

EVERY STUDENT MEANS EVERY STUDENT; EXPERIENCES OF NEBRASKA
PRINCIPALS AND THE CHALLENGES OF EDUCATING STUDENTS WITH
EMOTIONAL DYSREGULATION

by

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Educators are many things to many children going well beyond the teaching of academics. School administrators are responsible for ensuring that they have practices and personnel to support all learners' diverse needs. Children come to school each year with more and more burdens on their shoulders in the forms of abuse, trauma, or mental health disorders such as anxiety or depression.

However, despite modern challenges with students' diverse emotional needs, many school personnel have developed progressive and rigorous mission statements for their districts, such as "Every Student, Every Day." Notice that many mission statements say *every* student or *all* students. When a small percentage of students bring their burdens and traumas into the school setting in the form of emotional dysregulation, principals find themselves facing tremendous challenges of trying to find the best possible solution for all students, no matter their needs. Often principals do not believe that they have the background knowledge or training, time, or resources to determine what evidence-based practices to implement when supporting students with emotional dysregulation. Too often, administrators in Nebraska schools struggle to keep up with the ever-increasing demands of educating all students.

DEDICATION

I dedicate this body of work to my parents, Howard and Ann Hanson, who taught me the value of learning and instilled in me that wherever you go in this world or whatever God gives or takes away, your knowledge and education will forever be with you. Mom and dad, you are a big part of the foundation of who I am today. I love you, and I miss you both every day.

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Chapter 1

Overview

Introduction

"Every Student. Every Day. A Success!" "Every Student. Every Day. Find A Way!" "Every Student. Every Day. The Bronco Way!" "Every Child. Every Day!" A quick Google search of Nebraska school mission statements will easily lead one to find these and similar promises, goals, and ideals created by those who educate youth. These statements are but a small sampling of common themes and missions amongst Nebraska school districts. School personnel across Nebraska hold fast to the principles of the opportunities a strong education provides for all children. According to The Glossary of Education Reform (Great Schools Partnership, 2013), a mission statement is what school district personnel do and why they do it. A mission statement clarifies all the district stakeholders as the commitments and values that each school system holds near and dear to them. The mission statement drives their daily work as educators, and the vision statement supports the vision or goals for the future.

In all likelihood, statements such as these are at the storefront of schools because compassionate professional educators, at their core, are all about teaching ALL students. However, words are powerful; and when there are words in mission statements such as "every" or "all," that includes each student, even those who provide educators with the most significant challenges. When educators work with a small but powerful percentage of children who take the life out on them, such as hitting, spitting, biting, or running out of the classroom, teachers and administrators can sometimes find it a great struggle to

reach every student successfully. They know that many of these issues are due to mental health and complex traumatic experiences, yet educators may be left scratching their heads and wondering if they are doing "enough" to help these children in crisis. In some of the worst-case scenarios, children's trauma and mental health can cause secondary trauma, negatively impacting educators' health and well-being. Unfortunately, these experiences may negatively impact the lives of the students, but it affects teachers. Some teachers have left the profession due to these extreme situations of working with students with emotional dysregulation. When school officials cannot successfully educate students with emotional dysregulation, they may have to attend off-site level 3 specialized schools away from their home district.

Statement of the Research Problem

Students come to school with more and more concerning behaviors from many struggles, including trauma, mental health concerns, and various other challenges. According to the National Longitudinal Transition Study-2, school administrators are much more likely to suspend students with significant behavioral issues, fail a grade, or require behavioral and mental health services more often than students with other types of disabilities. It is also prevalent for educators to identify children with mental health or significant behavioral issues as students with a learning disability (Wehby & Kern 2014). In Nebraska, administrators have shared informally how students as young as 3 or 4 are coming to school in a rage. For these types of students, the creation of a school emotional dysregulation crisis plan helps to ensure robust professional development for

all staff, and that educators understand the process of de-escalation and assisting children who are in crisis or having a behavioral outburst (Plumb, Bush, & Kersevich, 2016).

With so many trendy educational resources and "quick fixes" on the market, it is difficult to sift through which of those are grounded in academic research and what interventions are based on research to help diffuse situations with volatile or violent students. Furthermore, educators are cognizant of school resources and taxpayer dollars. Therefore, the temptation to implement low or no-cost highly effective practices may be more appealing to school administrators to consider in addressing some students' emotional dysregulation. There are many research studies on the effectiveness of simple strategies that educators can implement in the educational setting to improve problem behavior. Yet, it seems that administrators rarely implemented these types of low-cost and highly effective strategies (Cook et al., 2018).

One of the challenges for school administrators is understanding and knowing what resources are available for Nebraska school personnel to utilize due to rural services' nature. Lincoln or Omaha is the location of many of these resources, making those districts several hours away from these cities scrambling to find local resources to help students with the greatest needs. Some of the most well-known resources in which Nebraska administrators may turn to for guidance to educate students with emotional dysregulation include the Nebraska Department of Education, Educational Service Units, regional behavioral health agencies, educational administration organizations such as the Nebraska Council of School Administrators, colleagues, conferences, workshops, online resources, or school attorneys that specialize in legal supports to school districts. One of

the most widely used school legal firms in Nebraska is KSB School Law. This law firm employs five attorneys and two legal assistants to support 231 Nebraska public school districts' legal needs, 85% of the 272 school districts in Nebraska.

With such a variety of resources and sources of information, it can be unclear which source has the best information and how to implement high-yield strategies that produce effective results with fidelity. It can also be challenging to know how to implement professional development for educators who teach children with emotional dysregulation. Educators can find many research studies on evidence-based strategies for students with emotional dysregulation. Still, one can only locate very few studies regarding what school leaders in Nebraska school districts face in working with students with significant social-emotional needs.

Purpose Statement and Research Questions

The purpose of this quantitative research study was to examine experiences principals in Nebraska schools have had in educating students with emotional dysregulation, what resources have been available to support their efforts, and what high-yield strategies educators implement in the school setting. This study explored how prepared Nebraska principals perceive themselves to be in educating students with emotional dysregulation. The research questions studied include:

1. What challenges do Nebraska principals experience most when they educate students with emotional dysregulation?
2. How well-prepared do Nebraska principals believe they are to educate students with emotional dysregulation?

3. What outside agencies or resources do Nebraska principals turn to most to help them educate students with emotional dysregulation?
4. What is the evidence-based strategy most often implemented that helps principals educate Nebraska students with emotional dysregulation?

Method

The method chosen for this particular research study was a quantitative research study using a survey design. According to Creswell and Creswell (2018), a survey design provides a quantitative description of trends, attitudes, and opinions of a population by studying a population sample. The cross-sectional survey questions centered around descriptive statistics, including frequencies, means, and standard deviations (Creswell & Creswell, 2018).

For this particular study, Nebraska school principals received a survey electronically via email. The survey included demographic questions that determined the following: gender of participant, total years in school administration, Nebraska teaching certificate endorsement, Educational Service Unit area of the school, level of principalship (elementary or secondary), and comprehensive student population to allow for disaggregation of data. KSB School Law and the Nebraska Department of Education provided participant email information. The Google Form survey format was sent via email to principals at each of the KSB Law school district clients.

Definition of Terms

The following definitions appear in the research study:

- *Adverse Childhood Experiences (ACEs)* – A term used to describe all childhood trauma and abuse before age 18. These risk factors have increased adult risky health behaviors, chronic health conditions, reduced life expectancy, and a host of other challenges throughout life.
- *Adverse Childhood Experiences Survey (ACES)* – A survey administered that measured the types of abuse, neglect, or other potentially traumatic experiences experienced before age 18.
- *Anxiety Disorder* – A medical condition characterized by extreme fear and significant feelings of anxiety. These feelings and fears may cause physical symptoms such as intestinal issues and heart rate changes.
- *Applied Behavior Analysis (ABA)* – A behavioral therapy type that helps to replace inappropriate behaviors with appropriate behaviors by changing the environment. ABA therapy focuses on improving specific behaviors, such as social skills, communication, reading, academics, and adaptive learning skills, such as fine motor dexterity, hygiene, grooming, domestic capabilities, punctuality, and job competence. ABA is useful for children and adults with psychological disorders in various settings, including schools, workplaces, homes, and clinics (Applied Behavior Analysis, n.d.).
- *Attention Deficit Hyperactivity Disorder (ADHD)* – A medical condition that causes inattention, hyperactivity, and impulsive behaviors.
- *Bipolar Disorder* – A medical condition characterized by extreme highs and lows in moods. This mental illness also presents with symptoms of changes in

sleep, energy, thinking, and behavior. Bipolar Disorder is known as Manic Depressive Disorder as well.

- *Check In-Check Out (CICO)* – CICO is an evidence-based intervention used for students needing Tier 2 supports. It is where a student meets with a trained mentor first thing in the morning and at the end of the day to review their goals for the day and reflect on the day and prepare for the following school day.
- *Cortisol* – A hormone made in the adrenal gland that is best known for helping your body with the "fight or flight" response in a crisis (Web M.D., n.d.).
- *Depression* – A medical condition characterized by extreme feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide.
- *Emotional Disturbance* – A verification in special education under Nebraska Rule 51, which includes the consideration of the following areas in which at least one factor must be true (a) An inability to learn that cannot be explained by intellectual, sensory, 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 circumstance, (d) A general pervasive mood of unhappiness or depression, and (e) A tendency to develop physical symptoms or fears associated with personal or school problems (Nebraska Department of Education, n.d.).

- *Emotional Dysregulation* – Refers to a person's inability to control or regulate their emotional responses to provocative stimuli. A person with emotional dysregulation disorder reacts in an emotionally exaggerated manner to these environmental and interpersonal challenges by overreacting: bursts of anger, crying, accusing, passive-aggressive behaviors, or creation of chaos or conflict may ensue (Emotional Dysregulation Disorder Treatment, n.d.).
- *Externalizing Problem Behavior* – Observable behaviors directed to those cause problems in the external environment. These may include physical aggression, verbal aggression, opposition to adult direction, cheating, stealing, or property destruction.
- *Functional Behavior Assessment (FBA)* – A process that identifies specific target behavior, the purpose of the action, and what factors maintain the behavior that is interfering with the student's educational progress (Lincoln Public Schools, n.d.).
 - *Indirect FBA* – An informal Functional Behavioral Assessment that uses checklists, questionnaires, structured interviews, and rating scales. It is most appropriate when the behavior incident requires immediate action or less severe or infrequent behavior. It focuses on using simple verbal or written interviews with teachers, students, and others involved in the target behavior. The educator develops a hypothesis from this information, and a team formulates a written plan (Lincoln Public Schools, n.d.).

- *Direct Functional Behavior Assessment* – A comprehensive assessment process appropriate when the target behavior is severe in duration, frequency, and intensity and is complex and deeply ingrained in the student's behavior patterns. It involves the following steps: defining the target behavior, collecting data, developing the hypothesis, planning interventions, and evaluating the plan's effectiveness. There are two types of direct functional behavioral assessments, non-experimental and experimental (Lincoln Public Schools, n.d.).
 - *Non-Experimental FBA (Observational Descriptive Assessments)* – A formal Functional Behavioral Assessment that typically relies on a frequency count of the antecedents and consequences that consistently occur before and after problem behavior.
 - *Experimental FBA (Functional Analysis)* – A formal Functional Behavioral Assessment involving experimental manipulation to confirm influential environmental variables.
- *Hyperarousal* – Hyperarousal is a primary symptom of post-traumatic stress disorder (PTSD). It occurs when a person's body suddenly kicks into high alert due to thinking about their trauma. Even though real danger may not be present, their body acts as if it is, causing lasting stress after a traumatic event (Hyperarousal: Symptoms, Causes, Treatments, n.d.).
- *Hypoarousal* - A freeze response that may cause feelings of emotional numbness, emptiness, or paralysis. At the lower end of the optimal arousal

state, and may present itself as an "under-reaction" to a stimulus (Window of Tolerance, n.d.).

- *Individuals with Disabilities Education Act (IDEA)* - The federal law outlines rights and regulations for students with disabilities in the United States of America who require special education. The law specifies how schools must either provide or deny services and how parents may press for these rights if necessary. Under IDEA, it is an entitlement of all children with disabilities to receive a Free Appropriate Public Education (FAPE) in the Least-Restrictive Environment (LRE), and some are entitled to Early Intervention (E.I.) and Extended School Year (ESY) (ESU 2, n.d.).
- *Internalizing Problem Behavior* – Unseen behaviors that cause problems directed at themselves. These unseen behaviors may include depression, anxiety, or negative self-talk.
- *Mindfulness* – A technique used to train the brain to focus on the present moment without dwelling on what has happened in the past or what may happen in the future.
- *Nebraska Behavioral Health System of Care* - A framework for designing mental health services and supports for children with severe emotional disturbance, through collaboration with public and private agencies, families, and youth. It is a new way of doing business that brings together committed partnerships under one umbrella.

- *Oppositional Defiant Disorder (ODD)* – A medical condition in children characterized by extreme anger and defiance directed at adults.
- *Positive Behavioral Interventions and Supports* – A school-wide process that seeks to reduce or eliminate poor behavior by encouraging positive behaviors. The idea is that instead of punishing misbehavior, you reward good behavior and teach skills to those who are lacking skills in appropriate behaviors.
- *Problem Behavior* – behaviors that are problematic in the school setting.
 - *Abusive Language* (e.g., profanity or Language with the intent to hurt others physically or emotionally).
 - *Aggression* - The tendency to act in a hostile manner (either verbally or physically) that is threatening to others.
 - *Antagonistic* (e.g., low peer interactions, teasing, bullying).
 - *Atypicality* - The tendency to behave in ways considered "odd" or commonly associated with psychosis.
 - *Bizarre Vocalizations* - (e.g., talking to someone that is not present).
 - *Deception* (e.g., intentionally misleading someone or not telling the truth, lying).
 - *Disrobing* (e.g., intentionally removing clothing).
 - *Disruption/Property Destruction* (e.g., throwing objects, banging objects, knocking over furniture).
 - *Elopement* (e.g., leaving an area or room without permission).

- *Inappropriate sexual behavior* (e.g., making gestures indicative of sexual behavior).
- *Inappropriate vocalizations* (e.g., making a comment that was rude or off-topic).
- *Noncompliance/Defiance* (failure to follow instructions).
- *Off-task Behaviors* (e.g., engaging in some behavior other than assigned tasks).
- *Perseverative speech* (e.g., repeating the same word or phrase).
- *Physical aggression* (e.g., physically attacking someone with an intent to harm).
- *Self-injury* (e.g., physical injury to self as a result of anxiety or frustration).
- *Scatolia* (e.g., fecal smearing).
- *Somatization* - The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts.
- *Talking out of turn* (e.g., talking when the expectation is to be quiet).
- *Verbal aggression* - (e.g., threats, screaming, or crying).
- *Withdrawal* - The tendency to evade others to avoid social contact.
- *Resilience* - The ability to overcome challenges of all kinds—trauma, tragedy, personal crises, plain 'ole' life problems—and bounce back stronger, wiser, and more personally powerful (Resiliency in Action, n.d.).

- *Rule 51* - This is the law written in Nebraska that governs special education for all students ages 3-21. The Nebraska Department of Education oversees this rule.
- *Secondary Trauma* –When educators are coping with the effects of their student's trauma, it can be draining and can have lasting adverse effects. It is not uncommon for educators who deal with traumatized children to develop their symptoms of traumatic stress or secondary trauma (TSA, n.d.).
- *Trauma* – Something that describes a distressing event that has long-lasting effects, which may include things that have been physically or emotionally harmful or life-threatening. Trauma may impact a person's daily functioning, including mental, physical, social, emotional, or spiritual well-being. Trauma is an extreme form of stress that affects children's brain development (Plumb et al., 2016).
- *Triage* - Daily adult "check-in" to practice replacement skills, assess emotions, focus on what it means to have a successful day, and formulate solutions to problems (BIST, n.d.).
- *Wraparound Services* – An evidence-based method of providing services to children and families by placing the child and family at the center of strategies and supports from both the school and community resources. The family's goals and needs are at the center of this intervention's objectives and action planning.

Assumptions

Having served as a special education administrator over the past 16 school years helped me to arrive at the following assumptions as part of this research:

1. The survey questions developed for this research were easily understood and helped capture the essence of experiences administrators in Nebraska who educate students with emotional dysregulation.
2. The participants answered the survey questions honestly since the information collected was kept confidential, and the participants participated willingly. The participants could withdraw from the study at any time. No collection of school names happened in the survey; only demographic data previously mentioned.
3. People who are administrators in school districts are struggling to educate students with emotional dysregulation. They have had previous experiences with such students and are unsure how to inform this group of children.
4. The administrators in the study have had experiences educating students with emotional dysregulation and are able to answer the quantitative survey questions.
5. Interest in this survey was evident with fellow administrators and policymakers. Like my colleagues and me, they are also struggling to learn about coordinated efforts and evidence-based practices or high-yield strategies to successfully educate children with emotional dysregulation in Nebraska school districts.

6. That those who participated in the study are current school administrators and hold the appropriate licensure and training for school administrators in Nebraska.

Limitations and Delimitations

Limitations and delimitations explore things that may impact the research's validity and pose a threat to the overall study. According to Creswell and Creswell (2018), experimenters need to determine whether internal or external validity threats may negatively impact a study. The researcher should recognize the potential threats to validity and address these limitations and delimitations in the survey. This section serves the purpose of identifying those potential threats. Predicted limitations and delimitations for this particular study include:

1. The concerns of Nebraska administrators are increasing in working with students with emotional dysregulation. On January 2, 2020, the Nebraska State Education Association (NSEA) hosted a press conference sharing the survey results they conducted with their members about experiences working with children with emotional dysregulation. Concerns regarding emotional dysregulation is a "hot topic" in Nebraska. The leading teacher organization, NSEA, and the central administrator organization, the Nebraska Council of School Administrators (NCSA), are working collaboratively to try to get on the same page of how to address this complex issue of safety for students and the adults who work with this population of students.

2. Only Nebraska principals participated in this study. The participants might have been someone who serves in multiple administrative roles; for instance, in small schools in Nebraska, there may be only one administrator, a superintendent, who also serves in the capacity of principal for the district.
3. Results of the research were impacted by those who take the time to complete the survey. Due to the nature of a complex job and the timing of reopening schools following the COVID-19 closures, some principals may not have taken the time to participate in the survey, which may have impacted the results.
4. It is possible that participants may not have answered truthfully on the survey, or the principals may have provided answers to questions in which they are not qualified to answer.
5. Participation in the survey was voluntary.
6. As an administrator who regularly works with children with emotional dysregulation and searches for evidence-based practices to support social and emotional learning, I will need to be aware of my positionality and remain neutral throughout the research process while studying other school experiences administrators working with children with emotional dysregulation.
7. Some schools may not have allowed their principal to participate in the survey.

Target Audience

The target audience for this research project is the educational community as a whole. This audience includes administrators such as superintendents, principals, special education directors, and curriculum directors. Teachers and support staff working with our most volatile and fragile population in the school setting will also benefit from the information gleaned from this study. Local school boards and taxpaying patrons of local school districts may also find this study meaningful from a lens of what experiences and needs there are in educating children with emotional dysregulation.

From a larger perspective, policymakers such as the Nebraska Unicameral, specifically the state senators who serve on the Education Committee as well as the Nebraska Department of Education, Nebraska Council of School Administrators, and the Nebraska State Education Agency will gain a better understanding of the most common experiences, challenges, and evidence-based practices currently in place for administrators working with children with emotional dysregulation throughout Nebraska. University and college graduate programs that prepare teachers to become school administrators can utilize this information to help inform the pedagogy used to prepare future school leaders. School attorneys can also use this information to help provide supports to their districts in a preventative manner before reaching a litigious dispute over a child with emotional dysregulation in the school setting.

Significance of the Study

This study's significance is that no other research is known to the researcher that surveys all of the principals in Nebraska through a quantitative survey to explore the most

common challenges, resources, outside supports, and high-yield strategies implemented to educate students with emotional dysregulation. This study provided a voice to the hard-working educators in the trenches trying to make a difference for ALL children. Policymakers such as the Nebraska Department of Education, Nebraska State School Board, and the Nebraska Legislature will learn important information from this study to assist as they are making a variety of curriculum, support, and funding decisions for all children. This research provides a realistic view of the challenges presented to principals in Nebraska school districts in trauma, mental health, and emotional dysregulation.

The initiative "*I Love Public Schools*" sponsored by Nebraska Loves Public Schools and funded by the Sherwood Foundation is a great way to share the things happening every day in public schools across Nebraska. In 2011 they began a mission to combat the persistent and negative narrative around public schools in Nebraska. Their primary approach was to develop documentaries about the incredible things happening every day in the public school systems (I Love Public Schools, n.d.). The report generated from this study will provide information that complements the work in films such as *The Mind Inside I and The Mind Inside II* docuseries from *I Love Public Schools* (I Love Public Schools, n.d.).

This quantitative study will act as a springboard to showcase the evidence-based or high-yield interventions used to educate students with emotional dysregulation

Summary

When school district personnel sit down together every so often to create their mission and vision statements, this is not an activity that is taken lightly or goes quickly.

One of the major purposes of a mission statement is to help leaders run the institution and guide organizational change (Malott, 2003). There is so much word-smithing that happens to capture the essence of what educators genuinely believe about the impact and importance of what they do every day. According to a study by Slate, Jones, Wiesman, Alexander, and Saenz (2008), to be productive, the mission statement must become a living document that informs all day-to-day practices of the administration, teachers, and students. Often, mission statements exist only on paper rather than being a lived philosophy and commitment to an effective educational institution's ongoing development.

When statements like *"Every Student. Every Day. Find A Way"* are set as a school's mission statement, these words are meant to ring true in the hearts of all who are fortunate enough to work for that organization. By providing support for administrators to truly educate ALL children, even those with emotional dysregulation, the school district personnel's work comes to fruition. Society, as a whole, becomes an even better place to live, learn, and grow. The future is bright when we truly focus on *every* student and helping *each* of them achieve educational success, no matter how many backpacks, both seen and unseen, are brought to school.

Chapter 2

Review of Literature

The purpose of this review of literature is to examine the resources available to aid school administrators in educating students with emotional dysregulation and supporting the whole child, as well as how people overcome challenges of childhood trauma and mental health through high-yield strategies implemented at the school level. At the end of the literature review, this researcher discusses the conceptual framework and the study's structure. This study was framed through the lens of administrators' challenges educating children with emotional dysregulation, high-yield strategies for these students, and professional development for educators working with children with emotional dysregulation. The researcher utilized the University of Nebraska-Lincoln (UNL) access to PsychInfo and ERIC search to find research articles. Phrases and words searched for to support this literature review include *emotional disturbance, positive behavioral interventions and supports, good behavior game, check-in/check-out, social-emotional learning, mindfulness, functional behavioral assessment, trauma-informed care, cognitive behavior therapy, applied behavior analysis, adverse childhood experiences, secondary trauma, and educator self-care.*

This literature review includes articles that study teachers' and administrators' experiences, even though the research questions in this project will focus on administrators' experiences, specifically principals. The research on this topic is not abundant, and therefore the need for this particular study is reinforced by investigating the literature on this topic. However, even though this research project focuses on

principals' experiences and not teachers, it is imperative to look at teachers' experiences as these directly correlate to administrator experiences in the forms of office referrals and calls for administrative support in the classroom. In addition, the school leader has a great responsibility to problem solve a plan that will help support *every* student in their school. Every student truly means *every* student, including the student struggling with emotional regulation who deserves a high-quality education and peers and classmates.

The literature review organization is as follows: administrators' challenges working with children with emotional dysregulation, high-yield strategies for students with emotional dysregulation, and professional development for students with emotional dysregulation.

Challenges Educating Children with Emotional Dysregulation

Joey's Story – What Do We Do Now?

Joey is a primary elementary student who comes from extreme poverty. The family consists of a single mother who works at a minimum wage job. There are several men in and out of the home, and teachers suspect that some of these additional adults in the house have been physically or sexually abusive. In the school setting, it is apparent that Joey brings an extra invisible backpack full of traumatic experiences to school each day, and often comes to school and hides under the desks and screams and cries. When the teacher tries to intervene in a kindly manner, Joey flips over the desk, begins a tantrum, and eventually loses control of his bladder and bowels. Racing down the hallway, Principal Smith arrives to help keep Joey's dignity intact and maintain all of the

children's safety and security while ensuring the teacher receives the care and support she needs as well.

However, Principal Smith is facing a dilemma because Joey is still escalated, in a classroom, quite soiled, and attempting to disrobe while punching and spitting at the adults who are there to help. The principal thinks, "Do we have an obligation as school personnel to immediately change clothes? Do we call the mother to assist the team, knowing that she will lose out on much-needed money from her minimum-wage job? Do we wait out the dysregulated event? What should we do with the 25 other classmates who are now getting reading class out in the noisy pod instead of their regular classroom? How do we help the teacher who seems to be suffering from secondary trauma? What happened to make Joey reach this level, and could we have intervened before this reaching this level of escalation?"

Problem Behaviors and Emotional Dysregulation. Unfortunately, this scenario is not an uncommon occurrence in Nebraska school districts. Other situations that have been reported by school administrators include adults or children being physically attacked, bitten, or spit on; computers thrown at educators or students, iPads launched across the room, upturned desks, running throughout the hallways of the school screaming and yelling, eloping off-campus, or disrobing (removing their clothing) are many examples of problem behaviors seen in the school setting in today's educational settings. In the definitions section in Chapter 1, the following are problem behaviors, or examples of emotional dysregulation, that many, if not all, school administrators and quite a few teachers have experienced in the educational setting while trying to educate

all children. These problem behaviors include abusive Language, aggression, antagonistic behavior, atypicality, bizarre vocalizations, deception, disrobing, property destruction, elopement, inappropriate sexual behavior, inappropriate vocalizations, defiance, off-task behaviors, perseverative speech, physical aggression, self-injury, scatolia, somatization, talking out of turn, verbal aggression, and withdrawal.

Joey's story is one example of multiple levels of problem behavior in the classroom while educating children with emotional dysregulation. According to Wehby and Kern (2014), students with significant behavioral difficulties, including those children with an emotional disturbance (E.D.) verification, have among the lowest social and academic outcomes of any group of students. Often, teachers and other school personnel feel inadequately prepared to work with these students. In Nebraska, the federal Individuals with Disabilities Education Act, or IDEA, is covered by a Nebraska Department of Education regulation called Rule 51 (Nebraska Department of Education, 2017). This set of rules and regulations outlines state and federal laws and guidelines for students with disabilities. There are multiple categories of disabilities in these regulations, one of which previously was called Behavior Disorder (B.D.), which recently was changed to align with the federal Language of Emotional Disturbance (E.D.). Students who display extreme emotional dysregulation in a school setting may be eligible for special education under Nebraska's emotional disturbance verification.

Many students who perform poorly in school demonstrate such problem behaviors as aggression, property destruction, poor peer relations, and frequent negative interactions with educators. These students require a significant amount of the teacher's

time and energy, often at the expense of other students in the classroom, and the typical academic struggles of these students compound the situation (Wehby & Kern, 2014). Some of the most alarming situations for administrators in terms of safety risk may also include elopement off-campus when the child enters into the "flight" mode of crisis. The "flight" mode happens when children run away from the adults to escape the crisis. The "freeze" mode occurs when students refuse to move or talk to any adult for seemingly an endless amount of time.

According to Brodovsky and Kiernan (2017), we all have a freeze, flight, and fight response. Some people react by backing up or turning away, which we recognize as flight. Others move forward and might even get or look angry, a fight response. Others may stand there speechless and shocked. We call this freeze. It is essential to understand that these responses are primal. Even typically developing children and well-adjusted adults can have a fight, flight, or freeze response in a crisis. Due to our brain's development, we automatically go to the limbic portion of the brain, or the non-thinking portion, when in a crisis. Due to a toxic stress environment, some children either "live" more regularly in this portion of their brains, or they go there much more rapidly than their typically developing peers.

One may wonder, "How in the world did we get here? I don't remember having students like "this" in my classes growing up." In particular, one study shines a light on how traumatic or adverse experiences can negatively affect the developing brain and explain some of the significant and emotional dysregulation educators are seeing in the school setting.

Adverse Childhood Experiences Study (ACES). Adverse Childhood Experiences Study (ACES) is a study conducted in collaboration between Kaiser Permanente and the Centers for Disease Control (CDC) and over ten years with Robert Anda and Vincent Felitti as the lead researchers for the project. The study looked at how life experiences such as psychological abuse, physical abuse, sexual abuse, substance use in the home, mental illness in the house, violence towards the mother, and incarceration of a family member can impact growth, development, and future success. More recently, the number of ACEs studied has increased to ten ACEs, including the additional categories of divorce, emotional neglect, and physical neglect. According to Plumb et al. (2016), a person with one ACE is approximately 85% more likely to have more ACEs. The ten categories of ACEs do not occur independently but are interconnected, and if a person has six or more ACEs, that person is more likely to die 20 years earlier than someone with no ACEs.

In a review of the ACES research by Strompolis, Payne, Ulker, Porter, and Weist (2017), the most commonly reported ACE was physical abuse followed by substance abuse, parental divorce or separation, sexual abuse, mental illness, emotional neglect, battered mothers, emotional abuse, physical neglect, and criminal behavior. When people have a high number of ACEs, there are often psychiatric difficulties in children and adults. Whereas only 11% of those with no ACEs had a mental health problem, 44% of youth with five or more ACEs suffer from mental health problems. According to Malow and Austin (2016), there may also be other factors that contribute to emotional dysregulation outside of those captured in the original ACES survey. Environmental

factors outside of the school setting that contribute to amplified stress for employees working in school districts may also include violence in the community intensified through portrayal in the media, instability in the home, such as the influence of portrayal in the media, and impact of parental anxiety or other mental health disorders.

Educators may be wondering why studies conducted in the medical field should make a difference in their work. Still, Adverse Childhood Experiences (ACEs) do have a significant impact on the understanding of trauma. When students are emotionally dysregulated and are "taking life" out on the educators charged with providing them with a high-quality education during a considerable portion of their day, behaviors are often the result of some form of trauma they have experienced. To picture what "taking life" looks like, the reader may want to review the list of problem behaviors listed in the definitions section of Chapter 1 of this dissertation for further explanation.

Adverse childhood experiences are a common problem and pervasive in both rural and urban settings. According to Plumb et al. (2016), there are three types of trauma: acute, chronic, and complex. The three types of trauma are described as follows: acute trauma which refers to a single event, such as a natural disaster or a parent's suicide, chronic trauma which refers to repeated exposure to assaults on the mind or body such as repeated sexual assaults or domestic violence, and complex trauma which refers to exposure to chronic trauma, generally by the child's primary caregiver and over and over during an extended period (Plumb et al., 2016). Most ACEs are considered complex trauma, and trauma affects a person's quality of life across virtually all domains.

In the era of high-stakes testing and academic standards at an all-time high, the challenges of educating ALL students are at times upended by the toxic neurological and environmental stress experienced by children brought to school in the invisible backpack (Brown, 2017). When unmet basic needs such as safety or high levels of toxic stress, children are at a greater risk of not achieving their full potential. At any given time, two-thirds of American students are vulnerable to the effects of the highest level of trauma, complex trauma. This highest level of trauma directly impacts student achievement, including language delays, attendance concerns, emotional dysregulation, academic performance struggles, and school districts' dropout rates.

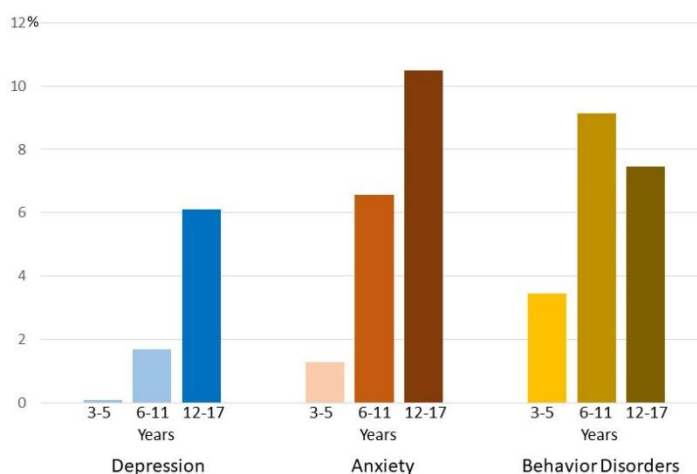
The symptoms of students with high ACEs include behaviors that mimic Attention Deficit Hyperactivity Disorder, or ADHD, and attachment difficulties, which impact trust, empathy, emotional regulations, and stress management (Plumb et al., 2016). Other problem behaviors may also present themselves as concerns in the classroom as a direct impact of ACEs, including aggression, self-injury, or hypersexualized behaviors. As you can see, the academic concerns are not the only concerns of educators working in school districts, as childhood trauma has adverse effects across all domains. Children with high numbers of ACEs have difficulty with social development, including difficulty forming and keeping friendships and a propensity to engage in unhealthy relationships or even isolate themselves socially (Plumb et al., 2016). Educators need to be aware that high ACEs are known as a silent epidemic impacting hundreds of thousands of children each day. This epidemic extends well

beyond the home and permeates the school environment as one of the most significant challenges educators face today.

Mental Health Concerns. Educators are increasingly aware of the problem behavior challenges present in the school setting and how they are directly tied to and correlated with mental health disorders. According to the Center for Disease Control (CDC, n.d.), data on children's mental health includes information that 9.4% of children ages 2-17 have an ADHD diagnosis, 7.4% of children ages 3-17 have a diagnosed behavior problem, 7.1% of children ages 3-17 have diagnosed anxiety, and 3.2% of children ages 3-17 have diagnosed depression (see Figure 1).

Figure 1

Depression, anxiety, behavior disorders, by age.



Note. Centers for Disease Control (n.d.) information on children's mental health

Depression and anxiety diagnoses have increased over time, and the onset of major mental illness can occur as early as seven years old; and sadly, the majority of

youth will not receive treatment or may have significant delays between the onset of symptoms and treatment (Swick & Powers, 2018). Findings in the study by Merikangas et al. (2010) showed females were more likely than males to have anxiety and mood disorders. Anxiety disorders were the most common in youth (31.9%), and the median age for onset of anxiety was age 6, a median of 11 years old for behavior problems, a median of 13 years old for mood disorders, and a median age of 15 years old for substance use disorders. These findings are the first of their kind in the prevalence of a wide variety of mental health disorders in adolescents. Approximately one in every 4-5 youth meets the criteria for a mental health disorder. Likely, mental health issues emerge first in childhood, making early identification and intervention critical (Merikangas et al., 2010).

Several studies outline the challenges of providing high-quality mental health to youth, and Swick and Powers (2018) found that untreated mental health conditions can impact attendance, cognitive abilities, ability to focus on the classroom, lower math and reading scores, higher retention rates, more likelihood of dropping out, greater risk of initiating substance abuse, sexual activity, and violence. Unfortunately, 60% of rural Americans live in a mental health shortage area. More than half of all rural counties in the United States of America have no psychiatrist, psychologist, or social worker.

It comes as no surprise to educators that a social-emotional curriculum helps students achieve better emotionally in the classroom. Still, research by Durlak, Wiessberg, Dymnicki, Taylor, and Schellinger (2011) found that schools with mental health programs have average achievement test scores, such as those in reading and

mathematics, that are 11 percentile points higher than those schools that do not provide such programs. Education outcomes, especially academic outcomes, are at the forefront of policymakers' decisions. Much of what is behind legislation like the Every Student Succeeds Act or ESSA is federal legislation that requires local and state education agencies to be held accountable for academic progress. This research is good news and reinforces the mindset that meeting basic needs, such as mental health, truly positively impacts academic gains. So, when a school provides its students with robust mental health services, performance improves significantly, both emotionally and academically. It can also help prevent mental illness—and change children's and families' lives (Desrochers, 2015).

The Brain and Learning; Fight, Flight, or Freeze. The brain is a complex organ that impacts decision-making and regulates necessary life functions such as breathing. Interestingly, a child's brain is more malleable than that of an adult, so changes both positive and negative can have an enormous impact on a child's development. Essentially, the child's brain's malleability is a positive trait. Still, when looking at this trait through the lens of educators' challenges in this section, the malleability is not positive when a child is exposed over and over to complex trauma.

According to Plumb et al. (2016), extreme adversity changes the child's brain chemistry and structure. In reality, however, stress is not always a bad thing in the developing brain. For a child with a structured yet positive home life, the stress placed on their brain would be predictable, moderate, and controlled; therefore, the child would develop resilience. However, in an unstructured and toxic home environment where the

stress is unpredictable, severe, and prolonged, the child will likely develop an acute vulnerability to the body's stress response. Therefore, the malleable brain changes for the worse due to the home's toxic stress levels due to the brain's malleability.

When learning about the brain and its impact on a child's life, it is essential to understand how the brain develops and when crucial structures are directly affected by childhood trauma. The limbic system, midbrain, and cerebral cortex are all impacted. The limbic system is responsible for emotional control, heartbeat, and physical balance and is also the portion of the brain responsible for the fight, flight, or freeze response. In her book *Emotional Poverty*, Ruby Payne (2018) shares how the limbic system includes the amygdala and hippocampus. This portion of the brain works with the brain stem to create our emotions. The limbic system will over-fire when stressed due to a sensitivity to trauma. If trauma occurs during the development of this part of the brain, a person's stress response, ability to interpret social cues and language, wake, sleep, breathe and relax, and sexual behavior may be affected.

Prolonged complex trauma during childhood may cause the child to experience an extended stay in the brain's limbic portion. A child in school who has experienced prolonged trauma may experience either a hyperaroused brain or hypoaroused brain, resulting in their brain remaining in constant fight, flight, or freeze mode, causing other higher-order functions to become secondary in importance. During this time, the child's body becomes primarily concerned with survival and self-preservation, and learning, academic performance, and appropriate behavior will no longer be of importance to them.

They are actually in the survival portion of their brain, which instinctively has them in the fight, flight, or freeze mode.

The body's physiological response to stressful situations can include various body temperature changes, changes in breathing response, and other physical symptoms such as headaches, stomachaches, and difficulty sleeping. The circuits involved in regulating emotion are highly interactive, with "executive functions" essential for learning.

Executive functions include brain activity, such as planning, judgment, and decision making (Malow & Austin, 2016). When in the survival mode (fight, flight, or freeze), executive functions are significantly impaired because the child is in the limbic, or survival, portion of the brain. According to All About Executive Function (ASCD, n.d.), the executive functions are a set of processes that all have to do with managing oneself and one's resources to achieve a goal. It is an umbrella term for neurologically-based skills involving mental control and self-regulation.

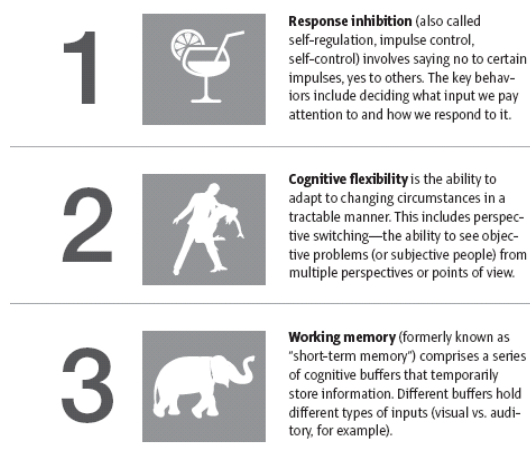
What is concerning, given this information about how the limbic system works, is that the more children spend in this portion of their brain, the more quickly they may operate there regularly (Plumb et al., 2016). The more time they spend in the limbic system in the fight, flight, or freeze mode, the more normal it becomes. It becomes increasingly challenging for them to use the cortex and pre-frontal cortex to develop thoughts and ideas and control impulsivity or the brain's controlling executive functions. Three components define executive function, as seen in Figure 2. Understanding everything happening inside of a child's brain becomes a challenge for educators who may be unaware of the toxic levels of trauma that this child has been exposed to for many

years or do not realize that the child is in their lower levels of the brain (limbic system) continually. When a child's brain develops under toxic stress, without appropriate interventions, the brain will need to remain in survival mode at all times, and the child cannot discriminate between safe and unsafe environments due to the unpredictable nature of the events that traumatized them in the first place (Plumb et al., 2016). Knowing that the level of need is likely beyond their expertise or knowledge gained through a teacher or administrator licensure program, it becomes apparent to educators that those with differing degrees such as Licensed Mental Health Providers (LMHP), Masters of Social Work (MSW), or Board Certified Behavior Analysts (BCBA) are an essential part of the intervention system for children exposed to toxic levels of trauma or mental health illnesses. Unfortunately, Licensed Mental Health Providers School Social Workers or Board Certified Behavior Analysts are rarely

Figure 2

Executive function.

The exact definition of executive function is controversial, but most researchers agree it has three core elements.



Note. The definition of executive function from Medina (2018.)

on the staff in a school building, and if they are a part of the support system, they may only be on-site a few hours per week in smaller school districts. This is a great challenge for Nebraska school districts, especially those in the state's rural locations. The literature reviewed for this project did not specifically address this concern; however, informal interviews with school administrators over the years have revealed that employing LMHPs or BCBAAs are not standard practices for school districts, especially in the era of limited financial resources and over-reliance on property taxes to fund school systems.

Educator Preparedness in Emotional Dysregulation. Children's education is a very personal endeavor and something that takes a lot of time and patience. Educators are naturally kind and encouraging people who genuinely want to make a difference in the world. The important task of overseeing effective educational practices and ensuring their school district's mission, including all students' education, is carried out by school administrators. However, sometimes administrators may feel inadequately prepared to address the challenges of working with students with emotional dysregulation and supporting teachers in their endeavors. According to the Nebraska Department of Education (2018), one of the general requirements to receive your administrative certificate is to submit evidence of special education training for an entry-level Nebraska Administrative certificate. This course is a widespread course on special education and does not necessarily spend a lot of time teaching emerging administrators how to educate children with emotional dysregulation.

On occasion, school leaders may feel helpless to maintain order and the safe education of all students in their school buildings while ensuring *every* student receives a

great education. Although Nebraska administrators have received some training on working with crisis situations, many times, resources seem limited; and it seems to many administrators that the levels of escalated behaviors have increased over the past few years. The Nebraska Department of Education recommends that each school district have a policy for restraint and seclusion (Nebraska Department of Education, 2010). Many districts have annual professional development in place for de-escalation strategies and when to safely restrain and seclude students in the instance where there is imminent danger to the student or others. Unfortunately, there is not a requirement as part of teacher or administrative certification programs to learn about crisis situations for students with emotional dysregulation.

Many colleges offer sections in their courses on this, but in Nebraska, learning how to de-escalate students is not a requirement as a stand-alone class to receive your administrative or teaching certificate. Students with emotional dysregulation make up only a small percentage of the total population of students. Still, it appears that they take up the most significant amount of administrative time and resources. To compound this problem, administrators may feel unprepared for the intensity and rigor students with emotional dysregulation pose in the school environment, not to mention the rigor and expectations placed in an environment where the expectation is a high-quality education for *all* students.

Imminent Danger to Others; Restraint and Seclusion. In 2009, then U.S. Secretary of Education, Arne Duncan, sent a letter to chief state school officers to put policies in place that give guidance to school personnel on restraint and seclusion

(personal communication, 2009). When students become increasingly aggravated or violent, school personnel will occasionally turn towards restraint and seclusion to prevent further injury to themselves or other students. However, there have been severe injuries throughout recent history and, sadly, even deaths across the nation when personnel has used restraints or seclusions on students with emotional dysregulation.

According to the Nebraska Department of Education technical assistance document, *Developing School Policies and Procedures for Physical Restraint and Seclusion in Nebraska Schools* (2010), there is an almost universal agreement among parents, protection and advocacy organizations, as well as education professionals to minimize restraints and seclusions. Meaning that if there is no restraint or seclusion, there is an immediate risk of injury to someone, and then it is only used briefly until the student's behaviors calm. Many school districts have policies to outline the training, occurrence, and communication about restraint and seclusion in school settings. There is no state law in Nebraska requiring these policies. Still, there is a strong recommendation from the Nebraska Department of Education and legal counsel to have these policies in place for serious injury to self or others.

Principals and other school administrators play an important role in supporting and assisting teachers in all facets of the educational environment. According to Gordon (2013), leadership in a school environment is second only to effective teaching in determining how well students learn in the school setting. At times children bring the invisible backpack of challenges from their home environment or personal mental health struggles. The administrator's leadership and the support they give teachers can impact

both the student experiencing emotional dysregulation and the other students in the classroom and the school environment.

Remaining Regulated in the Chaos of Emotional Dysregulation. In her book, *Help for Billy*, Forbes (2013) shares that some students have a "talent" for moving a teacher to their most profound, darkest, and most raw emotional states. However, this is never a reason for a teacher to unleash their dysregulation back onto a student or into the classroom environment. One of the challenges educators face in working with students with emotional dysregulation is that when they cope with the student's trauma, it can be draining and have lasting adverse effects on the educator. It is not uncommon for educators who deal with traumatized children to develop traumatic stress symptoms, known as secondary trauma (TSA, n.d.).

Payne (2018) states that in her book *Emotional Poverty*, who you are at your deepest emotional level is your inner self, which is the motivation for good behavior. However, as Forbes (2013) stated, the teacher or administrator must never connect their self-worth and effectiveness to a student's behavior. The education of *all* students *every* day as teachers or administrators' core mission and beliefs positively impacts school climate and culture. However, sometimes *all* means that educating students who can be verbally or physically aggressive to themselves or others can be exhausting and sometimes creates teacher burnout. Self-care for teachers and administrators is vital and a critical component to avoid becoming a victim of the challenge of secondary trauma.

Researchers and practitioners alike identify challenges that come with educating children with emotional dysregulation. These students come to school with intense needs

and brain chemistry that has already been altered either by toxic stress or mental health issues; however, there is hope. The next section of this literature review will discuss simple, evidence-based strategies that can help reverse some of the toxic stress that causes the child's brain to remain in the limbic system and in what seems to be a constant state of emotional dysregulation.

Evidence-Based (High-Yield) Strategies and Emotional Dysregulation

A teacher is the most crucial influencer and impact maker in the classroom. The administrator is the second most important influential factor in a child's education. Therefore, the relationship between what teachers experience in the classroom and how school administrators intervene directly impacts classroom climate and student learning. Research shows that biologically humans are designed to be in a relationship and be in a community (Forbes, 2013). That relationship is a huge factor in all areas in an educational environment, especially for students who have emotional dysregulation.

Positive Behavioral Interventions and Supports (PBIS). School districts must examine the strategies they are using to support all students in social-emotional needs. Although the students in a state of emotional dysregulation divert our attention to them when helping them regulate their emotions, all children have emotions and need support as their brains are being developed and benefit from a robust approach to positive behavior. Positive Behavioral Interventions and Supports (PBIS) was added to the Individuals with Disabilities Education Act in 1997 and is a way to address behavioral needs and emotional disabilities proactively. PBIS is an evidence-based framework for

improving school climate, reducing problem behaviors, and maximizing instructional time (McDaniel et al., 2018).

When implementing PBIS, school districts identify a leadership team of administration, faculty, and staff to attend PBIS training and oversee implementation. It is a three-tiered system of support that has been executed by more than twenty thousand schools nationwide. The first tier of PBIS involves behavioral interventions on a school-wide level. The second tier involves children working in small groups with more focused interventions. The third tier is when children receive individualized and personalized interventions (Plumb et al., 2016).

Within this research study, emotionally dysregulated students are typically at a tier-three level of PBIS supports. Students at a tier-three level of support are the smallest percentage of students and need the most intensive services due to the severity of emotional dysregulation. When some high-need students reach this support level, there needs to be a safety plan in place. These students need emotional triage (Payne, 2018), where adults are aware of emotional motivators and payoffs for anger, resentment, rage, avoidance, and anxiety. It is vital to do triage daily with these students. These are the students that when kicked out of school, nothing stops them from coming back to the school and expressing their anger and rage in situations of extreme violence.

The young man who killed 17 individuals at Marjory Stoneman Douglas High School on February 14, 2018, had his father die in 2004 and his mother's death three months before the shooting. His high school administration kicked him out of school for his behavior, and in rage, shame, and anger, he killed (Payne, 2018). It makes one

wonder, had he had a triage team that was monitoring him and helping him through his anger and rage, the results of that fateful Valentine's Day may have been different for 17 people and the loved ones they left behind. It is a terrible reminder of the importance of relationships and high-level triage for students who need to have safety plans in place by school personnel and community wraparound services.

Some school districts have extreme disciplinary practices and are still using some of the "zero-tolerance" policies. According to the *Zero-Tolerance* (2013), zero tolerance refers to school discipline policies and practices that mandate predetermined consequences, typically severe, punitive and exclusionary (e.g., out of school suspension and expulsion), in response to specific types of student misbehavior—regardless of the context or rationale for the behavior. Research has discovered that these types of policies are ineffective. According to Green, Maynard, and Stegenga (2017), suspensions can reverse student discipline, where suspensions may reinforce the inappropriate behavior and lead to future suspensions.

These current disciplinary practices and policies in schools, such as zero tolerance, seem to have increased students' vulnerability to discrimination in schools (Krezmien, Leone, & Achilles, 2006; Losen, Hodson, Keith, Morrison, & Belway, 2015). The harsh disciplinary practices in educational/school systems can be re-traumatizing for individuals who already enter these systems with significant traumatic histories. Educators must teach to the whole child and not from a punitive approach. Positive reinforcement and similar behavior management techniques are accommodations that

should be considered no different than making aisles in the classroom wider for a student in a wheelchair (Maag, 2020).

As an initial step of implementation, district and school personnel should evaluate discipline policies and reflect on their effectiveness, keeping those that are high-yield strategies and eliminate those that are not. Suppose there are still "zero-tolerance" policies in place. In that case, the school will want to rethink their approach and consider using a PBIS approach to reward students for positive behavior, which is more effective than punitive discipline measures. Consequences should be logical instead of punitive; they should be respectful and should never involve humiliation, and always should be nonviolent.

PBIS fits within the Multi-Tiered Systems of Support (MTSS) framework that school district personnel utilize to identify and intervene for their students' academic and behavioral needs. PBIS and MTSS are not interchangeable, but they systematically increase support as data collection determines. According to Malow and Austin (2016), Positive Behavioral Intervention Supports (PBIS) has called for students to be taught, supported, and surrounded with social-emotional learning (SEL) practices at the individual and environmental level. PBIS frameworks support high-level strategies.

There are multiple things that a school can do to ensure that high-yield strategies are in place to help students all along the PBIS continuum. Many resources are available either free or low-cost, and implementation of a PBIS process at any level of education can be in all likelihood neither difficult nor cost-prohibitive.

Social-Emotional Learning (Tier 1, PBIS). When implementing the first tier of PBIS at a school-wide level, one of the best high-yield strategies for all children, including those with emotional dysregulation, is implementing an evidence-based high-yield Social Emotional Learning, or SEL curriculum. According to Low, Smolkowski, Cook, and Desfosses (2019), social-emotional skills, such as understanding and regulating emotions, problem-solving, and prosocial behaviors, have been identified as salient predictors of school success. When we implement SEL programs at the school level, we can address a variety of skills that may include emotional processes, such as emotional management or regulation; prosocial skills to support successful peer interactions, such as problem-solving, conflict resolution, or character education; skills for learning, such as how to listen, focus, follow directions, and ask for help; behavioral skills to replace aggressive behavior with prosocial actions; and cognitive skills to improve executive function, attention, inhibitory control, working memory, and cognitive flexibility (Low et al., 2019).

A meta-analysis conducted by Durlak and colleagues (2011) of over 270,000 participants added to the expanding empirical research of how social-emotional programs positively impact the school setting. Their findings document that SEL programs yielded significant positive effects on targeted social-emotional competencies and attitudes about self, others, and school. The study also concluded that teachers and other school staff effectively implemented SEL curricula in their classrooms. The implementation of SEL was successful in the primary grades and the intermediate and secondary grades.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) is an organization with over two decades of research on how SEL leads to improved academic outcomes and can have long-lasting positive implications. The new 2020 definition of SEL as outlined by the President & CEO of CASEL, Karen Niemi includes:

Social and emotional learning (SEL) is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (Niemi, n.d.)

According to the CASEL website, the return on investment is profound, as the average return on investment for six SEL programs studied was a return of \$11 for every \$1 spent. It can increase economic situations and make a lifelong impact. According to Karen Niemi, the president of CASEL, given the uncertainties and challenges of today's world, our education systems should prioritize SEL to build healthy relationships, engage students and support adults to contribute to more equitable schools and communities (Niemi, n.d.).

One of the most widely used SEL programs in the United States of America is *Second Step*, published by the Committee for Children. Research conducted by Low et al. (2019) showed that students participating in Second Step SEL curriculums outperformed students in control schools on measures of emotional symptoms and hyperactivity, regardless of their pre-test scores. Second Step was more beneficial in reducing rather than preventing problem behaviors. With low-cost/easy to use programs on the market for school leaders to improve social-emotional learning, it has become beneficial for school personnel to take a portion of the daily school schedule and devote

the learning away from the “Three R’s (Reading, wRiting, and aRithmetic).

Implementing an SEL or social-emotional learning curriculum allows educators to focus on the whole child, understanding that social-emotional learning is part of the basic needs students must have to help the academic standards take hold and flourish. If a child is not regulated emotionally, it is challenging for the child to learn. Effective SEL curriculums help lay the foundation for educating the whole child and setting children up for long term success. SEL is a high-yield strategy that can help ALL children, including those with the most significant emotional needs.

School systems recognize the need to integrate SEL curriculums into educational programming for students to foster resiliency development. Resiliency reflects the degree to which an individual’s resources match or exceed their reactivity to internal or external stress. Resiliency, thought to be a characteristic of normal development, enables everyone to hold an attitude of optimism and basic trust during times of uncertainty (Malow & Austin, 2016).

Mindfulness (Tier 1 PBIS). Another tier one intervention that is a little newer on the educational landscape is that of teaching mindfulness. Mindfulness activities represent another strategic way to bring Social Emotional Learning (SEL), part of PBIS, into school districts. With the implementation of federal policy such as No Child Left Behind (NCLB) or what is now called Every Student Succeeds Act (ESSA), schools have in many ways become somewhat of a more stressful place to learn with increased demands and accountability practices. Although these practices help create learners with more knowledge when graduating from secondary institutions, it can also cause struggles

for those who have a hard time remaining in the thinking rather than the brain's reacting portion. When children come to school expected to achieve academically with a brain living in a state of toxic stress, these high demands can cause them to display emotional dysregulation. Well-intentioned educators may be forcing the student further into their limbic systems by the levels of academic demands placed on the brain. It is in the limbic system where the brains maintain a fight, flight, or freeze response. According to Malow and Austin (2016), approximately 30% of all students suffer from test anxiety, with children as young as seven years old registering a complaint with this in the school setting. To help with this stress in the school that may be in part from the stress they bring from home in their invisible backpack, meditation in general and mindfulness is explicitly designed to direct the individual's thoughts with the goals of

1. self-regulation and awareness
2. directing internal and external attention
3. metacognition
4. the development of a non-judgmental attitude (Malow & Austin, 2016).

Mindfulness delivered in the school setting supports the notion of positive psychology, and research has come out in support of the implementation of mindfulness activities in school settings. Harpin, Rossi, Kim, and Swanson (2016) conducted a single pilot study in an urban elementary school, and their findings were promising on the effectiveness of mindfulness in the elementary school. Both students and teachers in the treatment group reported increases in positive classroom behaviors, emotional regulation, and academic achievement after receiving Mindfulness instruction. Those students who

participated in Mindfulness saw dramatic increases in those classroom behavior outcomes and saw other tangible positive increases over the control students (Harpin et al., 2016).

Positive psychology, based on cognitive theory, employs structured interventions to build resiliency to buffer emotional dysregulation symptoms, and positive psychology concepts are consistent with mindfulness. Results of the investigation by Malow and Austin (2016) demonstrated a significant increase in student's self-reported resilience, measured as optimism, self-efficacy, and adaptability, as well as a decrease in student's vulnerability, measured as sensitivity, recovery, and impairment after only six weeks of implementation of a mindfulness curriculum.

Two specific mindfulness curriculums with documented success in schools are *Quiet Time* and *Mind UP*. Proponents of *Mind Up* found that having children focus on their breathing can calm their emotional storm, and by starting the day off with a 15-minute meditation, students get a break from all the pressured activity in their lives. Another curriculum to help with mindfulness is *Learning to breathe: A Mindfulness Curriculum for Adolescents to Cultivate Emotion Regulation, Attention, and Performance*. To measure the improvements made in resiliency, researchers in the study by Malow and Austin (2016) used *Resiliency Scales for Children and Adolescents* as a resource to help measure resiliency in students who participated in this study. The study results indicated a statistically significant improvement from the pre-test to the post-test to assess students who participated in a mindfulness curriculum.

Mindfulness training is a research-based intervention that can be easily implemented in the classroom with documented effectiveness in reducing stress and

anxiety. It is a high-yield strategy that school personnel are just beginning to learn about and the impact of its implementation in the school settings (Malow & Austin, 2016). Mindfulness curriculums can positively impact keeping students in the cortex and pre-frontal cortex portions of their brains and out of the limbic system to optimize learning. When a student is experiencing a negative environmental situation, resiliency, flexibility, and resourcefulness from mindfulness help keep them from their anxieties and minimize the symptoms. Meditation and mindfulness help with many things, including self-regulation, awareness, directing internal and external attention, metacognition, and encouraging the mind to have a positive attitude. Mindfulness is a tool that can help students recognize their emotions; it is the deliberate act of paying attention to the moment while withholding judgment. For several years, medical providers implemented mindfulness strategies, dating back to the Langer, Janis, and Wolfer (1975) study. Mindfulness practices occurred in a pre-surgery setting to calm patients in a medical setting. Implementing mindfulness creates a sense of psychological well-being. Mindfulness strategies are also useful in educational settings, as research has shown these strategies increase a sense of psychological well-being in that environment. A mindfulness program helped improve students' focus and helped increase their perception of resilience. Students appeared more centered and less anxious after participating in the mindfulness exercise (Malow & Austin, 2016).

Financial restraints in school districts have been a barrier to implementing some of these types of interventions. Still, the mindfulness curriculums used in the study by Malow and Austin (2016) were low-cost, easy to implement, and had documented

effectiveness in reducing stress and anxiety in an environment that has become increasingly stressful due to state and federal demands for accountability within the school systems. State standards are essential pieces to a child's education, and the accompanying assessments are helpful to measure academic progress. Still, a mindfulness curriculum paired with academic accountability is an added tool for our educators to implement in educating the whole child.

Good Behavior Game (Tier 1 PBIS). The Good Behavior Game (GBG) is another tier one intervention that is a behavior management strategy that was initially developed in 1969 to reduce problem behaviors in an elementary classroom. It uses interdependent group-oriented contingency, where everyone relies on their team to earn points when positive classroom behaviors are displayed. GBG is a behavioral vaccine, and many studies over time show its effectiveness. A large-scale research study found positive long-term impacts of the intervention on aggressive and disruptive behaviors. It indicated a substantial reduction in problem behavior and increased prosocial behavior for participating students (Bowman-Perrott, Burke, Zaini, Zhang, & Vannest, 2016).

Major components of the GBG include: (a) assigning students to teams, (b) giving points to teams that exhibit inappropriate behaviors, and (c) rewarding the team that accumulated the lowest number of points. Modifications of GBG include: (a) rewarding appropriate behaviors, (b) adding a merit system for simultaneously promoting academic engagement, (c) adding a behavioral intervention, (d) including a self-monitoring component, (e) examining the impact of not using teams, (f) investigating the effect of using independent and dependent group contingencies, and (g) allowing

individual students to earn points (Bowman-Perrott et al., 2016). It is a nearly no-cost intervention easily implemented in multiple settings.

Many strategies, such as the GBG that are low-cost and easy to implement, may not be aligned with the research studies' fidelity. According to Nelson, Cordray, Hulleman, Darrow, and Sommer (2012), intervention fidelity is the extent to which an intervention's core components have been implemented (and differentiated from control conditions) as planned. The fidelity for GBG is also easy to monitor because studies have shown that there does not seem to be an adverse effect on the level of training received by educators who implement this intervention. Both elementary and secondary students see a reduction in behaviors when using nearly any version of the GBG. The particular study by Bowman-Perrott et al. (2016) found a more significant reduction in problem behaviors with more frequent reinforcement. The more often the participants were rewarded, the greater the outcome.

Check-In/Check-Out (Tier 2 PBIS). At times, students will not respond to tier one interventions. So it is necessary to go to a higher level of intervention along the continuum and utilize a tier two intervention. Check-In/Check-Out (CICO) has emerged as a model tier two intervention for students who do not respond to universal, preventative methods of addressing problem behaviors. CICO's premise is to provide students with more frequent and structured access to positive consequences, contingent on the demonstration of appropriate behaviors. It is a research-based intervention designed for students who display nonthreatening, conduct-related challenging behavior (Maggin, Zurheide, Pickett, & Baillie, 2015). Components of CICO include:

1. clearly defined behavioral expectations that build on school-wide expectations,
 2. a structured mechanism to provide frequent feedback on social behavior,
 3. increased opportunities for contingent reinforcement, and
 4. positive social interactions between students and adults in the school
- (McDaniel et al., 2018).

According to Maggin et al. (2015), there are five core components to CICO. These include:

1. The morning check-in during which the target student meets with a school faculty member and receives positive, non-contingent attention and encouragement to meet the specified behavioral expectations.
2. The daily behavior point card, given to the student during the morning check-in, provides school personnel with a means to monitor the extent to which students are meeting the behavioral expectations.
3. Structured teacher feedback is provided to students throughout the day at regularly scheduled intervals and delivered through verbal interaction and point card ratings.
4. The positive adult reviews the student's point card during the afternoon check-out to determine the percentage of points earned with a reward such as verbal praise or a small tangible item delivered contingent on whether they met their goal.

5. A home-school collaboration component in which the student carries home their point-card signed by the parent or guardian.

As school district personnel are looking for low-cost interventions that will not put additional stress on their taxpayers, CICO is another very low-cost initiative implemented in a school setting with little to no cost or formal professional development. McDaniel et al. (2018) showed that the CICO intervention's critical point is between lower and upper elementary, at approximately third grade. The research conducted by the team of Maggin et al. (2015) discovered that CICO is most appropriate for students seeking adult or peer attention. The research results indicate that the CICO program is an impactful intervention when used directly to address the students' behavioral function, especially when that function is attention-seeking.

Functional Behavioral Assessment (Tier 3 PBIS). To determine the function of a behavior, the educational decision-making team must conduct a Functional Behavioral Assessment or FBA. Research by Anderson, Rodriguez, and Campbell (2015) has shown that one critical factor, the function of the problem behavior, plays a role in the effectiveness of Tier 2 interventions for individual students. Still, typically an FBA is not completed until a student reaches tier three interventions. An effective strategy is to conduct an informal FBA before implementing CICO to ensure that the function of a child's behavior is genuinely attention-seeking and maximize the potential of the intervention being successful. Functional Assessment is often the primary tier-three approach for addressing significant behavioral issues in children and youth. Still, the

researchers recommend doing an FBA sooner than tier three of the PBIS pyramid (Wehby & Kern, 2014).

FBA is an umbrella term used to study the variables that impact a student's behavior, both positively and negatively, and study the environment in which the behavior occurs. The federal mandate Individuals with Disabilities in Education Act (IDEA) passed in 2004 made FBAs more commonplace in schools. The demands of treating behavior as communication lead educators to determine the functions of behaviors or what students are "getting out of" (the behavior) to select the most appropriate intervention (Anderson et al., 2015). There is much research about the effectiveness of FBAs in the school setting in determining the function or purpose of the problem behavior and, in turn, developing effective interventions.

A functional assessment process is a problem-solving approach that relies on selecting relevant environmental factors in identifying the primary motivations for problem behavior and using that information as the centerpiece for developing an individualized behavior intervention plan. Functional assessments typically identify a purpose (function) of a specific problem behavior typically categorized into either positive function such as attention or tangibles or negative attention such as escape or avoidance (Wehby & Kern, 2014). There are two types of FBAs: indirect (informal) and direct (formal). Indirect, informal methods include information gathered by an informant, non-direct observation, interviews, checklists, and rating scales. Formal FBAs involve direct observation and potentially manipulating the environment to elicit a response to determine the function of behavior formally. The formal process uses more

of the ABC assessment, where an Antecedent, Behavior, and Consequence is determined. Descriptive methods of FBAs are more likely to be conducted by teachers in classrooms, while researchers or school psychologists will more likely conduct the functional analyses. The use of FBAs by teachers is much different than what is used by researchers, as educators rely primarily on interviews and rating scales when conducting FBAs (Anderson et al., 2015). The informal FBA is useful for tier 2 intervention selections. Still, when you get to tier three interventions and the intensity of problem behaviors increases, it is essential to utilize someone trained in a formal Functional Behavioral Analysis.

In the book *Understanding Applied Behavior Analysis*, Kearney (2015) outlines steps on analyzing behavior using an FBA process properly. Step one is to operationalize the behavior by recognizing the behavior of concern in a manner where the behavior is described explicitly by the person conducting the FBA. Operationalizing behavior allows the person conducting the FBA or the team of individuals working with the student to define specific goals that the team wants the youth to improve in terms of their behavior.

The second step in the process is to find the baseline, or how often the child performs the target behavior under typical circumstances. This will allow the team to determine where to base the beginning portion of the goals that they will set. The third step is to identify the antecedents, or things that consistently happen right before the behavior occurs. In the fourth step, the person conducting the FBA needs to determine where the target behavior is occurring and the time of day that the behavior is happening. The next step is to note when the behavior occurs to determine if this is part of a

recurring event. Step six is to identify the consequences or what happens immediately after the behavior, typically known as what the youth is “getting out of” the displayed behavior. Are they able to avoid an unpleasant task, are they getting attention from someone else, or are they getting sensory input from the behavior? Once this information is collected, the FBA shifts into the plan, or the Applied Behavior Analysis (ABA) portion of the problem-solving plan (Kearney, 2015)

Applied Behavior Analysis (Tier 3 PBIS). Applied Behavior Analysis (ABA) is a tier 3 PBIS approach to changing behaviors that can have real-life application based on the function of the behavior outlined in the FBA section. It uses a problem-solving model of improving behaviors by relying on information gained from an FBA. When the information obtained on the behaviors' function shows the antecedents that happen directly prior, and what consequences or what the youth is getting out of the behavior is determined, educators can develop a plan to improve behaviors. ABA is the “so now what” that follows an FBA. First, the team uses the FBA to identify positive reinforcers and adverse stimuli contributing to the behavior, either increasing or decreasing in likelihood. One way that a team can determine appropriate reinforcers, as nobody will have the same preferences, is to complete reinforcement surveys. The reinforcers must follow the positive behaviors immediately for best practice, and reinforcers will be given frequently at first (Kearney, 2015).

Once reinforcers are determined, the team needs to plan a program and develop goals for the behaviors and specific interventions to increase the likelihood of diminishing the problem behaviors. ABA is experimentally based, and so the

programming can be individualized and unique to each student. Selecting evidence-based practices is encouraged, but students do not need to have precisely the same goals, interventions, and reinforcers. Data will need to be collected, starting with the baseline data collected during the FBA. The same data needs to be collected to measure how effectively the program is working for the student. If the behaviors are not improving, then the plan will be evaluated and adjusted as needed.

ABA therapy is a well researched and evidence-based intervention used in working with students with emotional dysregulation. When a search for “applied behavior analysis” is entered into ERIC ProQuest, over 2,000 peer-reviewed scholarly journals are retrieved. Most of these studies come from the *Journal of Applied Behavior Analysis*. One article in particular by Trump et al. (2018) emphasizes that ABA has long served a crucial role in special education students' programming. Its procedures have been well established in the research literature and are an evidence-based practice for students with disabilities and their non-disabled peers. ABA complements any educational endeavor. It places the learner front and center within intervention while demanding that educators are accountable for individualized student instruction that supports students in achieving a high quality of life within the school setting and beyond (Trump et al., 2018).

Cognitive Behavior Therapy (Tier 3 PBIS). Another option for treating student needs is bringing specific and targeted mental health staff and programming onto school campuses and providing cognitive behavior therapy. According to Kearney (2015), cognitive behavior therapy (CBT) refers to many psychotherapy types that emphasize

trying to help clients deal better with their problems by changing how they think or talk to themselves about things. It is a counseling type that focuses on changing thought patterns and using problem-solving skills to cope with difficult situations. When mental health professionals can assess and treat youth mental and behavioral issues on school campuses, it reduces barriers to traditional referrals out to the community (Mishna, Muskat, & Cook, 2012). From 20%-30% of youth in schools, today have emotional dysregulation or mental health concerns on some level. For the most significant population, mental health supports can provide a critical intervention (Centers for Disease Control, n.d.). Unfortunately, according to Swick and Powers (2018), school districts and community agency leaders often function in isolation rather than in partnership with one another. By partnering with each other, school and mental health providers become much more likely to positively serve students and families through the tier 3 intervention known as cognitive behavior therapy.

Trauma-Informed Schools. Some critics of PBIS believe that it does not address the root cause of negative classroom behavior or the impact of complex trauma on the developing brain. Punishment is not an ideal way to correct or help a child overcome the impact of trauma and enable learning in school. A trauma-sensitive school is needed to address the underlying causes of inappropriate classroom behavior. Students need to be taught pro-social skills in the school setting. In a trauma-sensitive school, there are five core components:

1. training faculty and staff on the impact and prevalence of trauma,
2. trained on the basic biology of trauma,

3. trained on ACES,
4. focus on building healing relationships, and
5. facilitating student empowerment and resiliency (Plumb et al., 2016).

A system of care, such as wraparound services, for students and their families, involves a team-based approach that coordinates a wide range of services based on students' needs. Wraparound services: (a) development teams with representatives from various community supports who collaborate on an intervention plan; (b) a focus on the student's strengths that can be enhanced; (c) an individualized plan to meet the needs of a specific student and his or her family; and (d) measurable outcomes that educators can use to monitor, revise, and evaluate the effectiveness of the plan (Wehby & Kern, 2014). Well-developed programs focused on student mental health can also shine a light on policies and practices that may be harmful to students, educating school board members, departments of education, and lawmakers (Strompolis et al., 2017). The book *Help for Billy* (Forbes, 2013) outlines some other successful ideas that educators implement to have a trauma-sensitive approach. One example was guidance staff regularly conducted home visits to encourage attendance and deepen the understanding of students' home environments. Another practical approach is where administrators have begun rethinking in-school suspension environments and are creating spaces that meet students with emotional and academic support, which helps reduce out-of-school time.

Low-Cost and Easy to Implement Interventions. Ruby Payne's latest book, *Emotional Poverty in All Demographics* (2018), gives excellent practical examples of techniques that can be used with little or no training or financial commitment to help

calm children in crisis. Calming techniques outlined in this resource include offering a drink of water that can help the body metabolize cortisol; developing a future story about what the children want to do, be, and have at age 25; tapping and touching such as holding a child's hand as a calming shield; having the child look up by making eyes go upward, which can provide calm because the eyes are processing visual information; breathing techniques to increase calm body, and patting heart and stomach (Payne, 2018). Another exceptionally simple intervention to implement that costs a district zero additional taxpayer dollars is positive greetings at the door. A study conducted by Cook et al. (2018) showed that a simple intervention of positively greeting students at the door when they arrived in class made significant improvements in students' in-class engagement and disruptive behaviors. Interventions to support students' social and emotional needs are plentiful, and many high-yield or evidence-based strategies are available. When schools implement these strategies with fidelity, the entire culture and climate of a classroom, school, and even district can improve, ensuring *every* student receives a solid education free from disruption, no matter the needs in which the students may bring in their "extra backpack."

Professional Development and Emotional Dysregulation

As previously stated, educators tend to be natural caregivers of others. While a beautiful trait, sometimes they forget to take care of themselves. (Forbes, 2013) Educators need to take care of their own physiological and emotional needs to be regulated and secure. It is also essential for educators to realize that emotional dysregulation in students is not a personal attack. Instead, the outburst serves as an

opportunity for adults to help a dysregulated child become regulated and back on track for learning. Many general and special educators do not receive formal and direct preparation of effective emotional regulation practices. Still, the expectation is that they educate ALL children, regardless of the trauma they arrive at school, within their invisible backpack (Myers, Freeman, Simonsen, & Sugai, 2017). These students who display emotional dysregulation require a significant amount of time and energy, often at other students' expense in the classroom. When teachers and administrators do not feel adequately prepared to educate the most challenging students, it is a recipe for many school system issues, including ineffective discipline policies and a high teacher turnover level. High-quality professional development is a must for all educators. The following literature review outlines professional development that would help teachers, administrators, and support staff to educate children with emotional dysregulation.

Adverse Childhood Experiences (ACEs). Continuing education for staff must be a priority to learn the latest and best practices to educate children affected by trauma or understand the adverse childhood experiences (ACEs). It is not uncommon in schools for children to experience trauma, which negatively impacts their emotional responses. Understanding ACEs is a way that will most effectively help end the cycle of childhood trauma and maintain high levels of job satisfaction, so the most talented educators are working with students who need them the most. A strategy outlined in the book *Help for Billy* (Forbes, 2013) that takes the educator to a place of empathy and understanding is to ask yourself what I can do at this moment (during a meltdown) to improve my relationship with this student? It is vital that we not judge kids who are mad when we

don't know why they are so angry. If we seek to punish before we understand, we only reinforce the bad behavior (Payne, 2018). The emotional dysregulation displayed is likely from trauma or adverse childhood experience that the child has either been through previously or is currently in the midst of their life. Understanding what is driving the behavior helps us better get to the root of the issue, be compassionate for what the child has experienced, and support them to get back on track in their learning.

Educators need to understand trauma, and they must understand the causal relationship between ACEs and behavior. However, it is equally important to be aware of the impact ACEs can have on school personnel. Educators themselves are not immune to the impacts of ACEs and need adequate support and self-care. School staff members are potentially vulnerable to secondary trauma effects due to interacting with traumatized children taking the life out on the adults each day.

Secondary Trauma and Educator Self-Care. Educators must recognize the importance of self-care. If they fail to do so, they will be susceptible to burnout, compassion fatigue, or the inability to respond to their students adequately. Self-care includes: physical fitness, seeking comfort in a friend, attending to spiritual wellness, and generally finding ways to relax or blow off steam (Plumb et al., 2016).

Self-care and brain research are two areas that school leaders must address through professional development. According to Wehby and Kern (2014), teachers and other school personnel feel inadequately prepared to work with these students and crave professional development to address these needs. When educators receive inadequate training on managing and supporting students with significant behavior issues, behavioral

issues, plus academic struggles, plus demands placed on the teacher from initiatives like the federal ESSA law can make for a stressful job with high levels of teacher burnout.

Emotional Dysregulation Training and Resources in Nebraska. For the last couple of years, the Nebraska State Legislature has entertained bills and amendments to address emotional dysregulation. In an email dated January 10, 2020, Dr. Mike Dulaney, Executive Director of NCSA, provided a summary of LB 147. Dulaney explained that this is an ongoing and extensively debated. This legislation would have authorized school personnel to use "physical restraint" to control a student. The bill also permitted a teacher to remove a student from the classroom for various prescribed reasons. The education community was united in its opposition to the measure, except for NSEA. The teachers' organization believed the measure was necessary to address violent situations in the classroom and provide school personnel protection (Dulaney, personal communication January 10, 2020).

These issues present real concerns to educators across the state of Nebraska and part of an ongoing debate in the state legislature about how to effectively address students with emotional dysregulation in the classroom while being met with the task of educating *every* student, *every* day.

The Nebraska School Mental Health Conference held each of the past three years in LaVista, Nebraska, and originated by Nebraska's Behavioral Health Education Center (BHECN). Steering committee partners lead the initiative with Educational Service Unit #3 and The Kim Foundation through at least 2021 (Nebraska School Mental Health, n.d.). The conference targeted at school personnel, mental health providers, and community

agencies working with children and families with emotional dysregulation supports those working with types of children outlined in this research.

Nebraska Positive Behavioral Interventions and Supports (NePBIS, n.d.) is an entity within the Nebraska Department of Education. There is a project coordinator and NePBIS and a website with information about how to get started with NePBIS, resources available, and information about NePBIS. The reasons to implement PBIS, according to the NePBIS website, include: it benefits all students, utilizes best practices, the approach to behavior management is positive and proactive, it fosters adult-to-student positive relationships, and it ties to the local school improvement process.

The Nebraska Autism Spectrum Disorders Network is another division of the Nebraska Department of Education, Office of Special Education. The ASD Network's purpose is to support Nebraska schools and families impacted by autism spectrum disorders. In addition to the five ASD Regional Coordinators, three ASD Network Behavior Analysts serve the state, and an ASD Network State Coordinator, housed at the UNL to coordinate the services of the ASD Network (Nebraska ASD Network, n.d.). Housed within the website are online resources and Autism Internet Modules that are free training available through a partnership with the Ohio Center for Autism, the Autism Society of America, the National Professional Development Center on Autism Spectrum Disorders, and the Geneva Centre for Autism.

Nebraska's six behavioral health regions sponsored by the Department of Health and Human Services provide leadership and resources for a system of care that promotes resilience and recovery for Nebraskans. The regional behavioral health organizations

partner with schools and community agencies to provide wraparound services for families who need supports beyond what the school can provide (Division of Behavioral Health, n.d.).

The Nebraska System of Care (NeSOC) is a framework for designing mental health services. It supports children and youth who have a severe emotional disturbance and their families through collaboration across and involving public and private agencies, families, and youth. It is a new way of doing business that brings together committed partnerships under one umbrella (Nebraska System of Care, n.d.). Through Nebraska Children and Families, this organization helps coordinate for families and caretakers the essential services available for youth with emotional dysregulation. The website includes the framework for NeSOC and their beliefs. It also includes a fact sheet that gives information about how other states have implemented a System of Care that has benefitted students and families struggling with emotional dysregulation. The NeSOC newsletter is released twice per year and provides information on upcoming training, professional development, and resources for educators, community providers, and families.

The K12 Student Engagement Project is a partnership with the UNL and houses online resources to help educators improve behavior and reduce exclusionary discipline. These resources are evidence-based and help support educators' competence to collect data to evaluate and support the students they serve. This project was also a partnership with the Nebraska Department of Education who widely disseminate materials at no cost to educators (Student Engagement Project, n.d.).

Students in the child welfare system, or foster students, are at a higher risk of social-emotional struggles due to the nature of the trauma or ACES they have endured in their childhood. The Nebraska Resource Project for Vulnerable Young Children is a resource that promotes a systems-level partnership with other Nebraska organizations to improve statewide systems and local court teams, agencies, and providers to address young children's needs in their courts and caseloads. Nebraska is a birth-mandate state, which legally requires local school districts to serve eligible infants and toddlers with risk factors, developmental delays, or disabilities. However, this initiative fails to mention a partnership with school districts on their website (Nebraska Resource Project for Vulnerable Young Children, n.d.). The lack of partnership is one example of a tremendous effort to help children overcome the trauma that is unknown to school districts and concerning as partnerships are limited in the current state. We often have valiant efforts that operate in silos in Nebraska, where our most vulnerable children need a coordinated effort from all parties.

Promising things are happening in Nebraska to help support children with emotional dysregulation and the educators who teach them every day. One of the challenges school personal faces is knowing where to find the best information in a single location. For instance, one website called www.nebraskamentalhealth.org is a great resource, but it says that it is more for people living in the Omaha Metropolitan area. Focusing on the Omaha metro only makes it challenging for those educators in out-state Nebraska to use a website that indicates it is for all of Nebraska but is more centered on a specific geographical location. Although many of these resources are a great start, and

there is a higher percentage of needs in the Omaha Metropolitan area, there is a great need for additional support and resources for families, educators, and community providers to support those students with emotional dysregulation in the school setting.

Summary

This literature review summarizes the literature used to develop questions for the quantitative study conducted with Nebraska school administrators, specifically principals, who help educate students with emotional dysregulation. Several overlapping themes emerged from the literature, such as the challenges educators face, high-yield strategies to use, and professional development to help teachers and administrators educate students with emotional dysregulation. The review has indicated a wealth of information about how school district personnel should address students' social-emotional needs. Some information is cohesive and pairs well with known best practices in education. Simultaneously, some of the other literature and resources contradict practices, especially in trauma-informed care vs. behavior modification.

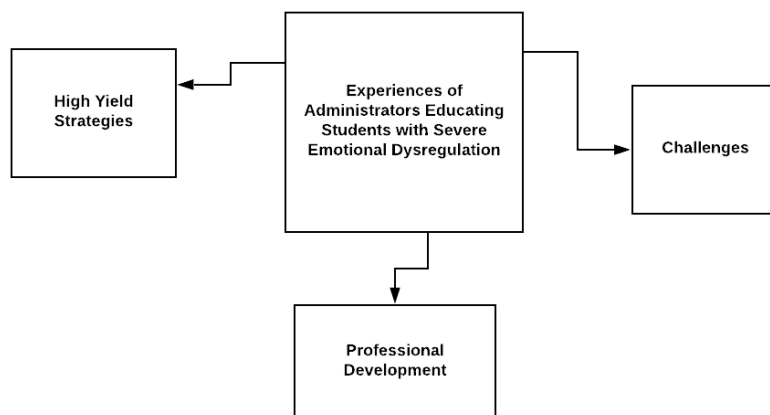
Conceptual Framework

According to Ravitch and Riggan (2016), a conceptual framework is a marriage of existing knowledge to observations and questions. Two ways to think about starting your conceptual framework: the first is where and how one began to think about what they want to study, and the second is starting with the reader in mind. The researcher came about studying the topic of educators' experiences, specifically principals, in working with students with emotional dysregulation because she is a school administrator whose duties are to lead special education for her district. Often, students with emotional

dysregulation receive special education services. Therefore, the researcher found much of her time spent coaching and supporting principals who regularly educate students with emotional dysregulation.

In speaking with school administrators across the state, educating students with emotional dysregulation is one of the most pressing issues in the Nebraska school culture. On Thursday, January 2, 2020, the Nebraska State Education Association (NSEA) hosted a press conference to release a statewide teacher survey about behaviors throughout the state. During this press conference, several Nebraska teachers bravely spoke up about their experiences educating children with emotional dysregulation. One of the teachers who spoke talked about suffering a concussion due to being punched repeatedly in the head. Another teacher spoke about how she miscarried her baby and believed it was because she had been repeatedly punched in the stomach by an emotionally dysregulated student.

This conceptual framework developed from the literature within this dissertation focuses on the central theme of school administrators' experiences educating students with emotional dysregulation and the three sub-themes of high-yield strategies, challenges, and professional development. The literature review has three central themes, and the development of the quantitative survey was through this conceptual framework lens (see Figure 3).

Figure 3*Conceptual Framework.*

Note. The conceptual framework used by the author of this study

The phenomenon of concerns with students with emotional dysregulation is not limited to Nebraska. For this study's purpose, the information gleaned from this research would apply beyond Nebraska to other Midwestern school districts. Many administrators in Nebraska lists the emotional dysregulation of a small percentage of students as the number concern they face daily as a school administrator. In reviewing the literature that helped develop this conceptual framework, the researcher reviewed wide-spread studies on the themes listed above. Still, this study, in particular, is pertinent because it focuses on the geographical area, specifically Nebraska, in which the researcher is currently an administrator. The importance of this study is that a more coordinated effort in addressing challenges, high-yield strategies, and professional development needs to be

studied to make Nebraska school districts stronger in working with “*every student every day.*”

Chapter 3

Methodology

Introduction

The purpose of this quantitative study was to determine the most pressing challenges administrators, specifically principals, in Nebraska have had educating students with emotional dysregulation and to glean information on what evidence-based practices educators implement most in their schools. The study has helped determine the resources Nebraska school administrators utilize most, the perceptions principals held before the fall of 2020 on whether or not they would see an increase in students with emotional dysregulation due to COVID-19 closures. It also helped to see how well-prepared principals perceived themselves to educate students with emotional dysregulation. As noted earlier, students with emotional dysregulation present some of the most challenging situations to their school's safety and security by displaying extreme behaviors.

Data was collected in a three-week window during late summer 2020 through a survey electronically emailed to all Nebraska principals who work for school districts that currently, or in the past, have received legal counsel from KSB School Law. A list provided by KSB School Law and cross-referenced with a listing found online at the Nebraska Department of Education website helped determine participants' contact information. The survey's first few questions allowed the researcher to collect demographic information, including gender, years in administration, types of

endorsements held on their Nebraska Teaching Certificate, Educational Service Unit (ESU) area, and the total student population of their school district.

The researcher used a descriptive quantitative design to collect data from many people to gain a broader perspective within the research study. The specific method of quantitative study completed was survey design. Since the survey was an original research design, descriptive statistics were appropriate to gain a broad understanding of principals' experiences educating students with emotional dysregulation. According to Creswell and Creswell (2018),

A survey design provides a quantitative description of trends, attitudes, and opinions of a population, or tests for associations among variables of a population, by studying a sample of that population. Survey designs help researchers answer three types of questions: (a) descriptive questions; (b) questions about the relationships between variables; or in cases where a survey design is repeated over time in a longitudinal study; (c) questions about predictive relationships between variables over time. (Creswell & Creswell, 2018)

Research Questions

The research questions that were studied include:

1. What challenges do Nebraska principals experience most when they educate students with emotional dysregulation?
2. How well-prepared do Nebraska principals believe they are to educate students with emotional dysregulation?
3. What outside agencies or resources do Nebraska principals turn to most to help them educate students with emotional dysregulation?
4. What is the evidence-based strategy most often implemented that helps principals educate Nebraska students with emotional dysregulation?

The first research question focused on what challenges principals see in their day-to-day interactions with children with emotional dysregulation, including behaviors including bizarre vocalizations, verbal aggression, spitting, property destruction, elopement, inappropriate sexual behavior, physical aggression, self-injury, scatolia, or disrobing. Due to recent school closures during the global pandemic of 2020, the researcher added a survey question regarding the impact school closures principals were anticipating to have on students' emotional dysregulation in late summer 2020.

The second research question determined if the principals believe they are well-prepared to educate students with emotional dysregulation. Many principals have taken minimal courses in special education, trauma, and mental health, making it even more difficult to educate children with emotional dysregulation. Question three investigated which outside agencies principals often turn to help educate children with emotional dysregulation. Outside agencies would include educational service units, regional behavioral health centers, school attorneys, and the Nebraska Department of Education. The final research question forms the basis to help the reader understand which evidence-based strategy is most often being implemented in schools to help educate students with emotional dysregulation. The list of evidence-based strategies in the survey includes Positive Behavior Intervention and Supports (PBIS), Social Emotional Learning (SEL), Mindfulness, the Good Behavior Game, Check-In/Check Out, Functional Behavior Analysis, Applied Behavior Analysis, and Cognitive Behavior Therapy.

Data Collection

Methods

This research utilized a survey instrument to examine challenges faced by principals in Nebraska as they educate children with emotional dysregulation. The survey was created and shared through Google Forms to principals who work for school district that utilize KSB Law as their school legal counsel. At the end of the three week window, the results of the population completing the survey were a total of N = 135.

Population and Sample

The researcher determined the population by viewing a list of principals in Nebraska and comparing that with a list of school districts who use KSB Law at least on some level for school legal advice. The type of sampling used was purposive, or intentional sampling, which according to Terrell (2015), is just as the name implies: it is a sample chosen “on purpose” because those sampled meet specific criteria. This purposive sampling allowed the researcher to work with small groups to collect specific desired data. There were 785 surveys disseminated to this population of administrators, and 135 principals completed the surveys for a response rate of 17.9%.

Of the 135 participants, the sample consisted of 44 female and 90 male participants and 1 who declared non-binary. Overall, 6.7% of participants had been in education for longer than 20 years, 37% had been in education for 11-20 years, 30.4% had been in education for 6-10 years, and 24.4% had been in education for less than 5 years or less. The mean of years spent as an educator was $M=2.26$.

Instrument

The instrument used to collect data for this research study was a Google Form survey that consisted of 15 survey questions. The researcher collected demographic information in the first six questions, including gender, years in administration, primary administrative role, Nebraska teaching endorsements held, Educational Service Unit area, and the district's total student population. Data for the first research question, which focuses on principals' challenges, was collected in survey question numbers 7a, 7b, 8, 10, and 12. These questions ask participants to tell how often they experience specific behaviors of children with emotional dysregulation; the prevalence of mental health and trauma concerns; the concern of an increase in students with emotional dysregulation at their school following the COVID-19 closures and related procedures; and the prevalence of secondary trauma in teachers.

The researcher collected data to answer research question number 2, which asks how well-prepared the principal believes they are to educate children with emotional dysregulation, in survey question number 9. Research question number 3 asks what resources Nebraska principals utilize most, and the researcher collected data for this research question on survey question number 14. This study's final research question focused on high-yield or evidence-based strategies and their prevalence in the schools. Survey questions number 11 and number 13 provided data to help answer this final research question.

The quantitative survey was designed in cooperation with the Nebraska Evaluation and Research (NEAR) center at the UNL. According to their website, the

NEAR center's purpose is to promote sound statistical, measurement, and research (e.g., Quantitative, Qualitative, and Mixed Methods) methodology (Nebraska Evaluation and Research Center, n.d.). The survey administered as part of this research is an original survey design. The researcher consulted with the NEAR center experts at the UNL, to create the survey. The partnership helped to ensure the integrity, validity, and reliability of the project.

According to Terrell (2015), a well-developed test must consistently measure what it's intended to measure, or be reliable, as well as to be valid. Validity ensures that the survey developed by the researcher measures what it's supposed to measure. The survey in this research project measured the answers to the research questions in the study. The research questions focused on challenges, perceived preparedness, resources available in Nebraska for principals working with children with emotional dysregulation, and which evidence-based strategies principals implement to educate children with emotional dysregulation. The NEAR Center through the UNL, consulted the researcher in a variety of steps along the process including the development of questions on the survey and then helped tie them directly to the research questions. This consultation allowed the researcher to ensure they measured what the researcher wanted to be measured. Following the survey's dissemination, the NEAR Center personnel consulted with the researcher on statistics and ran the descriptive statistics for the research project through SPSS. Consultation with NEAR Center personnel occurred during June, July, August, and September 2020 via conference calls and electronic communication.

The list of emails of participating principals was cross-referenced with emails downloaded from the Nebraska Department of Education (Education Directory – Nebraska Department of Education, n.d.). The survey was . . . After the Internal Review Board or IRB at the UNL approved the survey, it was disseminated electronically in late July 2020 (Appendix B – UNL IRB letter). At that time, the participants were emailed a survey, given more detail of the study, and completed a confidentiality statement and informed consent to sign. The researcher learned that participants from a large school district within a metropolitan region also must have permission from their district Internal Review Board upon sending the survey. Permission was granted (Appendix C – Millard Public Schools IRB letter), and participants from that school district proceeded with the study. In the survey, there were demographic questions, in addition to Likert type design questions. The researcher categorized questions according to the research project's questions (Appendix H – Connection Between Research and Survey Questions).

Before sending the survey to all Nebraska principals who are customers of KSB School Law, the researcher sent a pilot survey to students in two University of Nebraska Kearney educational administration courses. The researcher asked these individuals to complete the survey, provide feedback on clarity, and inform the researcher if they believed the questions were appropriate. Of the 38 students in the two classes, 14 administrators chose to participate in the actual survey, and three of those participants emailed feedback to the researcher about the survey construction. This feedback was valuable in determining moving forward with the study before sending it to 785 Nebraska principals.

Data Analysis

The researcher used descriptive analysis to analyze the survey with each question's mean and the frequency of responses determined and analyzed to answer the research questions. The frequency was only appropriate for survey questions 1-6. The researcher determined frequencies, means, and standard deviations for the remaining survey questions. Once the participant completed the survey via Google forms, the researcher gathered the information into a Google spreadsheet, shared it in a secured manner with personnel from the NEAR Center at the UNL. This spreadsheet and information will continue to be kept secure in a digital location in the cloud with two-factor authentication. The researcher entered information into IBM SPSS Statistics 25, and a descriptive analysis was run from the data collected by NEAR Center personnel. The organization of the research design was so that the survey questions directly correlated to a research question. Table 6 documents the information concerning which survey question aligns with the related research question. The researcher organized the individual research questions and correlating survey questions in Appendix H.

Table 1

Research and Survey Question Alignment

Research Question	Survey Questions
Demographic Information	1 2 3 4 5 6

RQ 1: Challenges	7a
	7b
	8
	10
	12
RQ 2: Preparedness	9
RQ 3: Nebraska Agencies	14
RQ 4: Evidence-Based Strategies	11
	13

Summary

The quantitative research design has allowed for an introductory study of principals' experiences working with students with emotional dysregulation in Nebraska school districts. This study will provide an informative picture for several key stakeholders. These include the Nebraska State Board of Education, colleges and universities who prepare graduate students to be school administrators, the Education Committee of the Nebraska State Legislature, the Nebraska Department of Education, the Governor, the Nebraska Council of School Administrators and their affiliate organizations, Nebraska Regional Behavioral Health Services, Educational Service Units, and Nebraska school law firms. This information will help move forward the conversations on how to best support principals and teachers educating students with emotional dysregulation through strong leadership, high-quality professional development, and evidence-based practices.

The researcher understands that the concerns and challenges that Nebraska administrators face are not limited to this state. Therefore, this research project's

information would apply to other rural Midwestern school districts facing many of the same challenges we do here in Nebraska. This information could be beneficial beyond Nebraska school districts.

Chapter 4

Data Analysis and Results

Introduction

The purpose of this quantitative research study was to explore the experiences of Nebraska principals from KSB Law client districts have had educating children with emotional dysregulation. No known study focuses on the challenges, resource availability, and what is being implemented in Nebraska to educate some of the most challenging students. This information will help inform multiple groups of individuals who make policy decisions for school districts facing the intense dilemma of educating children displaying emotional dysregulation. In this descriptive analysis study, the research questions studied include:

1. What challenges do Nebraska principals experience most when they educate students with emotional dysregulation?
2. How well-prepared do Nebraska principals believe they are to educate students with emotional dysregulation?
3. What outside agencies or resources do Nebraska principals turn to most to help them educate students with emotional dysregulation?
4. What is the evidence-based strategy most often implemented that helps principals educate Nebraska students with emotional dysregulation?

In this chapter, both narrative and visual representations, such as tables, will explain the study's findings. There will also be a section explaining how the survey questions

aligned with particular research questions and explanations of each research question's findings. The chapter will conclude with a summary of the research findings.

Descriptive Findings

Principals who work for KSB Law client school districts were encouraged to participate in this survey. Of the 785 principals who received the survey, 135 principals agreed to the terms and took time to complete the survey in its entirety. Males represented 67% of the respondents, and females accounted for 33% of those who completed the survey. In the third category (prefer not to say), 0.7% of the respondents chose not to disclose their gender (Table 1). According to the Schools and Staffing Survey (SASS) from the National Center for Educational Statistics retrieved September 12, 2020, from https://nces.ed.gov/surveys/sass/tables/sass0304_001_p1s.asp , 65.4% of principals in Nebraska are male, and 34.6% of principals in Nebraska are female.

Table 2

Gender of Participants

	N	Percentage
Female	44	32%
Male	90	67%
Prefer Not to Say	1	1%
Total	135	

The slight majority of the principals who took the survey are in their first ten years of administration (Table 2). New principals, or those who have been in

administration ten years or less, made up 55% of the survey participants. Veteran principals (those with 11-20 years of experience as a school administrator) accounted for

Table 3

Years in School Administration of Participants

	N	Percentages
5 Years or Less	33	24%
6-10 Years	41	30%
11-20 Years	50	37%
More Than 20 Years	9	7%
Undisclosed	2	2%
Total	135	

37% of the respondents and the smallest subgroup were those with 20 or more years of experience (7%). A small portion (1%) of those who completed the survey chose not to disclose their school administration years.

Most of the respondents in the survey were elementary and high school principals (56%). Elementary principals and assistant elementary principals made up 36% of the responses, while 34% of the respondents were high school principals and high school assistant principals. More principals than assistant principals took the survey, and 16% of those who completed the survey were in multiple level roles, such as a principal in a small district who would be in a combined role as the elementary, middle, or high school principal (Table 3).

Educational Service Units (ESUs) are regional support systems for all Nebraska school districts. ESUs are divided based on location and population density (Appendix A). The researcher asked each principal who completed the survey to denote their Educational Service Unit area. The majority of the respondents (23%) were from the ESU 3 area, the Omaha metro service unit; Omaha is the largest metropolitan area in Nebraska. Two other ESU regions, ESU 6 at Milford and ESU 10 in Kearney each

Table 4

Main Administrative Roles of Participants

<i>Role</i>	<i>N</i>	<i>Percentage</i>
Elementary Principals	43	32%
High School Principals	33	24%
Combined Level Principals	21	16%
High School Assistant Principals	13	10%
Middle School Principals	10	7%
Middle School Assistant Principals	7	5%
Elementary Assistant Principals	6	4%
Early Childhood Principals	2	2%
Total		

charted 15% of the survey completions (Table 4). A similar proportion of the surveys (36%) were taken by very large school principals and very small school principals (35%) (Table 5).

Table 5

Educational Service Unit of Participants

ESU	<i>N</i>	Percentage
6 – Milford	20	16%
10 – Kearney	20	16%
3 – Omaha	23	17%
13 – Scottsbluff	14	10%
7 – Columbus	12	9%
1 – Wakefield	8	6%
8 – Neligh	7	5%
16 – Ogallala	6	4%
4 – Auburn	5	4%
9 – Hastings	5	4%
2 – Fremont	5	4%
5 – Beatrice	4	3%
11 – Holdrege	4	3%
17 – Ainsworth	2	2%
15 – Trenton	0	0%
18 – Lincoln	0	0%
19 - Omaha	0	0%
Total	135	

Table 6

Total Population of District

	<i>N</i>	Percentage
Less Than 500 Students	47	35%
501-1000 Students	19	14%
1001- 2000 Students	21	16%
2000+ Students	48	36%
Total	135	

Results

Research Question 1 Findings. What challenges do Nebraska principals experience when they educate students with emotional dysregulation? Survey question 7a and 7b: *What frequency do students with emotional dysregulation in your school exhibit the following behaviors?* (bizarre vocalizations, verbal aggression, spitting, property destruction, elopement, inappropriate sexual behavior, physical aggression, self-injury, scatolia, or disrobing) directly correlate to research question 1. The researcher presented this survey question in a Likert scale with the following options: very often (once per day or more, 5), often (at least once per week, 4), sometimes (at least once per month, 3), rarely (less than once per month, 2), or never (zero times per school year, 1). There was also a selection of “unknown” on the survey. The percentage of principals who selected “unknown” was less than 1% in all of the challenging behavior categories,

except for scatolia and disrobing. In both of those categories, 10% of the principals who completed the survey selected “unknown.”

The researcher displayed the mean and standard deviation of how often principals experience each of those behaviors while educating children with emotional dysregulation in Table 7. The most common challenging behavior was verbal aggression, which had a mean of 3.42 (between sometimes and often), and 51% of the principals surveyed said that verbal aggression happens once per week or more by students with emotional dysregulation. Elopement was also between sometimes and often and had a mean of 3.19. Those behaviors falling between rarely and sometimes included: property destruction (2.88), physical aggression (2.69), self-injury (2.66), bizarre vocalizations (2.40), and spitting (2.21). Inappropriate sexual behavior (1.95), disrobing or removing clothing (1.40), and scatolia, or fecal smearing (1.40) were challenging behaviors reported as happening between less than once per month and zero times per school year by survey participants.

Table 7

Mean of Challenging Behaviors

Behavior	N	Minimum (Never)	Maximum (Very Often)	Mean	Standard Deviation	Percent Once Per Week or More
Verbal Aggression	134	1	5	3.42	1.006	51%
Elopement	134	1	5	3.19	1.098	40%
Property Destruction	134	1	5	2.88	1.012	29%
Physical Aggression	133	1	5	2.69	.947	19%
Self-Injury	134	1	5	2.66	.842	14%
Bizarre Vocalizations	133	1	5	2.40	1.134	18%
Spitting	134	1	5	2.21	.989	12%
Inappropriate Sexual Behavior	132	1	4	1.95	.734	4%
Disrobing	121	1	4	1.40	.714	2%
Scatolia	121	1	5	1.40	.678	0.7%

The survey question listed as number 8 : *How often do students with emotional dysregulation in your building have traumatic experiences or mental health concerns in their background?* also aligns with research question 1. Table 8 outlines the findings of this question using a Likert scale with the following options: very often (5), often (4), sometimes (3), rarely (2), or never (1). The researcher asked principals how often there are traumatic experiences or mental health concerns in the background of children with

emotional dysregulation. The results showed that: Mental Health Concerns had a mean of 3.96, which was higher than Traumatic Experiences (3.77). Both categories fell between the sometimes and often category on the survey. Overall, the results showed that 72% of the participants said that mental health played a factor in students' emotional dysregulation. In comparison, 59% of the principals surveyed said the same about traumatic events in the child's life.

Table 8

Perceptions of Traumatic Experiences and Mental Health Concerns

	<i>N</i>	Minimum	Maximum	Mean	Standard Deviation
Mental Health Concerns	135	1	5	3.96	0.934
Traumatic Experiences	135	1	5	3.77	1.043

The 10th survey question: *How concerned do you feel that there will be an increase in students with emotional dysregulation at your school following the COVID-19 closures and related procedures?* aligned with research question 1. Children come to school every year with more and more burdens on their shoulders in the forms of abuse, trauma, or mental health disorders such as anxiety or depression. Add in the stress of a global pandemic, and 2020 has proven to be an even more challenging year than usual world-wide. In August, the thought of students returning to was at the top of the list of challenges facing educators. When the researcher disseminated the survey in late July 2020 to Nebraska principals, they were on the verge of going back to school either in a partial or full capacity. This reopening followed the closures for COVID-19 in the spring

of 2020. This unique challenge of opening schools for principals after a four-month hiatus was unlike any other challenge faced previously in their career as an educational leader.

When asked if the principals were concerned with an increase in emotional dysregulation of students following the closures, the mean was 2.57, which on a Likert scale of 5 choices of not concerned at all (0), minimally concerned (1), somewhat concerned (2), very concerned (3), and extremely concerned (4) showed that on average, principals fell between somewhat and very concerned about an increase in emotional dysregulation of their students upon return to in-person instruction (Table 9). Of the principals surveyed, 56% indicated they were either very or extremely concerned about an increase in students with emotional dysregulation at their school following the COVID-19 closures.

Table 9

Concerns with School Closures Related to COVID-19

<i>N</i>	Minimum	Maximum	Mean	Standard Deviation
134	1	4	2.57	0.945

The final survey question (12) that addressed the challenges principals experience educating children with emotional dysregulation was: *How often do teachers and support staff at your school experience their own secondary trauma after exposure to traumatized students?* When students take “life” out on educators, the teachers themselves can become traumatized, which could potentially perpetuate a cycle of trauma. The options the participants could choose from included: very often (multiple

times per week, 5), often (once/week, 4), sometimes (2-3 times/month, 3), rarely (less than once/month, 2), and never (1). The mean response of this challenge was between rarely and sometimes. The mean was 2.34. As a result of the survey, 52% of the principals felt that teachers or staff at their schools rarely experienced their own secondary trauma after working with children with emotional dysregulation (Table 10).

Table 10

Secondary Trauma of Teachers and Support Staff

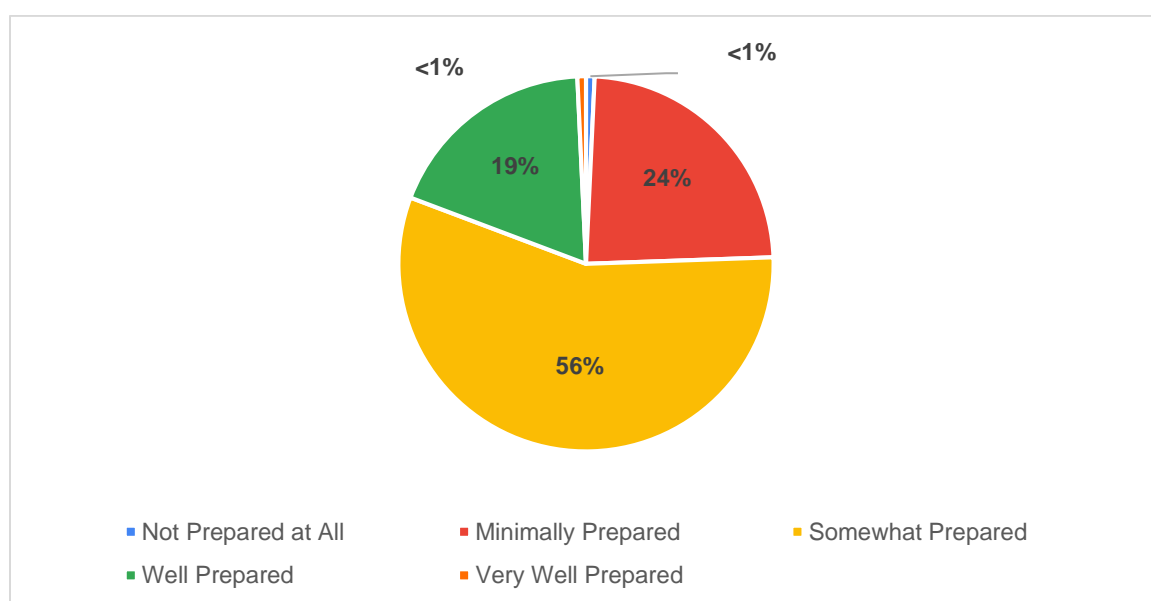
<i>N</i>	Minimum	Maximum	Mean	Standard Deviation
134	1	5	2.34	0.786

Research Question 2 Findings. Principals indicated that they sometimes feel unprepared for children with emotional dysregulation and the intensity and duration of violent or unpredictable behaviors. According to Wehby and Kern (2014), teachers and other school personnel feel inadequately prepared to educate these students. Research question 2, which is gleaned from survey question 2, addresses this perceived inadequacy by asking: *How well-prepared do Nebraska principals believe they are to educate students with emotional dysregulation?* This question used a Likert scale consisting of not prepared at all (1), minimally prepared (2), somewhat prepared (3), well prepared (4), and very well prepared (5). The mean for this question was 2.95, which placed the average score closest to the somewhat prepared category, and the frequency showed that only 20% of the principals surveyed feel that they are well prepared or very well prepared to educate children with emotional dysregulation (see Table 11 and Figure 4).

Table 11

Perceived Preparedness to Educate Children with Emotional Dysregulation

<i>N</i>	Minimum	Maximum	Mean	Standard Deviation
135	1	5	2.95	0.695

Figure 4*Principal Perceived Preparedness to Educate Children with Emotional Dysregulation*

Note. The pie chart represents a visual description of principal preparedness

Research Question 3 Findings. The purpose of research question 3 is to determine the following: *What outside agencies or resources do Nebraska principals turn to most to help them educate students with emotional dysregulation?* There are numerous resources in Nebraska for assisting children with emotional dysregulation and the educators that serve them. Still, these resources are often in the Omaha or Lincoln metro

area. Educators may find that they are unsure of what services are available and where to locate these resources. The survey question (14) addressing this topic asked the following: *How often do you utilize the following Nebraska resources to assist in educating students with emotional dysregulation?* The agencies range from well-known to some that may only be prevalent in the metro area (Table 12). The Likert scale used on the survey included the responses of never (1), rarely (2), sometimes (3), often (4), and very often (5).

The most commonly utilized resources to help educate students with emotional dysregulation, according to survey participants, were local mental health providers (3.43) and Educational Service Units (3.24), which both fell between sometimes and often on the Likert scale. Of the principals who completed the survey, 48% said they often or very often utilize local mental health providers to support students with emotional dysregulation. School legal counsel (2.78), Regional Behavioral Health Centers (2.67), Nebraska Department of Education (2.39), and level 3 special education schools (2.37) showed that, on average, principals utilize these resources somewhere between rarely and sometimes according to survey results. The agencies that were least likely to be utilized were Nebraska Systems of Care (1.60) and the Nebraska Resource Project for Vulnerable Young Children (1.44), both of which fell between rarely and sometimes on the spectrum of agencies/resources utilized. The least likely agency utilized was the Nebraska Resource Project for Vulnerable Young Children, where 92% of the principals said that they rarely or never turn to this agency to educate children with emotional dysregulation.

Table 12
Outside Agencies/Resources Used in Nebraska

Agency/Resource Name	<i>N</i>	Minimum	Maximum	Mean	Standard Deviation	Percent Often or Very Often
Local Mental Health Providers	135	1	5	3.43	1.076	48%
Educational Service Units	135	1	5	3.24	1.243	45%
School Legal Counsel	135	1	5	2.78	0.936	20%
Regional Behavioral Health Centers	135	1	5	2.67	1.037	21%
Nebraska Department of Education	135	1	5	2.39	0.985	14%
Level 3 Special Education Schools	134	1	5	2.37	1.148	17%
Nebraska Council of School Administrators and Affiliate Organizations	134	1	5	2.16	1.010	11%
Nebraska Systems of Care	134	1	5	1.60	0.833	2%
Nebraska Resource Project for Vulnerable Young Children	133	1	5	1.44	0.678	0.7%

The principals said that they rarely or never turn to this agency to educate children with emotional dysregulation.

Research Question 4 Findings. Research question 4 aimed to determine what evidence-based practices for children with emotional dysregulation were successfully implemented most often in schools to support students with emotional dysregulation. The survey questions that addressed this topic asked the following: *How often is restraint or seclusion used for students with emotional dysregulation in your school building?* (survey

question 11) And Which evidence-based strategies are having a positive impact on students with emotional dysregulation in your school (survey question 13)? The restraint and seclusion question found that seclusion occurs more frequently than restraint in schools. The Likert scale used for this survey question was: never (1), rarely (less than once/month, 2), sometimes (2-3 times/month, 3), often (once/week, 4), and very often (multiple times/week, 5). In the survey, 78% of the principals reported that restraint was rarely or never used, with a mean of 1.96. In comparison, 60% of principals reported that seclusion happened between rarely and sometimes with a mean of 2.41 (Table 13).

Table 13

Prevalence of Restraint and Seclusion

	<i>N</i>	Minimum	Maximum	Mean	Standard Deviation
Seclusion	135	1	5	2.41	0.941
Restraint	135	1	5	1.96	0.854

In terms of the results of evidence-based interventions on the survey, Positive Behavioral Interventions and Supports had the most significant positive impact, with a mean score of 4.02, placing this between the agree (4) and strongly agree (5) sections on the Likert scale. Other response selections on this portion of the survey include: we do not use this strategy (0), strongly disagree (1), disagree (2), and neither agree nor disagree (3). On average, most of the principals (79% of those who responded) agreed that Positive Behavioral Intervention and Supports positively impact students with emotional dysregulation in their schools. Check-In/Check-Out, or triage, was also a response that

fell in the agree and strongly agree with range with a mean score of 4.00. The remainder of the interventions scored between neither agree nor disagree and agree on the Likert scale with the following mean scores: SEL Curriculum (3.99), Functional Behavior Analysis (3.91), Cognitive Behavior Therapy (3.71), Mindfulness (3.65), and Applied Behavior Analysis (3.63). The lowest mean score was for the Good Behavior Game intervention, with an average of 3.55, landing between neither agree nor disagree and agree (Table 14).

Table 1

Positive Impact of Evidence-Based Strategies

	<i>N</i>	% of Principals No Response	Min.	Max.	Mean	SD	% Often or Very Often
PBIS	124	8%	1	5	4.02	0.888	79%
Check-In Check-Out (Triage)	120	11%	1	5	4.00	0.733	66%
SEL Curriculum	123	9%	1	5	3.99	0.719	76%
Functional Behavior Analysis	111	18%	1	5	3.91	0.804	75%
Cognitive Behavior Therapy	89	34%	1	5	3.71	0.742	46%
Mindfulness Curriculum	74	45%	1	5	3.65	0.748	33%
Applied Behavior Analysis	82	39%	1	5	3.63	0.809	39%
Good Behavior Game	78	42%	1	5	3.55	0.816	31%

Summary

The purpose of the original research study was to determine what challenges principals face in educating children with emotional dysregulation, their perceived preparedness educating such students, and what agencies and interventions are being utilized most to support these types of students. According to the study, verbal aggression was one of the most extensive challenges principals face in educating children with emotional dysregulation. Positive Behavior Interventions and Supports were perceived to have the most significant positive impact on students with emotional dysregulation. Of the principals surveyed, more than 80% of the principals felt somewhat prepared or less to educate children with emotional dysregulation. However, principals realize the importance of partnering with local mental health providers, as 48% of the respondents indicated they often or very often utilize LMHPs to support these challenging students in the educational setting. Chapter 5 further interprets the findings, gives practitioners recommendations in the educational field and suggestions for future research.

Chapter 5

Summary, Conclusion, and Recommendations

Summary of Study

Every student's education is a worthwhile endeavor in Nebraska schools and every school district throughout this country. The experiences of principals working to educate each student, including those who present some of the most significant challenges, are among the most critical endeavors an instructional leader takes on as they lead their school. This research project added to the body of research and knowledge about the experiences principals have in educating students with emotional dysregulation in Nebraska. This project will help move forward the conversation to help ALL learners, even those who challenge school leaders the most. This information will help inform local and state policymakers of the current practices in districts and how individual districts can improve their practices by educating children with emotional dysregulation.

This quantitative research study focused on principals' experiences in educating children with emotional dysregulation. The research questions addressed the challenges faced by principals, their perceived preparedness, Nebraska resources most widely utilized, and which evidence-based practices principals implement most often. These research findings are also applicable to other educational stakeholders in nearby Midwestern states as well.

Conclusions Related to Research Questions

Conclusion 1: Principals Mostly Experienced Verbal Aggression.

The challenges principals face in educating students with emotional dysregulation are widespread. The most common challenging behavior proved to be verbal aggression, where 51% of the principals surveyed said that verbal aggression happens once per week or more by students with emotional dysregulation. Verbal escalation is one of the earlier stages of the escalation continuum and typically happens before other challenging behaviors such as physical aggression or elopement. It was not a surprise to the researcher that this was the most common behavioral challenge seen by principals when students become emotionally dysregulated. According to Taylor and Smith (2019), 4 out of 5 students have witnessed verbal aggression (VA) in the school setting, and 71% of the teachers surveyed reported daily observance of student-to-student VA, and 57.3% indicated daily student-to-adult VA. These results signify a substantial occurrence of VA with students with emotional dysregulation.

Mental health and trauma were additional challenges addressed in the research. It was surprising to this researcher to discover that more principals believed mental health was at the crux of emotional dysregulation than trauma. According to Strompolis et al. (2017), Adverse Childhood Experiences (ACEs) can cause psychiatric difficulties in children and adults. Only 11% of those with no ACEs had a mental health problem; high ACEs indicates high trauma levels. Conversely, 44% of youth with five or more ACEs

suffer from mental health problems. Early in the study, this researcher believed that trauma would be more prevalent than mental health concerns based on the information and research done through the ACES study. However, this research showed principals found a higher prevalence of mental health concerns. Principals surveyed may be more aware of mental health diagnoses than past traumatic events, contributing to the survey's responses.

A challenge that was prevalent at the time of this study in August 2020 was principals' perception that there would be an increase in students' emotional dysregulation in relation to coming back to school following closures due to COVID-19 in the fourth quarter of the 2019-20 school year. According to the research conducted by Wyse, Stickney, Butz, Beckler, and Close (2020), educational assessment declined dramatically during COVID-19, and there was the potential for achievement gaps to exist under several idealized scenarios compared to typical end-of-year performance. These achievement gaps would appear to be most significant for early grades, where growth in math and reading ability tends to be highest. A loss of academic achievement can contribute to an increase in negative behaviors in the school setting. Students with significant behavioral difficulties, including those verified with emotional disturbance (ED), have the lowest social and academic outcomes of any group of students (Wehby & Kern, 2014).

It is also well-documented that the closures related to COVID-19 may have caused collective trauma, where widespread traumatic events impact an entire community or society, having a collective impact. This traumatic experience can negatively impact

brain development, including executive functioning, cognition, comprehension, attention, and behavior regulation that impede students' ability to focus on classwork and be successful (Crosby, Howell, & Thomas, 2020). It might also create a situation where the brain goes into the emergency center, or the fight, flight, or freeze zone controlled by the amygdala. This primal survival response of the brain may result in an inability for young people to verbally articulate their emotions related to the traumatic event(s). This loss of language can impede socioemotional development and make it more common for youth to express their emotions in less healthy ways (Crosby et al., 2020).

COVID-19 weighed heavily on principals' hearts when the survey was disseminated, as 56% of the principals surveyed stated that they were very or extremely concerned that there would be an increase in students with emotional dysregulation at their school when the students came back after closures. Only 16% were minimally concerned about an increase in emotionally dysregulated behaviors, likely due to the many unknowns facing principals reopening their school buildings in August 2020. A follow-up survey would be of interest to see if there was an uptick in severe behaviors following the closures. If there were an uptick in behaviors, a survey would determine if there was a correlation between the principals' perceptions from the original survey and actual thoughts about the impact of COVID-19 on increasing students with emotional dysregulation.

The final challenge captured in the study experienced by principals was the secondary trauma of teachers and staff. Over half of the principals surveyed, or 52%, felt that teachers or staff at their school rarely experienced secondary trauma after working

with children with emotional dysregulation. According to the website *Trauma Aware Schools*, it is not uncommon for educators who deal with traumatized children to develop their traumatic stress symptoms, known as secondary trauma (TSA, n.d.).

It was surprising to this researcher that principals did not regularly see this as a concern, with over half saying that it was rare (less than one time per month) for secondary trauma to occur with their teachers and staff. It is difficult to explain how someone else is feeling, which could have contributed to the results. It is also possible that teachers are not reporting their secondary trauma to their principals. Had the survey been disseminated directly to teachers about their secondary trauma experiences, or had it asked the principals about their secondary personal trauma, the results may have differed. The question would have been a direct question rather than the perception of how someone else is feeling.

Conclusion 2: Most Principals Perceived to be Somewhat Prepared or Less

A large portion of principals completing the survey indicated that they felt only somewhat prepared to educate children with emotional dysregulation. Of the principals surveyed, 56% said that they felt like they were somewhat prepared. Conversely, 25% of the participants said they felt minimally prepared or unprepared to educate students with emotional dysregulation. Only 20% said they were well or very well prepared to educate children with emotional dysregulation. The perception of not being well or very well prepared may be due in part to the certification requirements for principals in Nebraska that includes the requirement of only one special education course during their undergraduate coursework en route to gaining their teaching credential. Many principals

could be 5-10 years or more removed from taking that course. That course typically covers many exceptionalities and may not necessarily have an extended focus on evidence-based strategies for students with emotional dysregulation. In the graduate-level programming for obtaining principal licensure courses, building school culture or a course on educating children with emotional dysregulation is not a requirement through the Nebraska Department of Education certification process for principals.

The UNL does require completion of a course in their principalship program called *School Culture and Behavior*, in which participants learn about school culture and student behavior. There is also a course offered called *Supervising Special Education/Special Education Administration*, which emphasizes disabilities. Still, this course's content is broad as it also teaches the principal candidate about special education law, programs, personnel, and instructional methods (Administrative Certification, n.d.).

Conclusion 3: Principals Use Local Mental Health Providers Most

Principals often find themselves in situations educating students with emotional dysregulation where they might be looking in their own “bag of tricks” and unsure what to do next. They wonder how to help the child while maintaining their building's safety and security and may not know where to turn for assistance and guidance. Support from outside agencies and resources can help gain a new perspective and additional ideas to help support some of the most challenging students. The research showed that local mental health providers were the most common resource utilized; 48% of those surveyed stated that they often or very often utilize this resource. It is encouraging to know that schools partner with local, licensed mental health providers to help support diverse

emotional needs. Principals often utilize Educational Service Units to help support students with emotional dysregulation; 45% of those who responded to the survey said they often or very often utilize ESUs to educate children with emotional dysregulation. Partnering with ESUs is likely because every educator in the state of Nebraska who works for a public school district has access to a local ESU (Appendix A).

The Nebraska Systems of Care and the Nebraska Resource Project for Vulnerable Young Children were the two resources that principals indicated were least likely to help them educate children with emotional dysregulation, with 57% and 64% of the principals, respectively, stating they never use these resources. It was surprising to this researcher that there was not one of Nebraska's resources utilized by a majority of those who took the survey. This researcher has been concerned that there has been a disjointed effort to help support school districts to educate children with emotional dysregulation. This information further supports the need for a more coordinated effort to help support this population of students.

Conclusion 4: Principals Use PBIS Most

Positive Behavioral Intervention and Supports (PBIS) was the intervention that the principals perceived had the most positive impact on students with emotional dysregulation; 79% of the principals surveyed stated that they strongly agree or agree that this evidence-based strategy is having a positive impact on students with emotional dysregulation. It was also the evidence-based strategy that was least likely to have received the response on the survey of “We do not use this strategy,” as only 11 principals or 8% of those surveyed indicated they do not use PBIS at their school district.

According to the principals surveyed, the next two most common evidence-based strategies with positive impact were Check-In/Check-Out, also known as triage, and Social-Emotional Learning (SEL) Curriculum. Both strategies have a positive impact on students with emotional dysregulation, according to more than 75% of those surveyed. This finding of SEL Curriculum having a positive impact aligns with the meta-analysis conducted by Durlak et al. (2011) of over 270,000 participants of how social-emotional programs positively impact the school setting. Their findings document that SEL programs yielded significant positive effects on targeted social-emotional competencies and attitudes about self, others, and school.

A surprising finding was that the Good Behavior Game (GBG), one of the most widely researched interventions for students with emotional dysregulation, was only perceived to impact 31% of those surveyed positively. It was also surprising that of the 135 principals who completed the survey, 42% indicated that their school does not use the GBG strategy. This was surprising because of studies such as the large-scale research study by Bowman-Perrott et al. (2016), which found positive long-term impacts of the intervention on aggressive and disruptive behaviors and indicated a substantial reduction of problem behavior and an increase in prosocial behavior for participating students.

Mindfulness was the evidence-based strategy in which most principals indicated that their school does not use this strategy, with 45% of the 135 survey participants selecting, “We do not use this strategy.” These findings were also surprising, noting that the growing body of research demonstrating it as impactful in helping students with emotional dysregulation showing increased positive classroom behaviors, emotional

regulation, and academic achievement after receiving Mindfulness instruction (Harpin et al., 2016).

Implications of Research

The implications of this research will be to inform several invested parties of the current state of educating students with emotional dysregulation in Nebraska schools. It will shine a light on whether principals are implementing evidence-based strategies in their schools or not and which supports are utilized the most. In recent history, the Nebraska State Legislature has questioned the need for Educational Service Units. Still, with such a high percentage of principals relying on the ESU's to educate some of the most challenging students, the need for regional educational support centers is evident.

An additional group that could benefit from this research is lawyers that serve school districts. School attorneys can utilize the information to inform their practices better and to be able to support schools through a preventative approach before litigation over programming for students with emotional dysregulation occurs. A proactive approach could save school districts thousands of dollars and hundreds of hours for administrators involved in potential legal disputes.

Principal preparation programs at colleges and universities can utilize this research information to prepare future principals better. Knowing the most significant challenges principals face in educating children with emotional dysregulation and understanding which evidence-based strategies like PBIS have the most positive impact in educating students with emotional dysregulation will help prepare future principals facing these challenges. Principal graduate programs will also help develop new

principals who can positively support the school districts' climate and culture in which they lead.

Recommendations

Recommendation One – Implementing Easy Strategies that Work.

Two of the most widely recognized evidence-based interventions in this study that are of little to no cost to implement are the Good Behavior Game and Mindfulness. It was startling to discover through this research that these were the two evidence-based strategies that were the most likely not to be utilized by Nebraska principals to educate students with emotional dysregulation. The best way to address this research to practice gap would be Educational Service Units. According to this study, ESUs are the agencies that schools are most likely to consult to educate children with emotional dysregulation. It would make sense for ESUs to provide training and support for these low-cost and easy to implement strategies. Both the Good Behavior Game and Mindfulness would fit well within existing PBIS supports and would be low-cost and high-yield strategies if implemented regularly at the school level to help educate children with emotional dysregulation. These two strategies do not appear on the NeMTSS website under resources (NeMTSS, n.d.)

Recommendation Two – Mental Health Supports in Schools.

The majority of school principals surveyed stated that they were most likely to utilize local licensed mental health providers to support emotionally dysregulated children. With the discovery that principals were more likely to attribute emotional dysregulation to mental health concerns, this researcher would recommend that schools

partner with licensed mental health providers. This partnership would allow principals to understand the unique needs and circumstances each child brings to their school to gain a better understanding of mental health concerns and trauma.

The invisible backpack of trauma is an essential component for principals to recognize and help understand what children with emotional dysregulation may carry with them into the school building. Trauma-Informed Care practices within school settings are proven to be effective. An essential part of this level of care on the PBIS continuum would be the knowledge and training on trauma-informed practices. In addition to professional development, Licensed Mental Health providers can address both mental health concerns and help process trauma through practices such as Cognitive Behavior Therapy. When mental health professionals can assess and treat youth mental and behavioral issues on school campuses, it reduces barriers to traditional referrals out to the community (Mishna et al., 2012). Complementing a licensed mental health provider, school social workers can coordinate wraparound and community support.

During the 2018 legislative session, Senator Lynne Walz introduced LB 998, a bill requiring each ESU to hire a school social worker. This bill also incorporated funding to make Nebraska taxpayers' burden minimal for this initiative, as Senator Walz found private donors to fund the program. The bill passed on the final reading, but sadly, Governor Ricketts vetoed the bill when it arrived at his desk.

In his veto letter, the governor stated that “While the goal of this bill is noble, the bill in its final form misses the mark” (KHGI, 2018). Governor Ricketts went on to say how the acceptance of private dollars and giving them to public entities unnecessarily

puts the State between private donors and the public entities receiving those donations. He also mentioned how this would be a duplicate service. He stated, “Currently, several ESUs have staff participating in the implementation of a comprehensive Systems of Care model that is coordinated through the Division of Behavioral Health.” Unfortunately, this researcher found that the Nebraska Systems of Care was only utilized often or very often by 2% of the principals in this research study three years after Governor Ricketts claimed that several ESUs were utilizing this resource. The implementation by 2% of principals is neither comprehensive nor coordinated. This researcher recommends that state senators promote funding mental health supports in schools, such as licensed mental health providers and school social workers in the school setting, at a minimal cost to taxpayers.

Recommendation Three – High-Quality Educator Training

Institutes of higher education responsible for training new principals are obligated to ensure that principals understand various things that impact the students' regulation of emotions. Many principals feel unprepared to educate children with emotional dysregulation. Therefore, graduate programs must spend a significant amount of time equipping principals with the skills to educate children with mental health concerns and traumatic histories successfully. At a minimum, higher-education programs should focus on Adverse Childhood Experiences, trauma-informed care, evidence-based strategies through the lens of PBIS, as well as secondary trauma and educator self-care.

Principals are responsible for a long list of duties within a typical classroom with regulated students, but what is expected of them when students display significantly

disruptive behaviors is to go above and beyond what they learned in basic administrative training. It is imperative that all educators, including both teachers and principals, receive ongoing and high-quality professional development in the areas of trauma-informed schools, best practices in behavioral health, and how to deescalate situations when emotions are running high effectively. Additionally, professional development in ACEs and how trauma and adverse experiences in a child's life can impact their learning is essential for principals.

Understanding our mental health is key to maintaining our own emotions. Principals need to reflect on their mental health and understand how to take care of their own needs to avoid secondary trauma from educating children with emotional dysregulation. It is also imperative for principals to recognize secondary trauma in their teachers and other school personnel and offer staff the appropriate supports and resources.

Recommendation Four – Statewide Coordination Efforts

Nebraska has many resources that help support those adults responsible for educating children with emotional dysregulation. However, the systems are in silos or working independently of one another. The Nebraska MTSS (NeMTSS) website does an excellent job of providing resources for MTSS, including PBIS, but the website lacks components to support Tier 3 interventions. This researcher's recommendation is for continued efforts on the excellent focus by NeMTSS on supporting Tier 1 and Tier 2 behavioral supports and having ideas and supports in place for students in need of Tier 3 interventions. The students in Tier 3 must comprise the smallest percentage of students

per MTSS guidance, but the department cannot overlook them, as they require the highest level of support to help them succeed in schools.

This researcher's additional recommendation is for the Nebraska Department of Education to have a designated PBIS expert supporting Nebraska schools. Previously there was a Nebraska PBIS (NePBIS) consultant. Currently, the website lists Amy Rhone as the statewide contact (NePBIS, n.d.). Amy is the statewide director of the office of special education in Nebraska, with a long list of other duties that she oversees for the state. A statewide PBIS expert would be a point person to coordinate efforts to support children with emotional dysregulation.

When asked which agencies they turn to the most, participants in this study did not utilize Nebraska Systems of Care and the Nebraska Resource Project for Vulnerable Young Children often. If there were a statewide NePBIS director, with an added emphasis on Tier 3 interventions in addition to Tier 1 and Tier 2 strategies, initiatives such as NeSOC and NRPVYC would be part of a more coordinated effort to improve learning for children with emotional dysregulation.

Future Research

This original research was a good starting point in determining Nebraska principals' experiences in educating children with emotional dysregulation. This data could help delve further into the questions asked on the survey to support future research. Future research could center around the correlation of Educational Service Units' locations and the implementation of evidence-based strategies. The research could also focus on if certain levels of principals, such as secondary versus elementary principals,

and who may be more inclined to utilize one evidence-based strategy more often than the contrasting group. Another correlation studied in the future is which level of principals are experiencing which challenges, or if some regions of the state are more prone to behavioral challenges. This correlation would also help determine which principals need assistance the most and how outside agencies could best support them.

A qualitative study focusing on the specific stories that principals have directly experienced would allow the reader to understand what is happening in schools when principals and teachers are working to educate children with emotional dysregulation. Qualitative studies allow researchers to draw conclusions and develop common themes using dialogue from people with knowledge specific to the research question (Creswell, 2018). Throughout this dissertation, the story of Joey was an example of a real-life scenario and how stories are told by also researching qualitative phenomenon. A qualitative study would be a powerful addition to this research project.

A follow-up survey on the COVID-19 question should occur to determine whether or not there was an increase in the number of students with emotional dysregulation in the fall of 2020. Another question would be whether or not that percentage correlated with the percentages of principals who perceived that emotional dysregulation levels would increase. These follow up survey questions would help determine how to handle future traumatic disruptions in education and how those disruptions might impact students with emotional dysregulation.

There could also be research done on principals' characteristics in terms of psychological flexibility or educators' ability to approach behavioral challenges with

flexibility. According to Maag (2020), educators who have high psychological flexibility levels may be the most effective at changing their beliefs and openness to trying novel approaches. Those without psychological flexibility would be educators who may be experiencing extreme stress, difficulty resetting after student outbursts, or even burnout. Individuals who are rigid and have control issues will have a more challenging time with challenging students.

Psychological flexibility is an area that this researcher could not find an extensive collection of literature on whether or not it impacts teachers' or principals' effectiveness who educate children with emotional dysregulation. A 2013 study by Scanlon and Barnes-Holmes showed that teachers who participated in stress management intervention, or SMI, increased their psychological flexibility. However, few studies outlining psychological flexibility in education came up in the search engines when the researcher found articles for the literature review.

Finally, this researcher's recommendation for future research would be to delve further into the research of the broader field of implementation science. This particular research area would shine a light on why strategies such as Good Behavior Game and Mindfulness fail, not because they are of a high cost to a district or challenging to implement, but rather because the science of implementation has failed. Research from the broader field of implementation science has estimated that two-thirds of implementation efforts fail (Cook et al., 2019). The research to practice gap is an area that can be studied to determine how to implement best practices that work in helping to educate children with emotional dysregulation.

Joey – The Rest of the Story, Continued from Page 21

As Principal Smith faces her dilemma of a significantly escalated Joey, the systems and structures that have been put into place through the school-wide PBIS process become evident. The classroom paraprofessional calmly gives the other students a signal, who immediately pick up their iPads, line up at the door in a single file line, and walk with the adult to the library media center. The guidance counselor, trained in Crisis Prevention Intervention, arrives to help with de-escalation of the crisis, help Principal Smith monitor Joey's safety, and document vital signs to ensure his well-being. The teacher radios the school secretary, who phones the mother to inform her that there has been an escalation event and asks the mother to come to school to assist. The mother is willing to come and will bring a change of clothes.

As Joey becomes less escalated and his emotions become more regulated, Principal Smith gets him a drink of water and helps him walk to the nurse's office to change clothes. The guidance counselor notices that the teacher needs a break, provides compassionate support for the teacher, and offers to help cover the class. The teacher takes time to regain composure and takes some self-care time for herself following the event. The guidance counselor also offers the Employee Assistance Program's services to support the teacher with processing through the event.

The school secretary contacts the school mental health provider, who has a strong relationship with Joey, and he agrees to meet with Joey and the principal at the office. Once Joey is cleaned up, the licensed mental health provider processes with Joey

what triggered today's events and meets with Joey and his mother. Once he is calm, it nears the end of the school day, and he departs with his mother, a safe person for him.

At the end of the day, Principal Smith hosts a debriefing meeting for Joey's team to reflect on what happened today, revisit his positive behavior plan, and make adjustments accordingly. This team includes the teacher, principal, guidance counselor, classroom para, and licensed mental health provider. It is discovered that the new math content triggered Joey's strong emotions today, in addition to a lack of sleep due to his older brother moving back into the home. The team plans to provide additional support for the triggering events, create a plan for Joey to help fix what went wrong through an apology, and help support him to contribute, such as cleaning up the desk he overturned the following day.

The principal reaches out to the school social worker and plans to have the social worker connect with mom to better support Joey's sleep habits. The principal follows up with the teacher and ensures their mental health is at a positive level and that they are able to resume their duties in the classroom following the event. Team Joey understands that Joey is every bit as much a part of their school as anyone else. Fortunately, this school has put a continuum of positive behavioral supports to ensure the education of Joey and all other students' as well. EVERY student means EVERY student.

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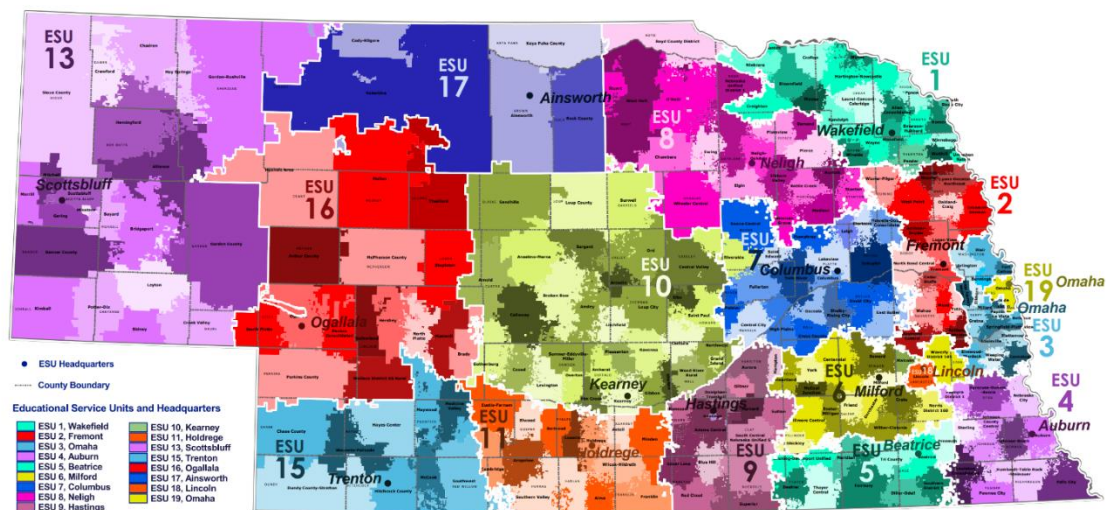
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Appendix A

ESU Regional Map



Source: 2018-2019 Educational Service Units (ESUs) by State Board Districts. (n.d.).

Appendix B

UNL IRB Approval Letter



Official Approval Letter for IRB project #20556 - New Project Form

July 21, 2020

Elizabeth Ericson
Department of Educational Administration

Jiangang Xia
Department of Educational Administration
TEAC 125 UNL NE 685880360

IRB Number: 20200720556EX
Project ID: 20556
Project Title: Every Student Means Every Student: Experiences of Nebraska Principals and the Challenges of Educating Students with Emotional Dysregulation

Dear Elizabeth:

This letter is to officially notify you of the certification of exemption of your project for the Protection of Human Subjects. Your proposal is in compliance with this institution's Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects at 45 CFR 46 2018 Requirements and has been classified as exempt. Exempt categories are listed within HRPP Policy #4.001: Exempt Research available at: <http://research.unl.edu/researchcompliance/policies-procedures/>.

- o Date of Final Exemption: 7/21/2020
- o Certification of Exemption Valid-Until: 7/21/2025
- o Review conducted using exempt category 2a at 45 CFR 46.104
- o Funding (Grant congruency, OSP Project/Form ID and Funding Sponsor Award Number, if applicable): N/A

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:

- * Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
- * Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
- * Any protocol violation or protocol deviation
- * An incarceration of a research participant in a protocol that was not approved to include prisoners
- * Any knowledge of adverse audits or enforcement actions required by Sponsors
- * Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
- * Any breach in confidentiality or compromise in data privacy related to the subject or others; or
- * Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and you should notify the IRB immediately of any proposed changes that may affect the exempt status of your research project. You should report any unanticipated problems involving risks to the participants or others to the Board.

If you have any questions, please contact the IRB office at 402-472-6965.

Sincerely,

Becky R. Freeman



Appendix C

Millard Public Schools IRB Approval Letter



Don Stroh Administration Center · 5606 So. 147th Street · Omaha, NE 68137-2647 · (402) 715-8200 · (Fax) (402) 715-8409

To: Beth Ericson

From: Sharon Freeman
Department of Assessment, Research, and Evaluation

CC: Dr. Heather Phipps, Dr. Tony Weers, Andy DeFreece, Dr. Terry Houlton, and Dr. Darin Kelberlau

Date: August 3, 2020

Re: Request to conduct research in Millard Public Schools

In accordance with MPS Rule 6900.1, this notification qualifies as our approval for you to conduct research in Millard Public Schools **under the following provisions:**

- Your study follows the structure outlined in your request.
- Principals are notified of their right to opt out of the study, any instrument(s) included in the study, or any item on the instrument(s).
- Upon completion of the study, you will provide the MPS Department of Assessment, Research, and Evaluation with a summary of findings and, if applicable, a complete report of procedures and findings.

Thank you for completing the application process. We look forward to reading your results.

Sharon A Freeman
Research Associate - Department of Assessment, Research, and Evaluation
Millard Public Schools

Appendix D

Email to Participant

Dear Nebraska Principal,

My name is Elizabeth (Beth) Ericson. I am conducting a study on The Experiences of Nebraska Principals Educating Students with Emotional Dysregulation as part of my dissertation at the University of Nebraska Lincoln Educational Administration doctoral program. If you are 19 years of age or older and are currently a Nebraska Principal, you may participate in this research. You are invited to participate in this research project because you are a Nebraska school principal that works for a school that is a KSB Law Client.

Participation in this study will require approximately 10 minutes. You will be asked to complete a brief survey about challenges you have experienced educating students with emotional dysregulation, which evidence-based strategies are being implemented in your school, and what resources in Nebraska you utilize to help support the education of children with emotional dysregulation in your school. Participation will take place in an online survey. Your responses will be confidential and identifying information such as your name, email address, or IP address will not be collected.

There are no known risks to you from being in this research study.

Benefits may include gaining access to information on the most problematic challenges other principals face educating students with emotional dysregulation and what resources in Nebraska are most likely to be utilized to help support you as a principal educating children with emotional dysregulation. However, you may not get any benefit from being in this research study.

You will not be paid to take part in this study, and it is not anticipated that participating in this study will result in any personal expenses that you may incur.

Reasonable steps will be taken to protect the privacy and the confidentiality of your study data; however, in some circumstances, we cannot guarantee absolute privacy and/or confidentiality. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The research records will be securely stored electronically through University approved methods and will only be seen by the research team and/or those authorized to view, access, or use the records during and after the study is complete. For the purpose of future publications, individual data may be shared, but it would be de-identifiable.

Those who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law or contractor institutional responsibility. The information from this study may be published in scientific journals or presented at scientific meetings and may be reported individually, as a group, or summarized data but your identity will be kept strictly confidential.

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study-related questions, please contact the investigator: Elizabeth Ericson elizabeth.ericson@huskers.unl.edu or (402) 410-0147. The secondary investigator for this project is Dr. Jiangang Xia, jxia@unl.edu. For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB): Phone: 1(402)472-6965 Email: irb@unl.edu.

You can decide not to be in this research study, or you can stop being in this research study (withdraw) at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with the University of Nebraska-Lincoln or the University of Nebraska Kearney. You will not lose any benefits to which you are entitled.

You are voluntarily making a decision whether or not to participate in this research study. You may begin this survey and give or refuse consent by clicking on the following link:

<https://forms.gle/t57dbsWqM5AsXqkz5>

Thank you for your consideration.

Sincerely,

Beth Ericson

Appendix E

Email Reminder

Dear Nebraska Principal,

My name is Elizabeth (Beth) Ericson. Recently, I shared a survey with you for a research study I am conducting on The Experiences of Nebraska Principals Educating Students with Emotional Dysregulation as part of my dissertation at the University of Nebraska Lincoln Educational Administration doctoral program. You are invited to participate in this research project because you are a Nebraska school principal that works for a school that is a KSB Law Client. If you already completed the survey, please accept my sincere gratitude for helping to move the conversation forward on educating students with emotional dysregulation. If you haven't and can spare a few minutes of time to help me move this study forward, I would greatly appreciate your consideration.

I know that you are incredibly busy coming off of a statewide school closure due to COVID-19 precautions. This survey will take a minimal amount of your time, and most participants are able to complete it in 10 minutes or less. If at all possible, and you are able to complete this survey, this will provide important statewide data on the challenges you, as a principal, face educating students with emotional dysregulation.

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study-related questions, please feel free to contact me at elizabeth.ericson@huskers.unl.edu or (402) 410-0147.

You can decide not to be in this research study, or you can stop being in this research study (withdraw) at any time before, during, or after the research begins for any reason.

Thank you for your time. If you are able to spare the time, you may begin this survey and give or refuse consent by clicking on the following link:

<https://forms.gle/t57dbsWqM5AsXqkz5>

I wish you well in your start to a challenging, yet very exciting school year.

Sincerely,

Beth Ericson

Appendix F

Informed Consent



Every Student Means Every Student: Experiences of Nebraska Principals and the Challenges of Educating Students with Emotional Dysregulation

Dear Nebraska Principal,

My name is Elizabeth (Beth) Ericson. I am conducting a study on The Experiences of Nebraska Principals Educating Students with Emotional Dysregulation as part of my dissertation at the University of Nebraska Lincoln Educational Administration doctoral program. If you are 19 years of age or older and are currently a Nebraska Principal, you may participate in this research. You are invited to participate in this research project because you are a Nebraska school principal that works for a school that is a KSB Law Client.

Participation in this study will require approximately 10 minutes of your time. You will be asked to complete a brief survey about challenges you have experienced educating students with emotional dysregulation, which evidence-based strategies are being implemented in your school, and what resources in Nebraska you utilize to help support the education of children with emotional dysregulation in your school. Participation will take place in an online survey. Your responses will be confidential and identifying information such as your name, email address, or IP address will not be collected.

There are no known risks to you from being in this research study.

Benefits may include gaining access to information on the most problematic challenges other principals face educating students with emotional dysregulation and what resources in Nebraska are most likely to be utilized to help support you as a principal educating children with emotional dysregulation. However, you may not get any benefit from being in this research study.

You will not be paid to take part in this study, and it is not anticipated that participating in this study will result in any personal expenses that you may incur.

Reasonable steps will be taken to protect the privacy and the confidentiality of your study data; however, in some circumstances, we cannot guarantee absolute privacy and/or confidentiality. All data is stored in a password protected electronic format. To help protect your confidentiality, the survey will not contain information that will personally identify you. The research records will be securely stored electronically through University approved methods and will only be seen by the research team and/or those authorized to view, access, or use the records during and after the study is complete. For the purpose of future publications, individual data may be shared, but it would be de-identifiable.

Those who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law or contractor institutional responsibility. The information from this study may be published in scientific journals or presented at scientific meetings and may be reported individually, as a group, or summarized data but your identity will be kept strictly confidential.

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study-related questions, please contact the investigator: Elizabeth Ericson elizabeth.ericson@huskers.unl.edu or (402) 410-0147. The secondary investigator for this project is Dr. Jiangang Xia, jxia@unl.edu. For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB): Phone: 1(402)472-6965 Email: irb@unl.edu.

You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with the University of Nebraska-Lincoln or the University of Nebraska Kearney. You will not lose any benefits to which you are entitled.

You are voluntarily making a decision whether or not to participate in this research study. By clicking on the I Agree button below, your consent to participate is implied. You should print a copy of this page for your records.

ELECTRONIC CONSENT: Please select your choice below. Clicking on the "I agree" button below indicates that: 1) you have read the above information 2) you voluntarily agree to participate.

- I Agree
- I Do Not Agree

Next



Page 1 of 3

Appendix G

Survey Instrument

Physical Aggression (e.g. physically attacking someone with intent to harm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injury (e.g. physical injury to self as a result of anxiety or anger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scatolia (e.g. fecal smearing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disrobing (e.g. intentionally removing clothing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 How often do students with emotional dysregulation in your building have traumatic experiences or mental health concerns in their background?

	Very Often	Often	Sometimes	Rarely	Never
Traumatic Experiences (Abuse, Neglect, Loss, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Concerns (Depression, Anxiety, Bipolar Disorder, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9 How well prepared do you feel you are to educate students with emotional dysregulation?

10 How concerned do you feel that there will be an increase in students with emotional dysregulation at your school following the COVID-19 closures and related procedures?

11 How often is restraint or seclusion used for students with emotional dysregulation in your school building?

	Very Often (Multiple Times Per Week)	Often (Once Per Week)	Sometimes (2- 3 Times Per Month)	Rarely (Less Than 1 Time Per Month)	Never
Restraint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12 How often do teachers and support staff at your school experience their own secondary trauma after exposure to traumatized students?

- Very Often (Multiple Times Per Week)
- Often (Once Per Week)
- Sometimes (2-3 Times Per Month)
- Rarely (Less Than One Time Per Month)
- Never

14 How often do you utilize the following Nebraska resources to assist in educating students with emotional dysregulation?

	Very Often	Often	Sometimes	Rarely	Never
Educational Service Units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional Behavioral Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Mental Health Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Legal Counsel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nebraska Department of Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level 3 Special Education Schools/Rule 18 Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nebraska Council of School Administrators and Their Affiliate Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nebraska Systems of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nebraska Resource Project for Vulnerable Young Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix H

Connection Between Research and Survey Questions

Research Question	Survey Questions	Type
Demographic Information	1	MC
	2	MC
	3	MC
	4	MC
	5	MC
	6	MC
RQ 1 Challenges	7a	L
	7b	L
	8	L
	10	L
	12	L
RQ 2 Preparedness	9	L
RQ 3 Nebraska Agencies	14	L
RQ 4 Evidence-Based Strategies	11	L
	13	L

***Type: Y/N = Yes or No; MC = Multiple Choice; L = Likert Scale**