null hypothesis, they did, however approach significance. A discussion of this result will be presented in the Discussion section.

In summary, there was no measured impact from the Positive Actions curriculum on the academic achievement, attendance, and most areas of student reported measures of self-esteem.

There was a statistically significant positive finding regarding the impact of the Positive Actions curriculum on the general education teacher observed external SEL behavior of students with emotional disturbance. Interesting results were observed in the areas of Behavioral Adjustment and Freedom from Anxiety, which will be further considered in the discussion section.

Discussion

The purpose of this study was to examine the impact of the Positive Actions curriculum on the academic achievement, attendance, self-esteem and teacher observed external behavior of students with emotional disturbance. This chapter will discuss the results of the analysis in relation to previous research. Limitations will be discussed. Finally, implications for practice and recommendations for future research will be provided.

Students eligible for special education supports and services under the label emotional disturbance typically lack social and emotional skills, which are a fundamental precursor to academic achievement (Masten, Roisman, Long, Burt, et al., 2005). The Individuals with Disabilities Education Act (IDEA) stipulates that schools provide students with remediation in their skill deficit areas using evidenced based practices. Social Emotional Learning (SEL) interventions and curriculum have been found to have positive effects on the development of social and emotional competencies of students. Positive Actions has been validated as an evidenced based practice for use with students in the general education setting by the Collaboration for Academic, Social, and Emotional Learning (CASEL) organization using quality criteria previously established in peer reviewed journals (Cook, Smith and Tankersley, 2009 & 2012). The term “evidenced based practice” can be applied if a strategy meets four criteria. Those criteria include an adequate number of studies using sound methodology, proper design and evaluation tools to show efficacy, and determined profound results that other

researchers could deem trustworthy. This current study proposed to contribute to the evidence base for the Positive Actions Curriculum for students with emotional disturbance in the special education setting with an Individualized Education Plan (IEP). Secondly, this study was designed to adhere to the quality criteria established to be considered as an evidenced based practice.

To that end, the following four quantitative research questions were posed:

- 1- What impact did the use of the Positive Actions curriculum have on student achievement for students with emotional disabilities exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?
- 2- What impact did the use of the Positive Actions curriculum have on student attendance for students with emotional disabilities exposed to the curriculum after 1 year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention?
- 3- What impact did the use of the Positive Actions curriculum have on students' SEL skills, measured by the DESSA mini rating scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?
- 4- What impact will the use of the Positive Actions curriculum have on students' self-esteem, measured by the Piers Harris: The Way I Feel About Myself Scale, for students with emotional disabilities who have been exposed to the curriculum after 1 year of instruction?

It was hypothesized that students with emotional disturbance, after one year of instruction, exposed to the Positive Actions curriculum would have significantly higher levels of achievement and increased or maintained attendance as compared to their same aged, typically developing peers and peers with learning needs. It was also posited that students with emotional

disabilities, after one year of instruction, exposed to the Positive Actions curriculum would demonstrate improved SEL skills and have more positive self-esteem.

This study was conducted using a quasi-experimental, ex post facto, casual comparative design. (Campbell & Stanley, 1963 & Lodico et al, 2006). A second analysis of only the treatment group was completed using a single –group pretest posttest design method. (McMillian & Schumacher 2010).

Summary of the Results

Kruskal-Wallis H, Mann Whitney U, One-way ANOVA and Tukey HSD tests were used to explore the first research question. Classroom grades and state accountability assessments in English Language Arts (ELA) and Math were compared to typically developing and learning-disabled peers to observe the impact of the Positive Actions Curriculum. In all four instances, the Positive Actions curriculum had no effect on student achievement for students with emotional disabilities who had been exposed to the curriculum after one year of instruction compared to their typically developing peers placed in the general education setting and their peers with learning needs who did not receive the intervention.

The second research question hypothesized that the students with emotional disabilities, who had been exposed to the Positive Actions curriculum would have better attendance after 1 year of instruction as compared to their same aged, typically developing peers and peers with learning needs. There were no differences in attendance at the baseline across groups. Based upon the results of three separate analyses with the Kruskal- Wallis H test, there was no difference in attendance for any type of attendance infraction, full day or tardiness.

A paired-samples t-test was conducted to compare the teacher observed external behaviors reported by general education teachers displayed by students with emotional disturbance in

general education settings before and after receiving Positive Actions instruction to answer the third research question. There was a significant difference in the teacher perceived external behaviors based on T scores for students with emotional disturbance in general education after receiving Positive Actions instruction. Students who were exposed to the Positive Actions curriculum were perceived to improve their SEL skills development based on their improved T scores. This impact was perceived to carry over into the general education environment outside of the specialized classroom setting based on the fact that the reporters were general education teacher observers.

The final research question examined the impact of the Positive Actions curriculum on students' self-reported self-esteem on the Piers Harris: The Way I Feel About Myself Scale. Results of seven paired sample t-tests revealed no statistically significant differences on the Piers Harris Total Scale; Behavioral Adjustment; Intellectual and School Status; Physical Appearance and Attributes; Freedom from Anxiety; Popularity; and Happiness and Satisfaction. Results of two areas, Behavioral Adjustment and Freedom from Anxiety were not statistically significant; however, the results are interesting because they were approaching significance.

In summary, there was no measured impact from the Positive Actions curriculum on the academic achievement, attendance, and most areas of student reported measures of self-esteem. There was a statistically significant impact from the Positive Actions curriculum on the general education teacher observed SEL skills development of students with emotional disturbance.

Discussion of Findings

Achievement.

English/Language Arts (ELA) Grades.

In the present study, the impact of the Positive Actions curriculum on student achievement was explored. There were two unexpected results discovered within this analysis. The results of the Kruskal-Wallis H Test revealed a significant difference between groups for ELA classroom grades. Further exploration concluded that the difference in the mean ranks was not evident for the treatment group (students identified with Emotional Disabilities), the statistically significant improvement was for the Comparison IEP Group (students identified with Learning Disabilities).

In the settings explored students who have IEPs for learning needs at the middle level often have curriculum support or resource room support. These types of classes support children with IEPs in several ways, organizationally and with specific skill development. For example, students who had curriculum support for writing, received direct instruction in the writing process; for example, editing assistance and text organization instruction. They may also have received organizational support. Organizational support helps student complete their homework more often and access learning materials more readily. Both direct instruction and organizational support would logically help students achieve improved grades in the general education classroom. However, not every student who had an IEP for emotional disturbance received these services. In addition, no student without an IEP would have received these services. Therefore, these types of supports may be why Comparison LD IEP students made more gains than students without IEPs or the Treatment Group (ED IEP) students.

State Math Scores.

The other unexpected result came from a One-Way ANOVA conducted to compare the effect of the Positive Actions curriculum on the Math state accountability assessments. An analysis of variance showed that the effect of the Positive Actions curriculum on the Math state

accountability assessments was significant. Post hoc analyses were conducted given the statistically significant omnibus ANOVA F test. Specifically, Tukey HSD tests were conducted on all pairwise contrasts. The following pairs of groups were found to be significantly different: Comparison Group No IEP and Comparison Group IEP, and Comparison Group No IEP and the Treatment Group IEP. In other words, all three groups did not perform as well in the post measurement year as they did in the baseline year. The district had implemented a new math program during that year. Students without IEPs had the least amount of decline. The amount of decline was comparable between the Treatment Group and Comparison Group IEP students. The results suggest that the new math curriculum may have impacted math performance as measured by the state tests. It is not uncommon for teachers to struggle transitioning to a new curriculum. The consistency of decline across all participant groups strongly indicates a systemic impact. The new math curriculum was intended to bring Algebra I into the middle level for all students. This practice is known as curricular intensification. Domina, Penner, Penner and Conley (2014) studied curricular intensification. They found students are more likely to take higher level math courses if offered earlier, but the measured academic achievement of these students slowed and the advantages associated with increased opportunities declined. Attewell and Domina (2008) found that generally curricular intensification had smaller achievement effects than intended. Subsequently, the curricular intensification may be the reason why none of the groups showed progress.

While improved grades for LD IEP students and systemic decline in Math performance on state tests bear no consequence for the Positive Actions research questions, they are potentially valuable findings for the site to consider. For example, they may wish to consider what practices were occurring within the middle level special education programs which were

helpful to students in their ELA classrooms. They may consider whether curricular changes in math may be necessary for middle school students to achieve at higher levels or they may seek to evaluate the effects of the new curriculum across their population carefully over the next few years. As previously discussed, students who had IEPs for learning needs at the middle level often have curriculum support, both organizationally and with skill development. The findings suggest that site may wish to consider increasing academic supports for students with emotional disabilities in addition to direct instruction in SEL skills.

Positive Actions and Student Achievement.

In relation to the research questions, Flay and Allred (2003) and Flay, Allred, Ordway (2001) studied the impact of the Positive Actions program on achievement and discipline data from both elementary and secondary schools. In the Florida study, (Flay and Allred, 2003) results indicated improved school involvement, student behavior and student achievement in the elementary, middle, and high school bands. However, in these studies there was a clear relationship between the amount of Positive Actions implemented and the level of improved response measured. All schools in the treatment group had implemented Positive Actions for four or more years. All schools in the control group had not used Positive Actions for the four years prior to the inception of the study. Flay, Allred, Ordway (2001) combined participant data from a Nevada school district and archival data from the Hawaii series of studies. Student participants ranged in grades from kindergarten to sixth grade. Once again schools were matched to have a control and treatment schools based on school ranking, socioeconomic status, and ethnicity. Standardized test scores and disciplinary reports were utilized as measurements. The Positive Actions Curriculum had been implemented for at least 3 years prior to the data being

analyzed. Improvement in achievement ranged from 16% to 52%. Decreased disciplinary referrals ranged from 78% to 85%.

In the present study, the student data was analyzed after only one year of instruction. Potentially, students were not exposed to the program long enough to have a measurable impact. The previous studies only used broad based achievement measures such as the Terra Nova, CTBS and SAT. In this study, both classroom based measurements and broad-based assessments were compared. It was theorized by using grades and state accountability data, further insight would be given into students' educational achievement and learning behavior. Student report card grades incorporate teachers' rating of student classroom participation, homework completion and classroom performance. State accountability data does not reflect student classroom participation, homework completion and classroom performance; reflecting achievement data only. If clinically significant results had been found, using both sets of data could have led to potential areas for further exploration. The chosen subjects of Mathematics (Math) and English Language Arts (ELA) were consistent across other studies. Overall, the strongest theme related to this research question was in relation to time. Potentially, students were not exposed to the program long enough to demonstrate a measurable impact on achievement.

Attendance.

During the course of this study, there were no differences in attendance measured for students with emotional disabilities, who had been exposed to the Positive Actions curriculum as hypothesized. All groups were comparable at the baseline. Based upon the results of three separate analyses with the Kruskal- Wallis H test. There was no difference in attendance for any

type of infraction, full day absence or tardiness. There were no unanticipated results which would be relevant for the site.

Students with emotional and behavioral disorders have been found to be the group of students with the highest rates of absenteeism (Lane & Carter, 2006; Wagner et al., 2005). Pierson, Carter, Lane and Glaeser (2008) suggested that students with emotional disturbance with high rates of absenteeism were also disengaged from school and were unable to access the services schools could provide them. For these reasons, it is imperative that schools help find a way for students with emotional behavioral disorders to stay engaged. Wilson, Gottfredson, and Najaka (2001) reported meaningful effects of SEL programs on students' attendance difficulties.

Synder et al. (2010) utilized archival school data to explore the impact of the Positive Actions Curriculum on rates of attendance, suspensions, grade retention, and statewide testing results from Math and Reading. There were no significant differences between control and treatment at baseline. Results indicated on all four measures of achievement from statewide tests, students from the treatment group performed better in all areas. Students' gains in the treatment group grew each year over the five years and were consistently better than control, showing increasing gaps for control groups. In addition, students in treatment groups had less absenteeism, less suspensions and less retention. Once again, in the present study, the student data was analyzed after only one year of instruction. Potentially, students were not exposed to the program long enough to have a measurable impact on their attendance.

As a School Psychologist, my experience has been that keeping students with emotional disturbance engaged and motivated in the school environment is very difficult. School is traditionally an area of struggle and students with these needs often attempt to avoid difficult situations. While this study does not offer evidence that the Positive actions curriculum impacted

attendance it remains imperative that schools help find a way for students with emotional behavioral disorders to stay engaged in order to access supports and services consistently.

Teacher Perceptions of Students' External Behavior.

The third research question examined the impact of the Positive Actions curriculum the development of students' SEL skills. This research question was explored in a single case study design. Comparison data from IEP or No IEP group was not available. General education teachers, who did not provide the direct instruction in Positive Actions, rated the students quarterly using the DESSA Mini as standard tool for progress monitoring for their IEPs. As a baseline measure, two teachers from the general education environment completed DESSA mini scales for each treatment group student. At the end of the year, the same two teachers completed post DESSA mini measures for the same student.

There was a significant difference in teacher rated external behavior for students with emotional disturbance in general education after receiving Positive Actions instruction. Students who were exposed to the Positive Actions curriculum were perceived to improve their SEL skills. This impact was observed to carry over into the general education environment outside of the specialized classroom setting by general education teacher observers. Unfortunately, since a standard ED IEP progress monitoring tool was employed, there is no way to compare this improvement with students who did not participate in the Positive Actions curriculum. Also, while there was other individualized ED IEP programming in place that may have contributed to the general education teachers' perceived improvement in student behavior, this finding speaks to the potential generalization of skills taught in the special education setting in the positive actions curriculum to the general education setting.

Li et al. (2011) also observed effect sizes ranging from 0.27 to 0.41 for decreased conduct problems when using researcher created teacher reports and researcher developed questions about student substance abuse and violence related behaviors. They also used the Aggression Scale and the Frequency of Delinquent Behavior Scale. In Li et al. (2011), there were no significant differences found in regards to disruptive behaviors. Furthermore, implementation data collected suggested that better implementation fidelity led to larger effect sizes (Li et al., 2011). This was a limitation for the current study because no implementation fidelity was collected. Implementation fidelity was derived solely based on SEL teacher report. All teachers reported that the curriculum was delivered as prescribed throughout the school year, two forty-eight minute periods twice per six-day cycle; up to 2500 minutes per academic year, varying with attendance rates. The Positive Action Curriculum designers recommend approximately 15 minutes per day or the equivalent. The recommended delivery system and the delivery system used in this study were comparable. However, daily versus biweekly delivery may be a variable worthy of further research.

Synder et al. (2013) & Beets et al. (2009) also utilized self-report researcher designed tools and teacher report researcher designed tools. To examine negative behaviors, students completed a modified tool from the Aban Aya Youth Project. Teacher participants were asked to rate students on substance abuse related questions on a researcher made tool. There were concerns about the appropriateness of the measurement tools for this study suggesting there may be some internal and external threats to validity inherent with this population. The internal threat to validity within this study was the interventionist teacher was the rating teacher as well. There could have been internal bias while completing the rating scales. While these results indicated less substance abuse, violence and sexual activity and better academics with the treatment group on student and teachers' report

measures; the results are considered with caution. In the present study, care was taken to have the intervention teacher and the rating teachers differ in an attempt to eliminate rater bias. The second goal of having a different rater was to be able to observe impact upon these SEL skills within the general education environment.

Washburn et al. (2011) utilized participant data from the Positive Actions' Hawaii, Chicago, and the southeastern state studies. The student self-report data from all three data sources led the researchers to draw the conclusion that students reported participating in less maladaptive behaviors. The results from these three cohort studies demonstrated replication of results that the implementation of the Positive Actions programs in schools leads to a decline in maladaptive behaviors. The current study confirmed these results. Students who were exposed to the Positive Actions curriculum for one year had a positive impact on their SEL skills development. This impact was perceived to carry over into the general education environment outside of the specialized classroom setting by general education teacher observers.

A body of existing research suggests that when students have less challenging behavior in the general education environment that they have better teacher and student relationships (Fisher, Reynolds & Sheehan, 2015). This allows students to become more emotionally engaged, have positive effects on their academics, less failing grades and class skipping (McBride, Chung, & Robertson, 2016). SEL instruction, not just Positive Actions, has been shown by many researchers to have a positive impact on student behavior, leading to decreased disciplinary referrals and increased pro-social behavior (Durlak et al., 2011).

Self-Esteem.

The final research question examined the impact the Positive Actions curriculum had on students' self-reported self-esteem. This research question was explored in a single case study

design. Comparison data from IEP or No IEP groups were not available. Before beginning the Positive Actions program, the treatment group students completed a Piers-Harris: How I Feel About Myself scale. The scale, as a post measure, was completed at the end of the school year. The data was originally used as progress monitoring data for their IEPs. The Piers Harris scale provides scores in the following areas Total Scale; Behavioral Adjustment (BEH); Intellectual and School Status (INT); Physical Appearance and Attributes (PHY); Freedom from Anxiety (FRE); Popularity (POP); and Happiness and Satisfaction (HAP). Seven paired sample t-tests were conducted to analyze the Total Score and each subscale. Overall, there was a no significant difference in the Self-Esteem Total Score for students with emotional disturbance after receiving Positive Actions instruction.

The Behavioral Adjustment (BEH) scale measures admission or denial of problematic behaviors. This includes getting into fights or causing trouble to family. There was no significant difference in the Behavioral Adjustment Score for students with emotional disturbance after receiving Positive Actions instruction.

The Intellectual and School Status (INT) scale measures the child's assessment of their own abilities with respect to intellectual and academic tasks. A paired-samples t-test showed there was no significant differences in the Intellectual and School Status Score for students with emotional disturbance after receiving Positive Actions instruction.

The Physical Appearance and Attributes (PHY) subscale measures a student's appraisal of their own physical appearance as well as attributes such as leadership and the ability to express ideas. There was a no significant difference in the Physical Appearance and Attributes Score for students with emotional disturbance after receiving Positive Actions instruction.

The Freedom from Anxiety (FRE) scale reflects anxiety and dysphoric mood. It delves into emotions of worry, nervousness, shyness, sadness, fear, and general feelings of being left out of things. A paired-samples t-test indicated there was a no significant difference in the Freedom from Anxiety Score for students with emotional disturbance after receiving Positive Actions. This finding was not statistically significant but does approach the range.

The Popularity (POP) scale represents the child's evaluation of their own social functioning. There was a no significant difference in the Popularity Score for students with emotional disturbance after receiving Positive Actions instruction

The Happiness and Satisfaction (HAP) scale measures overall happiness and satisfaction with life. There was a no significant difference in the Happiness and Satisfaction Score for students with emotional disturbance after receiving Positive Actions instruction.

The findings related to students' self-esteem revealed no statistically significant differences on the Piers Harris Total Scale; Behavioral Adjustment; Intellectual and School Status; Physical Appearance and Attributes; Freedom from Anxiety; Popularity; and Happiness and Satisfaction. Results of two areas, Behavioral Adjustment ($p = 0.08$) and Freedom from Anxiety ($p = 0.06$), approach the range of significant. These two areas, Behavioral Adjustment and Freedom from Anxiety, were trending positively and approaching statistical significance. These results may be areas for future research. Wood (2006) described the effects of reducing children's anxiety had on school performance. He found that decreasing student anxiety changed their social and academic performance in a positive way. Decreased anxiety lead to increased attention and increased engagement with school tasks. Reduced anxiety was also correlated with increased social function. From my professional experience, students with higher levels of behavioral adjustment, have more accurate insight into their own behavior and how their

behavior impacts others. That insight allows for understanding of other's perceptions, better problem solving, and better decision making. These qualities enable students to adhere to school rules and be more successful in the academic environment.

The trends of the current study are consistent with previous results. Lewis et al (2013a) studied the impact of Positive Actions over six years. They used student self-report measures collected at baseline and seven more times at scheduled intervals. Those researchers found increased positive affect (ES = .17), and life satisfaction (ES = .13). They also found decreased levels of depression (ES = -.14) and lower anxiety (ES = -.26). Durlak, Weissburg, Dymnicki, Taylor, & Schellinger (2011) found nonspecific social and emotional learning (SEL) programs resulted in a moderate effect for SEL skills development (.57), small effect size for attitudes (.23), and small effect size for emotional distress (.24) and small effect size for academic performance (.27).

This current study is limited because it examined the teacher observed external behavior and self-esteem, in a single case study design. Comparison data from IEP or No IEP groups were not available because this was done in an archival format. If this study were replicated, it would be recommended to have comparison groups complete self-esteem measures and to gather teacher reported external behavior measures.

Evidenced Based Practice Research Design

A secondary goal of this study was to add to the base of supporting evidence behind the Positive Actions curriculum in a manner consistent with acceptable guidelines for evidence based practices. Cook, Tankersley & Landrum (2009) reviewed the proposed standards outlined for determining what constituted an evidenced based practice for special educators. They purported that the more "quality indicators" present the more trustworthy a research study.

Quality indicators are comprised of research design, number of studies conducted, quality of methods and effect size. Later, Cook, Smith and Tankersley (2012) argued that the term evidenced based practice could be applied if a strategy met four criteria. Those criteria were if an adequate number of studies using sound methodology, proper design and evaluation tools to show efficacy, determined profound results that other researchers could deem trustworthy. Yell & Rozalski (2013) prompted educators that the IDEA portion of the law stipulates special educators must also use peer reviewed methods. They argued what was more common in the educational research field was quantitative quasi experimental research designs. In this instance, randomization could still occur, however it may only be randomized by teacher, grouping, schools etc. The quasi experimental research design was often accepted by research synthesis groups.

Gersten et al. (2005) added to the argument his notion that under the umbrella of quality, subjects needed to be fully described, procedures to ensure equality among control and treatment groups were used and adequate information about interventions were described. Detailed information about setting and independent variables should be included. There should be multiple outcome measures and implementation fidelity should be documented. Finally, Horner et al. (2005) argued that there should be at least seven areas of quality indicators, covering 21 different points. He argued that “describing participants and setting, dependent variables, independent variables, baseline, experimental control and internal validity, external validity, and social validity.” (Horner et al, 2005 as cited in Cook, Tankersley & Landrum (2009) p.372)

This study does add to the evidence base behind the Positive Actions Curriculum; however, not in a manner consistent with acceptable guidelines for evidence based practices. Had clinically significant results been found within the achievement and attendance questions;

this study would qualify for consideration. This portion of the present study employed a quasi-experimental design, reliable and valid measurement tools, use of comparison groups and thick detailed descriptions of methods and setting. Unfortunately, the areas in which significant results were found, development of SEL skills, were uncovered using a single case study design without a comparison group. To have helped contribute to the evidence for the Positive Actions curriculum the results would have needed to be uncovered when comparison groups were utilized.

Implications

At the beginning of this study, the reader was presented with a sample case of what the typical student with emotional disturbance looks like in the school environment. The typical student who receives special education services for emotional supports is a young man of color. He was identified as needing special education services in elementary school for a behavioral disorder which is impeding his or the learning of other students in his classroom. This young student was probably already diagnosed with psychosis, anxiety, oppositional behavior disorders, bipolar, ADHD, obsessive compulsive, Tourette's and/or depression (Wagner et al., 2005). He has between a 24.9% and 29.9% chance of being diagnosed with a co-morbid learning disability. He was most likely identified by his parent as having lower social skills. At the core of his problem, this young student with emotional disturbance lacked social and emotional competencies, which are a fundamental precursor to academic achievement (Masten, Roisman, Long, Burt, et al., 2005). Results of the current study suggest that participation for one year in Positive Actions would not have increased his attendance or achievement in the classroom or on state accountability assessments after one year. However, other studies have shown small to

moderate effects if the program had been applied longer than one year and if the program was implemented with fidelity.

In terms of potential positive impact, findings of this study suggest this student may be taking more responsibility for his problematic behaviors (Behavioral Adjustment) and may have experienced fewer emotions related to worry, nervousness, shyness, sadness, fear, and general feelings of being left out of things (Freedom from Anxiety). His teacher may have observed him to have decreased external behaviors in the general education curriculum. If the readers of this study were part of this child's IEP team, the team may be pleased with this student's progress. The progress which would be the most remarkable would be the generalization of SEL skills into the regular education environment which was observed by non-interventionist educators. This type of progress often leads to increased time in the general education environment and potentially increased rigor with academics. The intervention did not demonstrate positive impact for achievement and attendance. But, the intention of the treatment or intervention was to develop SEL skills in an effort to be able to access education. In that respect, the program was beneficial for the student. Those results are consistent with findings of positive effect on youth development (Catalano, Berglund, Ryan, Lonczak and Hawkins, 2002), meaningful effects of SEL on students' mental health (Durlack & Wells, 1997, Greenberg, Domitrovich & Bumbarger, 2001, Greenburg et al., 2001), conduct problems (Wilson, Gottfredson, and Najaka's, 200), SEL skills development, attitudes, positive social behavior, conduct problems, and emotional distress for middle and secondary students. (Durlak, Weissburg, Dymnicki, Taylor, & Schellinger, 2011). To that end, the findings from this study suggest that the use of the Positive Actions curriculum has potential to have a positive impact on self-esteem and perceived reductions in external behavior for students with emotional disturbance.

School districts, which intend to utilize the Positive Actions curriculum, must be willing to commit to multiple years of treatment, to monitor implementation fidelity and conduct ongoing monitoring of the program effects. Fixsen, Naoom, Blase, Friedman and Wallace (2005) described six phases of implementation, exploration and adoption, program installation, initial implementation, full operation, innovation and sustainability. During each phase, action and assurances were necessary to ensure quality implementation, for example, professional development, assistance with technology, and administrative and fiscal support. School districts, which did not plan for these stages, did not achieve desired results. Interested school districts need to mindfully address each of these factors before implementation.

It is recommended that teachers of the Positive Actions curriculum be provided with the recommended amount professional development prior to implementing the program. These teachers need to be supported by administration in several ways. These needs include additional time to consult with students, participation in professional learning communities with other implementing teachers and logistical and financial support for the program.

An extensive body of research exists regarding the need for SEL instruction in schools for all students, but especially those who lack social emotional competence, like students with emotional disturbance. If special educators plan on utilizing SEL in their districts they need to consider the following before beginning: choosing a program which addresses the five necessary components of SEL systematically, only using programs which are evidenced based, are developmentally appropriate for the target age group, are culturally relevant to the school population, and provide educator support (Osher, Kidron, Brackett, Dymnicki, Jones and Weissburg, 2016). Strict attention should be paid to ensuring implementation fidelity occurs, this includes professional development and educator support. Administrative support is necessary

and should include ensuring appropriate support staff, i.e., school counselors or mental health workers, are in place. Most importantly, a time commitment of at least three years is recommended.

Limitations

There were a variety of limitations to revealed in the research design as well as several limitations that were related to competing environmental variables which affected the study. In this researcher's opinion, there were several general reasons no impact was found in regards to achievement and attendance. Multiple studies indicated progress was observed over multiple years, this study only investigated a single year of intervention. Treatment effects were larger with higher amounts of exposure to the program. The students in this study were supposed to be exposed to the program for up to 2500 minutes per year. However, in this study, implementation fidelity data were not collected. In other studies, when implementation fidelity data were collected, higher effects were seen with better implementation rates. Four studies found that implementation quality of SEL programs had an impact on the outcome (Durlack & Du Pre, 2008; Faria, Kendziora, Brown, O'Brien, & Osher, 2013; Osher, Kendziora & Friedman, 2014, Reyes Brackett, Rivers, Elbertson, & Salovey, 2012).

A more specific reason math achievement was not impacted could have been because of the district's new math program. The district began a new math curriculum the year the Positive Actions Program started. The results of the math classroom and state accountability assessments achievement data revealed all the groups trended negatively. The new math curriculum was intended to bring Algebra I into the middle level for all students. This practice is known as curricular intensification. Domina, Penner, Penner and Conley (2014) studied curricular intensification. They found students are more likely to take higher level math courses if offered

earlier, but the measured academic achievement of these students slowed and the advantages associated with increased opportunities declined. Attewell and Domina (2008) found that generally curricular intensification had smaller achievement effects than intended. Subsequently, the curricular intensification may be the reason why none of the groups showed progress. Therefore, the impact of a new SEL program may have been diminished by the new math program.

A limitation related to the design of the study was the analysis of self-esteem and teacher observed external behavior in the absence of comparison groups of comparison groups. Because the examiner used archival data, it was not possible to introduce additional assessment elements after the fact. But if universal screening tools for social and emotional issues had been in place at the schools, that could have potentially been utilized as measurement tools, allowing for comparison. The researcher made the decision to retain those aspects of the study, despite being limited, because they were in line with the intention of the program, development of SEL skills.

The findings related to teacher perceptions of improved behavior as well as students self-rated improvements in freedom from anxiety and behavioral adjustment in the ED IEP target group would be significantly more powerful if there was an ED IEP control group who did not receive the positive actions curriculum. This would allow assessment of the specific effects of the PA curriculum controlling for ED IEP programming. This would be a valuable addition to future research designs.

Finally, an additional limitation for this study was the lack of parent input. The DESSA-Mini does have a parent as well as teacher version. During the treatment school year, the Special Education Emotional Support Case Managers solicited parent input quarterly. Unfortunately, parent input forms were not returned consistently; therefore, sufficient data were not available to

be analyzed. Had this data been available, further analysis regarding generalization of SEL skills to the home environment could have been examined. Lewis et al.(2013b) were able to make such comparisons and found guardians of children in treatment schools reported less bullying behaviors by their children and slightly fewer conduct problems as compared to the control groups. Since the general education teachers observed more prosocial behavior, it would have been noteworthy to also obtain confirming results from parents.

Recommendations for Future Research

The present study had limitations and results which inform recommendations areas for future research. The limited positive findings of this study along with prior research warrant further exploration of the impact of the Positive Actions program with students experiencing emotional disturbance. It is recommended that the research include measures of achievement, attendance, self-esteem and general education teacher observed prosocial behavior. Further investigation of implementation fidelity which includes examination of daily versus bi-weekly delivery would also be beneficial. The effects of the Positive Actions curriculum on students' self-reported anxiety and behavioral adjustment is also recommended. The recommended research design should be quasi-experimental design with comparison groups. However, comparisons should not be made until after two to three years of instruction with the Positive Actions program.

Previous studies found larger effect sizes with more treatment or dosage of the Positive Actions program. Future research should address implementation fidelity rates and focus on identifying optimal delivery recommendations to inform practitioners decision making as they program for students with emotional and behavioral disorders.

As a final recommendation, further research investigating generalization of SEL skills to other settings such as home would be a valuable addition to the research base. The ultimate goal of any taught skill is to be carried into other environments, used independently and appropriately, and maintained over time. Future research involving generalization and maintenance of skills would be advantageous.

In closing, while this research project was limited in its capacity to examine impact in this school district over an extended period of time, it is the hope of this researcher that the district will maintain commitment to the curriculum and undertake re-evaluation of its impact over the next three to five years. If a research design incorporating some of the comparison data recommended was undertaken it may meaningfully contribute to expanding the evidence based options for SEL curriculum specifically with the population of students identified with emotional disturbance and the middle level.

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Appendix A

Site Approval Letter

No. 235-AG-3

To: Dr. Robert Reed
From: Erin Lynn Gibbons
Date: May 22, 2017
Subject: 235-AG-3. EDUCATIONAL RESEARCH PROPOSAL REQUEST FORM

Original Date Submitted March 29, 2017

Dear Dr. Reed,

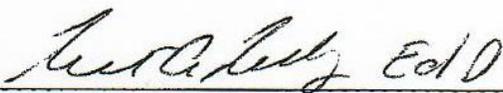
Please verify with your signature below that on March 29, 2017, I, Erin Lynn Gibbons, sought educational research proposal approval for my dissertation project. I provided the district with the following information to satisfy request requirements:

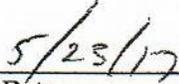
- Background of individual or organization proposing the research
- Purpose of the study
- Intervention Information
- Procedures
- Sample Population
- Instrumentation Details
- Use of the findings
- Benefits to students, parents/guardians, school district
- Time required of those involved; list participants
- Cost to district
- Full blank protocols of each instrument were included

Thank you for your attention to this matter,

Erin Lynn Gibbons

I, Dr. Robert Reed, Assistant Superintendent did approve Erin Lynn Gibbons' research proposal request from for her dissertation project from Arcadia University on March 29, 2017


Signature of Assistant Superintendent


Date

Appendix B

Institutional Review Board Approval Form



Committee for the Protection of Research Subjects
 450 S. Easton Rd.
 Glenside, PA 19038
INSTITUTIONAL REVIEW BOARD
 (Federal-wide Assurance # 00000449)

DATE: June 5, 2017

TO: Erin Gibbons, M.A.
 FROM: Arcadia University IRB

PROJECT TITLE: [1079361-1] The Positive Actions Curriculum as a Special Education Intervention for Students with Emotional Disturbance

REFERENCE #: 17-06-01

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: June 4, 2017

REVIEW CATEGORY: Exemption category # 4

Thank you for your submission of New Project materials for this project. The Arcadia University IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Karen Russo at 267-620-4111 or russok@arcadia.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Arcadia University IRB's records.

Appendix C

Figure E1 Distribution of Treatment Group ELA State accountability scores

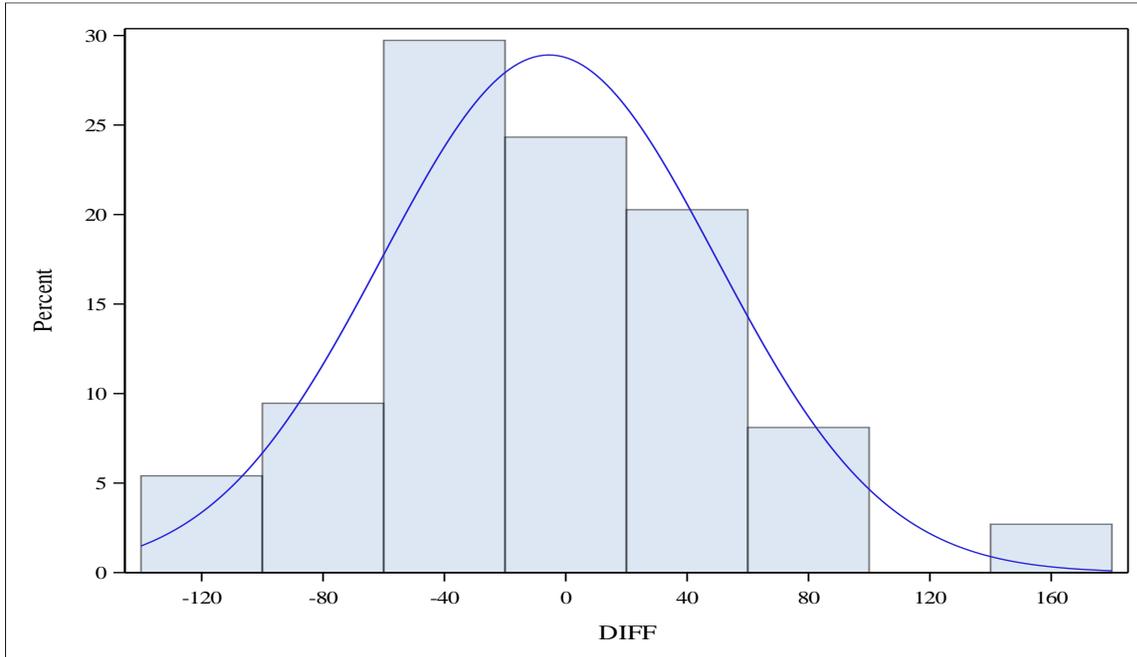


Figure E2 Distribution of Comparison Group IEP ELA State accountability scores

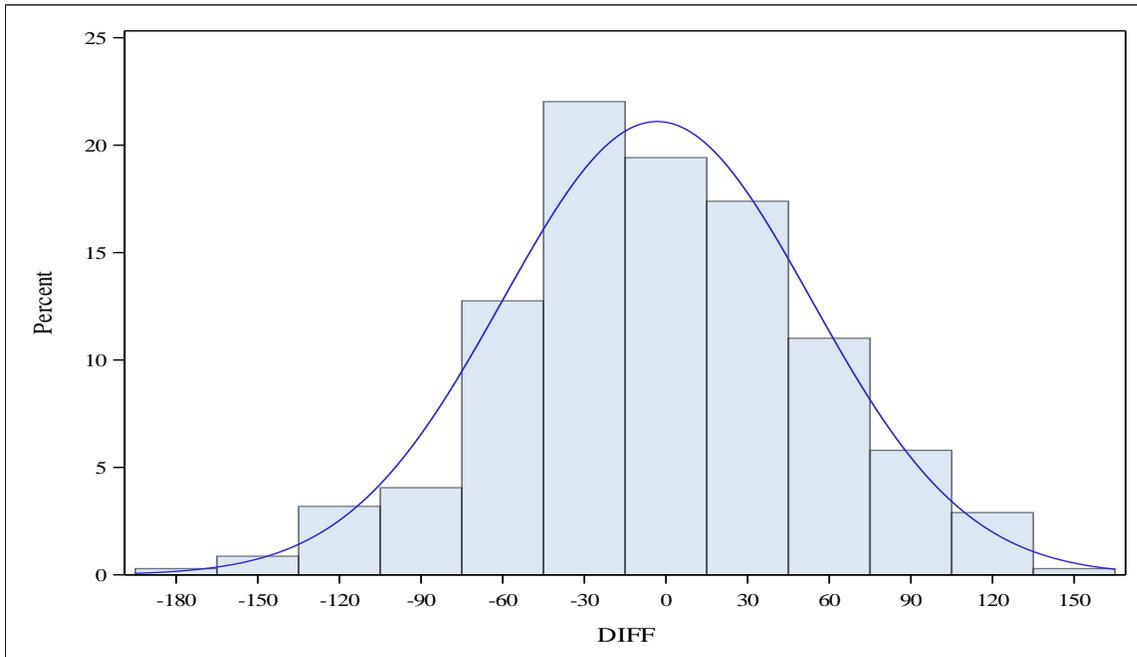


Figure E3 Distribution of Comparison Group No IEP ELA State accountability scores

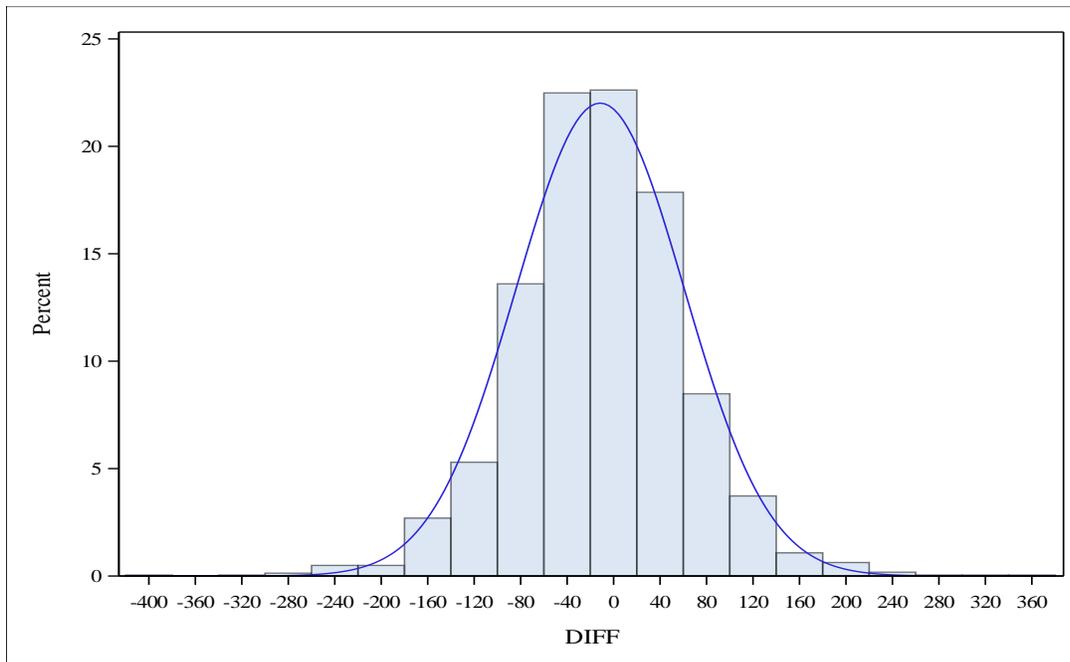


Figure E4 Distribution of Treatment Group Math State accountability scores

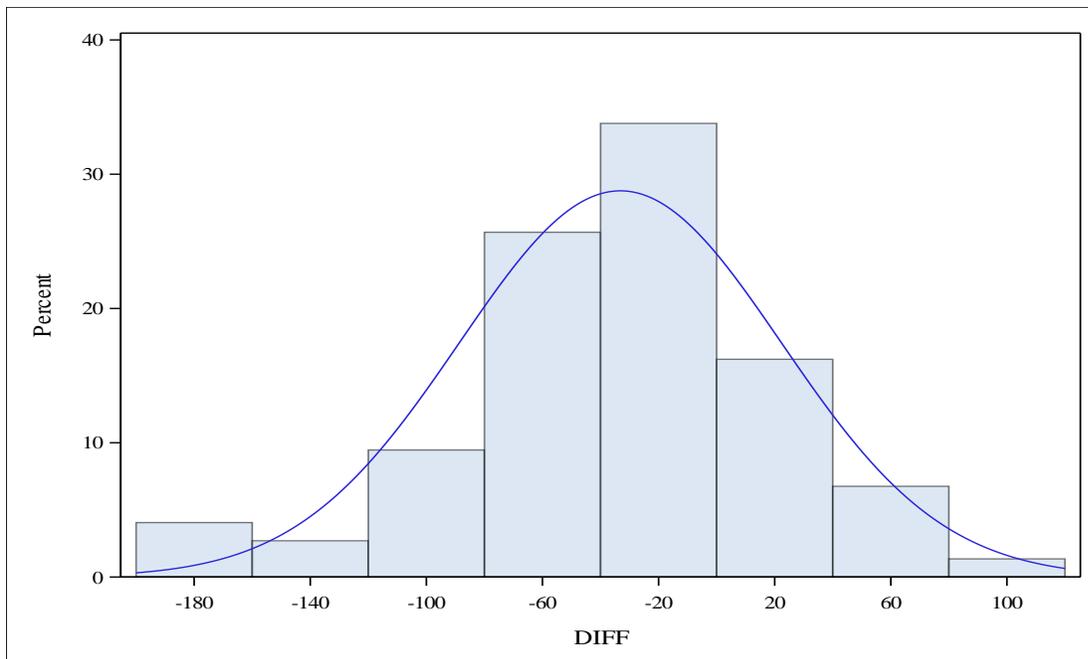


Figure E5 Distribution of Comparison Group IEP Math State accountability scores

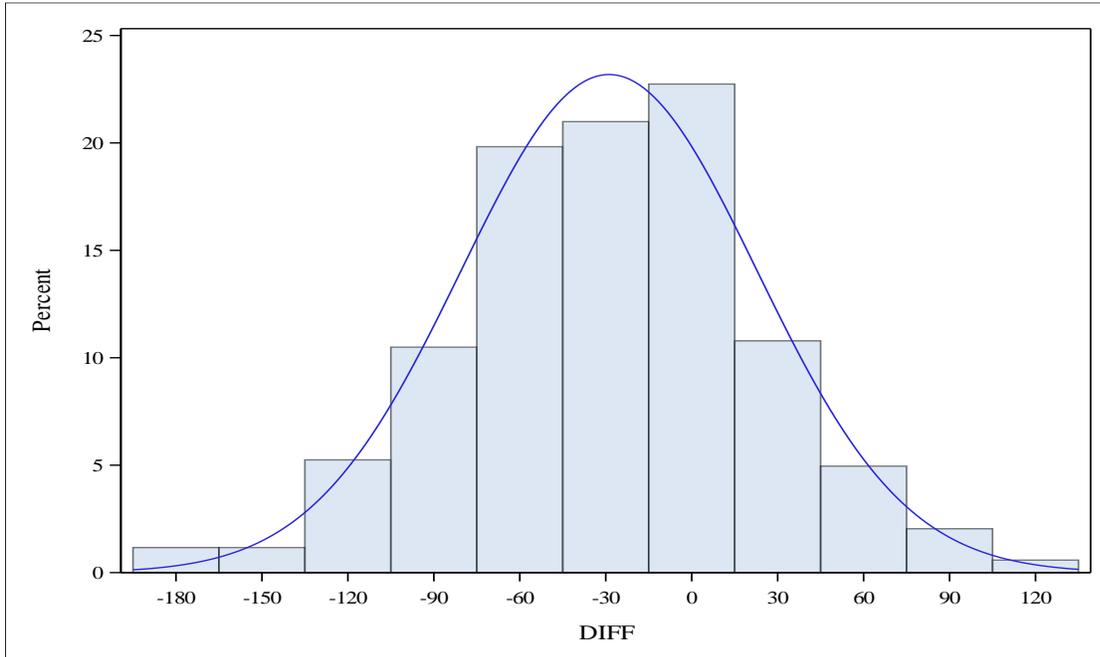


Figure E6 Distribution of Comparison Group No IEP ELA State accountability scores

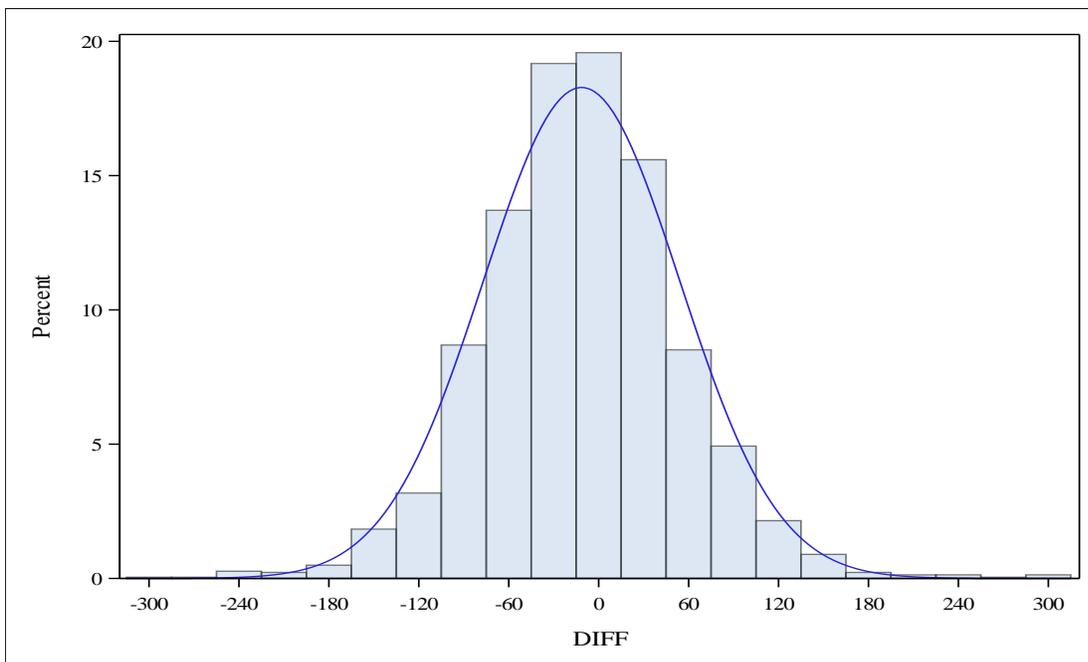


Figure E7 Distribution of SEL Data

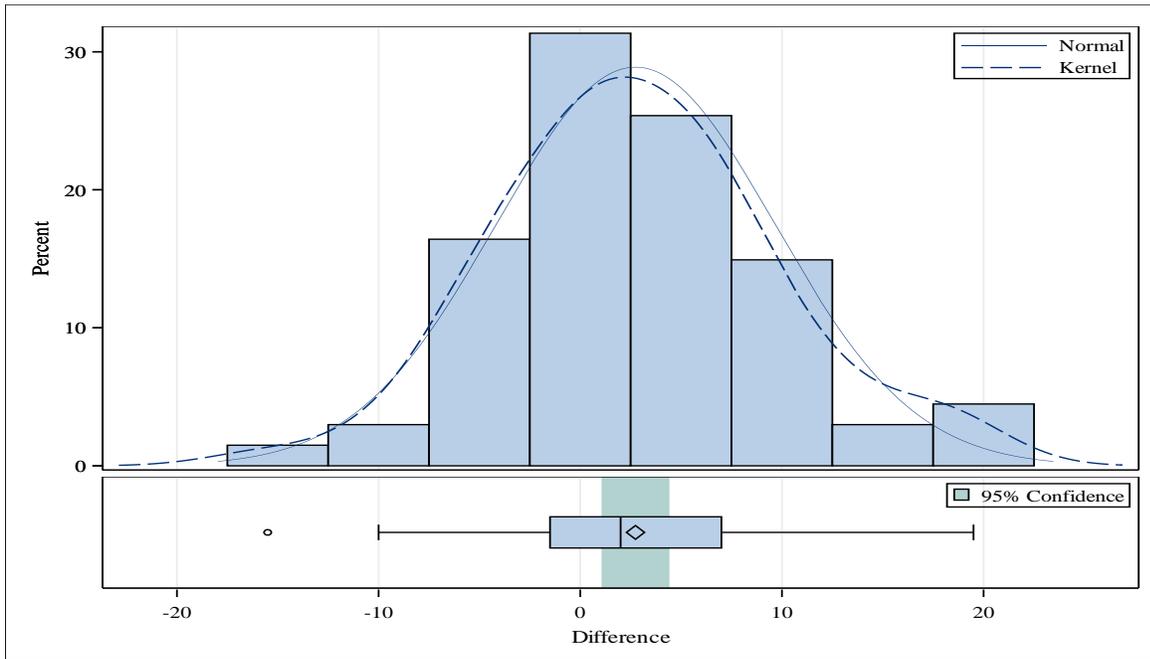


Figure E8 Distribution of Self-Esteem Data

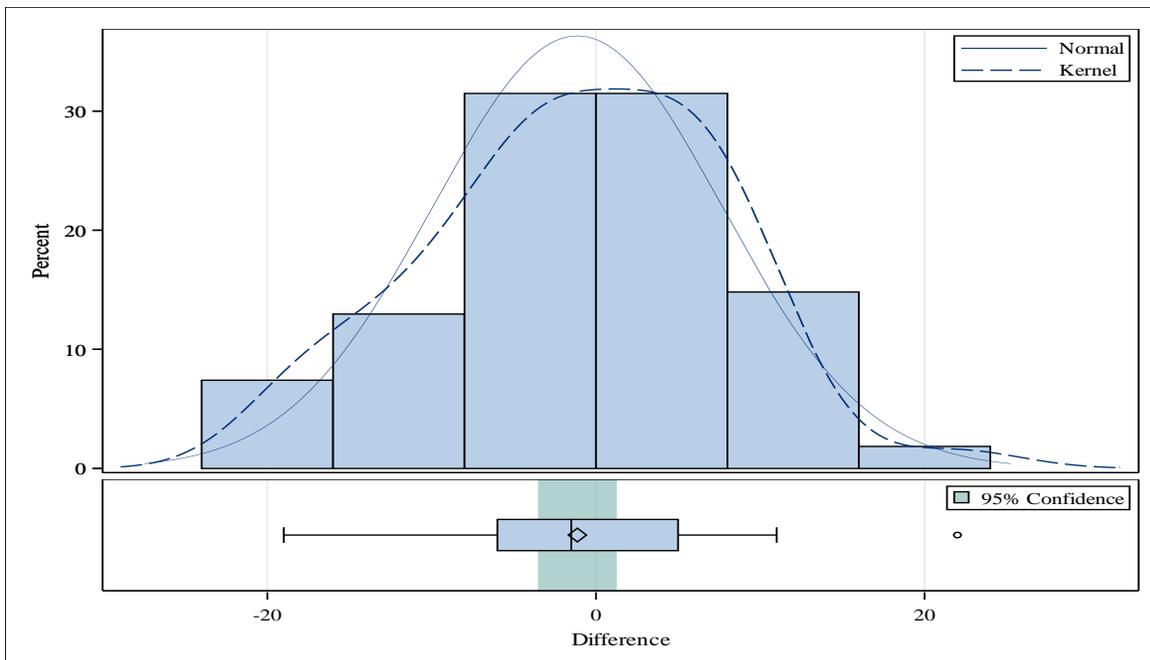


Figure E9 Distribution of Behavioral Adjustment Data

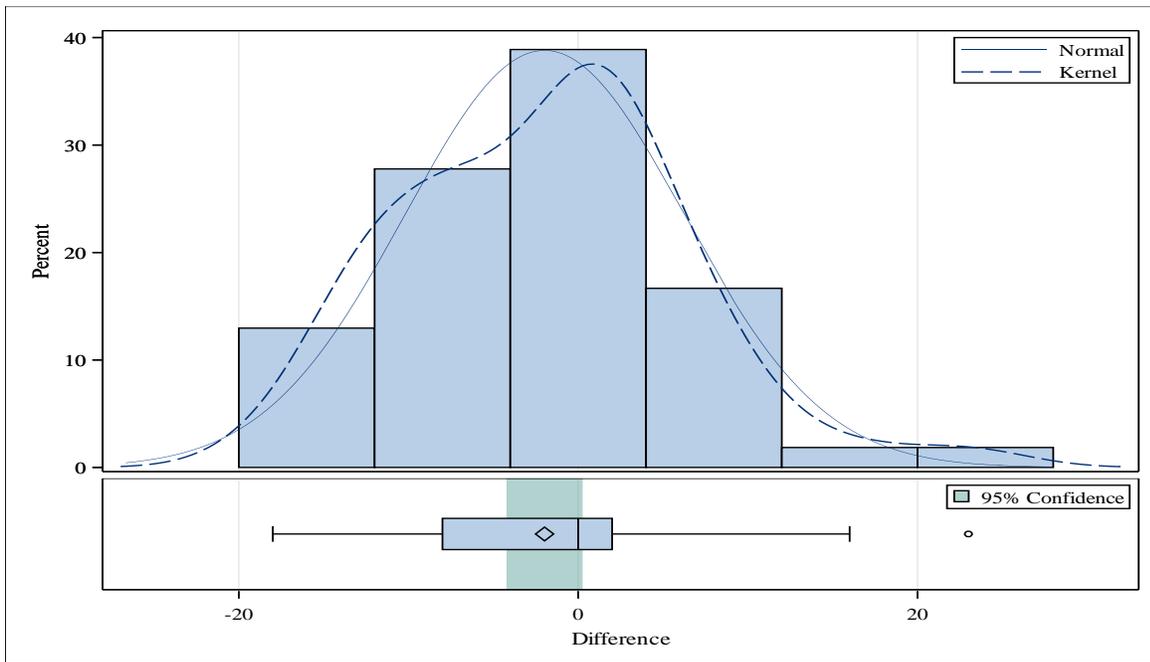


Figure E10 Distribution of Intellectual and School Status Data

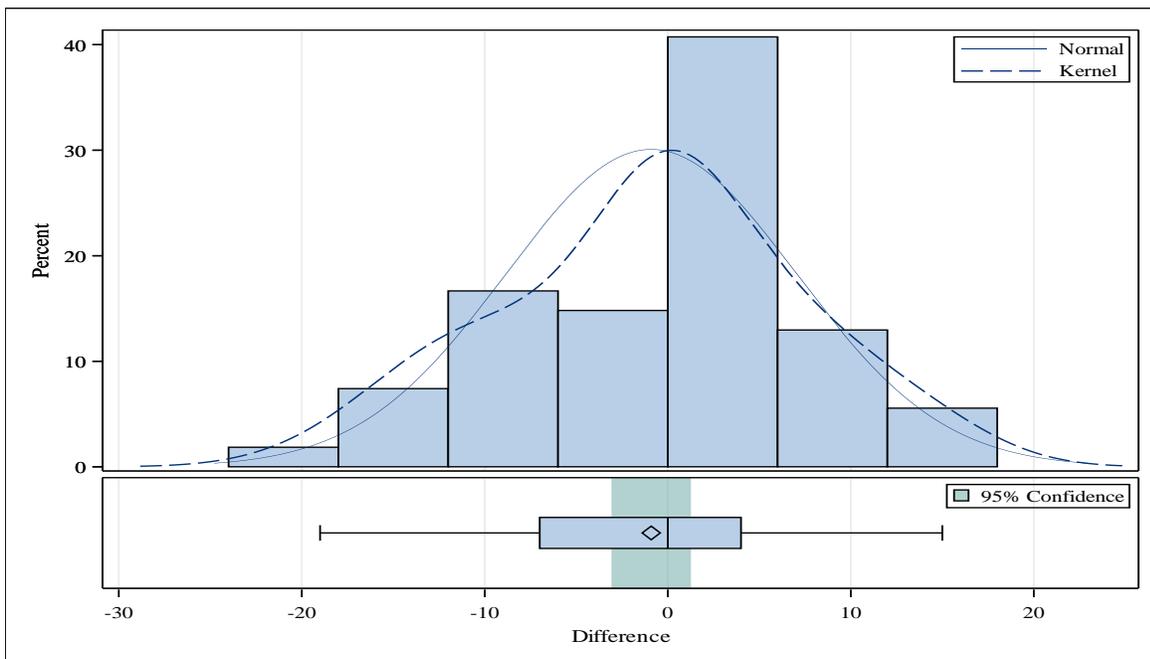


Figure E11 Distribution of Physical Appearance and Attributes Data

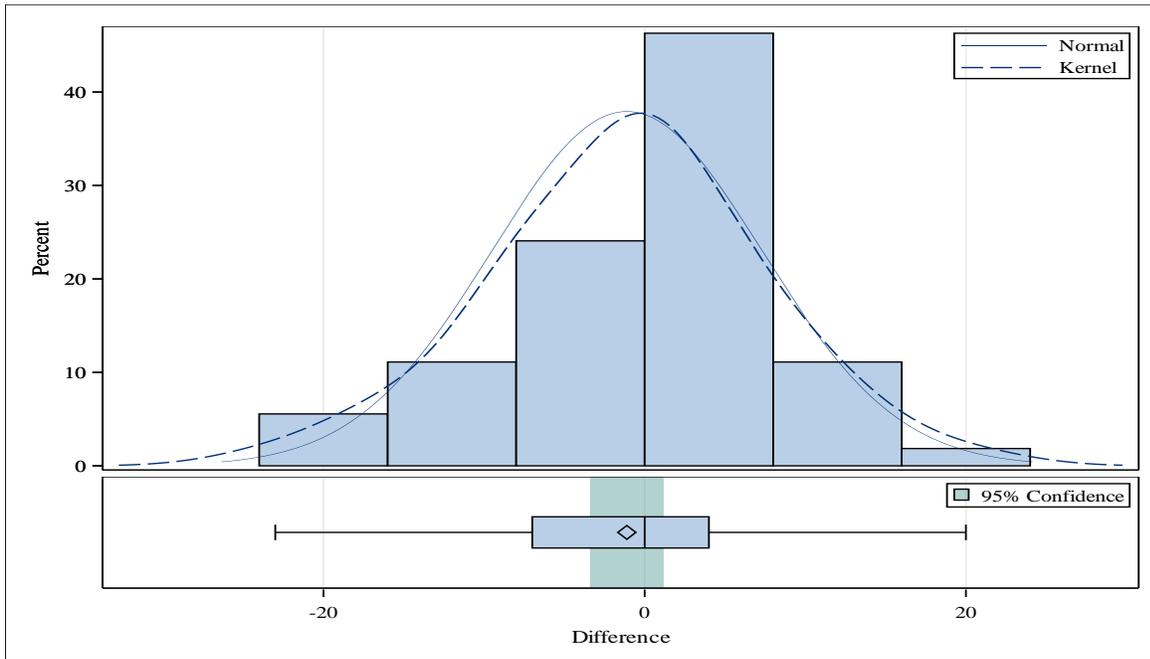


Figure E12 Distribution of Freedom from Anxiety Data

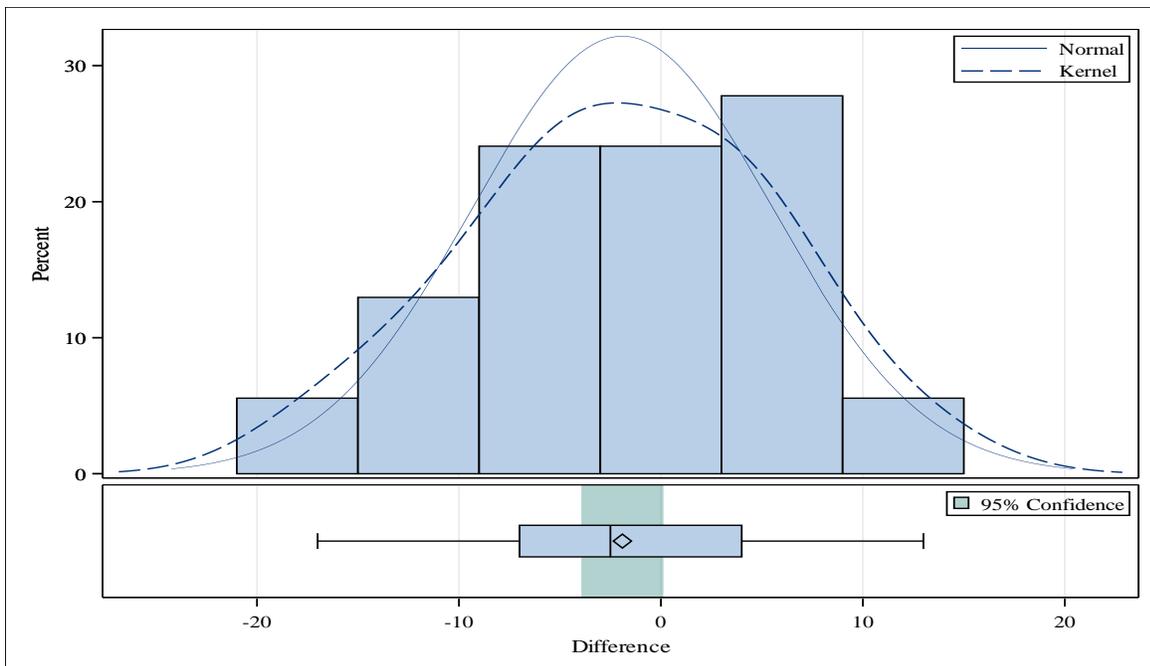


Figure E13 Distribution of Popularity Data

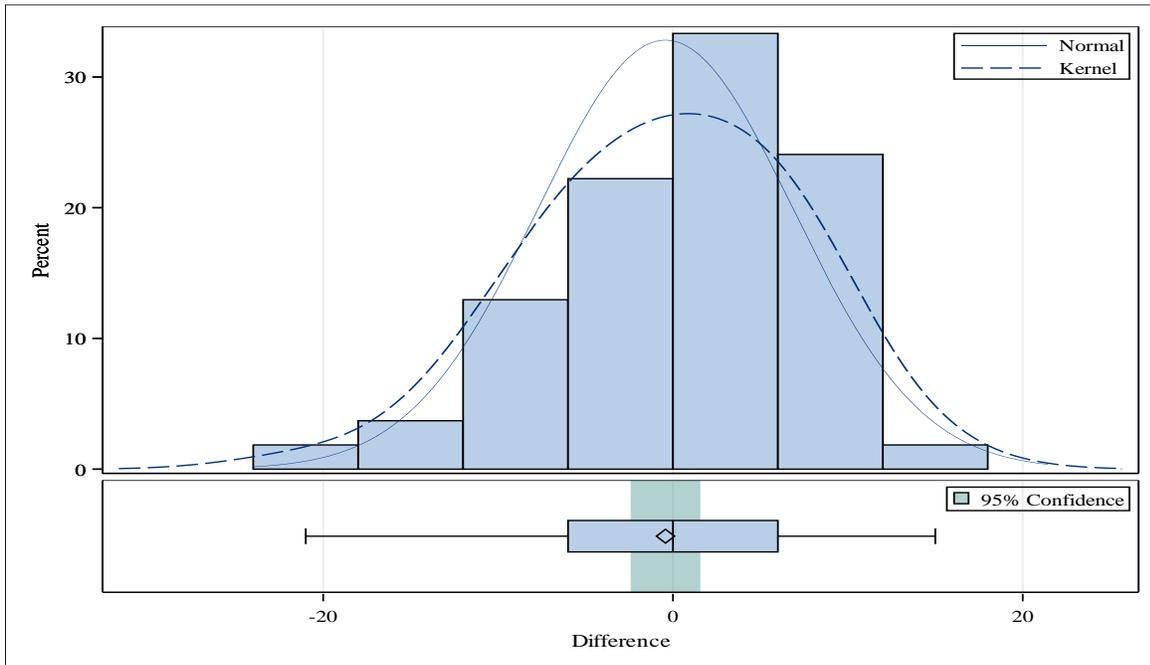


Figure E14 Distribution of Happiness and Satisfaction Data

