

UNIVERSITY OF CAPE COAST

INFLUENCE OF TEACHERS' KNOWLEDGE AND ATTITUDE ON
THEIR MANAGEMENT STRATEGIES FOR STUDENTS WITH
EMOTIONAL AND BEHAVIOURAL DISORDERS IN SECOND CYCLE
INSTITUTIONS IN THE VOLTA REGION

IVY AMA KPODOE

2020

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University of Cape Coast

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INSTITUTIONS IN THE VOLTA REGION

BY

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Thesis submitted to the Department of Education and Psychology of the
Faculty of Educational Foundations, College of Education Studies, University
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Philosophy Degree in Special Education

NOVEMBER 2020

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature Date

Name:

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature Date.....

Name:

Co-Supervisor's Signature..... Date

Name:

ABSTRACT

This study examined the influence of teachers' knowledge and attitude on their management strategies for students with Emotional and Behavioural Disorders (EBD) in second cycle institutions in the Volta Region. The theoretical and philosophical arguments of this study were grounded in the self-efficacy theory, attachment theory and the multiple intelligence theory. The population was 4539 teachers and the final sample size was 280. The study employed the Convergent Paralled mixed method design. That is, methodologically, a combination of both interpretivism and positivism approaches were adopted through the use of questionnaires and interviews with teachers in public second cycle institutions in the Volta Region of Ghana. The quantitative data gathered were analysed using independent samples t-test, ANOVA and Pearson's Product Moment Correlation while thematic analysis was done on the qualitative data. The study found that the teachers had high knowledge of prevalence of EBD as well as positive attitude towards students with EBD except that they did not feel adequately prepared to meet the needs of students with EBD. The study also found that teachers mostly used proactive strategies in managing students with EBD. The study concluded that teachers with higher educational background have more considerable knowledge about EBD and generally, teachers' choices of strategies in managing students' problem behaviour is not influenced by their attitude. The study recommended that a guide on identification, characteristics and management strategies of EBD should be developed by the Ministry of Education to be used by teachers. There should also be regular in-service training for teachers on students with EBD.

KEYWORDS

Attitude

Behaviour

Disorder

Emotions

Experience

Management Strategies

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DEDICATION

To the memory of my deceased mother, Madam Mercy Akua Dogbe

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LIST OF ABBREVIATIONS

AACAP	America Academy of Child and Adolescent Psychiatry
ADHD	Attention Deficit Hyperactivity Disorder
CD	Conduct Disorders
CSSQ	Challenging Student Standard Questionnaire
DSM	Diagnostic and Statistical Manual
EBD	Emotional Behavioural Disorders
GAD	Generalised Anxiety Disorder
GSS	Ghana Statistical Service
IDEA	Individuals with Disabilities Education Act
JHS	Junior High School
MI	Multiple Intelligences
NNER	National Net Enrolment Rate
OCD	Obsessive- Compulsive Disorder
PTSD	Post-traumatic Stress Disorder
QCA	Qualitative Content Analysis
SED	Serious Emotional Disturbance
SHS	Senior High School
SPSS	Statistical Product and Service Solutions
TLMs	Teaching and Learning Materials
US	United States

CHAPTER ONE

INTRODUCTION

Background of the Study

As indicated by the United Nations (2015), over one billion people, approximately fifteen percent of the world's populace live with some form of disability and 150 million of them are children (under age 18). More than 80 percent of these children reside in developing countries. Considering changes in population growth and epidemiological developments, in the years ahead, disability prevalence could be an even greater concern. One of the major disabilities which have not attracted the attention of researchers is that of Emotional and Behavioural Disorders, (EBD) (Kauffman, Mock, & Simpson, 2011).

Conceptually, establishing a universal definition for EBD has been difficult. As a result, there seems to be no consensus definition on EBD. This, according to Smith (2014), could be explained by the different biological, behavioural and sociological/ecological factors related to EBD that make it difficult to develop a simple index for its measurement. In other words, the fact that EBD cannot be satisfactorily described by intellectual, cultural, sensory, general health factors, or other additional exclusionary factors, makes its conceptualisation challenging. Considering the absence of connection regarding eligibility criteria, identification, and varying definitions of behavioural standards, it is not surprising that it is challenging, if not difficult, to determine the precise dominance of EBD in our schools and how they are managed.

Therefore, in conceptualising EBD, it is essential to contextualise the relative synchrony between emotional disorders and behavioural disorders. An emotional disorder is a deficiency in emotional expression that interrupts the normal expression of emotions and causes one to act in ways opposing to the norms of society (Hallahan, Kauffman & Pullen, 2012). Fundamentally, all emotions virtually get expressed (however minimally) in behaviour. Thus, a person's emotions affect his/her behaviour. However, Schreiber, Odlaug, and Grant (2013) explain that behavioural disorders are more often identified than emotional disorders. This discrepancy could be due to the observable behaviours that accompany behavioural disorders such as aggression, rather than the less obvious behaviours accompanying emotional disorders, such as relational peer victimisation (Gargiulo, 2012).

The National Association of School Psychologists (2004, p.1) gives the following as the characteristics of students with EBD:

1. Students' inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers;
2. Students' inability to learn, which cannot be effectively explained by intellectual, sensory or health factors;
3. A consistent or lingering inappropriate type of behaviour or feelings under normal conditions;
4. A displayed pervasive mood of unhappiness or depression; and
5. A displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.

Therefore, a student must show one or more of the emotionally based features of adequate duration, frequency, and severity that significantly

interfere with educational success in order to be seen as having an EBD. The emotional and behavioural manifestations of students with EBD have the potential to dramatically affect the overall atmosphere of the teaching process (Cassady, 2011).

Fundamentally, two major types of behaviour are exhibited by students with EBD. These are externalising and internalising behaviours. Behaviours that are disinhibited, disruptive, or hostile in nature and defiant are known as externalising behaviours (Lane, Webby & Barton-Arwood, 2005). Students displaying externalising behaviours are usually diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and conduct disorders. These behavioural disorders often have features like acting out, verbal or physical aggression, destruction of property and vandalism. Individuals with conduct disorders are dangerous because they could become a greater threat to those they interact with (Johnson, 2008).

Conversely, internalising behaviours include those that are indicative of anxiety, withdrawal, depression or social phobia. These behaviours typically result in diagnoses of depression, anxiety, obsessive compulsive disorders, or selective mutism (Gresham & Kern, 2004). These are consistent with what was reported by the Individuals with Disabilities Education Act (IDEA), (2004) that students with Social Emotional Disorder are very likely to present externalising behaviours (such as destroying property) than internalising behaviours (such as withdrawal). Generally, internalising behaviours are more prevalent in young adults than with younger children, and tend to be persistent over time (Ollendick & King, 1994). This means that internalising behaviours can exist unnoticed if extra care is not taken. As a

country, we ought to be on guard especially in the second cycle institutions where a majority of students are adolescents.

Quashie, Osafo, Akotia, and Peprah (2015), in considering the effects of internalising behaviours on students in their Qualitative Content Analysis (QCA) following the pattern of 44 media reports of adolescent suicide in Ghana from January, 2001 through to September 2014, unfolded a statement signed by the Chief Executive of the Mental Health Authority, Dr. Akwasi Osei, blaming the lack of social support system as a major reason why people commit suicide in the country. He also blamed counselling centres for such growing numbers of suicide among students.

This corroborates Quashie, Osafo, Akotia, and Peprah's (2015) statement that it might not be easy to conclude that a student is suicidal, but if you notice that a student suddenly becomes a lot more reserved than she or he usually is, then "it should raise a red flag", and you may be doing some good service to the person if you contact the counselling service in their school. This approach, according to Gyimah and Ocansey (2016), if not enforced in recent times, then the issue of handling social problems has proved ineffective, culminating in the increased occurrence of youth psycho-social concerns and maladaptive behaviours. Teachers' inability to manage students with EBD by ensuring that efficient and accessible support systems are put in place to build their mental fortitude, particularly in their times of weaknesses and susceptibility, can expose them to danger whether by intent or accident.

Gresham, Lane, MacMillan and Bocian (1999), however, argue that about a third category of EBD in addition to Externalising and Internalising

behaviour are Low Incidence but this is almost silent in literature. Some disorders occur very infrequently and are quite serious when they occur.

Largely, students with EBD present serious challenges to teachers because they are perceived to be difficult, time-consuming, and frustrating to handle. Therefore, it is essential that teachers are able to effectively handle students with EBD. However, many teachers perceive students with EBD as problematic and harder to deal with due to insufficient support and training (Ducharme & Shecter, 2011).

Allday, Hinkson and Hudson (2012), observe that if students with EBD or those that may be at risk, are included in the regular education classroom, and teachers are not trained on their characteristics or interventions that are associated with EBD, they (teachers) can be overwhelmed by the challenges brought about by this challenging group of students. This may affect their attitude towards such students. They can distance themselves or avoid them (students) or seek support and accept responsibility to effectively manage such students. The results from the study of Oliver and Reschley (2010) found that teachers may not be adequately prepared to meet the behavioural needs of diverse learners. Equally important was a study conducted by Fallon, Zhang, and Kim (2011), which focused on training teachers to manage the behaviours of students with disabilities in the inclusive classroom by indicating that, many general education teachers lack the skills and knowledge necessary to effectively manage these challenging behaviours.

Teachers' knowledge, mood, thought, processes, behavioural tendencies and evaluation of students with EBD determine how they manage such students in their classroom. According to Ryan (2009), it is generally

difficult for teachers to accept students with EBD and establish strong social bonds with such students. As a result, students with EBD generally experience a negative attitude from their teachers. Tsakiridou and Polyzopoulou (2014), conversely, note that a number of factors affect teachers' attitude towards students with EBD, these include experience, education, personal contact with disability, requirements for accommodations, and potential behaviour problems. The attitudes of teachers may be influenced by a single factor or a combination of several factors. Most general education teachers in Ghana have little expertise in recognizing individuals with special needs, according to Hayford cited in Boakye-Akomeah (2015). Also, regular teachers in the classroom usually raise concerns about inclusive education. One of the problems is that they lack the advanced training needed in teaching academic, social or adaptive behaviour needed by students with disabilities (Hayford, cited in Boakye-Akomeah, 2015). Student performance can be undermined in inclusive practice unless teacher training programmes are instituted to incorporate the new wave of pedagogical practice that values all students (Carrington, Deppeler & Moss, 2010).

In Ghana, due to the Inclusive Education (MoE, 2015) regular schools are required to manage all categories of students including those with EBD professionally. However, regular teachers seem to face a number of challenges that do not promote the effective management of students with EBD. Available data from the Ghana Statistical Service (GSS) (2010) show that EBD is the third most prevalent form of disability (18.6 %) after visual or sight impairment (40.1%) and physical disability (25. 4%). Despite the statistics given by GSS, it became obvious that structures were not in place for

professionals to do thorough assessment that will enable them establish the eligibility of students with EBD as the case has been for individuals with visual and hearing impairments. Since there was the need to know and report on how teachers' knowledge and attitude influence their management of students who exhibit emotional and behaviour problems in our second cycle schools, the use of *Emotional and Behavioural Disorders* in this study should be connoted for students who have not gone through any rigorous assessment and for that matter have no document confirming their eligibility, but exhibit emotional and behaviour problems that have met the criteria of EBD as expatiated in existing literature.

Oliver and Reschley (2010) are of the view that due to excesses exhibited by students with EBD, research is focused on teachers skills in classroom organisation and behaviour management and that such skills are essential in handling these challenging behaviours, attenuate academic deficits, and support successful inclusion efforts. Kern, Hilt-Panahon, and Sokol (2009) state that this type of research and investigation is needed and imperative so that teachers can determine their own pedagogical strengths and flaws when teaching students with EBD. It was on the basis of this that I undertook this study to investigate the effect that teachers' knowledge and attitude have on their management strategies for students with EBD.

Statement of the Problem

A reviewed literature by Avramidis and Norwich (2002) has pointed out that though most teachers have positive approaches toward inclusion, they do not feel effectively equipped for teaching students with special needs, especially in the case of students with profound learning difficulties and

emotional and behavioural disorders. Considering the prevalence of EBD among young adults, it is essential that teachers are equipped with the relevant skills in managing such pertinent disorders. However, many teachers lack the necessary skills and training to effectively address challenging behaviours associated with EBD (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). It is observed that the limited knowledge, skills and abilities of some teachers and educators in Ghana tend to make them rather reluctant to manage children with emotional and behavioural problems (Aboagye, 2020).

Whereas without effective interventions, these individuals may not experience positive outcomes because, as noted by Quinn, et.al. (2000), when the condition is left unmanaged, students will be at risk for experiencing adverse, long-lasting outcomes, that includes academic problems, school dropout, imprisonment and unemployment. Though several literatures exist on other forms of disabilities such as physical, visual, hearing, intellectual and learning, that on EBD seems to be limited. This, according to Gage, Lewis and Adamson (2010) could explain the frustrations of most teachers in handling students with EBD. It has been observed through personal cursory communication and interaction that, though some teachers are able to identify emotional disturbances in their students, others do not have that ability. Even among those who have the ability, what remains a key challenge is how to treat the young adult with EBD to successfully cope in the educational system. This concern is buttressed by Allday et al. (2012) who state that students with EBDs bring exceptional problems to the classroom setting. Perhaps, this corroborates (Gargiulo, 2012) assertion that firstly, their behaviours are almost always upsetting and troubling to those who teach, live with, and work

with them. Secondly, they are often blamed for their disability by those around them, and who do not recognise that they are disabled and believe they are capable of changing their behaviour if they so desire. Thirdly, they encounter ostracism because of the stigma associated with the condition

Allday et al. (2012) assert that students with EBD are normally included in regular education classrooms where the teachers have not been trained on the differentiated teaching strategies that are most efficacious to meet the unique challenges these students present. While teachers in general education classrooms have positive attitudes towards the inclusion of disabled students in regular school classrooms in Ghana, they have limited knowledge of inclusive practices (Hayford, as cited in Boakye-Akomea, 2015). It can then be inferred that most teachers do not offer individual support to students with special needs and provide assistance to help them to solve their difficulties and engage effectively in learning. This underscores the assertion by Aboagye (2020) that in Ghana, the way the maladaptive behaviours are managed has become a concern for educators and many stakeholders in education. Teachers often point out that they need to spend too much time on students' behaviour problems and so do not have enough time for instruction.

Gyimah (2006) points out in his study that, in Ghana, teachers appear to use punishment, unethical as it is, to manage behavioural problems and fail to recognise the rights of every child. Could this probably be because teachers do not have enough knowledge on the management strategies they can adopt?

It appears teachers tend to reactively respond to the behavioural and social deficits of students with EBD. A study by Aklamanu (2016), found that

suspending students with EBD from school by sending them home has done more harm than good to such students in Ghanaian schools. As a result, students with EBD feel rejected by their teachers and do not psychologically feel attached to the school environment. However, owing to the academic, social, and behavioural needs of students with EBD, a high degree of support is required from their teachers.

According to Quashie et. al. (2015), considering the educational background of adolescent suicides, more than half (63.6%) of all the media reported cases across their study period from 2001 to 2014, involved adolescents in school. Out of this percentage, 15.9% were in primary school, 22.7% were in junior high school (JHS), and 25% were adolescents in senior high school (SHS). These statistics appear to suggest that the school setting presents some pathways or risk factors to adolescent suicide in Ghana.

It is obvious that adolescents in second cycle institutions in Ghana need crucial monitoring of their dispositions by their teachers. Beyond the second cycle institutions are cases reported by the Ghana News Agency (2017) concerning suicide cases among students from University of Ghana, and Kwame Nkrumah University of Science and Technology. There is the case of a twenty –one year old Senior High School student who committed suicide in New Tafo. It could be that the suicide cases reported in the universities were carryover effects from the unidentified and unmanaged EBD from their respective second cycle institutions.

Available evidence from the Volta Regional Education Office shows that although there is no readily available data on the prevalence rate of students with EBD at the second cycle level, recent complaints by teachers at

the second cycle level in the region suggest that most teachers have students with behavioural problems in their schools. However, these teachers seem not to trust their own ability to effectively manage EBD problems due to limited knowledge, understanding, and skills regarding EBD. This seems to result in teachers developing attitudes that may not be favourable to the educational development of students with EBD. In other words, it appears teachers are unable to devise effective and adequate interventions that would benefit the student with EBD. Consequently, students with EBD face significant challenges in the classroom and are often engaged in disruptive social behaviours; they also exhibit poor attendance rates. It is, therefore, imperative that a study of this nature is conducted to investigate the extent to which teachers' knowledge and attitude affect their management strategies for students with EBD.

Purpose of the Study

The main purpose of this study was to examine the influence of teachers' knowledge and attitude on the strategies they use in managing students with EBD in second cycle institutions in the Volta Region. Specifically, the study sought to:

1. Assess the knowledge teachers in the Volta Region have about students with Emotional and Behaviour Disorders
2. Determine the attitude of teachers in the Volta Region towards students with Emotional and Behaviour Disorders.
3. Identify the management strategies used by teachers in the Volta Region in managing students with Emotional and Behaviour Disorders .
4. Determine the influence of gender on teachers' knowledge on EBD.

5. Ascertain the influence of gender on the attitude of teachers towards students with EBD.
6. Determine the influence of educational background on teachers' level of knowledge on EBD.
7. Explore the influence of period of teaching on the knowledge level of teachers on EBD.
8. Ascertain the period of teaching on teachers' attitude toward students with EBD.
9. Determine the relationship between the knowledge level of teachers and their attitude towards students with EBD.
10. Explore the relationship between the teachers' knowledge on students with EBD and the management strategies they adopt.
11. Ascertain the relationship between the teachers' attitude towards students with EBD and the management strategies they adopt.

Research Questions

Using the research objectives as the framework, the following research questions were formulated:

1. What level of knowledge do teachers in the Volta Region have about students with Emotional and Behaviour Disorders?
2. What is the attitude of teachers in the Volta Region towards students with Emotional and Behaviour Disorders?
3. What are the management strategies used by teachers in the Volta Region in managing students with Emotional and Behaviour Disorders?

Hypotheses

The following hypotheses were further set to address some of the objectives of the study:

1. H_0 : There is no statistically significant difference in the knowledge teachers have on EBD based on gender.

H_A : There is a statistically significant difference in the knowledge teachers have on EBD based on gender.

2. H_0 : There is no statistically significant difference in the attitude of teachers towards students with EBD on the bases of gender.

H_A : There is a statistically significant difference in the attitudes of teachers towards students with EBD based on gender.

3. H_0 : There is no statistically significant difference in teachers' level of knowledge on EBD in terms of their level of education.

H_A : There is statistically significant difference in teachers's level of knowledge on EBD in terms of their level of education.

4. H_0 : There is no statistically significant difference in teachers' level of knowledge of EBD with respect to their number of years of teaching.

H_A : There is statistically significant difference in teachers' level of knowledge of EBD with respect to their number of years of teaching.

5. H_0 : There is no statistically significant difference in the attitudes of teachers in the Volta Region towards students with EBD based on their number of years of teaching.

H_A : There is statistically significant difference in the attitude of teachers in the Volta Region towards students with EBD based on their number of years of

teaching.

6. H_0 : There is no statistically significant relationship between the knowledge level of teachers in the Volta Region and their attitude towards students with EBD.

H_A : There is a statistically significant relationship between the knowledge level of teachers in the Volta Region and their attitude towards students with EBD.

7. H_0 : There is no statistically significant relationship between the teachers' knowledge on students with EBD and the classroom management strategies they adopt in the Volta Region.

H_A : There is a statistically significant relationship between the teachers' knowledge on students with EBD and the management strategies they adopt in the Volta Region.

8. H_0 : There is no statistically significant relationship between the teachers' attitude towards students with EBD and the classroom management strategies they adopt in the Volta Region

H_A : There is a statistically significant relationship between the teachers' attitude towards students with EBD and the classroom management strategies they adopt.

Significance of the Study

The results of this research would be useful to teacher-education programme coordinators to assist in developing effective programmes that will equip teachers with the strategies needed for working with students with EBD by enhancing teachers' self-efficacy. This would result in teachers developing positive attitudes that would make them willing to have students

with EBD in their classrooms and provide such students with the necessary support that would create a congenial learning environment for them. Stakeholders can rely on the findings and recommendations of the study to plan interventions for students with behaviour challenges. Recognising and addressing factors that influence teachers' attitudes can increase positive results in including students with EBD in the general education classrooms. This information can be used by school counsellors and psychologists to educate teachers on EBD and the appropriate management strategies.

The findings in the study would also help determine the types of management strategies teachers are using in their classrooms to support students with EBD. This can help stakeholders in the development of a teacher handbook that gives teachers strategies and techniques that they can use to support students with EBD in their general education classrooms. This would provide the basis for appropriate interventions to inform the improvement of special education policies by the Special Education Division of the Ghana Education Service. This is essential to enable the development of a more reality-based framework for planning and implementing effective programmes for teachers to respond positively to students with EBD.

On the academic front, the study would add to the existing literature on EBD. Thus, the outcome of the study would significantly advance the frontiers of knowledge and add to the existing academic literature on EBD. Empirically, this study would fill the knowledge gap by providing empirical evidence on the relationship between teachers' attitudes towards students with EBD and the corresponding management strategies. This would help fill the

existing gap between teachers' attitude and the management strategies regarding EBD.

Delimitation

Although there are several forms of disability in Ghana, this study focused on EBD. This is explained by the fact that, despite EBD being the third most prevalent disability in Ghana (GSS 2010), it has received less attention by researchers, resulting in the limited literature on its management by teachers.

It is also important to indicate that determining the causes of EBD among students is beyond the scope of this study due to the several models explaining behavioural attributes among adolescents including psychodynamic models, behaviourist model, ecological system models, and cognitive models (Gargiulo, 2012). Thus, this study only explored EBD from a special education perspective since I do not have the requisite medical skills to determine the causes of EBD. Also, determining the prevalence of EBD from medical perspective among the students was beyond the scope of this study. This is based on Fisher, Doyon and Allen's (2007) explanation that assessing a student for EBD is a complex task, given the ambiguities of the conceptual definition.

In Ghana, the National Net Enrolment Rate (NER) of secondary school-age children is 25.2 percent (MoE, 2016). This means that more than 70 percent of persons of secondary school-age in Ghana including persons with disabilities are not in school. Therefore, focusing on such a segment of the population in this study is essential. As such, the study was delimited to the influence teachers' knowledge and attitude have on their management

strategies for only students with EBD in the second cycle institutions in the Volta Region.

Limitations

As it is with most researches in social science, some limitations have been identified in the current study. These limitations may provide insight for future researches. First of all, the study is limited in its generalisability to other second cycle institutions in remote settings in the Volta Region which were not part of the study population. Though I stratified the sample to represent a variety of settings and cohorts in the region, the participation rate was not excellent as I encountered in the response rate during data collection. This could affect the results on the influence teachers' knowledge and attitudes have on their management of students with EBD.

Another limitation of this study is the form of data collection. Although I collected two forms of data (questionnaire and interviews), the contextual factors for the enhancement of management of EBD in the second cycle schools, as discussed by teachers in this study, may not well represent what is practised on the ground. The study investigated influence of teachers' knowledge and attitude on their management strategies for students with Emotional and Behaviour Disorders. A case study of a particular second cycle institution where all teachers would be part of the study might have provided a better understanding of the phenomenon. In addition, observation could also be added to the use of interview and questionnaire for an in-depth data collection. Again, since private second cycle institutions were not part of the study, generalising for all schools may not be very appropriate.

Operational Definition of Terms

The following are operational definitions of some key words used in the study:

Attitude

In this study, “attitude” refers to perception, belief, opinion, and reactions of teachers toward students with Emotional and Behavioural Disorders.

Behaviour

The way emotions are expressed by individuals.

Disorder

A lifestyle that is perceived to be different from that portrayed by the majority of people under usual situations.

Emotions

The feelings of individuals that cannot be directly observed by other people.

Emotional and Behavioural Disorders

Emotional and behaviour problems exhibited by students, which are persistent for more than three months and meet the five characteristics as indicated by the National Association of School Psychologists (2004)

Experience

Number of years teachers have taught in second cycle institutions.

Inclusive/mainstream education

Having students with special educational needs in the regular schools with structures in place to meet their needs.

Proactive strategies

The use of flexible and ongoing non-punititive strategies to modify behaviour.

Reactive strategies

Teachers' reactions to a behaviour once it occurs with the goal of just cutting off the behaviour without considering the long term effect.

Organisation of the Study

The study is structured in five chapters. A preview of each chapter is provided as follows:

Chapter One: Introduction

This chapter gives the introductory information to the study including the background, problem statement, research questions, hypotheses, the significance of the study, and scope and delimitation of the study.

Chapter Two: Literature Review

This chapter presents the relevant literature on EBD, particularly regarding teachers' attitude and management strategies towards students with EBD. The chapter describes the theoretical and philosophical basis of the study. Thus, the relevant theories explaining EBD from an attitude and management perspective are reviewed. The chapter also reviews the conceptual and operational definition of EBD. Statistics relating to the prevalence of EBD among students are reviewed across both developed and developing nations in order to appreciate the magnitude of the problem of EBD.

The attitude of teachers towards students with EBD as well as the factors influencing their attitude is reviewed. This is relevant since any effort to address teachers' attitude and management of EBD among students must account for the attitudinal casual factor. The strategies adopted by teachers in the management of students with EBD are also discussed in this chapter. Case

studies on EBD and teachers' attitude and management strategies are also presented in this chapter to help develop a good conceptual framework that will inform the methodology of the study. A synthesis of the literature in terms of the limitation and gaps and the specific gaps that are to be addressed by this study are also discussed.

Chapter Three: Methodology

The third chapter provides an in-depth explanation of the methodology used in the study. It describes the methods and techniques used in exploring the research questions as well as the rationale for using such methods and techniques. The chapter includes the research paradigm that involves a description of the research approach to be used as the methodological framework for the study. The chapter also provides the overall strategy that was used to integrate the various components of the methodology in a coherent and logical way. Thus, the entire research is provided in this section by describing the adopted research design for the study. A description of the population as well as the sampling of the unit of analysis is also provided in this chapter. The instruments that are used for the collection of data, as well as a description of the instruments in relation to the items covered, are also provided in this section. The chapter also contains the data analysis techniques and tools to be used for analysing each research question.

Chapter Four: Empirical Results and Discussions

This chapter presents the findings emanating from the data gathered and involves the possible implications as well as the interpretation of the findings using logical deduction. In discussing the findings, an attempt was made to relate them to the pertinent concepts and theories discussed in the

literature review. Thus, the results of the study that are supported by the literature were highlighted, while those that contrast the literature were also highlighted with possible explanations.

Chapter Five: Summary, Conclusion and Recommendations

The major findings and conclusions emanating from the study are presented in this chapter in relation to each research question. Following the conclusions, the relevant recommendations for policy formulation as well as further researches are presented in this section, based on the lessons learnt from the study as well as the major conclusions.

CHAPTER TWO

REVIEW OF LITERATURE

Introduction

This section of the study is a review of related literature on Emotional and Behavioural Disorders (EBD) and general attitude and management strategies of teachers towards students with EBD. Generally, the literature is reviewed from the theoretical, conceptual and empirical perspectives by exhaustively assessing the relevant publications on the subject of study. The review is directed by the research objectives and questions. Along with this background, the accompanying topics are reviewed in this chapter:

- i. Theoretical frameworks.
- ii. Conceptualisation of emotional and behavioural disorders.
- iii. Prevalence of emotional and behavioural disorders.
- iv. The attitude of teachers towards students with emotional and behavioural disorders.
- v. Factors that influence the attitude of teachers towards students with EBD.
- vi. Teachers' management strategies of students with EBD.
- vii. Empirical literature on EBD and teachers' attitude and management strategies.
- viii. Conceptual framework.
- ix. Chapter summary.

Theoretical Frameworks

The theoretical structures and conceptual underpinnings behind EBD are considered in this section in order to address the research objectives of the study. Even though several different theoretical situations can contribute to an understanding of EBD, the self-efficacy theory, attachment theory, and the multiple intelligence theory are important theories on which the arguments of this study are based. Rationalisations for the choice of these theories are given in the subsequent sections.

The self-efficacy Theory

The self-efficacy theory can be traced to the social cognitive theory advanced by Bandura in the 1960s. The elementary assumption of the theory is that the dynamic interaction between people (personal factors), their behaviour, and their environment is demonstrated by reciprocal determinism. Conceptually, self-efficacy concerns a sense of control over one's environment and behaviour. Therefore, teacher self-efficacy in this context involves their belief in their ability and skills to positively influence students with EBD. Johnson (2010) contends that these beliefs impact the orders of action people choose to pursue, how much effort they put forth in given endeavours and how long they will persist in the face of hindrances and failures.

Artino (2006) posits that an individual must have the important information and skills as well as the motivation and perception that are crucial for a significant demonstration of the requisite behaviour under difficult conditions. Nevertheless, a person's attitude towards students with EBD is

dependent on one's verdict of one's ability to understand EBD (Skaalvik & Skaalvik, 2007).

The core tenet of the self-efficacy theory is that the perception of teachers and their belief towards students with EBD affect how they behave towards the students (Bandura, 2004). In this case, teachers' attitude towards students with EBD is not only determined by social or environmental influences but also significantly mediated through their knowledge, understanding, emotions, perceptions, and interpretations of EBD. As per the theory, teachers who have solid locus-of-control are likely bound to maintain a higher feeling of self-adequacy towards students with EBD. This means they are more likely to put into view more effort in order to develop a positive attitude towards students with EBD.

Behaviourial factors in the theory are conceptualised through teacher attitude, experience in working with learners with EBD and interaction with students with EBD. According to Park, Crocker and Mickelson (2010), teachers with prior experience working with students with EBD have more positive attitudes than those without experience. Internal-personal factors are teachers' demographic variables including gender and age. Park, Crocker, and Mickelson (2010) note that female teachers have more positive attitudes towards students with EBD than male teachers.

In spite of the wide use of the theory in the study of disability, its validity and theoretical development seem to be questioned. Brian (2016) argues that the process by which perceptions of efficacy emerge from different knowledge sources and the relationship of self-efficacy with ability and motivation levels is significant. However, there is currently no model to

describe how these practices happen, thus compromising the practical worth of the theory.

Despite these weaknesses, the theory has received a boundless acknowledgment from special educators in dealing with a different range of behaviours. The relevance of the self-efficacy theory in this study is essential in addressing the behavioural attitude of teachers towards students with EBD. Generally, the application of the theory is to help design interventions to improve teachers' efficacy in managing students with EBD.

Attachment Theory

The Attachment theory is a socio-psychological theory that expounds the characteristics of human interpersonal relationships, developed by John Bowlby in 1958. Fundamentally, the theory is about the response of humans to relationships in terms of hurt, separation from loved ones or the perception of a threat (Waters, Corcoran, & Anaffarta, 2005). The contacts that students with EBD have with their teachers are critical. Students with EBD can be unusually influenced by the relationships that they have with their teachers and school staff (Marchant & Anderson, 2012).

The most important assumption of the theory for special education training is that students with EBD need to develop a relationship with at least one primary caregiver (teacher) for their social and emotional development to transpire typically. This explains the argument by Teater (2012) that the attachment theory can be used to conceptualise the quality of the relationships made between the special educator and students with EBD, as well as whether the teacher is able to establish positive relationships with students with EBD.

Specifically, teachers engage with young adults with EBD through an interpersonal relationship either for long term or short term. This engagement, according to Mikulincer and Shaver (2012), could result in young adults' attachment anxiety if their anxieties are not properly regulated in the relationship with the teacher. Young adults with EBD seem to be most comfortable working with relationships that are consistent, reliable, warm, empathetic, respectful and nurturing with teachers who offer relationships that strengthen their capacity to build relationships with others (Mitchell, 2012). In this regard, Otway and Carnelley (2013), argue that a secured attachment style is truly associated with young adults' self-actualisation and self-transcendence.

Students with EBD mostly need their instructors to have a warm and amicable demeanor towards them. This, according to Capern (2014), involves not discriminating against them and being patient with them and not shouting or continually reproaching them. Students with EBD also want teachers to talk to them and want to feel that they are respected by their teachers. In this regard, Allday et al (2012), argue that students with EBD that experience intimidating interactions with their teachers or who face persistent reprimand for behaviours are more likely to have those behaviours exacerbated than those that experience positive interactions with teachers.

The attachment theory is applied in this study to serve as a framework for understanding teachers' attitude towards students with EBD and the importance such an attitude has on the emotional and behavioural development of the young adult. An important assumption of the theory for this study is that young adults with EBD develop expectations about the extent to which they will receive support from their teachers when emotionally

down. In this regard, Moss (2016) argues that young adults who seldom receive warmth, approval, and support when needed will prefer to rely on their own resources and abilities to redress threats.

The application of the theory provides the conceptual linkage for special educators to ensure that they create a relationship that allows them to regulate the emotions of young adults with EBD and their personality since they are responsible for the emotional being of their clients, especially young adults. With this theory, it is possible to determine if the teacher is available, accessible and attentive to the emotional and behavioural needs of students with EBD. This is essential to make the young adult feel loved, secured and confident in the services provided by the teacher.

Deductively, although an attachment style affects the formation and maintenance of relationships in special education, what is unclear in the literature is the extent to which teachers could shape the personality or character of young adults with EBD. This is explained by the fact that the young adult accommodates multiple attachments to different attachment figures when stressed and emotionally down.

Multiple Intelligence Theory

The Theory of Multiple Intelligences (MI) was promoted by Gardner (1983); it puts forth a new and diverse view of human intellectual experiences. The nature of MI Theory lends itself to creating a social environment, particularly for students with educational developmental disabilities. Gardner (2006) noted that, effective education builds a link between the content being taught and the students in the classroom. This implies, teachers required to recognise the difficulties students with EBD face in getting a significant

understanding of important topics and concepts. This theory highlights, the necessity to take into account the differences among minds and, as far as possible, adapt an education system that can address the varied needs of students. Similarly, Peters (2010) submits that supporting students both behaviourally and academically begins with meeting their needs. This comprises developing lessons that draw on a variety of differences where teachers can adopt different approaches to manage the needs of students rather than resorting to just a method. Fierros (2014) progresses the argument of Peters (2010) by indicating that, MI equally improves students' academic achievement and modifies the perceptions of teachers towards learning abilities and disabilities of students in addition to increasing their confidence and enthusiasm for learning.

Multiple Intelligence shows academic aptitudes and honours alternate ways of learning, that could be greatly beneficial when educating students with EBD. Peters' (2010) supposition is expanded by Fierros (2014) by submitting that supporting students both behaviourally and academically begins with meeting their needs. Contemporarily, teachers are expected to facilitate the use of multiple intelligences, by rethinking how students with EBD can benefit and display their competences for their academic success.

Conceptual Review

Conceptualisation of Emotional and Behavioural Disorders

The term "*Emotional and Behavioural Disorder*" (EBD) is an educational classification under the U. S. Individuals with Disabilities Education Act (IDEA, 2004). Understanding who students with EBD actually are could be helpful to teachers and other professionals in order to meet their

unique needs in the mainstream (Gyimah, 2006). However, arriving at a definition for people with EBD has, over the years, been quite challenging (Baker, 2014).

This, according to Smith (2014), could be explained by the different biological, behavioural and sociological/ecological factors related to EBD that make it difficult to develop a simple index for its measurement. Aside Smith's (2014) argument, the complications in conceptualising the concept of EBD is due to the fact that all students behave inappropriately at one time or the other in their school careers. Even though it is obvious that it is difficult to define behavioural disorders, it is very necessary to decide which behaviours are appropriate and which are not.

An umbrella definition for EDB given by the Individuals with Disabilities Education Act is what is employed by most researchers (Kavale, Forness & Mostert, 2005). Thus, all the available or existing definitions on EBD had their original locus from the IDEA. According to the IDEA (2004), EBD is a condition that exhibits one or more of the following characteristics:

- i. Students' inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers;
- ii. Students' inability to learn, which cannot be adequately explained by intellectual, sensory or health factors. The inability to justify students' ability to learn using intellectual, sensory or health factors actually makes the derivation of a universal definition of EBD very challenging in the literature (Baker, 2014; Smith, 2014);
- iii. A consistent or chronic inappropriate type of behaviour or feelings under normal conditions;

- iv. A displayed pervasive mood of unhappiness or depression; and
- v. A displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.

From the IDEA's perspective, a student must exhibit one or more of the above emotionally-based characteristics over a long period of time (over sufficient duration), frequency and of significant intensity. This concept is further supported by Flick's (2011) argument that EBDs are repetitive persistent patterns of behaviour that result in a significant disruption of other students. However, what is unclear in the literature is the amount of time over which a child must exhibit these characteristics and in what quantity in order to rate the severity of the EBD. This explains Kauffman and Hallahan's (2011) argument that to one teacher, a student may be seen as having severe EBD but to another teacher, the same student will be seen as only slightly challenging.

Conceptually, Hallahan, Kauffman and Pullen (2012) define EBD as a behaviour that goes to an extreme or inappropriate extent, that is not just slightly different from the usual, a problem that is chronic and does not quickly disappear. This inappropriate type of behaviour or feelings is often exhibited by students with EBD. According to Xurvein (2015), it includes frequent verbal and physical aggressive, hyperactive, and oppositional. However, what is limited in the literature is the condition classified as normal conditions. In other words, although the literature is clear on the types of behaviour classified as "inappropriate" often exhibited by students with EBD, it is unable to indicate the conditions classified as "normal" under which these inappropriate behaviours are exhibited. A critical look at the definitions

reveals, at least, four dimensions of behaviour that are common to all the definitions. These, according to Gargiulo (2012), are frequency, intensity, duration and age appropriateness.

The frequency of behaviour indicates how often the behaviour occurs. All students, for instance, would like talking in class, however, the one who would be found talking excessively for a period of time would be classified as portraying an atypical behaviour. With intensity, the severity of the behaviour being portrayed is considered. With tantrum, for example, the behaviour can range from bustling to more serious acts of physical aggression. The duration of time the behaviour is engaged in can be a dimension for rating such behaviour. Fundamentally, two major types of behaviour are exhibited by students with EBD. These are externalising and internalising behaviours. Behaviours that are disinhibited, antisocial, or aggressive in nature and defiant are called “externalising behaviours” (Lane, Wehby, & Arwood, 2005). Mostly, such behaviours are often disruptive to other students and make it difficult for teachers to instruct. Kauffman and Hallahan (2011) further classify behaviours such as acting out, verbal or physical aggression, property destruction, and vandalism as externalising behaviours.

Conversely, “internalising behaviours” include those that are indicative of anxiety, withdrawal, depression or social phobia. These disorders are more prevalent with young adults than with younger children, and tend to be persistent over time (Ollendick & King, 1994). Generally, due to the fact that internalising behaviours are not as overt and readily observable, they are often difficult to identify. Thus, most internalising behaviours are often less imposing and dramatic than externalising behaviours. This, according to

Schilling (2009), makes teachers' level of awareness of students with internalising behaviour less. This is consistent with Cole's (2006) argument that the most common behavioural characteristic of students with EBD is a high level of antisocial behaviour.

It is, therefore, clear that when internalising behaviours are ineffectively addressed, they may further develop into externalising behaviours. This is based on Canino, Polanczyk, Bauermeister, Rohde and Frick's (2010) argument that when individuals with behavioural disorders experience frustration, they may react verbally, physically, or by withdrawing into themselves. This is consistent with the opinion made by Schreiber, Odlaug, and Grant (2013), that behavioural disorders are more often reported than emotional disorders. This dissimilarity may be due to the noticeable behaviours that accompany behavioural disorders, such as aggression, rather than the less obvious behaviours accompanying emotional disorders, such as interpersonal peer victimisation (Gargiulo 2012). However, what is unclear in the literature is the extent of internalising behaviours that may result in externalising behaviours.

In summary, determining the number of students with (EBD) is dependent on the definition used (Kauffman, 2001). Definitions are dependent on factors such as teacher perception, preparation, experience, cultural values, and other factors. As a result of the myriad of factors influencing the conceptual definition of EBD, there is clearly an argument around which behaviours are identified as disorders, by whom it is identified, and from whom it is exhibited. A behaviour can be considered as unacceptable in one

situation and be quite acceptable in another setting (Watkins & Wagner, 2000).

In spite of this, an emotional disorder is a deficiency in emotional expression that interrupts the normal expression of emotions and causes one to behave in ways contrary to the norms of society. Thus, EBD is a condition of high emotional instability that causes students to behave in ways contrary to the accepted codes of conduct of society. Fundamentally, all emotions virtually get expressed (however minimally) in behaviour since emotional disorder is simply the excesses, deficits or disturbances of behaviour. Thus, a person's emotions affect his/her behaviour, and that all students with EBD have and display different characteristics and behaviours. Largely, it is deduced that behavioural disorders increase the possibilities of suffering from emotional problems (Kauffman & Landrum, 2009).

Types of Emotional and Behavioural Disorders among Students

There are different types of EBD that fall into either internalising or externalizing behaviours or both. Individuals displaying externalising behaviours are commonly diagnosed with Attention Deficit Hyperactive Disorders and conduct disorders (Furlong, Morrison, & Jimerson, 2004). On the other hand, internalising behaviours usually lead to the diagnosis of adjustment disorders, anxiety disorders, obsessive-compulsive disorders, selective mutism, severe depression and schizophrenia (Gresham & Kern, 2004). A review of each of the types of EBD is done below.

Attention Deficit Hyperactivity Disorder

The American Psychiatric Association (APA) (2000) defines this condition as a constant form of inattentiveness and or hyperactive impulsivity that is more frequent and severe than is normally observed in individuals at a similar level of development. With this disability, the student mostly exhibits symptoms of inattention that are not persistent with his or her developmental level. This disorder, according to the National Institute of Mental Health (2009), Maryland, is one of the most common mental health condition among children, and that two to three more boys than girls are affected. Gargiulo, (2012) says, the precise cause of ADHD is unknown because, till date, no particular etiological factor has been revealed, although researchers are exploring a number of possibilities including neurological foundations, hereditary contributions and environmental conditions.

Boys may be over-identified and girls under-identified. This could mean that this condition occurs because ADHD manifests itself differently in males and females. Boys are more likely to exhibit more disruptive, hyperactive behaviour by being more obvious to teachers. Girls are more likely to be withdrawn and display inattention; thus, they are less likely to be identified (Vaughn, Bos, & Schumm, 2011). Students with hyperactivity disorders are often unable to follow directions, unable to sit still and remain quiet and also cooperate with teachers and colleagues (Gresham & Kern, 2004). This behavioural features could be explained by the fact that the disorder is characterised by inattentive behaviours like inconsiderate mistakes, difficulty sustaining attention, failure to listen, inability to complete tasks, and the inability to focus attention and filter out distractions.

ADHD is often misunderstood; it is a disability plagued by misconceptions and myths (Smith, Katsiyannis, & Ryan, 2011). Smith et al. notes that the behaviour of individuals with ADHD is often misconstrued, with their actions being seen as displays of laziness, disorganisation and even insolence. It is in line with this assertion that Klingberg, Forsberg and Wersterberg (2002) give an interesting distinction between ADHD and learning disability by saying, learning disability affects the brain's ability to learn whereas ADHD interferes with an individual's availability to learn. In this case, even the gifted and talented are also constantly recognised as having ADHD. This, they exhibit through intense curiosity, creativity, and concentration. The American Psychiatric Association (2000) recognises three sub-types of ADHD based on the individual's unique profile of symptoms with type one being ADHD, predominantly inattentive; type two, ADHD predominantly hyperactive – impulsive; and type three, ADHD, combined type (Gargiulo, 2012). In some students, inattention is the primary discrepancy. These individuals have difficulty concentrating on a specific task; they are forgetful and easily distracted. Students who exhibit the hyperactive impulsive disorder are continuously in motion; running from one action to the other. They have difficulty sitting still or playing unobtrusively. Those who manifest both inattention and hyperactive behaviours fall under the mixed category.

ADHD is in most cases, a lifelong encounter, despite the popular misconception that youngsters outgrow it as they mature (Flick, 2011). According to Glazman and Blum (2008), nearly seven out of ten with ADHA will continue to display symptoms in adolescence. They further indicate that

although the signs may become subtler, academic difficulties persist and impaired social skills remain common. In other words, they will exhibit defective moral conducts (Friend & Bursuck 2006). Barkley (2000) further notes more than one third of such adolescents eventually drop out of school. This is supported by Murphy, Barley and Bush (2002); who note that educationally, young adults with ADHD are less likely than those without ADHD to graduate from college.

It is obvious that students with ADHD experience significant challenges in an academic setting. Such difficulties surge as the students progress through the educational system and schoolwork demands increasingly the skills with which they have the utmost difficulty in self-management and thinking ahead (Brown, 2006; Seidman, 2006). Although students with ADHD may have some specific memory difficulties, their academic performance is more likely to suffer from their being inattentive, impulsive and less 'planful' in addressing their studies (Klingberg, Forsberg & Westerberg, 2002). These findings, according to Gargiulo (2010), emphasise the need for supportive services and accommodations for these individuals.

Conduct Disorder

Conduct disorder (CD) is explained as a recurrent and continuous pattern of behaviour that infringe on the rights of others or violates important social norms or rules that are acceptable for age. (American Psychiatric Association, 2013). Conduct disorder is identified by aggressive behaviours, destruction of property, serious violations of rules, deceitfulness or theft in children under the age of 18 (American Psychiatric Association, 2013). In

individuals with behavioural disorder, the susceptibility to misuse drugs, illegal activity, and other mental conditions is expressively enhanced. In addition, this condition is associated to increased injury rates , poor educational performance, and elevated reports of vehicle accidents, poor relationships with peers, and issues with physical health.

Students with conduct disorders mostly display a persistent pattern of behaviour in which the basic rights of peers are dishonored. It is often a destructive pattern of antisocial behaviour that violates the rights of others. Such students are usually truant from school and may bully or threaten others. The symptoms of CD are grouped into four major categories (Frick, 2016): (1) aggression to people and animals, (2) destruction of property, (3) deceitfulness or theft, and (4) serious violations of rules (for example,, truancy, running away from home). It is listed in the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) as presence of the class of disorders labeled as “Disruptive, Impulse Control, and Conduct Disorders,” which all include problems in the self-control of emotions and behaviours (American Psychiatric Association, 2013).

Individuals with CD mostly face challenges in and outside the home resulting in difficulties establishing and sustaining peer relations and cooperating with others (Dunsmore, Booker, & Ollendick, 2013). The disorder affects between 6% and 16% of boys and 2% to 9% of girls, which means the disorder could manifest more among boys than girls (Pekonen, Marttunen, Heriksson & Lonnqvist, 2005). In support, most researches find that males are more likely to demonstration CD than females. Nonetheless, the extent of this gender difference may differ fairly across development. Gender differences

are slight and often non-existent in young children below age five (Maughan, Rowe, Messer, Goodman, & Meltzer, 2004). If CD is two to three times more likely to be diagnosed in boys than in girls, this changes in childhood. In adolescence, this difference approaches around 2:1 as both boys and girls display a remarkable increase in rates of CD (Loeber, Burke, Lahey, Winters, & Zera, 2000).

Major features of students with this type of disorder include but not limited to the aggressiveness with peers and teachers, and have no respect for school rules. Children with conduct disorder are dangerous because they could become a greater threat to those they interconnect with (Johnson, 2008). Conduct Disorder is a significant behavioural disorder to be considered for reasons that, firstly, it often involves aggression, which is highly connected to criminal behaviour, and it is associated with a host of other social, emotional, and academic problems (Frick, Stickle, Dandreaux, Farrell, & Kimonis, 2005). Conduct Disorders often lead to rejection by peers as well as suspension or expulsion from school (Frick, 2012). Also, CD in childhood predicts problems such as: mental health issues (substance abuse), legal problems (the risk for arrest), educational problems (school drop-out), social problems (poor marital adjustment), occupational problems (poor job performance), and physical health problems in adolescence and adulthood (Moffitt, et al., 2008).

As most children grow, they tend to socialise and learn to inhibit these aggressive behaviours. Relations with caregivers play a central role in modelling children's behavioural repertoire towards more socially acceptable forms of defending one's rights and goods and expressing one's wishes. However, some children do not follow this socialisation path and often

continue to demonstrate aggressive and violent conduct. These children may fall in the category of psychiatric disruptive behaviour disorder, which is considered the most severe conduct disorder. The critical features of CD are a repeated and recurrent pattern of behaviour in which the fundamental rights of others and significant age-appropriate social norms are violated (APA, 2000). The APA indicates four generalised behavioural subtypes under conduct disorders as: (1) aggression to people and animals, (2) destruction of property, (3) deceitfulness or theft and (4) serious violations of rules. A further prerequisite is that the disturbance in behaviour causes clinically significant impairment in social, academic or occupational functioning.

Adjustment Disorders

Adjustment disorders are EBD that are exhibited by the youth when they are unable, for a time, to appropriately adapt to stressful events or changes in their lives. According to Strain (2015) adjustment disorders generally occur within three months of a stressful event or change, and normally last not more than six months after the stress ends. There are several forms of behaviours associated with different types of adjustment disorders, ranging from fear or anxiety to truancy, vandalism, or fighting (Pekonen, Marttunen, Heriksson & Lonnqvist, 2005).

Adjustment disorder is regarded as a negative reaction to an identifiable psychosocial stressor or multiple stressors that usually emerge within a month after the onset of the stressor category (Maercker et al., 2015). In economically developed countries, distinctive triggering stressors include divorce or loss of a relationship, unemployment, disease diagnosis,

development of a disability, and home or work disputes. Typical precipitating stressors from a global mental health perspective include loss of resources as a result of economic difficulties, forced relocation, or acculturation into a new culture. Books on Psychiatry and Clinical Psychology have frequently ignored the Adjustment Disorder diagnostic category and thereby protracted the ill-defined state of this category (Maercker et al., 2015).

Acting out, risk-taking and substance abuse are often a manifestation of Adjustment Disorders in adolescents, and result in further risk of additional consequences. Pelkonen, Marttunen, and Lonnqvist (2007) establish that school-related stressors, problems with the law and parental illness are precursors stressors for adolescent Adjustment Disorders. Notably, teenage suicide victims diagnosed with adjustment disorder have been shown to experience a brief and quick developing suicidal process without any previous signs of mental or behavioural issues. (Portzky, Audenaer & Heeringen, 2005). The main signs include: (1) preoccupation with the stressor and its effects, such as extreme worry, recurring and distressing thoughts about the stressor or continual ponderings about its implications; and (2) inability to adapt symptoms to the stressor that include symptoms that affect daily functioning, such as difficulties concentrating or sleep disturbance resulting in performance problems at work or school. Additionally, a extensive array of avoidance symptoms associated with the stressor(s) in order to avoid obsession or suffering are typical (Maercker & Lorenz, 2018).

Anxiety Disorders

Anxiety occurs in the life of all children as a short-term response to stressful experiences at home or in school. For students, this disorder may

pertain to disorders in conduct or unfitting emotional responses, such as giggling. The most common EBD among students is anxiety disorder which mostly ranges among ages of 9-17 (Turnbull, Tunbull, Shank, Smith, & Leal, 2002). What remains unclear is how intense or persistent should the anxiety be to be classified as extreme disorder.

Anxiety disorders are a cluster of psychological problems whose basic features consist of: extreme anxiety, fear, worry, avoidance, and compulsive rituals. The most predominant anxiety disorders listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV; American Psychiatric Association, 1994) include: panic disorder with and without agoraphobia (PDA and PD); obsessive-compulsive disorder (OCD); social phobia; generalised anxiety disorder (GAD); specific phobia; and post-traumatic stress disorder (PTSD).

The symptom of panic disorder is the experience of persistent unpredicted panic occurrences (that is, panic attacks occurring out of the blue, without any clear situational trigger), as well as worry about having additional attacks, concern about the effects of the attacks, or a significant alteration in behaviour due to the attacks. Usually, individuals with PD and PDA report intensified anxiety over experiencing the symptoms related with panic attacks, such as heart palpitations, lightheadedness, and breathlessness (American Psychiatric Association, 1994). PD is frequently associated with efforts to defend oneself against these sensations by avoiding exercise, sex, and other arousing activities, seeking reassurance and avoiding circumstances in which panic attacks are more likely to occur, or in which escape might be difficult or embarrassing if one were to panic. This type of avoidance is called

“agoraphobia” which is normally related to avoidance of such situations as: driving, using public transportation, travelling, loneliness, being in crowds, and shopping, among others.

Obsessive-Compulsive Disorder (OCD)

According to the America Academy of Child and Adolescent Psychiatry (AACAP) (2013), OCD usually begins in adolescence or young adulthood and is seen in as many as 1 in 200 children and adolescents. Conceptually, AACAP reports that OCD occurs when students have regular and persistent obsessions or compulsions that result in disobedient and hostile behaviours towards school. However, students with such behaviours are not aggressive, though they could exhibit hostile behaviours such as arguing with teachers, resisting or refusing to follow teachers’ directions. However, Johnson (2008) argues that EBD with OCD are of a less severe nature than those with conduct disorders.

Likewise, OCD is defined by the manifestation of obsessions (Johnson, 2008); that is, recurring and disturbing thoughts, images, or impulses that cause marked anxiety and/or compulsions such as repetitive behaviours or mental acts that are performed to reduce the anxiety generated by one’s emotions. Typical obsessions include concern about contamination, doubting, and disturbing sexual or religious thoughts. Typical compulsions include washing, checking, ordering things, and counting. Individuals with OCD attempt to ignore or subdue their obsessive thoughts, which are not simply excessive worries about everyday problems. In addition, the compulsions must be time-consuming or disturbing to merit a diagnosis of OCD.

Social phobia is an extreme and unrealistic fear of social or performance conditions. Typical circumstances individuals with social phobia fear or avoid include: parties, meetings, eating in the presence of others, writing in front of others, public speech, conversations, meeting new people, and other related situations (America Academy of Child and Adolescent Psychiatry, 2013). The fear must result in significant functional impairment or distress in order to satisfy the full criteria for social phobia. In other words, a person who hates public speaking but has no need or urge to talk in front of audiences is not likely to obtain a social phobia diagnosis. Anxiety is trepidation about possible future danger, whereas fear and panic tend to be focused on some immediate risk. The main feature with Generalised Anxiety Disorder (GAD) is excessive worry occurring more days than not about a number of different domains or activities (America Academy of Child and Adolescent Psychiatry, 2013). The worry must be seen as difficult to manage and must be characterised by at least three of the six symptoms, including: restlessness, exhaustion, decreased concentration, irritability, muscle tension, and sleep deprivation. In order to fulfill the GAD criteria, concern should not be based solely on the symptoms of another condition. For instance, worrying about having a panic attack, if the person has PD and should not happen exclusively during the course of a mood disorder, psychotic disorder, or pervasive developmental disorder. To end with, the worry must lead to a significant distress or functional impairment.

Selective Mutism

This condition, formerly called Elective Mutism, according to AACAP (2013), arises when an adolescent persistently fails to speak in specific social

situations such as at school or with playmates, particularly when they are expected to speak at that moment. Selective mutism interferes with a child's educational achievement and social communication. The disorder is observed as relatively rare, and usually lasts for a period of a few months, although a few children have been identified not to speak in school during their entire school career (AACAP, 2013).

Selective Mutism is currently in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., American Psychiatric Association, 1994) under the category of disorders first diagnosed in infancy, childhood, or adolescence. The significant diagnostic characteristic of selective mutism is the persistent failure to speak in specific social situations, for example: at school, with friends when speaking is expected, despite speaking in other situations, a disorder that interferes with educational or occupational achievement or with social communication. The American Psychiatric Association noted that, to be officially diagnosed, symptoms must last for at least one month, excluding the first month of school because during that month many individuals may be shy and feel reluctant to speak in class. Again, the disorder should not be diagnosed if the child's failure to speak is as a result of a lack of knowledge of, or comfort with, the spoken language essential in the social situation. For example, this diagnosis would not be applicable to immigrant children who are entering the school system in a new region or country for the first time.

Mutism may also be due to psychiatric disorders that comprise catatonic states and, in a condition known as abulia, an organic syndrome resulting in severe impairment to make decisions. Instead of communicating verbally, individuals with selective mutism often use gestures, nodding,

pulling, pushing, or monosyllabic utterances. Accompanying features of selective mutism may include: excessive shyness, fear of social embarrassment, social isolation and withdrawal, clinging, compulsive traits, negativism, temper tantrums, and controlling or oppositional behaviour (Dow, Sonies, Scheib, Moss, & Leonard, 1995). Often there are impairments in social and school functioning, and teasing by peers is common for these children (*DSM-IV*; Giddan, Ross, Sechler, & Becker, 1997).

An individual may be negatively affected by Selective mutism because, it allows for a limited opportunity for social interaction, delays the development of appropriate language skills, and restricts involvement in everyday school activities with other students (Giddan et al., 1997). Affected children usually have normal language skills but occasionally, selective mutism is characterised by a communication disorder or general medical condition. Its onset occurs most frequently before the age of 5 but it is often not discovered until the child enters school. This could be for the fact that, most children with selective mutism speak at home with parents without inhibition, and only in strange settings with unacquainted people does the inhibition arise. For most children, that occurs when the child begins school. This condition has a variable course, lasting from just a few months in some children to a few years in others. Individuals with selective mutism tend to look normal because there is usually no accompanying presence of serious physical or mental defects (Krysanski, 2003).

Severe Depression

According to Braun (2004), though severe depression was originally experienced by adults; 2 out of every 100 students have been suffering from

this disorder. Students with severe depression often exhibit the following major features; severe loss of interest in friends and activities, very low self-esteem, deficiency of any type of motivation including the motivation to study, increased amount of sadness (Braun, 2004). Depression is a public health issue due to its incidence, high mortality rates (Cuijpers, & Schoevers, 2004), suicide risk (Sobocki, Jönsson, Angst, & Rehnberg, 2006), and economic impact on the society. This condition is considered to be the major cause of years lived with disability and by 2020 is expected to be among the two main causes of disability-adjusted conditions together with ischemic heart disease (Cabello, Mellor-Mars´a, Sabariego, Cieza, Bickenbach, & Ayuso-Mateos, 2012).

The functional limitations caused by depression are equivalent to or even sometimes greater than the ones engendered by many other chronic medical conditions (Cabello et. al., 2012). Depression can be said to be a state of low mood and aversion to an activity that affects a person's thoughts, behaviour, feelings and physical well-being. Depressed people feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, or problems concentrating, remembering details or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present (Zimmerman, 2006). A depressed mood is not necessarily a psychiatric disorder but a normal reaction to certain life events, a symptom of some medical conditions, and a side-effect of some medical treatments (Mulholland & Cooper, 2000).

Although major depressive disorder can occur without any precipitating stressors, stress and interpersonal losses unquestionably increase risk (National Institute of Mental Health, 2009). Psychodynamic formulations have found that significant losses and trauma (either temporary or chronic) in early life predisposes and individual to a major depressive disorder in the life span of the individual. Both the onset and maintenance of major depressive disorder, is influenced by chronic pain, medical illness and psychosocial stress (National Institute of Mental Health, 2009). In an analysis of an epidemiologic group of 776 adolescents by Pine and associates, signs of major depression in adolescence highly predicted adult episodes of major depression (Pine & Messer, 2000). According to Pine and Messer (2000), other psychosocial risk factors for depression in late life involve inadequate social support, caregiver burden, isolation, deprivation, and adverse life events. The parent-child relation model conceptualises that depression is due to poor parent-child interaction. Adults with depression report low paternal involvement and high maternal overprotection in early childhood. Unsteady relations with siblings, parents, and peers are common in children and adolescents with affective illness. Children with affective disorders often have caregivers who also present some affective disorders. It is not rare for children to report abuse and/or neglect by parents who are affectively ill.

The Centre for Disease Control and Prevention (CDCP) in 2010, released a report approximating the prevalence of current depression among adults during 2006-2008. Among 235,067 adults, 9% met the criteria for current depression, including 3.4% who met the criteria for major depression. However, sparse data are available on the international incidence of major

depression in children and adolescents. According to the Centres for Disease Control and Prevention (CDC) data, suicide was the eleventh leading cause of death in the United States in 2006, accounting for 33,300 deaths, and it continues to rank as the second major cause of death in adolescents and the third leading cause of death in people aged 15-24 years.

Schizophrenia

Schizophrenia is a disorder that affects the person's mental ability to distinguish between what is real or unreal (National Institute of Mental Health, 2009). This disorder progresses gradually through a person's life till their adult years. The symptoms are inability to separate real experiences from unreal experiences, inability to think logically in situations, unbalanced emotional responses to situations (Siris, 2001).

It is, therefore, clear that an individual with EBD could exhibit more than one type of EBD at a particular point in time. The concern here has to do with whether teachers have the relevant expertise to handle particularly those with multiple EBD. It is not unusual for a person to be diagnosed with more than one disorder at a time. Schizophrenia is a disorder which involves a range of problems with thinking, behaviour or emotions. Signs and symptoms may vary, but usually involve delusions, hallucinations or disorganised speech, and reflect an impaired ability to function. Childhood schizophrenia is essentially the same in adults, but it occurs early in life and has a profound impact on a person's behaviour and development. Schizophrenia is a chronic condition that needs lifelong treatment. The effect of schizophrenia can be debilitating. Early-onset schizophrenia occurs before age 18 (Siris, 2001).

Symptoms can differ in type and severity over time, with periods of deteriorating and remission of symptoms. This condition can be difficult to recognise in the early phases (Folsom, Lebowitz, Lindamer, Palmer, Patterson, & Jeste, 2006). This is a matter of great concern in the education system for the fact that since the symptoms can be difficult to recognise, affected students' needs may not be identified and attended to promptly by teachers. Symptoms in teenagers are similar to those in adults, but the disorder may be more challenging to recognise in this age group. This may be in part because some of the early symptoms of schizophrenia in teenagers are common for typical development during teen years, such as; withdrawal from friends and family, and a drop in routines at school. Occasionally, it can be difficult to see the difference between ordinary teenage moodiness and signs of schizophrenia although it generally begins in late adolescence or young adulthood (Folsom, et. al., 2006). Compared with schizophrenia symptoms in adults, teenagers may be less likely to have delusions and more likely to have visual hallucinations.

Delusions are false beliefs that are not based on reality. For example, people who experience delusion may think that they are being harmed or harassed; that certain gestures or remarks are directed at you; or that you have exceptional ability or fame; that another person is in love with you; or that a major calamity is about to occur. Desolutions occur in most people with schizophrenia. Hallucinations usually involve seeing or hearing things that do not exist. Yet for a person with schizophrenia, hallucinations have the full force and impact of a normal experience. Hallucination can be in any of the

senses, but hearing voices is the most common hallucination (Folsom et.al., 2006).

Effective communication can be impaired and answers to questions may be partially or completely unrelated among individuals suffering from schizophrenia. Rarely, speech may include putting together meaningless words that cannot be understood, sometimes known as ‘word salad’ (Folsom et.al., 2006). Suicidal thoughts and behaviour are common among people with schizophrenia. Symptoms of schizophrenia in teenagers go through the prodromal period, that is, having the symptoms coming on gradually over days, weeks, several months or more. The early symptoms of schizophrenia can sometimes appear as those of other problems such as anxiety or depression (Siris, 2001).

Prevalence of Emotional and Behavioural Disorders

A review of prevalence statistics on emotional and behavioural disorders (EBD) is relevant in appreciating the magnitude of the problem from both global and local perspectives. To appreciate the problem from a wider perspective, this section reviewed the prevalence statistics from Europe, America, Asia and Africa. The Department of Education Office of Civil Rights (2012) in the U.S. notes that EBD affects 10-15% of adolescents globally.

In the U. S, more than two million young people have EBD and that only 40 percent of students with EBD graduate from high school (U.S. Department of Education Office of Civil Rights, 2012). The low rate of graduation of EBD students is explained by Smith, Katsiyannis and Ryan’s (2011) argument that slightly over a third of students with EBD spend more

than 80% of their time in school, as compared with over half of students with other disabilities such as hearing or visual impairment.

In Europe, the European Commission (2014) indicates that approximately, one-fifth of adolescents suffer from EBD. Barkmann and Schulte-Markwort (2005) also found the prevalence of EBD among adolescents in Germany to range between 10 to 18 percent. In Asia, Abdel-Fattah et al. (2004) found that 8.3% of adolescents in Karachi (Pakistan) were disturbed emotionally and behaviourally and that the prevalence of internalising problems was higher than externalising problems. In Sub-Saharan Africa, the prevalence of EBD is around 14.3% while in Ghana, 18.6 percent of persons with disability are with EBD (GSS, 2010).

A review of the prevalence rate across demographics shows that boys and girls often manifest different prevalence rates (Maschi, Morgen, Bradley & Hatcher, 2008) and that prevalence rates are often higher in boys than girls. However, girls are much more likely to exhibit internalising behaviours while boys are more likely to exhibit externalising behaviours. Thus, boys tend to manifest externalising problems more than girls. This notwithstanding, teachers prefer to work with boys instead of girls since boys are perceived as “easier” to work with, while girls are perceived as “unpredictable” and needing more intensive services. Although gender differences in externalising problems seem to be well documented, relatively little is known about these behaviours in girls (Hinshaw, 2002).

According to the United States (US) Department of Education Office of Civil Rights (2012), EBD affects 10-15% of children globally. In the U.S, more than two million young people have EBD and that only 40 percent of

students with EBD graduate from high school. These statistics show that EBD needs serious attention by special educators and policymakers.

A major possible limitation with the statistics on the prevalence of EBD among students is that the figures could be generally underestimated. This is linked to Flett and Hewitt's (2013) argument that the sub-clinical symptoms of EBD often remain neglected while a subgroup of adolescents tries to look perfect to outsiders. Also is the use of different selection criteria of sample, varied sample sizes, different information sources and different criteria of defining problems and assessment procedures in the assessment of EBD among young adults.

It is clear from the review that the prevalence of EBD is not only limited to developed countries, and that developing countries also experience EBD and its associated conditions. Additionally, unlike developed nations, in Africa, there is relatively little to report on the prevalence of EBD. Thus, although, there are several underlying trends in EBD, there are limited representative data available from African countries including Ghana. This, notwithstanding, considering changes in population growth and epidemiological developments as well as the trends of prevalence over several periods as reviewed, it is evident that in the years ahead, EBD prevalence could be an even greater concern. These statistics are evident that EBD needs serious attention by special educators and policymakers. Against this background, the next section explores the attitude of teachers towards students with EBD.

The attitude of Teachers towards Students with Emotional and Behavioural Difficulties

Fundamentally, professionals' attitudes may act to facilitate or constrain the implementation of educational policies. The success of educational policies and programmes essentially depends upon the cooperation and commitment of those most directly involved. Contextually, the successful inclusion of students with EBD in mainstream schools is largely dependent on the attitude of teachers (Tsakiridou & Polyzopoulou, 2014). The fact that school personnel may treat individuals differently based on their diagnosis implies that the attitudes of such school personnel toward inclusion should be further explored.

In reviewing the relevant literature on this section, it is essential to understand the philosophical basis of the concept of attitude. There is no universally accepted and agreed-upon definition of what attitudes are. However, "attitude" is often defined in terms of mood, thought processes, behavioural tendencies and evaluation. Scholl (2007) defines "attitude" as the mental predisposition to act that is expressed by evaluating a particular entity with some degree of favour or disfavour. This means that attitude influences an individual's choice of action, and responses to challenges, incentives, and rewards.

Cognitive, affective and behavioural evaluations are central to the notion of attitudes. Eggen and Kauchak (2004) give the cognitive dimension of attitude as the process by which people attach meaning to experiences. In this context, the process by which teachers attach meaning to students with emotional and behavioural disorders forms their cognitive attitude. On the

other hand, affective evaluations are feelings or emotions teachers have in relation to students with EBD while behavioural evaluations are the actions teachers take with respect to responding to students with EBD.

Persons with EBD generally exhibit more different behaviours in the classroom than their typically developing peers and require individualised attention from teachers. Teachers' mood, thought processes, behavioural tendencies and evaluation of students with EBD determine how they manage such students in their classroom. According to Ryan (2009), it is generally difficult for teachers to accept students with EBD and establish strong social bonds with such students. This is due to the problematic and disruptive nature, and the difficulty in coping with such students.

As a result, students with EBD generally experience a negative attitude from their teachers. Historically, teachers have been reluctant to assess young children with EBD. According to Miller (2009), most teachers are often willing to accept minor misbehaviours, but not when the behaviour becomes severe and escalates. This is consistent with Ryan's (2009) argument that the nature and severity of the disorder can influence teachers' attitudes towards children with EBD. This is expected since the perceived stress that would be put on the teacher significantly influenced the educators' opinions toward including the students with EBD in the classroom. Lopes, Monteiro and Sil (2014), further explain Ryan's (2009) argument by indicating that students with EBD present serious challenges to teachers because they are difficult, time-consuming, and frustrating, thereby accounting for the attitude teachers portray towards them.

Therefore, it is essential that teachers are able to effectively handle students with EBD. However, many teachers perceive students with EBD as problematic and harder to deal with due to insufficient support and training (Ducharme & Shecter, 2011). This largely affects their attitude towards such students including distancing and avoiding such students, or seeking support and accepting responsibility to effectively manage such students.

As indicated in Gyimah's (2006) study, the attitudes of teachers to children with special needs and inclusion are negative. However, there has been no robust research to examine teachers' attitudes and management strategies since these students are the category most teachers would prefer to exclude from the mainstream. It can be deduced from existing literature that teachers see children with EBD as antisocial and controversial. Thus, they experience negative attitudes from teachers in the classroom and are less likely to form close bonds. As such, it is important to study teachers' knowledge and attitudes towards including students with EBD in the regular classroom because their attitudes can dramatically affect their success in the classroom. Tsakiridou and Polyzopoulou (2014), however, observe that several factors influence teachers' attitude towards students with EBD. The next section specifically explores the factors in this regard.

Factors that Influence the Attitude of Teachers towards Student with EBD

According to Tsakiridou and Polyzopoulou (2014), some of the factors that influence teachers' attitude towards students with EBD are: experience, education, personal contact with disability, requirements for

accommodations, and potential behaviour problems. The attitudes of teachers may be affected by only one of these or a contingent of several factors.

Teachers' Perception of Students with EBD

In attempting to understand why some student behaviours are considered disordered and classified as “challenging”, it is important to have an understanding of how teachers perceive behavioural disorders. Many teachers perceive students with EBD as problematic and hard to deal with, since the behavioural manifestations of EBD can have the potential to dramatically affect the overall atmosphere of the classroom (Cassady, 2011). Generally, teachers perceive students with EBD as the most difficult to serve since they cause the most stress in the mainstream classroom (Ryan, 2009). As a result, most teachers, according to Avramidis et al. (2000a), tend to react to the behavioural and social deficits of students with EBD with anger and frustration. In other words, most teachers do not understand that EBD is due to a diagnosed disorder, as such, teachers immediately resort to punishment. It is reported that the perceptions and beliefs of teachers about the EBD determine their attitudes towards the students.

This is mainly due to the unpredictable nature of students with EBD who have the potential to cause extreme confusion and distress with general education teachers. According to Cassady (2011), the abundance of pressures and difficulties teachers face influence their daily encounters with their EBD students, which significantly impact their overall attitudes toward including them (students) in the classroom.

By implication, since teachers are advocates within the academic setting for students, it is essential that they develop positive perceptions

regarding the students with EBD in order to promote a supportive environment for such students. However, it is clear that several factors affect the perception of teachers towards students with EBD including their disruptive and aggressive nature.

Teachers' Knowledge of EBD

More knowledge and understanding of the needs of students with EBD generally help teachers to change their attitudes towards learners and build supportive relationships with them. Teachers become aware of the influence of the environment on the behaviour of learners and on their own behaviour in class through capacity building (Potgieter-Groot, Visser, & Lubbe, 2012). This supports the philosophical basis of the self-efficacy theory that teachers' knowledge level of EBD determines the amount of effort they put forth in supporting students with EBD

Though the influx of students with EBD in mainstream schools is on the increase, as observed from the prevalence rates, teachers are generally feeling unprepared to deal with students with EBD due to a lack of training and ineffective pedagogical strategies to enable them to help students out (Snyder & Sutherland, 2007). In spite of this gap, Cassady (2011) observes that parents and administrators have unrealistic expectations from the perspectives of teachers when it comes to both the quantity and quality of the work that accompanies the undertaking of having children with EBD in the classroom.

Similarly, State and Levitt (2011) argues that though teachers have reported disruptive behaviour as the most common behavioural problem in schools, many of them lack confidence in their ability to deal with the

problems and they also lack sufficient knowledge to understand them. Thus, one of the major factors influencing the attitude of teachers towards students with EBD is the absence of qualified special education personnel (Tsakiridou & Polyzopoulou, 2014). This is further worsened by the insufficient support and training that is offered to teachers handling students with EBD in mainstream schools. As a result of the lack of capacity building for teachers handling students with EBD, Baker (2014) observes that many instructors do not believe in their efficacy to effectively teach students with EBD. However, teachers with special education training perceive disruptive behaviour in classrooms as less demanding when compared to those teachers who do not have such training (Drysdale, Williams, & Meaney, 2007). This means that teachers' knowledge of EBD could result in the development of explicit attitude towards students with EBD while a lack of knowledge could result in the development of implicit attitude towards students with EBD in this regard (Cherry, Bovill, Cook-Sather, Felten & Millard, 2014).

Experience and Interactions with Students with EDB

The formation of teachers' attitude towards students with EBD is experiential (Ntim, 2010; Linero & Hinojosa, 2012). This is because people form attitudes through their experiences in life. This supports Park's et al. (2010) argument that teachers with prior experience in working with students with EBD have more positive attitudes than those without experience. Similarly, Anastasiadou (2016) indicates that previous experience has a direct effect on the teachers' attitudes towards students with EBD. However, Anastasiadou (2016) found that teachers with less years of working

experience have more positive attitude than those with more working experience.

Nonetheless, Adera and Bullock (2010), note that teachers' stress also plays a role in the interactions and perceptions those teachers have of students with EBD. Therefore, the absence of frequent capacity building programmes for teachers handling students with EBD can bring about tension, stress, and strain for both teachers and students.

Adera and Bullock's (2010) and Gyimah's (2006) studies show that regular classroom teachers are least tolerant of the behaviour and placement of children with EBD in their classrooms, compared to children with other disabilities such as intellectual or physical disabilities. Still, the reasons for this disproportional distribution are poorly understood.

Teachers' Demographic Variables

The demographic characteristics of teachers largely determine their attitude towards students with EBD. The major demographics in this regard, according to Dukmak (2013), include teachers' age, gender and years of teaching experience. Generally, there are disparities in the literature regarding the effect of teachers' demographics on their attitude towards students with EBD. In Botswana, Chhabra, Srivastava and Srivastava (2010) found no significant relationship between teachers' gender and their attitude towards students with EBD. Similarly, in China, Wan and Huang (2005) found no significant relationship between teachers' gender and their attitude towards students with EBD. On the contrary, in Nigeria, Fakolade and Adeniyi (2009) and in Saudi Arabia, Qaraqish (2008) found a significant relationship between teachers gender and their attitude towards students with EBD. Males perceive

students with EBD as less demanding than female teachers (Drysdale, Williams, & Meaney, 2007). Similarly, Dukmak (2013) argues that male teachers have more supportive attitudes towards students with EBD than females.

Regarding age, Chhabra, Srivastava and Srivastava (2010) found no significant correlation between attitudes and age in Botswana while Cornoldi, Terreni, Scruggs and Mastropieri (1998) in Italy found that, teachers' attitudes were significantly associated with their age, and that younger teachers showed more positive attitudes towards students with EBD than older teachers. In Greece, Anastasiadou (2016) found teachers' educational background to have a direct effect on their attitudes towards inclusion. In Ghana, a study of this nature is important to help compare with existing literature whether teachers' demographic variables such as age, gender, experience and qualification have any influence on their attitudes and management of students with EBD.

Non- Feasibility of Instructional Materials in the Mainstream Classroom

According to Picard (2015), in most mainstream schools, the teaching and learning materials (TLMs) and pedagogies are not adaptable for students with EBD. The expected challenges make it difficult for general educators to admit students with EBD (Niesyn, 2009). Tsakiridou and Polyzopoulou (2014) further note that there is a shortage of materials and technical infrastructure and inadequate support services in order to meet the demands of the practice of inclusion of students with EBD.

Management Strategies of Students with EBD

The prevalent statistics as reviewed earlier are indicative of the rising number of students experiencing EBD. Therefore, finding the services necessary for the management of such students to excel and achieve in school is imperative. According to Barber (2003), one of the most important and effective services for EBD students is behaviour management. Anderson (2012), says that teachers must not only become mindful of the implications of having students with emotional and behavioural disorders in their classroom but should be able to address these children's needs effectively. Oliver and Reschley (2010), accentuate the same notion by saying that educators must be given the proper tools or teaching strategies, in order to be successful in addressing the academic needs of students with EBDs.

Students with EBD very often find it difficult to control their behaviour and work as productive members of a classroom (Anderson, 2012). This is anticipated since they lack the impulse control and the emotional balance that is needed to handle social interactions with other students efficiently. This, according to Picard (2015), can be challenging for a teacher, particularly in an inclusive classroom. Nevertheless, as with other conditions, students with EBD need a positive, structured environment that supports growth, fosters self-esteem, and rewards desirable behaviour. In other words, while having students with EBD can be very challenging, there are equally effective means of managing them to have a harmonious spirit of learning.

There are a number of management strategies that can be adopted in managing EBD. These scientific strategies include Cognitive, Behavioural, Medical and Psychoeducational, among others. This section, reviews the

most pertinent strategies used by teachers in the management of students with EBD which are reflections of the scientific behaviour management strategies.

Teachers with a positive attitude towards students with EBD generally accept responsibility in the management of such students and also seek social support from professionals like special educators. On the other hand, those with negative attitude generally tend to distance themselves and avoid students with EBD (Oliver & Reschley, 2010).

Positive behavioural Interventions

Using management strategies, teachers monitor, guide and support growth towards more positive and adaptive behaviour, among students with EBD. Teachers who are emotionally supportive to students with EBD usually exhibit positive emotion that is shared by students, are conscious of and responsive to student needs, and consider children's opinions in teaching and learning processes (Jennings & Greenberg, 2009). Such support, according to Hamre and Pianta (2005), may be particularly beneficial for students with EBD.

Picard (2015) argues that positive behaviour must be rewarded consistently, and must be genuinely motivating for the student. Though this management strategy demands a lot of efforts, preparation and organisation, it has largely been known to be quite effective in the management of students with EBD. Thus, while there will be times when teachers have to discipline young adults for improper behaviour, rewarding positive behaviour is ultimately far more effective in the long run.

In this regard, Davis, Young, Hardman and Winters (2011) advise that teachers should acknowledge the successes of students with EBD more than

reprimanding or punishing them for their mistakes. When these students receive positive feedback and rewards, they start to see that there is a positive benefit to good behaviour. This has become so relevant since most students with EBD often lack the desire or motivation to try to succeed, due to the numerous negative experiences they encounter at school.

Seeking Support through Coordination

The management of students with EBD also requires a multi-disciplinary approach. High levels of collaboration between the educational system, the family and the medical community are believed to be the key to effective management of children with EBD (Rutherford, Quinn & Mathur, 2004). In the school environment, Ross-Hill (2009) observes that sufficient support from school administrators is likely to increase teachers' likelihood of collaborating with special educators in order to solve problems of students with EBD in the inclusive classroom. Such supports could improve teachers' attitudes towards having students with EBD.

Brown, Benkovitz, Muttillio and Urban (2011) asserted that efforts to improve student outcomes can be more effective when the family is involved. Therefore, teachers' involvement of parents in caring for students with EBD could be related to decreases in EBD symptoms (Connell et al., 2008). In the family environment, in the same vein, Tammy (2016), further suggests that teachers of students with EBD should maintain an open line of communication with parents/caregivers of such students by soliciting parental/caregiver suggestions. However, Golga (2007) argues that peers and parents have been underutilised resources as partners by teachers in the management of students with EBD. In other words, teachers collaborate with

parents more for the academic achievement outcomes of students than for students' behaviour management (Fantuzzo, McWayne, Perry & Childs, 2004).

Punishment

Generally, encouraging and rewarding positive behaviour has demonstrated to be vastly more effective than attempting to eliminate negative behaviour through punishment (Concordia University, 2016). Punishment and negative consequences tend to lead to power struggles, which only increases the occurrence of the problem behaviour and sometimes making it worse.

According to Quinn, et al. (2002), while it may sometimes be necessary to use punishment as a consequence for inappropriate behaviour, it should only be a small part of a behavioural management plan. Nonetheless, Nelson and Roberts (2000) observed that while teachers respond sensitively and effectively to the needs of students with other forms of disabilities such as learning disability, students with behaviour problems are often punished and rejected. In other words, teachers are more likely to execute punishment with EBD than for any other problem behaviours. This explains Weisling's (2012) argument that the most common teacher responses to aggressive or defiant behaviour have been punishment.

As indicated in Gyimah's (2006) study, in Ghana, teachers appeared to use punishment, unethical as it is, to control behavioural disorders and fail to recognise the rights of the individual child. In most cases, teachers use a reactive, consequence-based approach to handling discipline problems, especially those of external behaviour. This is expected since in most cases, externalising behaviours dominate teachers' attention. Tammy (2016),

however, suggests that it is important for teachers to understand and recognise those students exhibiting internalizing behaviours and manage them effectively as well.

Aker (2008) argues that the troubling behaviours displayed by students with EBD are most often unintentional in nature. Therefore, punishing them is ineffective, unfair, and inappropriate, though Quinn et al. (2002) argue that punishment should only be considered when every other intervention has been appropriately implemented and has failed. On the contrary, Snider and Battalio (2011), argue that students lacking social skills should not be punished since they are not fully in control of their actions and inactions.

Research reveals, however, that discipline practices relying on punishment, suppression, and marginalisation do little to solve problems of school violence, disruption, or juvenile crime in the community (Brooks, Schiraldi & Zeidenberg, 2000; Mendel, 2000). More proactive strategies are being adopted to replace the consequence-based techniques that are becoming a thing of the past, paving ways for an inclusive school environment that addresses all students' behaviour challenges on a continuum of need (Siegel, 2008). When students with EBD tend to take any discipline as a personal attack, they tend to learn very little from it, and are more likely to have negative interactions with their teachers.

In summary, while there may be the need to discipline children with EBD, rewarding positive behaviour could be more effective in the long run, than punishment. Thus, fostering and rewarding positive behaviour could be more effective than attempting to eliminate the negative behaviour. Therefore,

teachers should aim more at celebrating the successes of EBD students than reprimanding or punishing their mistakes.

Withdrawal

According to Hocutt (1996), disruptive student behaviour in general education classrooms has become a major concern for teachers, and that many teachers prefer to have disruptive students removed from their class. For some teachers who have negative attitude towards students with EBD, distancing themselves from such students by ignoring them in the classroom is the management strategy used (Dukmak, 2013). For most teachers, re-directing the student's attention or physically removing them from the distracting environment (classroom) is the best way of managing students with EBD.

The avoidance nature of teachers from students with EBD, in the view of Potgieter-Groot (2012), could be explained by their demonstration of a limited range of techniques to manage such students. As such, most teachers prefer to use smaller range of behaviour management methods including avoidance and withdrawal, since many lack behaviour management plans. This, according to Hocutt (1996), results in teachers emphasising punishment rather than positive reinforcement. This method of behaviour management is criticised constantly for its disruptive nature.

Self Regulation Strategies

Self regulation strategies are proactive measures that can be adopted to help manage students' disordered behaviours. Students with EBD can be assisted to manage their peculiar behaviour. Students who are able to control their behaviour use self-management and self-evaluation skills to monitor

their behaviour. Self-regulation is defined as the ability to self-assess and self-evaluate one's behaviour (Reid et al., 2005). The goal of self-regulation is to decrease disruptive behaviours, increase on-task behaviours, and improve social skills (Kamps, Conkling & Wills, 2015). Reid et al. (2005) describe the most common self-regulation strategies as self monitoring, self-reinforcement, and self-management.

Self-Monitoring

This process permits individuals to take responsibility and manage their own behaviours (Patti & Miller, 2011). Lam and Cole (1994), see self-monitoring is a process in which an individual actively observes and records one's behaviour in order to change a specific target behaviour. Reid et al. (2005) describe self-monitoring as a 2-step procedure in which the individual first decides which target behaviour to record based upon the frequency and severity of a behaviour that interferes with learning. Subsequently, the individual self-records or is prompted to record either on-task occurrences, task accuracy, or task completion. These self-recordings, according to Reid et al., (2005) are often referred to as "attention and performance tasks".

Self-Reinforcement

Unlike self-monitoring, self-reinforcement directs the individual to determine if he or she has met the set criteria in order to receive a reward. This strategy guides the individual to meet a predetermined criteria in order to self-reward. Guidance and monitoring have to be ensured for this strategy to be successful; and students with EBD need to be made aware of their peculiar conditions. This practice permits the individual to take responsibility for his or her behaviour. (Zlomke & Zlomke, 2003).

Self-Management

Self-management strategy is recommended for individuals with EBD to determine if their behaviour is appropriate

(Kamps et al., 2015). This procedure allows individuals to monitor and rate their behaviour according to a specific criterion. Individuals self-assess their behaviour and compare their evaluation to an observer, such as a teacher or paraprofessional (Reid et al., 2005). If both evaluations match and are accurate, according to a pre-set criterion, the student is rewarded. Accuracy is reliant on the criteria and determinants related to the target behaviour and ideal behaviour. Self-monitoring/evaluation allows individuals to decide whether or not they have engaged in a specific behaviour or not. Setting goal and reward contingencies are involved in this self-regulation strategy (Reid et al., 2005). Individualised and significant rewards are received for meeting a behavioural expectation.

Proactive versus Reactive Management Strategies

Managing EBD which is mostly considered disruptive behaviour is a major source of stress for teachers in the classroom (Kyriacou, 2001). The stress of maintaining classroom discipline can be overwhelming for teachers and this can in a long way decrease their sense of self-efficacy (Giallo & Little, 2003). With the current trend towards inclusion of students with special needs in general classrooms (Avramidis, Bayliss & Burden, 2000b), teachers have even a greater need for pragmatic skills in managing students' problem responses (Avramidis & Norwich, 2002). Thus, there is a need for effective behaviour management strategies to assist teachers and students in the teaching and learning process. As indicated earlier, teachers use positive

behaviour interventions, self-regulation strategies, seeking support through coordination, punishment and withdrawal as strategies for managing EBD among students. Management strategies, in general, for dealing with challenging behaviours, according to Avramidis and Norwich, (2002) can be classified as either proactive or reactive.

Proactive Strategies are interventions which are used on an ongoing basis in an attempt to reduce the likelihood of occurrence of the challenging behaviour (Giallo & Little, 2003). The goal of proactive strategies is to reduce the future possibility of occurrence of the behaviour by adopting flexible and non-punitive measures in responding to students' behaviours. This, Safran and Oswald (2003) assert; with proactive classroom management, teachers make use of procedures that prevent problem behaviours while concurrently teaching appropriate alternatives.

Reactive strategies, on the other hand, according to Giallo and Little (2003), are interventions which are used only once the behaviour occurs. It can be said that reactive strategies are reactions to the behaviour. This strategy has the goal of cutting short the behaviour by letting the victim feel the consequences just as the behaviour has been portrayed in an attempt to immediately terminate the student's disordered behaviour. In our schools, teachers adopt these strategies interchangeably in trying to control students with EBD. According to Maag (2001), teachers commonly use reactive approaches, especially punishment, because they are easy to administer and temporarily suppress disruptive behaviour and because teachers lack training on the use of more positive strategies (Meister & Melnick 2003; Way, 2011). Based upon the argument of Giallo and Little (2003), Meister and Melnick

2003 and Way, (2011), punishment and withdrawal in this study are reactive strategies while positive behaviour intervention, seeking support and teaching self-regulation strategies fall under proactive strategies.

Although proactive strategies require additional preparation and planning from teachers, this approach supports students in a way that facilitates academic and social-emotional learning (Evertson & Poole, 2008). Reactive approaches may provide immediate short-term relief from student disordered behaviour, however, they are commonly associated with limitations and pessimistic side effects over the long-term (Ducharme, 2007; Lukowiak & Bridges, 2010). Temporarily reducing problem behaviour through the use of reactive strategies does not teach students appropriate responses or the skills needed to cope with future classroom demands because a student may stop responding aggressively in the presence of a teacher who uses reactive strategies but may demonstrate the problem response in another environment when the teacher is not present (Lukowiak & Bridges, 2010). Frequent use of reactive approaches by teachers can also lead to students' feelings of resentment (Lewis, Romi, Katz, & Qui, 2008), alienation, and low self-worth (Lewis & McCann, 2009). Such feelings inhibit the development of student responsibility (Lewis, 2001) and can increase escape-driven problem behaviour, further exacerbating academic difficulties (Lewis et al., 2008). This substantiates the fact that frequent use of reactive approaches by teachers over the long-term can hinder the development of positive teacher-student relationships. It is in line with this that, Evans and Lester (2012) say students who are often reprimanded can develop negative feelings and resentment towards teachers. The difference between these two approaches is the

perspective each one provides in assessing actions and events. Importantly, reactive interventions should be chosen and implemented, if necessary, in a way that suits the cultures of the students.

Empirical Literature

This section reviews empirical studies that have been undertaken around the globe on teachers' attitude and management skills of students with EBD: In New York in the United States of America, Wagner (1995), used data from the National Longitudinal Transition Study of Special Education Students to describe the high school performance, social experiences, post-secondary education and labour market participation, and residential independence of students with severe emotional disturbance (SED) nationally. The study found that young adults with SED fare poorly as compared to those with disabilities as a whole and with youths in the general population.

Braun (2004) conducted a qualitative study on students with EBD in Minnesota using the descriptive case study design. Thirteen participant interviews were transcribed and analysed to understand the support systems schools are providing for students with EBD, including the attitude of teachers towards students with EBD. The study concludes that the school environment has not been very supportive to students with EBD.

Zimmerman (2006) surveyed the perception of teachers in relation to including students with emotional behavioural disabilities (EBD) in general education classrooms in Wisconsin-Stout. Appropriate descriptive and inferential statistics were run on the data collected from the surveys, using the t-test and ANOVA comparison, at a significance level of 0.01 and 0.05. Per the results of the study, Zimmerman concluded that while male teachers were

less confident that their instructional background prepared them to teach students with EBD, female teachers were more prepared to attend extra training to enhance their knowledge about students experiencing EBD. Teachers with 6 to 10 years teaching experience were also more likely to disagree that students with EBD received sufficient counseling services. Older teachers were more likely to agree that students with teachers who had formal college EBD should not be included in general education classrooms. Those who were more likely to agree that they were prepared to teach students with EBD and that those students should be in the general education classes were courses in special education .

Cassady (2011) investigated teachers' attitudes toward the inclusion of students with autism and EBD in Xavier, (in the US). Using snowballing sampling technique, 25 general teachers were studied concerning their readiness to include a child with EBD in their classroom. An independent samples t-test was used to compare the mean scores of the data in addition to a descriptive statistics method to examine the ranges of the two groups. Results indicate that the presence of typical characteristics of the two disabilities (autism and EBD) influence teachers' willingness to have such categories of students in their classrooms. the significant difference in mean scores proposes that the participants preferred having a student with autism in their general education classrooms to a student who has EBD. This is largely explained by the challenging nature of handling students with EBD.

Valverde, Vitale, Sampaio and Schoen (2012) identified the key behavioural and emotional problems perceived by adolescents attending an outpatient service in Brazil. A total of 320 adolescents were sampled for the

study using the Youth Self Report questionnaire at the Pediatrics Department of the Universidade Federal of São Paulo. The key EBD recognised was Anxious/Depressed. Male adolescents attained higher scores for Social Problems and lower scores for Delinquent Behaviour, while females obtained lower scores for Somatic Complaints and higher scores for the Anxious/Depressed scale. Holley (2015), examined the attitudes of teachers towards inclusion in Virginia among teachers from three secondary schools using survey questionnaires. Findings specified that the teachers had positive attitude towards students with disabilities particularly EBD.

A study was conducted by Rios (2016) on behaviour management strategies that improve academic achievement for students with emotional and behavioural disorders within the inclusive classrooms in USA. A qualitative research design was used. The study concluded that teachers reported that they were not confident in working with these students. In all, 70% of the teachers involved in the study stated that they did not have formal training on how to work with students with EBD. The results in this survey showed that more training is required for teachers who teach students with emotional and behavioural disorders. The teachers were of the view that they would benefit from additional training on how to work with students with EBD.

Stebing (2016) also conducted a study among general education teachers' to examine their knowledge of students with an emotional disability in the general education classroom in Indiana USA. The focus of the study was to understand secondary general education teachers' perceptions and approaches to students with EBD. The mixed methods approach was used. The study reported that teachers were sufficiently prepared to meet the needs

of students with an emotional disability, this included how to keep these students engaged in the classroom and interested in learning.

Smeets (2009) studied the managing of social, emotional, and behavioural difficulties in schools in the Netherlands using mainstream primary schools as the units of analysis. A mixed research methodology was used including quantitative and qualitative approaches. The quantitative approach includes a large-scale survey examining the role of primary schools and primary school teachers in providing education and support adapted to the needs of pupils with EBD using questionnaires. The qualitative design used interviews in determining in more detail the way schools cater for the needs of pupils with EBD. According to the study, one in six pupils in mainstream primary schools exhibits some kind of EBD. Smeets (2009) further reported on the little attention paid to the adequate instructional environment or consistent interventions for students with EBD.

Barkmann and Schulte-Markwort (2005) studied the prevalence of EBD in children and adolescents in Germany. The sample consisted of 1950 children and adolescents of ages 4-18. The prevalence rate was found to be between 10% to 18% in children and adolescents. Loredana (2011) examined teacher perception of students with EBD using a mixed method study among Italian in-service primary teachers (N = 518). Data was gathered using the Italian version of the Challenging Student Standard Questionnaire (CSSQ). The study concluded that teachers are sometimes aggressive or hostile mostly towards students with EBD and those teachers are easily upset with most of the distractive behaviour of students with EBD.

Anastasiadou (2016) also studied teachers' attitudes towards the inclusion of students with EBD in primary and secondary education in Greece. A survey methodology was employed using a questionnaire to gather data from 300 participants both from rural and urban areas in Greece. The results indicated that the teachers, who were prepared to include students with disabilities and/or learning problems in general, were also positive towards students with EBDs. Primary school teachers were more positive towards inclusion than secondary school teachers. Schizophrenia was the type of EBD identified as most challenging.

In another study, Syed and Hussein (2009) found the incidence of emotional and behavioural problems of children studying in primary schools of Karachi. The study suggested the need to design programmes to train, sensitise and organise teachers and parents concerning the individual's psychological, emotional and behavioural difficulties.

The incidence and patterns of behavioural and emotional issues in adolescents in India were evaluated by Pathak, et al . (2011). The researches conducted a cross-sectional survey between January and July 2008. Stratified random sampling has been completed. The Youth Self-Report (2001) questionnaire was used to evaluate behavioural and emotional problems. The prevalence of behavioural and emotional issues in teenagers, with girls exceeding boys in all age groups, was found to be 30 percent. The most common (28.6%) psychological challenge was internalising syndrome.

Zarafshan, Mohammadi and Salmanian (2015) conducted a systematic review of the prevalence of anxiety disorders among Iranian children and adolescents. With the systematic review methodology, 20 studies were

eligible for the review. The findings stated substantial amount of anxiety disorder among Iranian children and adolescents.

A research was conducted by Abaoud and Almalki (2015) on the characteristics of students with emotional and behavioural disorders, with a particular emphasis on the experiences of general education teachers in Saudi Arabia. This research was conducted via a survey to assess the experiences of students with EBD by teachers. The participants included Saudi Arabia's 296 general education teachers. A one-way ANOVA was accomplished in order to assess the major differences between the outcomes of the study sample variables related to the level of education , the number of years of teaching experience, and the level of school taught. The study found more substantial differences between male and female teachers with respect to their interpretations of EBD student characteristics. There were no significant differences in the degree of education, the amount of years of teaching experience, or the level of education taught. Also, the study concluded that general education teachers should increase their understanding about students with EBD by educating themselves about the characteristics of these students.

Golga (2007) studied the care, communication and support relationships in the classroom received by pupils with emotional and behavioural difficulties in Harare region, Ethiopia. A qualitative method case study using diverse methods including interviews, observations, and consultation of relevant documents were used to structure the study. Data was analysed qualitatively by using an interpretational analysis approach. The results of the study show that care, communication, and support relationships

among individuals with emotional and behavioural problems play significant role in the learning of these individuals and others in the classroom.

A research on the prevalence of mental and behavioural disorders in Egypt was carried out by Elhamid, Howe, and Reading (2009). There were 1186 children 6-12 years of age in the survey. The Strength and Difficulties Questionnaire (SDQ; Goodman, 1997) was used. The participants included parents and teachers. Thirty-four point seven percent of the children displayed irregular habits, according to the teachers; among them, twenty-seven point seven percent of children were found to have behavioural problems. Twenty point six percent of children fall in the abnormal group of more commonly reported behaviour and peer-related issues, according to the parents.

In inclusive education classrooms in South Africa, Potgieter-Groot, Visser, and Lubbe (2012), studied the emotional and behavioural obstacles to learning and development. The study used a qualitative approach to collect data on the appropriateness and influence of the methods that teachers identified using observations to be successful in their classrooms. The study clearly showed that teachers needed unique knowledge and expertise to manage the actions of the classroom and to engage students in academic tasks, particularly in the context of inclusive education with students with diverse needs. Many of the teachers participating in the study had no prior experience to deal with learners facing obstacles to learning that are emotional and behavioural. They believed they were incompetent to address the diversity of the needs of learners, largely because they had not received support from educational authorities to deal with the behaviour of learners.

A study was conducted by Chinawa (2014), on behavioural disorder among adolescents in secondary schools in Nigeria. Seven hundred and sixty-three adolescents participated in the study. Adolescents who stated that they have used tobacco 3 to 5 and 6 to 9 times during the last 30 days were 3.14% and 3.4%, respectively. The study discovered that adolescents portrayed several forms of behavioural challenges, and that most of the adolescents with behavioural disorder are from upper class families.

Likewise, Getahun (2014), at Kidus Gabriel Higher Elementary School, in Mettu Administrative City, Addis Ababa, also explored the prevalence and academic achievement of EBD students. The study included thirteen (13) teachers and fifty eight (58) students. As a form of data collection, Conner's teacher rating scale and record analysis were employed.

In order to prevent negative numbers and to standardize the ratings, the score of students on the Conner rating scale completed by teachers was translated to T-score and then compared with the manual. After they were identified, a document analysis was performed to obtain the academic achievement of students with EBD. The results of the study showed that 11.15 % of learners were diagnosed with EBD, with low academic performance correlated with externalizing behaviours. Specifically, there was a statistically significant association between academic achievement and EBD, and in general, male students with EBD had poor academic achievement. Externalising disorder was highly prevalent among male students and externalising behavioural patterns and classroom academic achievement were highly associated in Kidus Gabriel Higher Elementary School.

In Ghana, although there exists some empirical works regarding teacher attitude towards students with disabilities, those which specifically focus on emotional and behavioural disorders are limited. A critical analysis of the findings in the empirical literature reviewed indicates that though several literature exist on other forms of disability such as physical, visual, hearing, intellectual and learning, those on EBD seem to be limited. This explains the frustrations of most teachers in handling learners with EBD. The prevalence statistics on EBD as presented in the literature may seem to be underestimated since sub-clinical symptoms of EBD often remain neglected while a subgroup of adolescents tries to look perfect to outsiders. Additionally, unlike developed nations, in Africa, there is relatively little to report on the prevalence of EBD.

In situating the theoretical frameworks of my study in the review of existing empirical literature, I need to further investigate some gaps to add up to existing knowledge. In the first place, though the application of the self-efficacy theory in this study is essential in addressing the behavioural attitude of teachers towards students with EBD, currently, I have not come across any model to explain how these processes occur, thereby compromising the practical usefulness of the theory. Another major gap identified theoretically is that though the attachment theory explains that teachers' attachment style affects the formation and maintenance of relationships in special education, what is unclear in the literature is the extent to which teachers could shape the personality or character of young adults with EBD. This is buttressed by the fact that young adults with EBD accommodate multiple attachments to different attachment figures when emotionally down.

From the Individuals with Disabilities Education Act (IDEA) (2004) perspective, a student must exhibit one or more emotionally based characteristics over a long period of time (over sufficient duration), frequency and of significant intensity to be classified as person with EBD. However, what is unclear in the literature is the amount of time over which a child must exhibit these characteristics and in what quantity in order to rate the severity of the EBD. Furthermore, it is clear from the literature that internalising behaviours are ineffectively addressed; they may further develop into externalising behaviours, though the literature is limited on the extent of internalising behaviours that may result in externalising behaviours. Most of the empirical literatures conducted were centred on primary school students. Thus, limited studies have been done regarding EBD among secondary school students, though they are the most prone to various forms of behavioural problems.

Conceptual Framework

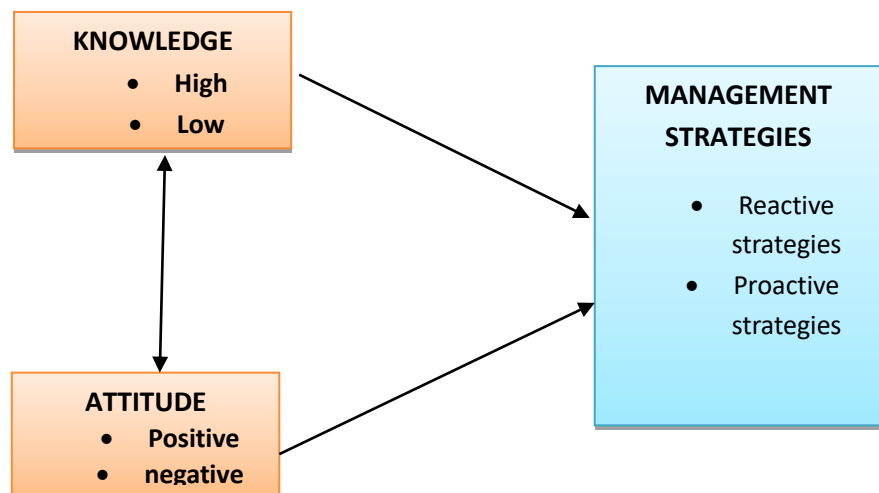


Figure 1: Conceptual framework of the influence of knowledge and attitude on teachers' management strategies for students with EBD.

The theoretical frameworks and review of literature have assisted in developing a conceptual framework for the study in assessing the knowledge

and attitude of teachers towards students with EBD and their management strategies. The framework shows the relationship between independent variables (knowledge and attitude of teachers) and the dependent variables (management strategies).

The independent variables are predicted to help explain the dependent variables. This study argues that teachers' attitude, whether positive or negative, towards students with EBD arises from complex interactions between variables and that the formation of attitude could be experiential (Ntim, 2010; Linero & Hinojosa, 2012). Thus, from the conceptual framework, teachers' attitude, whether positive or negative could influence their choices of either proactive or reactive management strategies for students with EBD.

Chapter Summary

A review of the related literature reveals that there is lack of concise definition of the condition known as Emotional and Behavioural Disorders. It came to light that a definition of what constitutes challenging behaviour with regard to EBD depends upon the context in which it occurs and how it is perceived by teachers. However, generally, a challenging behaviour must be a repetitive and persistent pattern of aggressive behaviour in which the basic rights of others or societal rules or norms are violated. Even though it is obvious that it is difficult to define behavioural disorders, it is very necessary to decide which behaviours are appropriate and which are not.

Deductively, when internalising behaviours are ineffectively addressed, they may further develop into externalising behaviours. The identification of students exhibiting externalising behaviours is an easy task

for teachers, unlike the identification of students exhibiting internalising behaviours which is much more challenging. Most teachers resort to the use of punitive measures to manage behaviour disorders among students. On the other hand, some aspect of literature emphasises the use of proactive measures in managing students' maladaptive behaviours. Literature emphasises that successful teachers place a high value on the establishment and existence of a strong positive relationship where there is mutual respect. In support of this, it is clear in the literature that the most effective way of forming such a relationship and learning environment is to listen to and respect the voice of the students.

Generally, teachers have had positive attitude towards students with EBD. Several factors influence teachers' attitude towards students with EBD including experience, education, personal contact with disability, requirements for accommodation, and potential behaviour problems. It is also clear that the perceptions and beliefs of teachers about the EBD determine their attitudes towards the students. It is clear from the empirical studies that most of the studies conducted on EBD were based on primary schools.

Limited studies have been done regarding students with EBD in second cycle institutions in Ghana, though they are most prone to various forms of behavioural problems and exhibit several forms of behavioural problems. Management strategies adopted by teachers in managing EBD can be grouped as proactive and reactive strategies. The present research gathered data on the effects of teachers' knowledge and attitudes on their management strategies in second cycle institutions.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter presents the research methodologies that were applied in exploring the research objectives that guided the study. It outlines the various methods used to find a sample that is representative of population of teachers in second cycle institutions in the Volta Region. Further, it presents information on how the research instruments were developed, pilot-tested and validated for data collection as well as how the data was analysed.

Research Design

Research objectives of a study determine the appropriate paradigm to be applied (Denzin, 2010). According to Kothari (2005), a research design is an approach to solving a research problem in a systematic way. This involves the different steps taken to examine the problem and to draw a clear conclusion. In this study, a convergent parallel mixed method design was applied. This design calls for a merging of quantitative and qualitative methods in a study (Hanson, 2008). A convergent parallel mixed method design involves the simultaneous collection of both quantitative and qualitative data, merging the data, and using the results to understand the research problem. Since the convergent parallel approach uses both forms alongside each other, the overall strength of the study is greater than either qualitative or quantitative research (Creswell, 2009). I intended to collect both quantitative and qualitative data simultaneously, analyse them separately and to compare and contrast the analysis in my discussion, hence I deemed it to be the best for my study.

According to Creswell and Clark (2007), the justification for the convergent parallel method is that one form of data collection provides strengths to offset the weaknesses of the other form, and that a more complete understanding of a research problem results from the collection of both quantitative and qualitative data. A cross sectional survey was used to collect data, answer research questions and test hypotheses. According to Levin (2006), the most optimal research process for the study of the prevalence of disorders as well as investigating the relations between risk factors and the outcome of interest is the cross-sectional survey design. Questionnaires and interviews were used to collect the data. The qualitative data was also collected based on the three research questions that were used for the questionnaire.

Research Philosophy

Although there are several paradigms or worldviews that configure research, they are all basically philosophical in nature and classify their assumptions as ontology, epistemology and methodology. Positivism, interpretivism and pragmatism are three essential research paradigms that guide the conduct of scientific research (Lincoln, Lynham, & Guba 2011). Ontology is mainly concerned with the phenomenon in terms of its nature of existence. Thus, ontology accounts on assumptions about the nature of reality. Epistemology relates to assumptions about how we know the world, how we gain knowledge, the relationship between the knower and the known whilst methodology shares the understanding on best means for gaining knowledge about the world (Creswell 2009; Lincoln et al. 2011). Each paradigm has

different perspective on the ontology, epistemology and methodology in the field of research.

Positivists' assumption on ontology is based on the fact that there is a single reality or truth. With their epistemology, the single truth or reality can be measured and known when valid and reliable tools are used and therefore they are more likely to use quantitative methods to measure this reality. Interpretivists, based on their ontology, assume that there is no single reality or truth and epistemologically, reality needs to be interpreted in order to discover the underlining meaning of things and activities. In discovering those multiple realities, interpretivists mostly adopt qualitative approach.

Pragmatists, with whom this study is associated hold the view that reality is constantly renegotiated, debated, interpreted, and therefore the best method to use is the one that solves the problem. According to Creswell and Clark (2011) and Morgan (2014a) pragmatism is based on the proposition that researchers should use the philosophical and or methodological approach that works best for the particular research problem that is being investigated and it is often associated with mixed-methods or multiple-methods. Aside its accompanying challenges for the demand for commitment and use of resources which Creswell and Plano Clark (2018) considered as usual, a pragmatic approach allows the possibility of choosing the appropriate research methods from the wide range of qualitative and or quantitative methods, and this pluralism is a strength of pragmatism that has several advantages for social justice research. It sets an inclusive framework of inquiry that supports interdisciplinary and cooperative research about social injustices (Pappas 2017). This study explored the influence teachers' knowledge and attitude

have on their management strategies for students with Emotional and behavioural disorders. Pragmatists' paradigm was adopted because, it was considered suitable to help in getting an in-depth information to answer the research questions and also offered the opportunity to use the methodology that offset the shortfalls of just using either positivism or interpretivism.

Population

Shank (2002) explains a research population as a group of people with shared features which a researcher is interested in. The main unit of analysis for this study is teachers in the public second cycle institutions in the Volta Region. Available data from the Education Sector Performance Review Report by the Ministry of Finance (2016) shows that, of the 578 second cycle schools in Ghana, with the exception of Ashanti Region which has 105 schools, the Volta Region comes second with 95 schools. Out of this, there are five single sex schools of which two are girls and the other three are boys schools. In all, 90 of the second cycle schools in the region are mixed schools.

Available data from the Volta Regional Educational Directorate (2017) indicate that there are 4539 teachers across the 95 schools in the region. Out of this number, 3029 (66.7%) were males, while 1510 (33.3%) were females. Appendix C shows the number of teachers in each of the schools across gender.

Study Area

This section provides an information on the geographical location of the study area for this research. The section gives a brief history and location

of the Volta region of Ghana before it was split into Oti and Volta regions by the government of the republic of Ghana through a referendum in 2018.

The Volta region was founded by the state union of former British Togoland, which was part of the German protectorate of Togoland at the time. The British administered it as part of the Gold Coast and eventually called it Trans-Volta Togoland (Cogneau, & Moradi, 2014). Ho is the regional capital of Ghana's Volta region.

Until 27th December, 2018, the Volta region remained as such with its regional capital as Ho. However, in fulfilling its campaign promise, the then ruling New Patriotic Party, through a referendum divided the region into two, making it Volta and Oti regions with Ho and Dambai being their respective regional capitals. The Volta region is located west of the Republic of Togo and to the east of Lake Volta. It is divided into 25 administrative districts. The region is multi-ethnic and multilingual, including groups such as the Ewe, Guan, and the Akan. According to the 2010 Population and Housing Census, Volta region had a total population of 2, 118,252 and occupies an area of 9, 504 km². For the purpose of this thesis, the old Volta region constituted the geographical location for the study. The diagram below shows the geographical location of the then Volta region of Ghana:

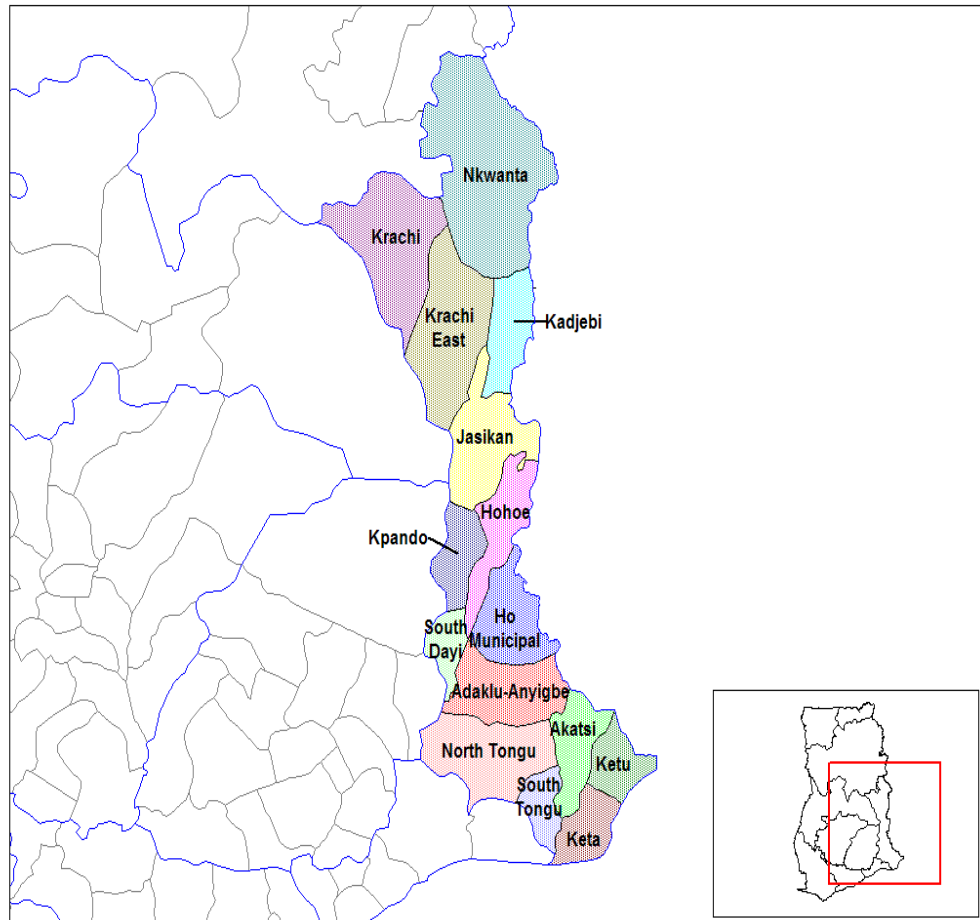


Figure 2: Geographical location of the Volta region of Ghana before the creation of Oti region

Sampling Procedure

The sample size of any study impacts significantly on the precision and accuracy of the results achieved; larger samples are considered to yield more precise outcomes. Cohen, Manion, and Morrison (2004) believe that surveys usually rely on large-scale data to make time and group comparisons. Again, Cohen et al. (2004) are of the view that researchers should concentrate on a minimum sample size in specific situations which precisely represents the target population. Although a large sample positively affects the accuracy of research findings, this accuracy, from Tannor (2014) perspective is further ascertained by the appropriateness of the sampling procedure employed and

representativeness of the sample. Amedahe, Ankomah and Cobbinah (2015) also says a sample size between five to twenty percent of a population is good enough to provide a reliable information for a study. The appropriate sample size depends on the objective of the research as well as the characteristics of the population being studied. There were not many distinctions in the teacher population as teachers could teach in any school in any part of the region and even in the country as a whole. Saunders, Lewis and Thornhill (2012) opined that while deciding the size of a sample, researchers need to establish the preferred precision and an acceptable confidence level for the estimates. To arrive at an appropriate sampling size for the 4539 teacher target populations in second cycle institutions in the Volta Region, attention was given to the sampling error and confidence level. Sampling error occurs when the researcher chooses a sample which is not a representative of the population. In order to prevent sampling error, it is important to ensure that the sample derived from the population does not possess any systematic characteristics and was randomly selected. On the other hand, confidence level has to do with measuring the degree of certainty (Cohen et. al 2007). The sample size was therefore determined with a sampling error of 5% and a 95%, confidence level. A two-stage sampling technique was used to select the sample size.

Stage One

The sample size for the number of schools selected for the study was determined using the Slovin’s Formula developed by Yamane (1967).

$$n = \frac{N}{1+N(\epsilon)^2} \dots\dots\dots(1)$$

Where n= sample size, N= population size (Number of second cycle schools

in the region), e =significance level in percentage of error that was allowed is five percent.

With the 95 schools in the region, the sample size for the schools was calculated as:

$$n = \frac{95}{1+95(0.05)^2}$$

$$n = 77$$

Therefore, 77 schools participated in the study.

Stage Two

Following the determination of the total number of schools to be selected, the total number of teachers that would participate in the study was determined. This was also done using the Slovin's Formula. Therefore, with the 4539 teachers across the 95 schools, the sample size for teachers was calculated as:

$$n_{teachers} = \frac{4539}{1+4539(0.05)^2}$$

$$n_{teachers} = 400$$

Thus, based on Slovin's formula, 400 teachers were expected to participate in the study. This comprised 267 (66.7%) males and 133 (33.3%) females which was calculated proportionally based on the gender percentage of the target population. This was further distributed proportionally across the 77 schools for fairness in representation. The 77 schools were purposively selected based on their numerical strength. This decision was based on the assumption that larger samples provide more valid results (Cohen, Manion & Morrison, 2007).

In getting the participants for the 77 schools, the sample proportion was calculated, where the total population of 4539 was used to divide the sample size of 400, which produced a result of .088 (8.8%). This helped in getting the sample of each school proportionally. For example, the population of OLA Senior High School was 96; therefore, in getting the sample proportion, 96 was multiplied by .088. With this calculation, nine teachers were expected to participate in the study from that school. Again, in order to get the number of male and female teachers who would participate, with reference to OLA SHS, the calculated sample for the school (9) was multiplied by the percentages for female (33.3%) and male (66.7%) respondents respectively to ensure proportional representation. With this calculation, six male and three female teachers were sampled from OLA SHS. Thus, after stratifying the respondents into gender, the lottery method of the simple random sampling technique was used to select the respondents. This same sample procedure was applied in sampling the teachers from the 77 SHSs sampled. That is, 400 respondents across the 77 schools were sampled for the study (see Appendix C).

Interview with Teachers

Ten teachers who were not part of the questionnaire respondents were selected to take part in the interview schedules. Two schools were randomly sampled from each of the region's five municipal districts that were purposively selected. Having sampled the schools, the lottery method was adopted to select a respondent each from the sampled schools, giving the total of ten participants. According to Patton (2002), there are no specific rules when determining an appropriate sample size in qualitative research.

Qualitative sample size may best be determined by the time allotted, resources available, and objectives of the study as well as data saturation. Data saturation is the stage in qualitative data collection where the collection of new data is not giving the researcher any new additional insights into the issue being investigated.

The choice of ten participants in this study for the qualitative data was therefore guided by Creswell's (1998) recommendation of between five to 25 participants for phenomenological studies as well as Morse's (1994) suggestion of at least six participants. This selection was done to enable me get more in-depth information to support the responses to the questionnaire. The questions for the interview covered all the three research questions set for the study (see appendix B).

Data Collection Instrument

The data collection instruments used in the study were a questionnaire and interview guide.

Questionnaire

A questionnaire was used to obtain quantitative data from teachers for the research questions. Fraenkel and Wallen (1993) indicate that a questionnaire could be administered to a large group of people at the same time and is proven to be enormously effective at providing large amounts of data, at a relatively lower cost, in a short period of time. The use questionnaire was considered appropriate since it was cost effective and could give me the opportunity to get information from a large number of respondents. I wanted to explore the influence of teachers' knowledge and attitude on their management strategies for students with EBD.

The questionnaire comprised four sections with both closed-ended and open-ended items. (see Appendix A). In the closed-ended type, the respondents were provided with certain options or alternative to select from. In overcoming the seeming restriction imposed on the respondents with the closed-ended questions, options such as ‘specify any other’ and ‘if yes, how’ were included. This enabled me to have information not anticipated as it afforded the respondents the opportunity to freely provide responses which they considered suitable (Sommers & Sommers, 2002). Among the several benefits the open-ended type had over the closed-ended type was giving the respondents a chance to make a valid assessment of what they really perceived (Robson, 2002). Specifically, the questionnaire was the main data collection instrument.

Although questionnaires are easy to use in research, according to Creswell (2005), they possess certain weaknesses. The first is that they do not allow for probing, prompting and clarification of answers given. Again, they do not provide an opportunity to gather additional information from the respondents in the study. These weaknesses were addressed by complementing the questionnaire with in- depth interviews of some teachers.

In order to ensure that the questionnaire contained appropriate questions that could answer the research questions and objectives, the instrument was structured into sections as follow:

Section A: This section elicited information on the demographic characteristics of the teachers. The major demographic variables were gender, age, and length of teaching and educational background.

Section B: This section of the questionnaire focused on the knowledge of teachers regarding students with EBD. However, Abaoud, Nabil and Almalki's (2015) general questionnaire on knowledge on EBD was adapted for the purpose of this study and captioned "Knowledge survey questionnaire". The instrument had an overall reliability coefficient of 0.9607. The instrument was presented in five-point Likert scale. However, I modified it to be a four point Likert scale; Strongly Agree (SA), Agree (A), Disagree (DA) and Strongly Disagree (SD). The choice of this was to prevent respondents from choosing a neutral option. The questionnaire contained 21 items that elicited information on types of EBD, how much teachers know about EBD, their ability to successfully identify the symptoms of the disorder in students, and their knowledge of appropriate strategies for handling students' behaviour in the classroom.

Section C: This section elicited information on the attitude of teachers towards students with EBD. A search of the literature showed that there are several scales available for measuring the attitude of teachers towards students with EBD, including the Scale of Attitudes toward Disabled Persons (SADP), Teachers' Opinion of the Best Placement for Students with Disabilities Checklist, Teachers Opinions Relative to Integration of Students with Disabilities (ORI), and Adult Attitude Scale. The variety of instruments confirms Lewis' (2010) argument that there is no consensus on standard instruments for measuring attitude of persons towards EBD.

To measure the attitude of the teachers towards students with EBD, this study used the SADP. The SADP is a reliable self-report scale that consists of 24 items, developed by Antonak (1982, 1998) with three sub-

scales (Cognitive, affection and behavioural) which has a reliability of 0.74 to 0.91. The 24 items were expressed as statements to which respondents answer on a Likert-type scale. In all, the attitude questionnaire contained 24 items that were used to measure the attitude of teachers towards students with EBD. These items included the cognitive attitude, affection attitude and behavioural attitude of teachers towards students with EBD. In this section, a four-point Likert scale was used as against the traditional five-point scale due to the tendency for participants to select responses in the centre of the scale if an odd number response scale was used, as indicated by Best and Khan (1995). The SADP was used because it provides a convenient and effective tool for the evaluation of attitudes towards people with disabilities such as EBD. The scale ranges from strongly disagree to strongly agree.

Section D: This section of the questionnaire elicited information on the strategies teachers use to manage students with EBD in the classroom. However, a search of the literature showed that there was no readily available and reliable questionnaire on behaviour management of students with EBD. As a result, the major strategies that were found in the literature in the management of students with EBD were used to construct a behaviour management questionnaire. In all, thirty items were used to examine the management strategies of teachers. The items centred on five strategies; these were: Positive behavioural interventions, Seeking support through coordination, Punishment, Withdrawal and Self regulation strategies.

Interview Guide

A semi-structured interview guide was also developed to further collect information to augment the questionnaire data: It was used to explore

the influence of teachers' knowledge and attitude on their management of students with EBD. The teachers were interviewed on what they thought could be done to improve their management strategies. The interview was developed in four sections, A to D (see Appendix D). Section A gathered demographic information of the respondents, that is, their age-range, educational background and number of years of teaching. Section B elicited information on the knowledge of teachers regarding students with EBD. Section C elicited information from teachers on their attitude toward students with EBD. Section D elicited information on the management strategies adopted by teachers for students with EBD.

Validity and Reliability of Instruments

Ultimately, it is impossible to design a perfect survey questionnaire, interview guides and protocols (Tannor, 2014). Nonetheless, effective surveys instrument can still be generated. To ascertain the efficiency of a research instrument, it is imperative to subject the instrument to pilot-testing before it is used. The questionnaire and interview guides were pilot-tested. The importance of pilot-testing was to help in determining the strengths and limitations of the research instruments regarding reliability and validity before proceeding to the actual data collection (Tannor, 2014). Also, the pilot-testing of the instrument revealed any problems in relation to the wording, format, instructions to skip questions, and to ensure that the respondents understood the items and provided useful answers.

Validity has been explained as “the appropriateness of the interpretations, inferences, and actions that we make based on test scores” (Johnson & Christensen 2004, p.140). In order to ensure validity, it is

important to ensure that the instrument is measuring what it intends to measure, for the particular group and for the particular context, and that the interpretations of the test scores are correct. Due to this, Hair et al. (2005) explain validity as how well the concept is defined by the measure. Cohen, Mannion and Morrison (2007) suggested that validity in research can be ascertained if researchers gather data that is related to the concept being studied and is also in line with the objective of the study.

Reliability, on the other hand, deals with the consistency of test scores. This, according to Gay et al., Hair et al., and Johnson and Christensen, as cited by Vanderpuye (2013), implies that the data collection instrument would have to yield the same or almost the same scores any time it is administered to the same individual or group. It is important to address issues of reliability and validity within the study as they support the accuracy of the findings.

The reliability of an instrument can be determined using different statistical procedures. However, Cronbach's alpha is regarded to as the most widely used method in assessing the internal consistency of a research instrument (Kimberlin & Winterstein, 2008). Kimberlin and Winterstein (2008) report that it is either used for summated scales or Likert-type scale items. Cronbach's Alpha has a Coefficient ranging in value from 0 to 1. A reliability coefficient closer to 1 depicts the test is more reliable, and the reliability coefficient closer to 0 regards the test being less reliable (Gay et al., 2009).

Since the questionnaire employed the Likert scale, internal consistency of the items was measured using the Cronbach's Alpha Coefficients. Cronbach's Alpha determines the internal consistency or average correlation of

items in a survey instrument to gauge its reliability. According to Nunnally (1994), a Cronbach's Alpha less than 0.7, indicates that the instrument being used has a low reliability, and that not all the items met reasonable standards of internal consistency and reliability. Cronbach's Alpha Coefficient for each of the constructs measured is shown in Table 1.

Table 1: Reliability Test of Survey Items

Items	No. of Items	Cronbach's Alpha
Pilot Test		
Knowledge on EBD	21	0.891
Attitude of teachers on EBD	23	0.804
Management strategy on EBD	30	0.848
Main Study		
Knowledge on EBD	21	0.676
Attitude of teachers on EBD	24	0.742
Management strategy on EBD	29	0.763
Overall Scale	74	0.771

Source: Field survey, Kpodoe (2019)

Table 1 presents results for the reliability analysis of the pilot test and the main study. With the pilot test, a Cronbach's Alpha coefficient of at least 0.7 was obtained for each of the dimensions which indicated that the items have relatively high internal consistency as suggested by Nunnally (1970). The Cronbach's Alpha coefficients for the items measuring knowledge on EBD and attitude of teachers on EBD were respectively more than 0.8, while that for management strategy on EBD was also more than 0.7.

In addition, the Cronbach's Alpha Coefficients for knowledge on EBD, attitudes towards students with EBD and management strategies for EBD were .676, .742 and .763 respectively as the overall scale recorded .771. To establish the validity of the instruments, the questionnaire and interview schedule were given to some experts for review, since face or content validity can be determined by expert judgment (Gay et al., 2009). The suggestions such as rewording and restructuring of some sentences they made were used to restructure the items. According to Amedahe (2001), it is the soundness of the interpretations given to the assessment scores that are validated, not the instrument. If the instrument measures what it intends to measure and the results are used for the intended purpose, then the instrument can be said to be valid.

Results from the Factor Analysis

The 30 items of the Management Strategies scale were subjected to principal component analysis (PCA) using SPSS version 25. Before performing PCA the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. The Kaiser-Meyer-Oklin value .87, exceeding the recommended value of .6 (Kaiser, 1970, 1974). Furthermore, Kline, (2011), Cerit, (2010) and Pohlmann, (2013) indicate that KMO values between 0.5-1.0 are considered to be high and therefore, KMO value for this study is assumed to be high. Also, the Bartlett's test of sphericity was $\chi^2 = 2146.26$, $p < 0.05$. These results point out that the factor analysis is appropriate for the group. Two fit statistics were computed: the chi-square to degrees of freedom ratio (χ^2/df) and the goodness-of-fit index (GFI). A χ^2/df ratio of less than 3 is

regarded as a good fit between the observed and reproduced correlation matrices (Kline, 2011). Constraining the 30 items to fall onto five latent factors generated a χ^2/df ratio of 4.93. A GFI of $\chi^2 = 2146.26$, $p = .00$ are values that indicate that the model “fits” the input data well.

Principal components analysis showed the presence of six components with eigenvalues exceeding 1, explaining 26.34%, 15.18%, 5.85%, 4.6%, 4.02% and 3.62%. An examination of the scree plot revealed an obvious break after the third component. Using Cattell’s (1966) scree test, it was decided to retain three components for further investigation. This was further supported by the results of Parallel Analysis, which showed only three components with eigenvalues exceeding the corresponding criterion values for a randomly generated data matrix of the same size (30 variables X 160 respondents).

Table 2: Pattern/Structure for coefficients

	Component				
	1	2	3	4	5
I ignore students who randomly whisper answers to questions I ask in class during instruction.	.84				
I sack students from the class when their distractions in class become very severe.	.82				
I normally assign students who forget to turn in their assignment extra works.	.82				
I always isolate students with EBDs from their colleagues in class to prevent them from distracting them (their colleagues).	.78				
I sometimes cane students who misbehave in class.	.77				
I ignore students’ misconduct in the class and proceed with my delivery.	.76				
I coach students with EBDs flexible seating and selecting appropriate spaces to work and learn.	.76				
I coach students to reward themselves with extra leisure time when they complete a task successfully.	.70				
I sometimes shame students before their colleagues when they misbehave.	.70				
I coach students to pick certain gifts after they answer questions correctly.	.68				

Table 2 continued

I teach students with EBDs to set their own achievable goals.	.67		
I add solutions to questions asked in students' textbooks so after answering they can monitor their own performance (strengths and weaknesses).	.65		
I distance myself from students with EBD in my class by ignoring them	.62		
Sometimes, I unconsciously yell at my students for putting up unacceptable behaviour.	.73		
I sometimes discuss with my colleague teachers for ideas to support students with EBDs.	.70		
I force my students to do an unpleasant task when they misbehave.	.59		
I collaborate with parents to understand better and help their wards with EBDs.	-.30	.56	
I seek advice from psychologists in handling students with emotional and behaviour disorders.	.53	.38	
I set easily attainable goals for my students.		.81	
I reward students with gifts when they answer questions rightly in class.		.79	
I always encourage students to do their best		.53	
I continuously remind my students to complete assigned tasks	.46	.53	
I lead students to the school counselor when they show emotional and behaviour disorders	.37	.53	.35
I reward students who are punctual at school.		.49	
I always set well-defined limits, rules and tasks expectations for my students.		.49	.58
I continuously give my headmaster feedback on progress made by my students with EBDs.	.46	.57	
I assign students more chores and responsibilities when they fail to follow the rules set.		.55	
I seek assistance from special education teachers/experts about appropriate ways to handle students who exhibit EBDs in class.			.74
I always schedule different instructional section with my students with EBDs to when I have to teach very difficult topics.	.39		.52
I always provide checklists outlining positive behaviour and emotions to students to examine themselves in class.			-.42
<ol style="list-style-type: none"> 1. Positive behavioural intervention 2. Seeking support through coordination 3. Punishment 4. Withdrawal 5. Teaching self-regulation strategies. 			

To enable the interpretation of these five components, varimax rotation was conducted. The existence of a basic structure was exposed by the rotated solution (Thurstone, 1947), with both components displaying a number of heavy loadings and all variables loading significantly on only one component. A total of 55.98 percent of the variation was clarified by the five component approach, with component 1 contributing 25.52%, component 2 contributing 10.30%, component 3 contributing 10.26%, component 4 contributing 5.34% and component 5 contributing 4.57%. As suggested by the scale authors, the results of this analysis support the use of the management strategy items as separate scales (Watson, Clark & Tellegen, 1988).

Interview Guide

The aim of the interviews is to find out what respondents think of the phenomenon under study or how they feel (Fracnel & Wallen, 1993). Anderson, Anderson and Arsenault (1998) note that when the researcher communicates with a respondent whose every word has possible meaning, this approach is useful. In qualitative research, interviews can be a great source of knowledge and are a widely used tool. Depending on the familiarity and awareness of the interviewer about the study and the intent of the interview, as well as the essence of the study, interviews may be structured, semi-structured or open-ended (Drew, Hardman & Hosp, 2008). Vanderpuye (2013), citing Silverman (2011), indicates that there is a need for interviews to have the same format, sequence of words and questions for each participant to ensure the reliability of the interviews. To achieve this, the semi-structured interview schedule

which was created and used (see Appendix B).

Pilot-testing of the Questionnaire

The questionnaire (see Appendix A) was pilot-tested in three selected second cycle institutions in the Cape Coast Metropolis in the Central Region of Ghana. These were Ghana National College, University Practice Senior High and Ogua Secondary Technical. This choice was necessitated to give good representation of the samples in the main study. I purposively identified the three second cycle institutions and administered the questionnaire to teachers who had taught in the schools for a minimum of two years. It was assumed that teachers who had interacted with students for a minimum of two years would have experiences to share about their behaviour. The reason was to get teachers who had interacted with the students for a reasonable period of time and who could give an account of their behaviour.

In addition, for the purpose of ensuring that the style and format of the questionnaire instrument was acceptable, a fellow PhD student from the University of Cape Coast was given the opportunity to complete it. The goal of the pilot test was to refine the tool by checking the consistency of the objects, removing uncertainty, checking the time taken to respond to objects and testing the coding (Cohen et al , 2004; Sommers & Sommers, 2002). See Table 1 for the values for the Cronbach's Alpha. On the basis of the pre-testing, some corrections were made in the questionnaire before the actual data collection from the Volta Region.

Pilot -Testing Interview Guide

The interview guide was pre-tested on the 8th and 9th of May, 2018. This was done in the same schools where the questionnaire was pilot- tested. (See Appendix B). Six teachers who had taught for more than two years, were

selected for the interview. For ethical implications, the teachers were informed of the purpose of the pilot-test and their consent was sought prior to the scheduled time. I personally made initial contacts with them and an agreement was reached concerning the time and venue for the interview. No further modifications were made on the interview guide since interviewees' responses confirmed that they fully understood all the questions asked and they responded to all the questions to the best of their knowledge. This process helped me to estimate the time it would take to conduct the interviews and the type of reactions I would be getting from the interviewees.

Procedure for Data Collection

Questionnaire

Data gathering is essential in research, as the data is intended to contribute to a better understanding of the research problem (Bernard, 2002). The questionnaire was self-administered in some of the schools. In those schools where I administered them personally, I stayed with the teachers and collected most of the questionnaire on the same day. Due to the geographical locations of the schools in the region, I arranged and trained two research assistants who helped in the data collection. We had to follow up on those respondents who could not complete and returned the questionnaire the same day of their administration. I always tried to contact the respondents on phone to tell them when we would come for the questionnaire. Out of the 400 questionnaire that were administered, 270 were retrieved after making several laborious follow ups. Since respondents had the right to decline from the study at any point in time, the analysis was done using the response rate of 270 based on Amedahe, Ankomah and Cobbinah's (2015) assertion that, a

sample size between five to twenty percent of a population is good enough to provide a reliable information for a study.

Interviews

All interviewees had copies of the interview schedule to study prior to the scheduled times for the actual interview. The idea was to establish a cordial relationship with the interviewees. In order not to interrupt their daily lives, the interviewees were given the chance to select the time, day and location. In addition, they were assured of confidentiality and also that their identities would be disclosed at no point in time. No participant in the study was pressured to participate. (Denscombe, 2010; Cohen et al., 2007; Sarantakos, 2005; Neuman, 2003; Denscombe, 2002; Frankfort-Nachmias & Nachmias, 2000). The concepts of informed consent and voluntarism were strictly adhered to. All the interviewees opted to be interviewed in their schools' premises.

The interview was tape-recorded with the permission of participants and supported with note-taking. Some respondents, however, declined being recorded. I was only able to have the face -to -face verbal interaction with them with notes taken. The recording of the interview was relevant in the transcription of the qualitative data. The interviews lasted between 25 and 33 minutes. The short duration was to eliminate the boredom often associated with long interviews including interviewer fatigue. Also, after the interviews, the tape was played back to each interviewee. This enabled respondents to correct misinformation, add to information or simply confirm what they had said during the interview.

Data Processing and Analysis

Consideration was given to both qualitative and quantitative data in making decisions on the data analysis.

Quantitative Data Analysis

All completed questionnaires were thoroughly reviewed for completeness before analysing the data from the field. Thus, prior to the data analysis, data cleaning and processing was conducted to detect errors in data recording. The quantitative data collected has been coded and entered for review in the Statistical Product and Service Solutions (SPSS) version 20. Quantitative analysis in this study, involved the generation of descriptive and inferential statistics. The descriptive statistics involved the generation of means and standard deviations. The completed questionnaires were serially numbered for easy identification and coded. For example, dichotomous items were coded 1 and 2 as in item number 1 (see Appendix A) The educational levels of teachers were coded 1 to 3, starting from Higher National Diploma (HND), Bachelor's degree was coded 2 and Masters degree was coded 3. For the study and explanation of the answers to part of research questions 1, 2 and 3 (see Table 5), descriptive statistics (frequencies, percentages and cross tabulations where necessary) were used. To offer an overall view of the results, to define patterns and to show relationships between parts of the results, frequency and percentage tables and charts were constructed (Sarantakos, 2005).

Items on the four-point Likert scale were with the responses: strongly agree, agree, disagree, and strongly disagree, respectively and were scored 4, 3, 2, 1. (see items 1, 2, 3, 19, 20, 21 and 23 of Appendix A). That is to say,

items in the negative were reverse coded. Some portions gave respondents the opportunity to supply more than one response, by ticking. Also, respondents had the opportunity to respond “yes” or “no” and at the same time, give explanation for their response.

The inferential statistics employed included the Analysis of Variance (ANOVA), Independent samples t-test and the Pearson’s Product Moment Correlation. The t-test analysis was used to determine whether a difference exists between gender and their knowledge of EBD. The ANOVA analysis was used to find the differences that exist among teachers’ level of education and their knowledge of EBD; differences among teachers’ period of teaching and their knowledge on students with EBD and thirdly, differences among teachers’ number of years of teaching and their attitude towards students with EBD. Pearson’s Correlation analysis was used to explore the relationship between teachers’ knowledge and their attitude towards students with EBD and the relationship between teachers’ attitude and management strategies.

Pearson’s Product Moment correlation analysis was considered appropriate as it does not violate the assumptions recommended by Ary, Jacobs, Sorensen, and Razavich (2010) in finding relationships among variables. In this study, the sample size was more than 30, the normality test was conducted and the distribution was normal and homogeneous (see Appendix F). Again, Ary et al. (2010) criterion was used to determine the strength of the correlations. According to them, correlation of 0.10 to 0.29 or -0.10 to -0.29 is weak, 0.30 to 0.49 or -0.30 to -0.49 shows moderate relationship, 0.50 to 1.0 or -0.50 to -1.0 is considered strong whilst = 1.0 or -1.0 means perfect.

Qualitative Data

The purpose of this section was to provide a summary of how the information from the interview was transcribed and coded. Interviewing produces a significant volume of information that needs to be evaluated meaningfully and the conclusions presented. In this study, some of the core principles of Braun and Clarke's (2006) thematic approach to qualitative data analysis were adapted for use. Thematic analysis is a tool inside the data to define, interpret, and report trends (themes) (Braun & Clarke 2006, p.79). Braun and Clarke (2006) point out that there are six levels of thematic study. These are defined as follows, showing how this research has adapted them. :

1. Familiarisation with the data

For familiarisation purposes, the recorded interviews were repeatedly listened to (Gay et al., 2009). For easy referencing, each interviewee was given a numeric code (Sommers & Sommers, 2002). The allocated code was based on the order in which the teachers were interviewed. The numeric code ranged from one to ten since there were ten interviewees. The numeric codes thus ranged from TR1 to TR10. The recording of each interview was typed word for word and all communicative behaviours such as hesitations, pauses and mannerisms were observed (McLellan, Macqueen & Neidig, 2003) with the aim of protecting the originality and to guarantee that no information was misconstrued or lost. All interviews were conducted in the English language. To ensure there were no omissions, the transcribed version was read over while listening to the audio tape several times. Afterwards, every interview was summarised. Doing this helped me to understand what the interviewees meant and to note differences and similarities in their comments. It also

highlighted the close relation between the questions in the research and the answers given. In addition, general notes and comments on initial thoughts and related issues that arose from the data were written. As defined by Braun and Clarke (2006), the improvements made to this step of the thematic analysis were to give a code to each interviewee and to write the description of each interview.

2. Generating initial codes

A code is described by Robson (2002) as "a symbol applied to a section of a text to identify or categorise it" (p.447). Coding is part of qualitative data processing and enables the researcher to think objectively about the information's significance (Bryman, 2012; Miles & Huberman, 1994). Coding is the method of analysing the data for patterns, ideas and categories, according to McLean and Gibbs (2010), and labeling related text passages with a code label so that it can be easily retrieved for further comparison and review at a later stage. Similarly, defining the stages in the coding process, Creswell and Clark (2007, p.148) states: Key steps in data coding (reducing data into meaningful sections and assigning segment names), involve merging codes into wider categories or subjects, and showing and comparing data graphs, tables, or maps. These are the central elements of the study of qualitative results.

Robson (2011) points out that the raw data section to which the codes are applied should be relevant and have some significance and be connected to the analysis. The study units have been recognised and defined as the fundamental text unit containing the basic definition in line with the research questions (Zhang & Wildemuth, 2009). Similar critical ideas were attached to

prompts, some underlined and notes made to make the text relevant (Taylor & Gibbs, 2010). The general topics under study influenced this process.

They were as follows:

- i. Knowledge of Teachers regarding EBD
- ii. Teachers' view on other teachers' attitude towards students with EBD
- iii. Management strategies teachers use in managing students with EBD

In order to address coding of several issues in a single response, the responses were divided into segments and were coded under the appropriate theme or sub-theme. For instance, a response provided by **TR3** was coded as follows:

Since it is easy for me to identify students with EBD **(knowledge of EBD)** exhibiting external characteristics, **(types of EBD)** it is possible that there may be more students with EBD who are exhibiting internalise behaviours **(unidentified behaviours)**. I say so because it is always difficult to identify those with internalising behaviour. **(behaviours not identified to be managed)**

Four codes were identified from this response. Occasionally, the response was based on a specific issue making it easier to assign a code. For example, **TR1** responded:

Yes, though I have not undertaken any study to scientifically prove what I am saying, I think that students from the single sex schools, like Bishop Herman and St Mary's, are more deviant in behaviour than those from the mixed schools like KPASEC and

MAWULI, was coded as (**male single sex schools are more deviant**).

3. Searching for themes

Searching for themes requires sorting the various codes into possible themes, according to Braun and Clarke (2006), and collecting all the appropriate coded extracts within the theme found. This stage includes thinking about the links between codes, themes, sub-themes, and re-arranging and organising to be meaningful the coded extracts. The protocol outlined by Braun and Clarke (2006) was not followed in doing this. This was because I used a semi-structured interview schedule and pre-defined the main themes in the quantitative data that were closely related to the research questions. I was able to describe one key theme, however, which was not predefined. "This was the role played by the school chaplaincy in the management of EBD students." Nevertheless, the sub-themes were not predefined, but rather recognised from the data.

4. Reviewing sub-themes

To study the sub-themes, I adapted Braun and Clarke's (2006) model. Since the key themes were predefined, I scrutinised and attempted to modify the sub-themes as an alternative. I verified the information and made sure that all sub-themes, their related verbatim examples and codes, were captured and that they were consistent and meaningful and all mirrored the answers given. Since all was coherent, no further modification was carried out.

5. Defining and naming sub-themes

This process was in order to "identify and further refine the themes you would reflect for your research and evaluate the data inside them" with Braun

and Clarke's (2006) steps (p. 92). Again, this procedure was tailored to the data-derived sub-themes. I read the coded data and the illustrative excerpt of the answers further and arranged it into a coherent whole. By the end of the whole process, I got six (6) themes and twenty-nine (29) sub-themes.

The description is given in Table 3:

Table 3: Summary of themes and subthemes

Main Themes	Sub Themes
Knowledge of teachers regarding EBD	Attention Deficit Hyperactive Disorder Conduct disorders Adjustment disorder Anxiety disorders Obsessive compulsive disorder Selective mutism Severe Depression Schizophrenia
How teachers identify students with EBD	Through their work output Their awkward behaviour Their attendance and punctuality Responses to instructions
Attitude and perception of teachers about students with EBD.	Educating them in the mainstream Their cognitive abilities Impact of their behaviour on their teaching Managing them with their regular peers
Enhancing teachers' positive attitudes Management Strategies for students with EBD	Workshops Intensive PTAs Positive behaviour interventions Seeking support through coordination Punishment Withdrawal Self-regulation Self-monitoring Self-reinforcement Self-management
The role of school chaplaincy	Religious interventions

Source: Field survey, Kpodoe (2019)

6. Producing the report

The writing of the report, according to Braun and Clarke (2006), is an important part of the analytical method. This is the point where the researcher needs to make sense of the raw information and present it in a manner that can be easily understood. In addition, it is important that the analysis provides a "concise, descriptive, coherent, non-repetitive and interesting account of the story the within and across topics" (p.93). The "write-up must also include ample evidence of the themes in the data, which is sufficient data extracts to indicate the prevalence of the theme" (p.93).

All the ideas were checked and put under themes in view of this. The primary themes were chosen and included in the final study. This provided the opportunity for the "collection of vivid, convincing examples of extracts, final analysis of selected extracts, relevant to the research question and literature analysis" (Braun & Clarke 2006, p.87). From the set of responses based on their detail, clarity, relevance and vividness, the selections of word for word extracts used in the final write-up were selected. In order to make the use of the teachers easy, the code **TR** was adopted in the discussion for a singular teacher while **TRs** is used for two or more teachers.

In summary, it can be said that in relation to the analysis of the qualitative data from the interviews, thematic analysis and audio transcription were performed. Consequently, for the thematic analysis, all written and recorded materials were immediately transcribed after the field study. To have a good clutch of all the results, the actual analysis started with reading through the transcribed responses and listening to the audio recordings. The transcriptions were very thorough to capture features of talk such as emphasis,

tempo, tone of voice, pacing and pauses since these elements can be crucial for interpreting data. From all classes, the main concept and emerging trends were established. They then pooled these themes together and incorporated them into a common one. Thereafter, there was a generation of definitions to promote the organisation of the presentation of the results of the analysis.

Ethical Consideration

Adherence to ethics in research is critical in promoting the rights of research participants (McNamara, 1994). I applied and was granted ethical clearance from the Institutional Review Board of the University of Cape Coast (see Appendix D) for data to be collected. According to Creswell (2005), gaining access to research sites encompasses obtaining permission to sites and individuals and negotiating authorisation with these individuals at a site who can facilitate the collection of research data. To gain access into the schools to conduct this study, a letter of introduction was obtained from the Department of Education and Psychology in the University of Cape Coast to the heads of the schools, explaining that I am a researcher who is on academic research assignment and should be given the necessary assistance.

It was considered important to inform and obtain the consent of study subjects in order to respect their integrity and not to breach the principle of informed consent in study, which allows the participant the opportunity to take a personal decision to participate or not (Homan, 2001, McNamee, 2001). The relevant ethical issues considered in this study included the consent and confidentiality of the respondents. Approval was obtained from the specified school authorities in order to obtain the consent of the selected participants, after describing all important details of the research, including its goals and

purpose, while maintaining the confidentiality of the participants by not revealing their names or personal information on the consent form. Only specific information was included that would assist in answering the research questions. Therefore, to participate in this study, permission was obtained from school heads and teachers. Participating in the study was voluntary. Participants were informed that they were not obligated to participate in the study and were free, without justification or prejudice, to withdraw from the study at any time.

The required steps have been taken to obtain the respondents' permission. In the first place, the purpose of the research was clarified in a covering letter to the questionnaire instrument and requested voluntary participation. In the interview, permission was requested to do recording (Anderson, 1998). Interviewees were given the opportunity to interrupt me if those statements were not clear to them. Additionally, at stages where they were no longer interested in participating, they were allowed to withdraw from the study. They were also allowed to ask questions for clarification. Finally, permission was obtained to disclose data, but respondents were candidly informed that all information that might classify them would be kept out of published studies. Participants were additionally granted confidentiality and anonymity (Sommers & Sommers, 2002).

CHAPTER FOUR

RESULTS AND DISCUSSION

Overview

This chapter presents and discusses the results based on the data gathered from 280 respondents. Two hundred and seventy responses were elicited by the questionnaire, which was analysed quantitatively. The remaining 10 responses were obtained through the use of an interview guide and were analysed qualitatively. In analysing the data to answer the three research questions and eight research hypotheses, means and standard deviations, independent samples t-test, one-way ANOVA and Pearson's Product Moment correlation were conducted.

Thematic analysis was conducted on the qualitative data. The background information of participants was also presented before the analysis results of the research questions. The presentation is divided into three sections (1-3). The first section presents the results for the quantitative data. The second section focuses on the results for the qualitative data. Finally, the third section focuses on the discussions of the results.

Section 1: Analysis of the Quantitative Data

Demographic Information of Participants

This section deals with the results of the demographic data of participants. The results are presented in Tables 4 to 7.

Distribution of Respondents by Gender

Item 1 of the questionnaire requested respondents to indicate their gender (see Appendix A). Table 4 shows the distribution of respondents by gender.

Table 4: Distribution of Gender of Respondents

Gender of respondents	Frequency (No.)	Percent (%)
Male	172	63.7
Female	98	36.3
Total	270	100

Source: Field Survey, Kpodoe (2019)

Table 4 shows that 270 respondents answered the items on the questionnaire. Out of the total number of respondents, 172 (63.7%) were males, while the remaining 98 (36.3%) were females. The results seem to indicate that males dominate the population of teachers in the Volta Region of Ghana where the study was conducted.

Distribution of Respondents by Age -range

Item 2 of the questionnaire requested respondents to indicate their age-ranges. The ages of the respondents have been categorised into age ranges of five. Table 5 shows the distribution of respondents by their age ranges.

Table 5: Distribution of Ages of Respondents

Age range (years)	Frequency (No.)	Percentage (%)
20-29 years	36	13.3
30-39 years	100	37.0
40-49 years	72	26.7
50-59 years	57	21.1
60 years and above	5	1.9
Total	270	100

Source: Field Survey, Kpodoe (2019)

Table 5 shows that the majority (37.0%) of the teachers fall within the age range of 30 - 39 years. In contrast, the minority 5 (1.90%) of them are

either 60 years or more. The results in the table make it clear that the youth dominated the teaching population used for the study. This finding makes it evident that the youth in the teaching profession out-number the elderly.

Distribution of Respondents by Number of Years they have been Teaching

Item 3 of the questionnaire requested respondents to indicate the numbers of years they have been in the teaching profession. The years of teaching have been categorised into four year ranges. Table 6 shows the distribution of respondents by the number of years they have been on the job.

Table 6: Distribution of Respondents by Number of Years of Teaching (Experience)

Number of years	Frequency (No.)	Percentage (%)
1-5 years	36	13.3
6-10 years	52	19.3
11-15 years	71	26.3
Above 15 years	111	41.1
Total	270	100

Source: Field Survey, Kpodoe (2019)

Table 6 shows that 111 (41.1%) of the teachers have been teaching for over 15 years while 36 (13.3%) of them have spent 1-5 years in the teaching profession. This means that more than half 182 (67.4%) of the respondents have taught for quite a long period of time and can be said to have experience in the teaching field.

Distribution of Respondents by their Educational Background

Item 4 of the questionnaire requested respondents to indicate their educational qualification. Table 7 shows the distribution of respondents by their educational background.

Table 7: Distribution of Respondents by their Educational Background

Level	Frequency (No.)	Percentage (%)
Bachelor's Degree	160	59.3
Masters	108	40.0
Diploma/HND	2	0.7
Total	270	100

Source: Field Survey, Kpodoe (2019)

Table 7 shows that more than half 160 (59.3%) of the respondents hold Bachelor's degree certificates. The Table shows that only 2 (.07%) of the respondents have a Diploma/HND. Generally, the teachers seemed to have higher educational backgrounds.

Section 2: Analysis of Research Questions

Research Question 1: What level of knowledge do teachers have about students with Emotional and Behavioural Disorders?

This research question was to ascertain the extent to which the teachers are abreast with the nature and symptoms of emotional and behavioural disorders among students. Items 1 to 21 of the "Section B" of the questionnaire were used in eliciting quantitative data to answer this research question. Means and standard deviations of the various items were used in answering this research question. This was done by looking at the aggregated means of the respondents on each of the research questions.

The respondents were to choose from a set of alternatives on a 4-point Likert type scale weighted as: Strongly Agree = 4, Agree = 3, Disagree = 2 and Strongly Disagree = 1. A midpoint of this was used to determine whether the respondents had good knowledge or not. Thus, $(4+3+2+1 = 10; 10 \div 4 =$

2.5) if the mean of means falls above the cut-off mean of 2.5, then it is interpreted as high knowledge, while if it is below 2.5 it is interpreted as low knowledge. Table 8 shows the means and standard deviations of responses on the knowledge of teachers about students with emotional and behavioural disorders.

Table 8: The Knowledge of Teachers regarding Students with Emotional and Behavioural Disorders

Statements	Mean	SD
Students with EBDs exhibit mood disorder cases.	3.46	0.52
Students with EBDs seem to disturb during instructional times.	3.37	0.56
Students with EBDs experience educational problems which negatively affect their academic achievement.	3.34	0.70
Students with EBDs seem to be hyperactive.	3.30	0.59
Students with EBDs seem to have difficulty adapting to the social environment of the school.	3.30	0.59
Students with EBDs have difficulty complying with the tasks Assigned by their teachers.	3.25	0.58
Some students with EBDs show signs of social withdrawal.	3.21	0.57
Some students with EBDs are perceived to be suffering from schizophrenia (mental illness).	3.21	0.57
Many students with EBDs suffer from anxiety in general	3.20	0.60
Students with EBDs suffer from low self-concept.	3.17	0.63
Students with EBDs tend to break school rules.	3.15	0.66
Most students with EBDs have phobias.	3.15	0.63
One attribute of students with EBDs is distraction.	3.08	0.73
Students with EBDs are aggressive towards their peers.	3.08	0.73
One attribute of students with EBDs is vandalism.	3.06	0.72
Individuals with Attention Deficit and Hyperactive Disorders. (ADHD) cannot sit still long enough to pay attention.	3.04	0.66
If a child who is diagnosed with ADHD is prescribed medication, an educational intervention is not necessary.	3.03	0.66
Students with EBDs are mostly dependent in their interactions with peers.	3.01	0.71
Most students with EBDs seem to have problems paying attention.	3.00	0.90
They suffer from depression.	2.05	0.73
Many students with EBDs have severe impulsive tendencies.	2.04	0.79
Overall Mean	3.07	0.66

Source: Field Survey, Kpodoe (2019)

Table 8 shows that, the majority of the respondents agreed that students with EBDs exhibit mood disorder cases. This had a mean of 3.46 and a standard deviation of .52. Furthermore, the majority of respondents agreed that students with EBDs seem to disturb during instructional times, with a mean of 3.37 and standard deviation of 0.56. Again, with a mean of 3.34 and a standard deviation of .70, a majority of respondents said that students with EBDs experience educational problems which negatively affect their academic achievement. Also, with a mean of 3.30 and a standard deviation of .59, respondents were in agreement that students with EBDs seem to be hyperactive and also, students with EBDs seem to have difficulty adapting to the social environment of the school respectively.

On the contrary, the majority of teachers disagreed that students with EBDs suffer from depression. This is supported by a mean of 2.05 and a standard deviation of .73. In addition, a high number of the respondents disagreed that many students with EBDs have severe impulsive tendencies with a mean of 2.04 and a standard deviation of .79.

In sum, the results on the table show that the teachers have high knowledge about emotional and behavioural disorders. This is due to the fact that the overall mean of 3.07 exceeds the cut-off mean of 2.5. Again, Table 8 shows that out of the 21 items used in this section of the question, only two items scored a low mean which is below the cut-off point.

Research Question 2: What is the attitude of teachers in the Volta Region towards students with Emotional and Behavioural Disorders?

This research question was to investigate the attitude teachers portray towards their students with emotional and behavioural disorders. Items 1 to 23 in Section C of the questionnaire were used in eliciting quantitative data to answer this research question (See Appendix A). Means and standard deviations of the various items were used in answering this research question. This was done by looking at the aggregated means of respondents on each of the research questions.

Respondents were to choose from a set of alternatives on a 4-point Likert type scale weighted as: Strongly Agree = 4, Agree = 3, Disagree = 2 and Strongly Disagree = 1. A midpoint of this was used to determine whether the respondents had positive attitude or not. Thus, $(4+3+2+1 = 10; 10 \div 4 = 2.5)$ if the mean of means falls above the cut-off mean of 2.5, then it is interpreted as positive attitude, while if below 2.5 it is interpreted as negative attitude. Before the data was analysed, the items 1, 2, 3, 6, 7, 19, 20, 21 and 23 on the questionnaire were reverse coded since they were negative statements.

Table 9 shows the means and standard deviations analysis of the responses on the attitudes of teachers towards students with emotional and behavioural disorders in their classrooms. From the Table, the majority of the respondents agreed that students with EBD should be given educational adaptations with a mean of 3.19 and a standard deviation of .72. Also, the teacher respondents said that they are concerned that it will be difficult to give appropriate attention to all students in an inclusive classroom. This is supported by a mean of 3.11 and a standard deviation of .71.

Table 9: Attitudes of Teachers towards Students with Emotional and Behavioural Disorders

Statements	Mean	SD
Students with EBD should be given educational adaptations.	3.19	.72
I am concerned that it will be difficult to give appropriate attention to all students in an inclusive classroom.	3.11	.71
I believe that inclusion can reinforce self-esteem of students with EBD.	3.10	.77
I believe that students with EBD have equal future academic opportunities as typically developed students.	3.01	.73
I am concerned that I do not have the knowledge and skills required to teach students with EBD.	2.96	.73
Students with EBD can function successfully within the regular classroom.	2.94	.68
Teaching students with EBD required too much planning.	2.87	.76
I am concerned that teachers would be over burdened.	2.81	.76
Having students with EBD is a positive thing.	2.78	.66
Students with EBD benefit from being included in the regular class	2.78	.78
I feel comfortable working with students with EBD.	2.75	.79
They should be graded the same as their peers.	2.74	.72
The behaviour of students with EBD sets a bad example for other students.	2.63	.77
I can handle students with EBD effectively in my classroom.	2.62	.68
I am able to individualise my teaching according to the needs of students with EBD.	2.62	.71
I believe that I am able to manage the behaviour of students with EBD in my classroom.	2.61	.72
Students with EBD have a negative impact on the learning environment in my classroom.	2.56	.73
I do suspend students with EBD from my class.	2.54	.91
I have the expertise in managing students with EBD.	2.48	.69
I have adequate time to prepare for students with EBD in my classroom.	2.46	.81
I feel comfortable working with students with EBD.	2.44	.74
They should not be included in the regular classroom.	2.39	.92
I enjoy teaching students with EBD.	2.39	.78
Overall Mean	2.72	.75

Source: Field Survey, Kpodoe (2019)

Again, as indicated in Table 9, with a mean of 3.10 and a standard deviation of .77, the teachers indicated that they believed that inclusion can reinforce self-esteem of students with EBD. The teachers supported the assertion that students with EBD have equal future academic opportunities as

typically developed students with, a mean of 3.01 and a standard deviation of .73.

Nevertheless, the majority of the respondents disagreed with the fact that they have adequate time to prepare for students with EBD in their classroom. This is supported by a mean of 2.46 and a standard deviation of .81. In addition, more than half of the respondents disagreed with the assertion that they feel comfortable working with students with EBD with a mean of 2.44 and a standard deviation of .74. With a mean of 2.39 and a standard deviation of .92, the teacher respondents disagreed that students with EBD should not be included in the regular classroom.

In conclusion, the results in the table show that the teachers have positive attitude towards students with emotional and behavioural disorders in the classroom. The positive attitude of the teachers is due to the fact that the obtained mean of means (overall mean) of their attitude was 2.72, which is greater than the cut-off mean of 2.5.

Research Question 3: What are the management strategies used by teachers in managing students with emotional and behaviour disorders?

This research question was to examine the management strategies teachers adopt in addressing students with emotional and behavioural disorders. Items 1 to 30 in Section D of the questionnaire (see Appendix A) were used in eliciting quantitative data to answer this research question. Means and standard deviations of the various items were used in answering this research question. This was done by looking at the aggregated means of the respondents on each of the research questions.

Respondents were to choose from a set of alternatives on a 4-point Likert type scale weighted as: Strongly Agree = 4, Agree = 3, Disagree = 2 and Strongly Disagree = 1. The mean of means of the various sub-sections were compared to determine the teachers' preference for each of the management strategies. In addition, the sub-constructs of the management strategies were summed up to determine which major category is mostly adopted by the teachers. In sum, the five constructs were grouped as proactive and reactive management strategies. Punishment and withdrawal are considered as reactive strategies whilst positive behaviour intervention, seeking support through coordination and teaching self-regulation strategies are considered as proactive strategies.

Table 10 shows the means and standard deviations of the analysis of the responses on the management strategies teachers adopt for students with emotional and behavioural disorders. Table 10 clearly shows the means and standard deviations of the management strategies teachers use in managing students with emotional and behavioural disorders. The results on the table show that the respondents mostly adopt self-regulation strategies compared to the other strategies since it recorded a highest mean of 3.19 and a standard deviation of .71. On the contrary, punishment recorded the lowest mean of 2.81 and a standard deviation of .83.

Table 10: Management Strategies Teachers adopt for Students with Emotional and Behavioural Disorders

Statement	Mean	SD
<i>1. Teaching Self-Regulation Strategies</i>		
I coach students with EBD to pick certain motivational notes as gifts after they answer questions correctly.	3.49	.59
I guide students with EBD to seek appropriate sitting places during instructional times.	3.31	.68
I add solutions to questions asked in students' textbooks so after answering they can monitor their own performance (strengths and weaknesses).	3.29	.71
I teach/entreat students with EBDs to set their own achievable goals.	3.27	.63
I encourage students to reward themselves for completing a task successfully.	3.03	.69
I always provide checklists outlining positive behaviour and emotions to students to examine themselves in class.	2.76	.94
Mean of means	3.19	.71
<i>2. Seeking support through Coordination</i>		
I invite parents to school concerning their wards' behaviour.	3.34	.51
I sometimes seek the opinion of my colleague teachers.	3.26	.71
I seek assistance from special education teachers/experts about appropriate ways to handle students who exhibit EBDs in class.	3.24	.58
I lead students to the school counsellor when they show emotional and behaviour disorders	3.07	.68
I continuously give my headmaster feedback on progress made by my students with EBDs.	3.03	.67
I seek advice from psychologists in handling students with emotional and behaviour disorders.	2.73	.65
Mean of Means	3.11	.63
<i>3. Withdrawal</i>		
I focus on students with EBD when I am introducing a difficult topic.	3.43	.60
I do not check students' truancy in my class.	3.27	.65
I ignore students who randomly whisper answers to questions I ask in class during instruction.	3.06	.70
I always isolate students with EBDs from their colleagues in class to prevent them from distracting their colleagues.	2.89	.79
I ignore students' misconduct in the class and proceed with my delivery.	2.75	.76
I distance myself from students with EBD in my class by ignoring them	2.61	.79
Mean of Means	3.00	.72

Source: Field Survey, Kpodoe (2019)

Table 10 continued

Statement	Mean	SD
<i>4. Positive Behavioural Intervention</i>		
I continuously remind my students to complete assigned tasks	3.16	.51
I always set well-defined limits, rules and tasks expectations for my students.	3.14	.54
I acknowledge students' positive behaviour in the presence of their peers.	3.06	.51
I reward students who abide by school regulations.	3.06	.55
I encourage students to comport themselves at school gatherings.	2.97	.59
I always encourage students to do their best.	2.52	.95
Mean of Means	2.99	.45
<i>5. Punishment</i>		
I sometimes sack students from class during instructional hours.	3.22	.70
Sometimes, I unconsciously yell at my students for putting up unacceptable behaviour.	3.06	.67
I assign students more chores to accomplish when they fail to follow the rules set.	2.93	.85
I sometimes pronounce derogatory comments on students in the presence of their peers.	2.89	.82
I give students internal suspension with hard labour.	2.41	.98
I sometimes spank students who misbehave in class.	2.37	.94
Mean of Means	2.81	.83
Overall Mean of means	3.12	.21

Source: Field Survey, Kpodoe (2019)

The findings from Table 10 revealed that the teachers mostly adopt proactive management strategies in handling students with behavioural and emotional disorders. This is because the over all mean for the proactive strategies (positive behaviour intervention=2.99, seeking support through

coordination=3.11 and teaching self-regulation strategies=3.19) of 3.10 exceeds the overall mean of reactive strategies (punishment=2.81 and withdrawal=3.00) 2.91.

Research Hypotheses

In an attempt to answer the research hypotheses stated for this study, the independent samples t-test, one-way analysis of variance and Pearson's product moment correlation coefficient, respectively, were used to test the eight hypotheses formulated to guide this study. Results for the hypotheses tested are presented in Tables 11, 12, 13, 15, 16, 17, 18 and 19 respectively.

1. H_0 : There is no statistically significant difference in the knowledge teachers have about EBD based on their gender.

H_A : There is a statistically significant difference in the knowledge teachers have on EBD based on their gender.

The hypothesis sought to find out whether significant differences exist between male and female teachers with respect to their knowledge on emotional and behavioural disorders. The hypothesis was tested using independent samples t-test at 0.05 alpha level. Details of the results are shown in Table 11.

Table 11: Comparison of Gender of Teachers and their Knowledge on Emotional and Behavioural Disorders

Gender	N	Mean	SD	t-value	Df	p-value
Male	172	63.88	4.95	-2.545*	268	.011
Female	98	65.50	5.13			

*Significant, $p < .05$

Source: Field Survey, Kpodoe (2019)

An independent samples t-test was conducted to compare the gender of the teachers with respect to their knowledge on EBD. There was a statistically significant difference ($t(268) = -2.545, p = .011$) between male and female respondents with respect to their knowledge of EBD. The null hypothesis (H_0) was rejected. Therefore, the results show that there is a significant difference in the means of male teachers ($M = 63.88, SD = 4.95$) and female teachers ($M = 65.50, SD = 5.13$) regarding their knowledge on EBD.

2. H_0 : There is no statistically significant difference in the attitude of teachers towards students with EBD on the basis of gender.

H_A : There is a statistically significant difference in the attitude of teachers towards students with EBD, on the basis of gender.

The hypothesis sought to find out whether significant differences exist between male and female teachers with respect to their attitude towards students with emotional and behavioural disorders. The hypothesis was tested using an independent sample t-test at 0.05 alpha level. Details of the results are shown in Table 12.

Table 12: Comparison of Male and Female Teachers' attitude towards Students with Emotional and Behavioural Disorders

Gender	N	Mean	SD	t-value	Df	p-value
Male	172	62.74	6.79	.023*	268	.982
Female	98	62.72	6.78			

Source: Field Survey, Kpodoe (2019)

Again, an independent samples t-test was conducted to compare the gender of teachers with respect to their attitude towards students with EBD. There was a statistically non-significant difference ($t(268) = .023, p = .982$) between male and female respondents with regard to their attitude towards

students with behaviour and emotional disorders. I failed to reject the null hypothesis (H_0). Therefore, the results show that there is no significant difference in the means of male teachers ($M= 62.74$, $SD=6.79$) and female teachers ($M=62.72$, $SD=6.78$) with respect to their attitude towards students with EBD.

3. H_0 : There is no statistically significant difference in teachers' level of knowledge on EBD, in terms of their level of education.

H_A : There is a statistically significant difference in teachers' levels of knowledge on EBD in terms of their level of education.

From the descriptive Table (Refer to Appendix G), the respondents had a mean of 63.88 and a standard deviation of 4.94 for Bachelor's degree. Also, respondents had a mean of 65.44 and a standard deviation of 5.13 for Masters degree. With the Higher National Diploma (HND), they had a mean of 59.50 and a standard deviation of 2.12.

To check the normal assumption, the Normal Q-Q plots for the various educational background categorisations were considered. The Normal Q-Q Plots (Refer to Appendix G) for the teachers' educational background categories (Bachelor's degree, masters and HND) are normally distributed since almost all the plots are very close to the diagonal line. From the Test of Homogeneity of Variances table (Refer to Appendix G), the Levene statistics clearly indicate a significant value of .567 which is greater than the alpha value of 0.05($p>0.05$). This shows that equality of variance is assumed.

As indicated in Table 13, the results of the one-way Analysis of Variance (ANOVA) show the mean difference in teachers' knowledge about emotional and behavioural disorders, on the basis of their educational

background. The result from Table 13 shows a statistically significant mean difference $F(2, 267) = 4.091, p = .018$ teachers' knowledge about emotional and behavioural disorders, with regard to educational background.

Table 13: One-way ANOVA Test for Teachers' Knowledge on Emotional and Behaviour Disorders on the basis of Educational Background.

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	205.47	2	102.74	4.091*	.018
Within Groups	6705.79	267	25.12		
Total	6911.26	269			

*Significant, $p < .05$

Source: Field Survey, Kpodoe (2019)

Based on the results that emerged from Table 13, the null hypothesis is, therefore, rejected. In conclusion, the results of the one-way ANOVA supported the hypothesis that there is a statistically significant difference in teachers' level of knowledge of EBD with respect to their educational background.

To confirm the difference in teachers' knowledge with respect to their educational background, a further test of multiple comparison was conducted using the Tukey HSD test. Table 14 shows the results of the multiple comparison test.

Table 14: Results of Tukey HSD Comparison Test

Educational background	Educational background	Sig.
Bachelor's degree	Masters	.036*
	Diploma/HND	.437
Masters	Bachelor's degree	.036*
	Diploma/HND	.223
Diploma/HND	Bachelor's degree	.437
	Masters	.223

*Significant, $p < .05$

Source: Field Survey, Kpodoe (2019)

Table 14 shows the results of the Tukey HSD multiple comparison. From the table, the significant difference (.036) lies between only teachers with masters degree and Bachelor's degree certificates.

4. *H₀*: There is no statistically significant difference in teachers' knowledge of EBD, with respect to the period of teaching..

H_A: There is statistically significant difference in teachers' knowledge of EBD in terms of their period of teaching.

From the descriptive Table (Refer to Appendix G), the respondents had a mean of 64.39 and a standard deviation of 5.72 for teachers who have taught for one to five years. Further, they had a mean of 63.54 and a standard deviation of 5.12 for those who have taught for six to ten years. Also, teacher respondents who have taught for eleven to fifteen years had a mean of 64.63 and a standard deviation of 5.24. For those who have spent more than fifteen years in the teaching profession, they had a mean of 64.83 and a standard deviation of 4.71. To check the normal assumption, the Normal Q-Q plots for the various educational background categorisations were considered.

The Normal Q-Q Plots (Refer to Appendix G) for the teachers' years of teaching are normally distributed since almost all the plots are very close to

the diagonal line. From the Test of Homogeneity of Variances table (Refer to Appendix G), the Levene statistics clearly indicate a significant value of .338 which is greater than the alpha value 0.05($p > 0.05$). This shows that equality of variance is assumed.

Table 15: One-way ANOVA Test for Teachers’ Knowledge on Emotional and Behavioural Disorders on the basis of their period of teaching.

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	61.56	3	20.519	.797	.497
Within Groups	6449.71	266	25.751		
Total	6911.26	269			

Source: Field Survey, Kpodoe (2019)

From Table 15, the one-way Analysis of Variance (ANOVA), shows the mean difference in teachers’ knowledge on emotional and behavioural disorders with regard to their period of teaching. The result from Table 15 shows a statistically non-significant mean difference $F(3, 266) = .797, p = .497$ among teachers’ knowledge when their period of teaching is considered. I therefore failed to reject the null hypothesis (H_0). In conclusion, the results of the one-way ANOVA supported the hypothesis that there are no statistically significant differences in the mean scores on teachers’ knowledge on EBD with respect to their period of teaching.

5. H_0 : There is no statistically significant difference in the attitude of teachers towards students with EBD and their years of teaching.

H_A : There is statistically significant in the attitude of teachers towards students with EBD based on their number of years of teaching.

From the descriptive Table (Refer to Appendix G), the respondents had a mean of 36.97 and a standard deviation of 8.72 for teachers who have taught for one to five years. Further, they had a mean of 63.87 and a standard deviation of 7.78 for those who have taught for six to ten years. Also, the teacher respondents who have taught for eleven to fifteen years had a mean of 62.17 and a standard deviation of 6.01. For those who have spent more than fifteen years in the teaching profession, they had a mean of 62.82 and a standard deviation of 5.99. To check the normality assumption, the Normal Q-Q plots for the various educational background categorisations were considered.

The Normal Q-Q Plots for teachers' years of teaching are normally distributed since almost all the plots are very close to the diagonal line. From the Test of Homogeneity of Variances table (Refer to Appendix G), the Levene statistics clearly indicates a significant value of .576 which is greater than the alpha value 0.05 ($p > 0.05$). This shows that equality of variance is assumed.

Table 16: One-way ANOVA of Teachers' Attitude towards students with EBD on the basis of their Number of Years of Teaching

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	110.93	3	36.977	.804	.493
Within Groups	12231.40	266	45.983		
Total	12342.33	269			

Source: Field Survey, Kpodoe (2019)

Table 16, the one-way Analysis of Variance (ANOVA), shows the mean difference in teachers' number attitudes towards students with emotional and behavioural disorders when period of teaching is considered. The result

from the Table 16 shows a statistically non-significant mean difference $F(3, 266) = .804, p = .493$) in teachers' attitude on the basis of years of teaching. I therefore failed to reject the null hypothesis (H_0). In conclusion, the results of the one-way ANOVA supported the null hypothesis that there are no differences in the mean scores of teachers' attitude with respect to the number of years of teaching experience.

6. H_0 : There is no statistically significant relationship between the knowledge level of teachers and their attitude towards students with EBD.

H_A : There is a statistically significant relationship between the knowledge level of teachers and their attitude towards students with EBD.

In an attempt to answer the research hypothesis six stated for this study, the Pearson's Product Moment correlation coefficient was used to test if there is a statistically significant relationship between the knowledge of teacher respondents and their attitudes towards students with emotional and behavioural disorders. For a better understanding of the relationship between the two variables, the direction and degree of their relationship were also indicated. Both variables were continuous and therefore the assumptions of the statistical tool adopted was not violated.

Table 17: Correlation (Pearson) of the Knowledge of Teachers on Emotional and Behavioural Disorders and their Attitude towards such Students

Variables		Knowledge	Attitude
Knowledge	Pearson Correlation	1	.176**
	Sig. (2-tailed)		.004
	N	270	270
Attitude	Pearson Correlation	.176**	1
	Sig. (2-tailed)	.004	
	N	270	270

**Significant, $p < 0.01$; $R^2 = .03$ (3.0%).

Source: Field Survey, Kpodoe (2019)

Table 17 shows the results of the Pearson's Product Moment correlation on the relationship between teacher respondents' knowledge on students with emotional and behavioural disorders and their attitude towards them. The results on the table show a weak statistically significant positive relationship between teachers' knowledge and their attitude towards students with emotional behavioural disorders ($r = .176$; $n = 270$; $p > 0.004$). The null hypothesis was therefore rejected. This implies that knowledge of teachers on students with EBD significantly relates to their attitude towards them.

The positive relationship implies that teachers with high knowledge about students with emotional and behavioural disorders will have a high (positive) attitude towards students with emotional and behavioural disorders in the classroom. The coefficient of determination (r^2) is 0.03. This means that teachers' knowledge about students with emotional and behavioural disorders explains only 3.0 % of variation in their attitude towards such students in their classrooms. The remaining percentages may be due to unknown factors.

7. H_0 : There is no statistically significant relationship between teachers' knowledge on students with EBD and the classroom management strategies they adopt.

H_A : There is a statistically significant relationship between teachers' knowledge on students with EBD and the classroom management strategies they adopt.

In an attempt to answer the research hypothesis seven stated for this study, the Pearson's Product Moment correlation coefficient was used to test if there is a statistically significant relationship between teacher respondents' knowledge of students with emotional and behavioural disorders and the management strategies they adopt.

For a better understanding of the relationship between the two variables, the direction and degree of their relationship were also indicated. Both variables were continuous and therefore the assumptions of the statistical tool adopted was not violated.

Table 18: Correlation (Pearson) of the Knowledge of Teachers on Students with Emotional and Behavioural Disorders and the Management Strategies they adopt

Variables		Knowledge	Management Strategies
Knowledge	Pearson Correlation	1	.149*
	Sig. (2-tailed)		.015
	N	270	270
Management Strategies	Pearson Correlation	.149*	1
	Sig. (2-tailed)	.015	
	N	270	270

Source: Field Survey, Kpodoe (2019)

Table 18 shows the results of the Pearson's Product Moment correlation on the relationship between teacher respondents' knowledge about students with EBD and the classroom management skills they adopt. The results in Table 18 show a weak statistically significant positive relationship between teachers' knowledge on students with emotional and behavioural disorders and the management strategies they adopt ($r = .149$; $n = 270$; $p > 0.015$). The null hypothesis was therefore rejected. This implies that knowledge of teachers on students with EBD significantly relates to their management strategies.

The positive relationship implies that teachers with high knowledge about students with emotional and behavioural disorders will have a high (positive) attitude towards students with emotional and behavioural disorders in the classroom. The coefficient of determination (r^2) is 0.02. This means that teachers' knowledge about students with emotional and behavioural disorders explains only 2.0 % of variation in their management strategies. The remaining percentage is due to unknown factors.

8. H_0 : There is no statistically significant relationship between teachers' attitude towards students with EBD and the classroom management strategies they adopt.

H_A : There is a statistically significant relationship between teachers' attitude towards students with EBD and the classroom management strategies they adopt.

In an attempt to answer the research hypothesis eight stated for this study, the Pearson's Product Moment correlation coefficient was used to test if there is a statistically significant relationship between teacher respondents'

attitudes towards students with emotional and behavioural disorders and the management strategies they adopt.

For a better understanding of the relationship between the two variables, the direction and degree of their relationship were also indicated. Both variables were continuous and therefore the assumptions of the statistical tool adopted was not violated. Table 19 shows the results of the Pearson's Product Moment correlation on the relationship between teacher respondents' attitude towards students with EBD and the management skills they adopt.

Table 19: Correlation (Pearson) of the Attitude of Teachers towards Students with Emotional and Behavioural Disorders and the Management Strategies they adopt

Variables		Attitude	Management strategies
Attitude	Pearson Correlation	1	
			.088
	Sig. (2-tailed)		.150
	N	270	270
Management strategies	Pearson Correlation	.088	1
		.150	
	Sig. (2-tailed)	.150	
	N	270	270

Source: Field Survey, Kpodoe (2019)

The results in Table 19 show no statistically significant relationship between the teachers' attitude towards students with emotional behavioural disorders and the classroom management strategies they adopt ($r = .088$; $n = 270$; $p < 0.150$). I failed to reject the null hypothesis. This implies that teachers' attitude towards students with EBD does not significantly relate to the classroom management strategies they adopt.

Section 2: Analysis of the Qualitative Data

Findings of the qualitative study are reported in terms of six key themes:

- Teachers' knowledge regarding students with EBD
- How teachers identify students with EBD
- Attitudes and perceptions of teachers about students with EBD
- Enhancing teachers' positive attitudes
- Management strategies teachers use for students with EBD
- The role of school chaplaincy

In the discussion of the key themes, teachers' emergent views were portrayed and discussed in relation to the literature. Out of the 10 teachers interviewed, four were females, while six were males. The number of years the teachers have worked in their respective schools have been recorded in three ranges with the first being less than 5 years, followed by 5 to 10 years and the third being more than 10 years. Out of the 10 teachers, 2 had been there for less than 5 years, 5 of them said they had been in their schools for between 5 and 10 years, while 3 also said they had spent more than 10 years. Generally, the teachers have had longer working experience and could give credible information or valid data on effective management of students with EBD.

Knowledge of Teachers about Students with EBD

In trying to seek the views of the interviewees concerning their knowledge regarding EBD, all of them in their contributions made statements confirming their knowledge by giving examples, mentioning a type of EBD or by mentioning a characteristic of a type of EBD. For example TR6 said:

some of such students are always moody, worrying about things that have passed.... There was a student like that who they say lost the mother before coming to the first year...she's now in the final year but all the time, her friends say she laments about her late mother.... I know even we older people worry about things but hers is abnormal.

Hm, I know of aggressive behaviours, anger, attention problems and violation of rules. There are also pilfering cases you cannot understand. When you go into it, you will realise there are behaviour problems. Some even go as far as venting anger on teachers TR6 again.

Two respondents (TR3 and TR4) commented on some usual sayings of some teachers to support their explanation of EBD by saying: *“for example, a colleague of mine used to say a particular student’s behaviour is like a two-sided coin because she never talks in class but her parent said she’s talkative at home (TR3)”*. Secondly, TR4 said *“some students have social problems....they don’t care how others feel about their actions....shouting at dawn....for no apparent reason...when you ask, they’ll tell you they were ringing the bell ...can you imagine”*.

This implies that teachers have an idea about the prevalence of EBD.

The contribution by TR7 also affirms the teachers’ knowledge on EBD:

Since it is easy to identify students with EBD exhibiting

external characteristics, it is possible that there may be more students with EBD who are exhibiting internalising behaviours. It is always difficult to identify those with internalising behaviour.

The study also gathered from the interviews with teachers that students with other disabilities such as Hearing and Speech disorders are more likely to exhibit EBD. Thus, students with multiple disabilities are likely to exhibit EBD characteristics. TR10 explained:

Those with multiple impairments tend to have EBD. There is a girl with speech impairments who always has to write for her colleagues before she can communicate with them. She often becomes aggressive during communication, particularly when the colleagues don't seem to get the point she is trying to communicate across.

TR6 also explained further that EBD has links with other disabling conditions. Referring to the same girl, he said:

I am including this because they have links. She is aggressive, very emotional. She sometimes writes to express herself and all these influence her behaviour.

It can be deduced from the point above that other disabilities can equally influence emotional and behavioural disorders. Generally, all the teachers either mentioned a characteristic of EBD that directly explains it or gave a description that confirms their knowledge on the condition. They displayed a high level of the fact that there can be diversities in students'

behaviour disorders as their descriptions touched on the conditions such as: anxiety disorders, obsessive compulsive disorders, conduct disorders, selective mutism, attention deficit hyperactive disorder, severe depression and schizophrenia. In support of this, TR 2 said:

I had a student in one of the classes for which I was a Form Master. This boy will not sit for more than ten minutes without getting up to disturb somebody.....he can't pay attention Teachers who go there to teach complain, and his colleagues, the same. They were always calling me to solve issues. Personally, I see him as someone having attention disorder. He was so.....impulsive too.

Additionally, TR 8 said he had been telling his colleagues at staff meetings that the use of punishment should not be their aim of solving students' maladaptive behaviours. This was deduced from her submission as:

We have students who have mental illnesses. I watched a documentary on the television concerning an adolescent who they said was suffering from a mental problem called schizophrenia. The symptoms they were mentioning were true reflections of one of our past students who came to join the then Form Twos. It was a hell with him in the school. The father is a Reverend Minister in one of our orthodox churches.....At times he would become aggressive without any provocation...at other times, he'd be depressed....I mean.... You can't describe certainly his

behaviour.....It was when I watched that documentary that I suspected he may be suffering from schizophrenia, but he had then left our school.

The study further gathered from the interviews that education courses such as Educational Psychology, Special Education and Guidance and Counselling offered at the university at the various levels have helped them to identify some students who have EBD. According to the TR1, teachers who did psychology as part of their courses seemed to have better knowledge on EBD than those without such backgrounds. TR1 reported:

I think every teacher should have some background in school psychology to understand the psychological needs of students. It has helped me so much in identifying students with EBD we are talking about now. I went for the Masters Guidance and Counselling Programme, so for me, I know those conditions exist. It is not their problem..... I remember my first degree time when one lecturer kept saying.....you'll meet them in the school....don't say they're worrying you.....they have a need that you have to address...; that was our special education lecturer. And because every teacher here did education, EBD is not a new thing to us.

In conducting further analysis of responses about teachers' knowledge on EBD, two sub- themes of behaviours emerged:

- a. Truancy
- b. Aggressiveness

(a) Truancy

Seven teachers clearly indicated that one notable characteristic of students with EBD is truancy. This they indicated is more common in the male schools than female schools. This was evident in the verbatim statements of some respondents. For example, *“Truancy! In my view, this is the one that is very common”* (TR1) *“One sign of EBD that I can pinpoint easily that appears often is Truancy. This, many students do it; they don’t care whether their colleagues will learn in their absence or not”* (TR7).

Again, they indicated that it is more common among students who are not in the school’s residential accommodation. TR6 said: *“Day students who show signs of EBD also play truancy; this has not demystified the fact that those in the boarding system do not play truancy. For them, because of the supervision of the house masters and house mistresses, they do not get the chance”*.

For instance, TR7 believes that efficient supervision on the part of house masters in her school helps in curbing students’ bad habits of running to town; she reported: *“Those in the boarding school also play truancy.....they....they sometimes hide in the dormitories.....We have to chase them out. What helps in reducing the rate of them running to town is the intensive checks by the house masters”*.

Similarly, TR2 believes effective supervision enhances attendance among students. It also, as TR1 indicates, increases academic achievement. TR10 also has a strong belief that effective supervision has:

A significant impact on students’ EBD. It helps them to stay focused on academic work and to also learn

socially acceptable behaviours from their peers. She believes that such school climate promotes success for all (TR10).

Whilst TR4 stressed the usefulness of supervision in checking truancy among students with EBD, TR2 was of the view that, that does not say it all since most of the students, no matter what you do, jump over the fence or pretend to be sick so they can have the chance to absent themselves from school. Likewise, TR1 said: “*some leave the school; breaking bounds, and I think they look for adjustment so they leave the school environment*” Again, TR6 reluctantly along the line of the interview, was very stern as he passed his final comment on the issue of truancy:

Madam, the fact is that, you as a teacher will try your best.... oooo, but if the student says he will do... he will do! ...look!! I nearly had an issue with a similar instance, where I punished a student for playing truancy... Hmm sometimes, circumstances push us to be circumspect in our duties to protect our job and lives.... I mean.... You; it's okay (TR6).

TR10 displayed her knowledge about EBD in her reponse by saying:

Yes, I know about EBD...are we not talking about people who have attention problems, mood issues, like playing with younger or older people;, some of them even are truants, others also get dipression and worry a lot about nothing. In fact, I can go on and onbut let me stop here (TR10)

(b) Aggressiveness

On the other hand, five participants indicated that students with EBD are most of the time aggressive. TR1 assumes, it is likely they get to a state of confusion. TR1 voiced this in the following comment:

Some of these students sometimes seem to go off the normal expectations of students. They can become very aggressive with the least provocation. For me, what I have realised is that, we have to be very tactful in dealing with them. Not to say we are afraid of them. But the fact is that is their disability, so we have to rather adjust for them to be comfortable.

Similarly, TR3 believes that, generally, students with EBD have poor social relationships and difficulties in tolerating others. He said, “ *As for students with EBD, they show a lot of behaviours. There was a student in my previous school who never talks aloud in school but the colleagues who stay around him do say he shouts when they’re together outside the school premise*”. “*Some people with EBD never talk in some environment; for example, in the classroom or at a school gathering*” (TR1). This type of behaviour stimulates the tendency to react in an aggressive manner towards people irrespective of their social status. This is what TR3 further explained that, “*predominantly, students with EBD become socially isolated in the school even with no considerable change in their disposition*”.

Additionally, TR8 stated that those students with EBD are likely to be discriminated against, and often, bullied by others. TR8 attributes this to the fact that, “*though they are aggressive, some of their regular colleagues are*

stronger than them and, in the end, overpower them”. TR4 narrated an incidence:

One day in my school before the worship began, they brought a girl to the staff common room with blood oozing from her ears. This was a girl who everybody knew to be very aggressive and had EBD. Upon interrogating them, it came to light that she had attacked a colleague female student by slapping her, and the colleague also retaliated.....I think that day luck ran out of her..ha..ha..haaa (she laughed). But, on a more serious note lamented.....so you see! It is really a challenge for them; they can be aggressive but not the strongest (TR4).

In my discourse with respondents with regard to aggressiveness, very pertinent issues that were raised had to do with students’ unnecessary arguments, their disobedience to school rules and reactions to teachers instructions in the presence of their colleagues. All the teachers mentioned these and expressed their worry for the future of the students. TR2 lamented:

Sometimes, they try to face us when we try to put them on the right path. This is mainly common among the males; especially those who think they have grown to the height of the teacher. She continued:.... it’s a mixed feeling.... sometimes you may think it is adolescent trait but when you critically examine it, you will see it is

something different. Because after all, they are all adolescents TR2.

Some are very aggressive, very very aggressive...so you have to know how to handle them and calm them down.... They get stressed up sometimes. TR6.

One major concern regarding disobedience to school rules as particularly mentioned by TR5 has to do with students' school rule violation; "some get out of school just to get themselves out of society's view". TR 9 also noted: "they will not respect any school regulation at all..... when it's time for assembly; even not daily but they won't go. Some do not even want to dress decently".

There was an instance during the interview when TR2 stated that:

One major concern I have is the peer influence students are subjected to by those with maladaptive behaviour. They seem to be influenced by their peers who have EBD as they copy their friends as adolescents.

This response was consistent with TR5 that the major characteristic of students with EBD in the schools is aggressive behaviour. TR1 explained:

Aggressiveness is the major characteristic of students with EBD in the schools. This feature is across all the gender, even among girls. Others are rebellious. Sometimes, they go off (TR1)...They can be chaotic.

TR6

In summary of these responses, it may be concluded that the TRs expressed their perceptions on the characteristic features of students with EBD. Their contributions support what the literature says in defining EBD as being a behaviour that can affect both the individual and peers as well as the learning of all. They expressed concern about the impact of truancy, aggressiveness, anxiety, arguing with peers and teachers and school rule violation on the output of their profession as well.

In my attempt to find out more about teachers' knowledge on EBD from the respondents, TR10 and TR6 lamented about the impact of anxiety on students with EBD. TR10 said: *"The consistent statement of worry and fear by a particular girl is alarming.....because of this, I made her my adopted child... her colleagues are aware I am her mother in school....I just feel if she's not monitored closely, the unexpected could happen"* TR6. *"I feel for him so much...his avoidance of peers became more serious after he returned from his father's funeral...that has even affected his WASSCE performance"* Their responses were again associated with some concerns. For instance, TR4 had a concern regarding the social communication of students with EBD. His concern was with how their fretting dispositions were interpreted. *"I Am always moved when his colleagues attempt teasing him....you know boys' behaviour in boys' schools"*

Similarly, TR3 believes that these students are most likely to be misinterpreted. She further explained that this could be as a result of society being oblivious on issues of internalising behaviours in individuals with EBD. People may regard those with internalising disorders but who at a time display anxiety behaviours could be stigmatised as having mental problems such as

schizophrenia In this vein, TR3 said that: “*sometimes, due to super anxiety behaviour the students displayed, people think they are getting mad or having ...hmmmental illness such as schizophrenia....This is not good!*”. TR7 also supports this observation by saying:

Regardless of social interactions and interpretations, the judgment about anxiety by people relies upon the nature of the individual, whether he or she displays internalising or externalizing form of behaviour coupled with the anxiety TR7.

How teachers identify students with EBD

The respondents also commented on how teachers generally identify students with EBD. From TR5, for instance, teachers are able to identify such students first of all by looking at certain characteristic features. Just as TR5 indicated “*some of the characteristics are left-overs from home*”. This was again confirmed by TR1:

Since it is easy to identify students with EBD exhibiting obvious characteristics, it is possible that there may be more students with EBD who are exhibiting hidden behaviours. It is always difficult to identify those with behaviours that are not obvious. But I want to say that no matter what form their behaviours take, their homes have a role to play (TR1).

The study gathered from the interviews with teachers that students with other disabilities such as Hearing and Speech disorders are more likely to exhibit EBD; thus, students with multiple disabilities are likely to exhibit

characteristics of EBD, it is clear that teachers identify students with EBD through other disabilities, or through the behaviours or things they do. This observation is supported by the statement made by below:

Some have other disabilitiesTo me, if the student fights a lot, does not talk in class, appears very worried or sad, does not behave like his age, is always moody or frequently absents himself from school, it is a clear indication that something is worrying that child or he is having EBD issues (TR4)

The cohort of the school in which teachers find themselves can also influence their knowledge to identify students with EBD. This means that the perceived level of knowledge of EBD by teachers can be dependent on the gender of students in the school the teacher teaches. I realised that single sex school teachers commented on having more students with EBD than mixed sex school teachers. This is affirmed by what TR7 said in response to my question in finding out from him how teachers perceive EBD:

Yes, though we have not undertaken any study, I think that students from the single sex schools like Bishop Herman and St. Mary's are more deviant in behaviour than those from mixed schools like KPASEC and MAMULI (TR7).

On the contrary, TR10 had this to say in response to whether some students exhibited externalising behaviour in a female sex school, as a follow up question:

...yes, ...hmmm.... It is just sad to say that some of the girls even do more horrible things than the boys. They break school rules by running to town to stay with boyfriends, try to form gangs against teachers whom they claim check them unnecessarily and even attempt committing suicide. She paused.....and continued by saying... Madam!! We see worse things.

TR7 and TR10 drew my attention to the fact that anytime they engaged in conversation with colleague teachers concerning students' disordered behaviours, their concerns had been the fact that they saw aggression, anger, pilfering issues and venting of anger on teachers, in the students. To TR7, *“some of them are bullies; make false allegations against teachers”*

This contribution corroborates the argument that teachers only focus on externalising behaviour in defining EBD. This could be used as a basis for weighing their knowledge of EBD among their students. Again, it was revealed that some teachers are unable to differentiate between the extrovert behaviour associated with young adults and that of EBD (TR10). This limitation, according to TR10, could be explained by the different biological, behavioural and sociological or ecological factors related to EBD. These factors, according to Smith (2014), make it difficult to develop a simple index for EBD measurement.

Further interaction with the respondents shows that most teachers are only able to sufficiently identify students with EBD when the students exhibit externalising characteristics and that it is always difficult for teachers to identify those with internalising behaviour. TR2 who also doubles as a Guidance and Counselling Coordinator explained:

A handful of teachers are able to identify students with EBD whose conditions are not conspicuous. Many are unable to differentiate between adolescent traits and behaviours of students from their emotional and behavioural disorders. Some students are just extroverts and not necessarily experiencing EBD; the behaviour looks odd.

The study further investigated how the teachers are coping with students with EBD. According to TR2, most teachers though do not have the expertise to identify under normal conditions students with EBD, they do their best to cope with such students as he stated:

They are managing; they sometimes walk to me for clarifications about certain behaviours. Some even feel such students are under spiritual influences because once the behaviour is persistent, they jokingly say some evil spirit is tormenting the student.

Attitudes and Perceptions of Teachers about Students with EBD

This section of the interview focused on teachers' attitude towards students with EBD. The questions touched on issues such as teachers' attitudes with regard to educating students with EBD in the mainstream, their

cognitive abilities, impact on their teaching and managing them with their peers. Generally, the results show that teachers have positive perspective regarding the characteristics of students with EBD.

TR10 responded positively to the question of teachers' attitude towards educating students with EBD in the mainstream by saying, "*where will they go if we fail to embrace them in our schools?...some of them rather try to adjust to the norms of their friends' behaviours...that is why I said ...for me, it is good... it builds their self-confidence*". It came to light during the interview that teachers' attitude towards students in respect of their knowledge about EBD is positive. This was evident in their responses. For instance, TR2 averred:

If all teachers can adapt their teachings, they will succeed... I will rate teachers' knowledge on EBD as fair. Apart from the professional knowledge on psychology which most teachers obtained from the Colleges of Education and the universities from their Bachelor of Education programmes, many teachers are handling students with EBD based on their experience.... And I believe that knowledge is good enough to help us adapt.

Additionally, the respondents reported on teachers' positive attitude towards students with EBD. This is supported by TR3's response;

Now, most teachers have become aware of the Inclusive Education agenda... so they know they have to accommodate all students....that is what is

*helping to shape our attitudes...otherwise...hmmm
some will actually discipline those students with the
cane”*

So also, in linking the attitude of teachers towards students with EBD and their knowledge level, one of them explained:

Though teachers are beginning to develop some positive attitude towards inclusion of students with EBD, the general opinions among teachers are not encouraging largely (TR8).

Apart from their concerns for not having adequate time to prepare and cater for students including those with EBDs, teachers’ attitude can be rated as positive (TR1).

While teachers held positive perception regarding the education of students with EBD in mainstream setting (students with EBD should be included in regular classrooms), they (teachers) were equally concerned that it will be difficult to give appropriate attention to all students in an inclusive setting. Six of the respondents somehow complained of how students with EBD’s behaviours can affect the learning environment negatively. Notable among them was TR3 who said:

While teachers are compelled to give them extra instructional time, it trades on other students’ time. Some good students also cannot concentrate amidst their misconducts. Handling students with EBD in the class affects the learning environment. They sometimes get moody.

The interview also gathered from the respondents that due to the high knowledge of teachers on EBD, they no longer perceive EBD as spiritual issues as some used to jokingly say “evil spirit...” TR8. This can be seen from the statements made by TR9 and TR3 respectively:

Teachers used to say that a student is possessed by a spirit when he behaves in a certain way. To them, no matter how you advise or punish such students they never change unless they are taken for prayers and the spirit is cast out...but now, teachers don't attribute the condition to spirituality hence, their positive attitudes.

Enhancing Teachers' Positive Attitudes Towards Students with EBD

Workshops and having effective and vibrant Parent-Teacher Associations have been noted by respondents as ways of enhancing positive attitudes in teachers. Respondents felt that organising periodic workshops for teachers will go a long way to improve positive attitudes in them. For example, TR10 said: “*Workshops on EBD will help us understand EBD and also accept such students in our class*”. Secondly, they reiterated that having vibrant Parents-Teacher Associations can also enhance teachers' positive attitudes. TR1 said, “*...if the PTAs are up and doing, then teachers will have a more positive attitudes towards students with EBD as the PTA will help address some of the behaviour issues*”. Respondents believed that “*training programmes, if organised for teachers, will expose them to share their views and learn approaches adopted by others in managing students with EBD*” TR8.

“Despite the fact that some training programmes have been in place, such programmes seem not to dwell much on EBD issues”. TR 3.

Management Strategies Teachers use for Students with EBD

The interview under this section was directed at eliciting information on the specific strategies adopted by teachers in managing students' EBD. It also dwelt on finding out about those strategies that teachers find to be effective in enhancing the positive development of the students. In general, the efficiency of the strategies adopted was explored through the interview.

Punishment

The use of punishment was found to be one of the strategies used by teachers for managing students' EBD. This was reported as TR10 said... *“on a few occasions we punish them...but mostly we ask them to meet the disciplinary committee....sometimes too, we let them see the counselors...”*. On the other hand, some respondents also said the use of punishment in this era is detrimental to the well-being of students; as TR3 exclaimed: *“Punishment? No way! That will rather make the student's behaviour trail from bad to worse”* TR7 also said, *“I do not advise my colleagues to punish students with EBD....I say so because I am a counselor and some of the teachers consult me concerning how they can handle the students”*. Nine out of the ten teachers interviewed mentioned punishment as a strategy used by teachers to curb misbehaviour in students. For example, *“sometimes they are suspended to go and bring their parents”*. *“Sometimes, you'll be compelled to cane them or suspend them”* TR4.

The responses made it clear that teachers nowadays do not dwell much on the use of punishment. A confirmation of their views about the use of

punishment was their persistent mention of “*Positive Tool*”. Most of them were of the view that the adoption of the Positive Tool by the GES is helping to replace the use of punishment. “*We use positive corrective measures to support students with EBD; punishment is now used in context...with it, only the teacher knows he is punishing the student. Personally, I make sure the student benefits from whatever I ask him or her to do as punishment* ” TR3.

Still on the use of punishment, TR5 stated that:

The use of the word “punishment” should be done within a context. If the students themselves decide to come out with their own punishment, this can be considered as a positive measure.

Similarly, TR6 also said:

The use of “Positive Tool” is what GES is introducing to do away with corporal punishment. It is by using positive corrective measures; for example, we can sit with them to prescribe punishment. This means they are with us. They even help you know cliques that disturb. I mean you have to apply levels before getting to the severe approach by punishing students.

According to the respondents, when you keep punishing students with EBD, they often return to the same behaviours. TR5 said; “*well, after the punishment most of the time the student often engages in the bad behaviour for which he or she had been punished.*” The study further gathered that some teachers also act as foster parents and adopt students with EBD after they find

that punishment is not the best tool for reforming them. See the comment made by TR10:

This morning for instance, the Assistant Headmaster in charge of Administration was referring to one of the students with EBD as “my daughter”. Another teacher with the consent of the parents, is currently housing a student with behavioural disorder.

To complement the stand on the use of Positive Tool instead of punishment, TR5 said she uses Positive intervention and encourages teachers to do likewise. She said, *“by the order of the day, we should dialogue with the student with EBD”*. Her response to my follow-up question as to whether this approach has been effective, she said, *“not hundred percent perfect but it workssometimes, I even reward students when I find that they have comported themselves in a way. For example, during our just ended inter-house sporting competition, I bought a tin of Milo for one girl who has always been moody and will not come out of her shells...I saw her singing and being very active, and I felt I should reward her...so I expect that she keeps it up”*.

TR1 also said:

That has been my approach for the twelve years of doubling as a teacher and guidance and counseling coordinator. I think that has ended up giving me the epithet “Pumo” by the students. Now when you even look for me by my name, you’ll not find me. Even parents have got into it. I do things and have time beyond my work. Yes...we need to build them up. I go to

the extent of finding them foster parents if I realise their challenge has parental psychology.

Seeking support through coordination

Eight out of the ten respondents mentioned sharing ideas with others so they can effectively manage students with EBD. This is what TR9 said:

Most of the students with EBD often developed such attitudes from home. Some of the EBDs are leftovers from home. Thus, outside the school environment, and that some parents are able to tell us the EBD problems of their children during intake. Actually, some parents put their last hope of reformation in us since they might have tried all they could to manage their children with EBD from home without success. I invite them sometimes to give me certain information about their wards.

Also, TR2 related EBD to parental issues by indicating that, “*a student attempted suicide because she thought the parents were suffering financially*”. She quoted the student by her words... “*my mum has passed on and my father is also sick*” (TR2). The level of coordination among the relevant stakeholders (teachers, special educators and parents) in the management of students with EBD was said not to be very effective; particularly coordination with school guidance and counseling coordinators and special educators. See TR10’s comment: “*sometimes, I consult the Guidance and Counselling Coordinator in my school*”. Some of the teachers lamented about the absence of Educational Psychologists in helping to manage students with EBD. This

lament suggests that the student with EBD is unable to receive the relevant therapeutic and behaviour management needed for the social, emotional, behavioural and learning developments.

Generally, the teachers are able to satisfactorily address the emotional and/or behavioural functioning of the student with EBD. One of them, TR1 said that:

Though we are not given any training in EBD, as part of the training teachers, in Ghana are given less attention, I feel teachers are doing their best.

The teachers also complained of the non-collaborative attitude of some parents and that some parents tend to perceive EBD issues more of psychiatric nature. This, according to them, tends to make parents to perceive students with EBD more of spiritual than a behavioural disorder. This was clear evidenced as TR7 lamented by saying:

Some parents too are not helping us to manage the behaviours. There was a case where the mother herself gave up on her. The school had to take responsibility for her to stay with the senior house mistress.

By way of coordinating, TR3 said they try in their school to bring on board the student body to help their friends out. TR3 said they do this by instituting the Peer Counselling Club; *“Members of the Club become peer counsellors to their colleagues, they might even know far better about them than we the teachers”*.

Two respondents, a female and a male teacher, respectively, made their points clear that in many instances, they just try to avoid particular

students with EBD. TR4 said “of course yes...! I will not meddle in your affairs for you to threaten beating me again.....look I am a femalehe can plan to do anything to me.....so I've advised myself. I come to class, do what is expected of me as a teacher, instil some measures”. Again, TR10 said, “...one evening, somebody stoned me when I was returning from the usual checks during their evening preps.....up till date, we haven't found the person...but I suspect one notorious boy....a Form One student...oooo. He misbehaved and I punished him....I suspect him because of the way he looks at me after that incident.....and I vowed never to check him on any misbehaviour

The Role of Chaplaincy

Findings from this study, as the statements below show, suggest that there is a continuing concern over the functional involvement of school chaplains in issues concerning students with EBD.

There is the urgent need for getting chaplains on board as we have TRs in our schools. Their roles coupled with scriptural backings will go a long way to reform the lives of students (TR4).

Because of their position in society, when they meet parents to discuss their children's issues, they will be serious. This will work because some families still believe that the existence of a child with EBD is as a result of spiritual forces. If the spiritual person now talks to them about managing their children, they will be convinced (TR7).

In addition, TR7 has a strong belief that “*enhancing social awareness in the society could be an ideal opportunity for all, including parents*”. He believes that “*one of the key factors to managing EBD is by creating Awareness through the men of God*”.

Chapter Summary

This section of the study has given insight into what teachers thought was the driving force to getting more school chaplains as counsellors. During the interviews, participants explored, in detail, their perceptions towards the enhancements of the activities of school counsellors. Therefore, based on these initial findings drawn from the teachers’ perspectives, capacity building for school chaplains who are professional counsellors needs to be enhanced to promote the management of EBD.

Discussion of Findings

This section discusses the research findings in relation to the influence of teachers’ knowledge and attitude towards students with EBD and their management strategies for them. The interdependent model of the influence of knowledge and attitude on the management strategies of teachers towards students with emotional and behavioural disorders as presented in Figure 3 has been developed based on Figure 2 in the literature reviewed in chapter two to account for the findings from this study.

The discussion specifically addresses the findings of the three research questions that guided the study:

- i. The knowledge level teachers have about students with Emotional and Behaviour Disorders

- ii. The attitude of teachers towards students with Emotional and Behaviour Disorders .
- iii. The management strategies used by teachers in managing students with Emotional and Behaviour Disorders.

Generally, the discussion is done by drawing inferences from the following hypothetical findings:

- i. The difference in teachers' knowledge of EBD based on gender.
- ii. The difference in the attitude of teachers towards students with EBD based on gender.
- iii. The difference in the knowledge level of teachers on EBD with regards to educational background.
- iv. The difference in the knowledge level of teachers on EBD based on period of teaching.
- v. The difference in the attitude of teachers towards students with EBD based on period of teaching.
- vi. The relationship between the knowledge level of teachers and their attitude towards students with EBD.
- vii. The relationship between the teachers' knowledge on students with EBD and the management strategies they adopt.
- viii. The relationship between the teachers' attitude towards students with EBD and the management strategies they adopt.

The Interdependent Model of the Influence of Teachers' Knowledge and Attitude on their Management Strategies for Students with EBD

There are three main variables which emerged from review of the literature (chapter 2), namely, teachers' knowledge, attitude and management

strategies. The findings of the study were, therefore, derived from these areas and were used as a reference for the interdependent model the influence of teachers' knowledge and attitude on their management strategies for students with EBD that has emanated from the study, as shown in Figure 1. From Figure 1, it can be seen that teachers' knowledge is made up of two components:

- i. High knowledge and
- ii. Low knowledge

Teachers' attitude includes two components:

- i. Positive attitude and
- ii. Negative attitude.

There are two major components of teachers' management strategies:

- i. Reactive management strategies and
- ii. Proactive management strategies.

The conclusion I arrived at based on the findings of the present study is that: there is positive weak relationship between teachers' knowledge on EBD and their classroom management strategies ($r = .149, p < .05$). There is no statistically significant relationship between teachers' attitude towards students with EBD and their management strategies ($r = .088, p > .05$). Finally, there is positive weak relationship between teachers' knowledge on EBD and their attitude towards students with EBD ($r = .176, p > .01$). Therefore, there is an interdependent relationship between the three variables (independent variables and dependent variable) though, not a strong one. This is the basis upon which the model is named.

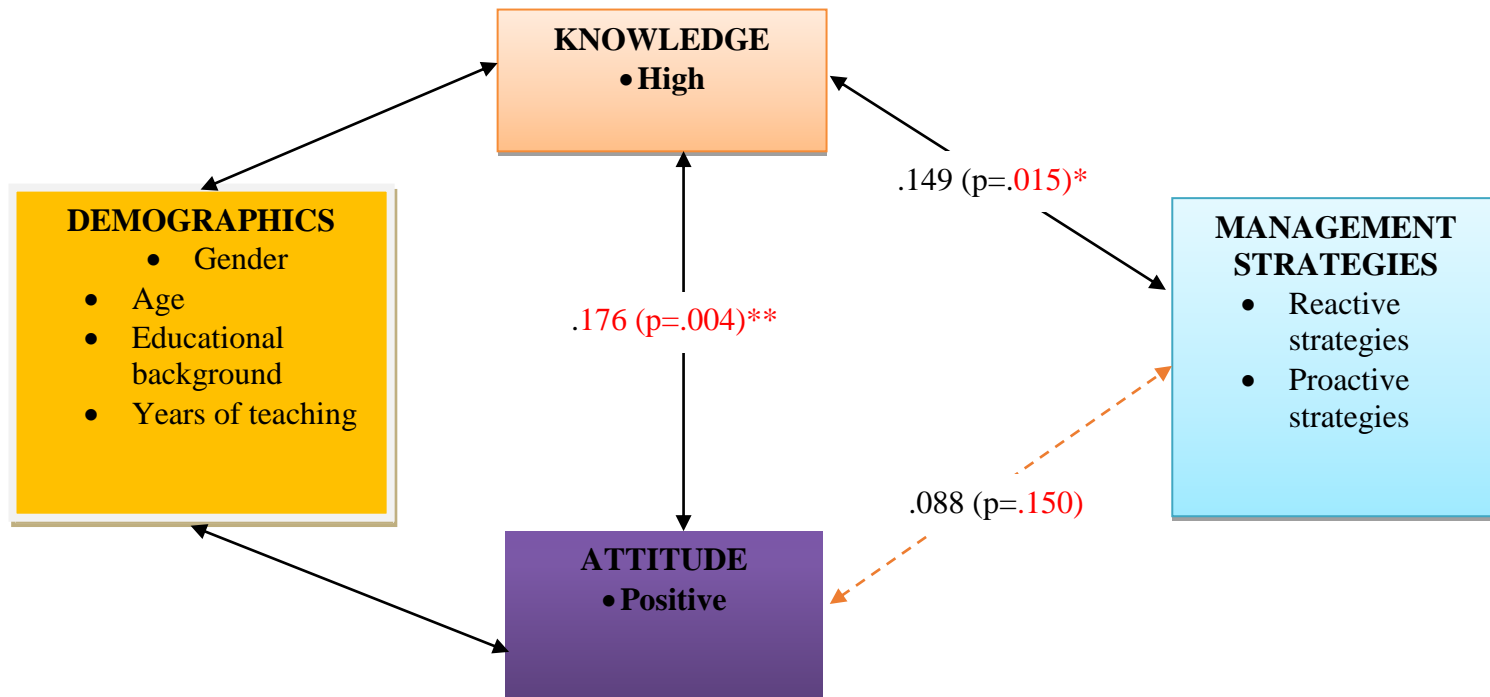


Figure 3: The Interdependent Model of the influence of teachers' knowledge and attitude on their management for students with EBD.

The discussions of the findings are presented in this section. In discussing the findings, an attempt was made to relate them to the pertinent concepts and theories discussed in the literature review in Chapter Two. The discussion reflects the convergence parallel approach as outlined in chapter Three of the study. Both the quantitative and qualitative findings of the study are discussed, bringing the key findings into convergence. Inferences are drawn from the analyses to give a clear description of what pertains among teachers in managing students with EBD.

Knowledge of Teachers Regarding Students with EBD

Table 8 shows that teachers had a high knowledge level regarding students with EBD. Though teachers had higher knowledge of EBD, their knowledge level in internalising behaviour of students with EBD such as depression and impulsive tendencies was low. Teachers were only able to sufficiently identify students with EBD exhibiting external characteristics and that it was always difficult for teachers to identify those with internalising behaviour. The low knowledge level of teachers on internalising behaviour of students as found from the study is consistent with Stebing (2016) who found that teachers in secondary schools in Indiana did not feel adequately prepared to meet the needs of students with an internalising disorders. It is probably for this reason that Smith (2014) notes that it is difficult establishing a universal definition for EBD because of the different biological, behavioural and social factors related to EBD and that makes it difficult to develop a simple index for its measurement. It could also explain why Flett and Hewitt (2013) said a subgroup of adolescents often tries to look perfect to outsiders, giving them a different impression about their real behaviour.

The prevalence of EBD in schools is more likely to be underestimated by teachers. Also, considering the assertion of Maschi et al. (2008) that girls are much more likely to exhibit internalising behaviours, it suggests that the numbers of girls with EBD are more likely to be underestimated by teachers as compared to boys with EBD. With the qualitative findings generally, all the participants expressed their views on having ideas about the prevalence of EBD among students. It was further indicated that teachers have general knowledge about EBD. In trying to find out how interviewees can explain teachers' knowledge level, their references were made to psychology and special education courses as offered by teachers as the background.

Apart from the professional knowledge in psychology which most teachers obtained from the Colleges of Education and the general courses they offered in special education and guidance and counselling in the universities, many of the teachers are handling students with EBD based on their teaching experiences. This affirms Snyder and Sutherland's (2007) argument that teachers are generally unprepared to deal with students with EBD due to a lack of training. The absence of training for teachers on EBD further supports Tsakiridou and Polyzopoulou's (2014) assertion that there is insufficient training offered to teachers handling students with EBD in mainstream schools.

Different techniques were used by teachers to identify students with EBD. Since a student with EBD could exhibit more than one type of EBD at a particular point in time, using different techniques by teachers in the identification of students with EBD is useful. However, considering the debate around which behaviours are identified as disorders, by whom it is identified,

and from whom it is exhibited as argued by Watkins and Wagner (2000), there could be a possibility of inclusion error where students without EBD could be classified as such by teachers.

The study found variation in teachers' knowledge about EBD based on their gender. Table 11 shows that the difference observed is statistically significant ($p = 0.011$) between male and female teachers' knowledge on EBD. Thus, the study concludes that the knowledge level of female teachers on EBD is significantly higher than that of male teachers. The finding is consistent with Zimmerman (2006) and Abaoud and Almalki (2015) that male teachers felt less confident in handling students with EBD than female teachers. However, what was unclear from the study is whether the high knowledge level of women on EBD is associated with their empathetic nature. This is because, according to Stengel (2016), women are more caring than men and that, in general, women are more altruistic and empathetic.

Table 13 shows a significant difference ($p = 0.018$) in teachers' knowledge level on the characteristics of students with EBD based on educational background. Teachers with higher educational background had higher knowledge in EBD than those with lower educational background. However, the study further noted that it is the exposure of the teacher to general special education courses that influences their knowledge level on EBD. This supports Zimmerman's (2006) findings that teachers who had formal college courses in special education were more likely to agree they were prepared to teach students with EBD and that those students should be in general education classes.

Table 15 shows insignificant differences ($p = 0.497$) in teachers' knowledge level on EBD with respect to period of teaching. This implies that the period of teaching has no significant effect on teachers' knowledge level on features of EBD. This result was surprising since it was expected that teachers' prior experience of interacting with students with EBD will have a significant effect on their knowledge of EBD as argued by Ntim (2010). This could probably send a signal to stakeholders about the fact that teachers' knowledge acquisition on EBD cannot be based on their teaching experiences. This finding in my study differs from Ntim's (2010) that having knowledge on EBD is experiential. Nevertheless, the non-significant result is consistent with Abaoud, and Almalki (2015) who found no significant differences in teachers' knowledge in handling students with emotional disorders based on their teaching experience.

The study noted that the major characteristics of students with EBD are related to aggressiveness, excessive withdrawals, anxiety and mood disorders. According to Turnbull et al. (2002), the most common EBD among students is anxiety disorder. Though anxiety was found as one of the EBDs that characterised the students in this study, the current findings contradict the view of Turnbull et al. (2002) that the most common EBD among students is an anxiety disorder. This is a clear indication that students who have internalising form of EBD such as anxiety and excessive withdrawal could be denied attention in schools. This can have a negative effect on the student, as according to Mikulincer and Shaver (2012), teachers' engagement with students whether for a long-term or short-term could result in students' attachment anxiety if their anxieties are not properly regulated in the

relationship with the teacher. This issue of attachment anxiety proves the justification of the use of the Attachment Theory in my study which explains the characteristics of human interpersonal relationships. These relationships, as related to my study, are critical to the wellbeing of students with EBD, particularly for those suffering from anxiety disorders, depression and the excessively withdrawn with which teachers have low knowledge. Students' emotions, that is, their feelings, are expressed in their behaviour; and it is from this that teachers deduce whether the behaviour is normal or maladaptive. What surprises me in the findings is the fact that though teachers responded to these characteristics showing their high level of knowledge on EBD, the results show that a majority of them say students with EBD do not suffer depression. What then do they consider to be internalising behaviours? Moreso, a high number of them disagreed that severe impulsive behaviour is a symptom of EBD. This contradicts the mean and standard deviations for their responses to mood disorders and hyperactive behaviour among students. This shows that though teachers have high knowledge about EBD, there is still more to be done for them to know the two main categories of EBD, which are Internalising and Externalising behaviours and be able to identify which behaviours fall under each.

Taking into consideration the use of the Multiple Intelligence Theory in my study, Priyadarshini (2009) asserts that the influence that the Multiple Intelligence theory has on students with EBD goes far beyond the development of new remedial strategies and interventions. By implication, teachers need to recognize the difficulties students with EBD face in attaining a genuine understanding of concepts. Teachers' low level of

knowledge on some categories of EBD will be contributing to their underachievement. This supports Gyimah's assertion (2006) that having a better understanding of who students with special needs really are could help teachers and other professionals meet their unique needs in the mainstream. Gyimah's assertion confirms the philosophical basis of my use of the Self Efficacy theory in the study that teachers' knowledge level of EBD determines the amount of effort they put in supporting such students.

Attitude of Teachers towards Students with EBD

Table 9 shows that the overall average mean obtained from the 23 items is 2.72. This implies that teachers held a positive attitude towards students with EBD. Holley (2015), also found teachers' attitude to be positive towards inclusion of students with disabilities, especially those with EBD. This, therefore, has implications for inclusion of students with EBD in the mainstream schools, considering the assertion of Tsakiridou and Polyzopoulou (2014) that contextually, the inclusion of students with EBD in mainstream schools is largely dependent on the attitude of teachers. The positive trend in the attitude of teachers towards students with EBD supports Mitler's (2009) assertion that most teachers are often willing to accept minor misbehaviours. Perhaps, the "minor conditions", as Mitler termed it, outnumber the more serious ones in these study areas. This supports Ryan's (2009) argument that the nature of the disorder can influence teachers' attitude towards children with EBD. To corroborate Mitler and Ryan's views, Lopes, Monteiro, Sil, Rutherford and Quinn (2004) opine that students with EBD present serious challenges to teachers because they are difficult, time consuming and frustrating, thereby accounting for the attitude teachers portray towards them.

This is, however, contrary to Adera and Bullock (2008) and Gyimah's (2006) study which found regular teachers to be least tolerant of the behaviour and placement of children with EBD in their classrooms, compared to children with other disabilities such as intellectually or physically disabled.

This contradiction, again, confirms Mitler's (2009) opinion that most teachers are often willing to accept minor misbehaviours but not when the behaviours become severe and escalate. Such attitude on the part of teachers can be said to be discriminating. This can be dangerous to the education of learners with EBD. This is because attitude as defined by School (2007) as the mental predispositions to act goes with some degree of favour or disfavour. Once the concept is formed that the individual has challenging behaviour, the actions of the teacher is likely to be unfriendly towards the student. Perhaps this corroborates Gargiulo's (2013) impression that learners with EBD are often blamed for their disability by those around them who do not recognise that they are disabled and believe they are capable of changing their behaviour if they so desire.

This finding of teachers having positive attitude toward students with EBD, again, is inconsistent with Ryan's (2009) assertion that generally, it is difficult for teachers to accept students with EBD and establish strong social bonds with them. If teachers agree that students with EBD need to be educated in the regular school where adaptations are to be made for them, then they challenge Cassady (2011) that EBD manifestations among students with EBD have the potential to dramatically affect the overall atmosphere of the teaching. If teachers considered their inclusion and adaptations for them as potential threat, then they would not have responded positively.

The study found no significant difference in teachers' attitude towards students with EBD based on their gender. Unlike the case where females displayed higher knowledge than the males, they all seem to share similar opinions when it comes to their attitudes. This finding confirms Chhabra, Srivastava and Srivastava's (2010) study which also found no significant difference in teachers' attitude towards students with EBD based on gender. Similarly, Wan and Huang (2005) found no significant difference in teachers' attitude towards students with EBD with respect to gender. This finding is inconsistent with Abaoud, and Almalki (2015) who found significant differences in female and male teachers' attitude and perceptions about students with EBD. They found female teachers to have high positive attitude than male teachers. It was equally my expectation that having found female teachers having higher knowledge, the same would have reflected in their attitudes. This study again does not confirm Fakolade and Adeniyi (2009) and Qaraqish's (2008) studies which also found significant difference in teachers' attitude on the basis of gender, where male teachers perceived students with EBD as less demanding than female teachers. Again, the findings of this study debunks Dukmak's (2013) finding that male teachers had more supportive attitude towards students with EBD than females.

While the teachers held positive perception regarding the education of students with EBD in mainstream setting (students with EBD should be included in regular classrooms), they were equally concerned that it will be difficult to give appropriate attention to all students in an inclusive setting. Despite teachers' positive attitude, it came up in the interview that they sometimes tend to perceive EBD issues more of a psychiatric and spiritual

nature. This could, perhaps, be the reason for their quest for the increase in the number of school chaplains and counsellors and support from parents. This supports Brown, Benkovitz, Mutillo and Urban's (2011) assertion that efforts to improve student outcomes can be more effective when the family is involved.

Table 16 shows no significant differences ($p = 0.493$) in teachers' attitude towards students with EBD based on years of teaching. The results imply that the number of years of teaching has no significant effect on the attitude of teachers towards students with EBD. This implies that teachers with more and fewer experience in teaching are likely to exhibit a similar attitude towards students with EBD. The non-significant result in teachers' attitude towards students with EBD with respect to number of years of teaching could be linked to the non-significant relationship found between teachers' experience and knowledge level on EBD. However, the results contradict with Anastasiadou (2016) who found that teachers with fewer years of working experience have a more positive attitude than those with more.

Table 17 shows a significant relationship was found between teachers' knowledge on EBD and their attitude towards students with EBD ($p = 0.004$). The positive correlation (0.176) is an indication that teachers with high knowledge level on EBD will have a positive attitude towards students with EBD than those teachers with low knowledge. This result was expected since the formation of teachers' attitude towards students with EBD is experiential (Linero & Hinojosa, 2012; Ntim, 2010). Another expectation for this result was when teachers generally displayed high knowledge of

EBD despite their low knowledge level in internalising behaviours. This is backed by the results of hypotheses one and five (see Table 17). The significant result found in this study is consistent with Cassady's (2011) finding that the perceptions and beliefs of teachers about EBD determine their attitudes towards students. The results are also consistent with the philosophical basis of the self-efficacy theory that teachers' knowledge level of EBD determines the amount of effort they put forth in supporting students with EBD. Therefore, teachers' knowledge of EBD could result in the development of explicit attitude towards students with EBD.

The findings from this study signify a correlation between teachers' attitudes and their management strategies for students with EBD. Gyimah (2006) reports that people's attitudes are usually correlated with the implications of behaviours someone could have towards an object. Likewise, in this study of teachers' attitude toward management of students with EBD, findings indicate that teachers with a positive attitude, in general, tend to make more remarks expressing acceptance and positive connection towards students with EBD. In contrast, teachers with a negative attitude were seen to be less prepared to use proactive management strategies, hence they resort to reactive measures such as punishment and withdrawal. The teachers generally held positive perception regarding educating students with EBD in the inclusive settings but their reservations were displayed where they complained about the difficulty in attending to all. This is what Allday, Hinkson and Hudson (2012) noticed to say that students with EBD and those that are at risk, are included in the regular education classroom, and typically those teachers are not trained on

the characteristics or interventions and are overwhelmed by the challenges brought about by this challenging group of students.

These findings are consistent with those of previous studies. For instance, Bender, Vail and Scott (1995) indicate that teachers with a more negative attitude towards inclusion less frequently use teaching strategies that encourage effective participation of children with SEN. Similarly, Buell, Hallam, Gamel-McCormick and Scheer (1999) concluded that teachers with a more positive view of inclusion are more confident of their ability to support children in inclusive classrooms and adapt the aids and procedures to their needs.

However, findings from this study further suggest that the attitude-behaviour relationship is not always a straight-forward matter. For example, teachers' general attitudes being weighted 2.72, and being the over all aggregated mean indicates that components of the negative attitudes on the questionnaire weighed down the aggregated mean. This could be the reason why a section of the qualitative finding reported that the general opinion among teachers is not encouraging and, therefore, suggested measures that can be employed to enhance their general attitude.

In this situation, based on the congruence between qualitative and quantitative findings on teachers' attitude towards students with EBD, I would argue that positive attitudes towards students with EBD might be considered as a stimulator to promoting proactive management strategies. Similarly, negative attitude may not always be necessarily informed by a negative opinion. The significantly positive results found in this study on teachers' attitude towards students with EBD is consistent with the argument of Park et

al. (2010) that teachers with prior experience working with students with EBD have more positive attitudes than those without experience. Thus, previous experience with students with EBD has a direct effect on the teachers' attitudes towards such students, as argued by Anastasiadou (2016).

Management Strategies adopted by Teachers in managing students with EBD

According to Barber (2003), one of the most important and effective services for students with EBD is behaviour management. This section, therefore examined the behaviour management strategies used by teachers in managing students with EBD. Table 10 shows the results of management strategies adopted by teachers in managing students with EBD. Means and standard deviations computed for the five management strategies that emanated from the literature (see pages 61-64) indicate that generally teachers adopt proactive strategies more as compared to the reactive strategies. The most used management strategy by teachers as listed in Table 11 is self-regulation strategy (*weighted mean* = 3.19 and standard deviation .71). Contrarily, the use of punishment is the least weighted means among the five strategies (weighted mean 2.81 and standard deviation .83). This finding is contrary to Nelson and Roberts (2000) that, students with behaviour problems are often punished and rejected by their teachers.

Additionally, the findings contradict Weisling's (2012) argument that the most common teacher responses to aggressive or defiant behaviour have been punishment. Despite the fact that punishment is weighted low, I see a signal of caution in the fact that the use of withdrawal comes third in the order. It could be that because of the fear of stigmatisation as being wicked to

students, some teachers resort to withdrawing from students who exhibit EBD. This is the argument of Dukmak (2013) that for some teachers who have negative attitude towards students with EBD, distancing themselves from such students by ignoring them in the classroom is their management strategy. This could be a reflection of the statistically low positive attitude of teachers towards students with EBD in the study. On the other hand, the act of teachers withdrawing from students could also be as a result of lack of the expertise in successfully managing the condition. This is supported by Potgieter-Groot Visser, and Lubbe-de Beer (2012) assertion that the avoidance nature of teachers from students could be explained by their limited range of techniques to manage such students.

That notwithstanding, the findings in having punishment as the least used strategy among teachers confirm the Concordia University (2016) argument that punishment and negative consequences tend to lead to power struggles, which only make the problem behaviours worse. Probably, this explains why some respondents in the interview schedule reported that some students argue with teachers and even try to fight with them anytime they are being punished. Since the behaviours often exhibited by students with EBD are most often unintentional, as argued by Aker (2008), punishing them is ineffective, unfair, and inappropriate. This is consistent with the Concordia University (2016) position that fostering and rewarding positive behaviour has proven to be vastly more effective than attempting to eliminate negative behaviour through punishment.

The result of this study on the use of management strategies by teachers supports the Concordia University's (2016) view as it indicates the

use of self-regulation strategies and seeking support through coordination as the mostly used strategies. In affirmative to the use of self-regulation strategies, it came up in the interview that GES is introducing a practice known as “Positive Tool” to do away with corporal punishment. It is the same view shared by Jennings and Greenberg (2009) that teachers who are emotionally supportive to students with EBD often demonstrate positive emotion that is shared by students, are aware of and responsive to students’ needs, and consider students’ views in teaching and learning opportunities. Similarly, Picard (2015), in the use of Positive Behavioural Intervention, said positive behaviour must be rewarded consistently, and must be genuinely motivating for students. Based on this study, I can say that if GES puts structures in place with regard to management of students with EBD, teachers will be more informed and improve upon their use of proactive strategies in managing EBD among students.

Seeking support through coordination being ranked as the second management strategy was expected since the management of students with EBD requires a multi-disciplinary approach between educational systems, family and the medical community, as argued by Rutherford et al. (2004). Logically, the absence of Educational Psychologists in second cycle institutions is an indication that the psychological wellbeing, social, emotional and behavioural development of students with EBD are not being sufficiently managed. Thus, there are inadequately trained professionals to undertake diagnostic assessments, incrementally decreasing the effects of EBDs in the number of students participating in mainstream schools, as noted by McDonnell, McLaughlin and Morison (1997). However, the California

Judicial Council (2014) argues that assessment within special educational needs should include a school psychologist. On the other hand, Brown, Benkovitz, Muttillio and Urban (2011) assert that efforts to improve student outcomes can be more effective when the family is involved.

The overall average mean obtained from the thirty (30) items (3.12) implies that teachers use proactive measures to a greater extent in managing students with EBD. Of the five main themes (see Table 12), the use of punishment scored the least weighted mean. Teachers managing students with EBD by distancing themselves from such students and ignoring them supports Picard's (2015) argument that it can be challenging for a teacher, especially in an inclusive classroom. It could be the same view; Barkmann and Schulte-Markwort's (2005) study reported that teachers are sometimes aggressive or hostile mostly towards students with EBD and those teachers are easily upset with most of the distractive behaviour of students with EBD. However, students with EBD need a positive, structured environment which supports growth, fosters self-esteem, and rewards desirable behaviour. Teachers who are emotionally supportive to students with EBD often demonstrate positive emotion that is shared by students (Jennings & Greenberg, 2009).

The result from the hypothesis testing to see if there was any significant relationship between teachers' attitude and management strategies for student with EBD accepted the null hypothesis. The study found no statistically significant relationship between teachers' attitude and their management strategies in second cycle institutions in the Volta Region. Further analysis found that teachers use both proactive and reactive measures to manage students with EBD, just that the use of proactive strategies

dominated. This is an indication that though generally, teachers have positive attitude, they still use reactive measures in the form of punishment, suspension, and withdrawal from students. Their positive attitude convinces me to infer that probably, teachers did feel they were only managing students' maladaptive behaviour and not with any intention to react with any punitive measure. With my inference based on teachers' positive attitude and use of reactive management strategies, I differ from Oliver and Reschley's (2010) assertion that teachers who have a negative attitude generally distance themselves and avoid students with EBD. In my study, teachers have a positive attitude but still distance themselves sometimes from students with EBD. Teachers' dominating use of proactive strategies over reactive ones is in line with Jennings and Greeberg (2009) and Hamre and Pianta's (2005) discussion under the use of positive behavioural intervention that teachers who are emotionally supportive to students with EBD often demonstrate positive emotions that may be particularly beneficial for students with EBD. It is in the same vein, Picard (2005) says positive behaviour must be rewarded consistently and must be genuinely motivating to students.

In a practical situation, the study establishes that while there will be times when teachers have to discipline students for improper behaviour, rewarding positive behaviour, seeking the views of others and coordination through collaboration on the part of the teacher are ultimately far more effective in the long run. The findings also support Rutherford, Quimm and Mathui (2004) who say high levels of collaboration among the educational system, the family and the medical community are believed to be the key to effective management of children with EBD. That is so say though teachers'

choice of their management strategies is independent of their attitude, they use approaches that will benefit students. The shared expertise through collaboration will help them have varied experiences in managing students. This advancement in my study confirms Smeets' (2009) finding that the little attention paid to the adequate instructional environment or consistent interventions for students with EBD can be detrimental to the success of the student with EBD.

Teachers' choice for a particular management strategy could be influenced by their high level of knowledge on EBD. As reported in Table 18 knowledge of teachers on students with EBD significantly relates to their choice of management strategies. Teachers' choice of proactive management strategies such as the use of Positive Behaviour Intervention, seeking support through coordination and teaching self-regulation techniques over punishment and withdrawal, to a large extent, contradicts Adera and Bullock's (2008) assertion that regular teachers are least tolerant of the behaviour and placement of learners with EBD in their classroom, compared with learners with other disabilities. This could probably be as a result of the high knowledge teachers demonstrated generally about EBD in my study. Teachers' willingness to support students with EBD again contradicts Picard's (2015) finding that in most mainstream schools, the teaching and learning materials and pedagogies are not adaptable for students with EBD.

In my view, teachers' use of proactive management for students with EBD could be attributed to the knowledge they acquired in their various programmes of study. Teachers need to be equipped with the requisite skills that will broaden their knowledge in managing students with EBD just as

Oliver and Reschley (2010) indicated; educators must be given the proper tools, or teaching strategies in order to be successful in addressing the academic needs of students with EBD. The correlation between teachers' knowledge and their management strategies confirms Anderson's (2012) argument that teachers must not only become cognisant of the implications of having students with EBD in their classroom but should also be able to address their needs effectively.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter focuses on the summary, conclusions, recommendations made for the study and suggestions given for further research.

Summary

The study was conducted to evaluate the influence of teachers' knowledge and attitude on their management strategies for students with EBD in second cycle institutions in the Volta Region. Questionnaire and interview were used to collect both quantitative and qualitative data from respondents. In all, 280 respondents participated in the study. This comprised 270 who responded to questionnaire and 10 who participated in the interview. Three research questions guided the study and eight hypotheses were also formulated and tested. The study used the mixed method approach with a convergent parallel design. Both descriptive and inferential analysis were done. Statistical tools that were used for the data analysis were independent sample t-test, ANOVA and Pearson's Product Moment Correlation. A Thematic analysis was done for the qualitative data.

Research question one investigated the knowledge level of teachers on EBD based on their gender. The data were analysed using descriptive statistics, namely means and standard deviations.

Research question two investigated the attitude teachers had for students with EBD. Descriptive statistics, namely means and standard deviations were used in analysing research question two data. Research

question three investigated the types of management strategies teachers use in managing students with EBD. In all, five management strategies were explored. The five strategies were based on the order of mostly used to the least used and these were: Self-Regulation strategies, Seeking Support through coordination, Withdrawal, Use of Positive Behavioural Intervention, and the use of Punishment. The statistical tools used in analysing the research question three were means and standard deviations and Pearson's Product Moment Correlation to find out if any relationships existed between teachers' knowledge and attitude and their management strategies.

Key Findings of the Study

This section presents the key findings of the study. The findings are presented according to how the research questions and hypotheses were analysed and tested in Chapter Four. In all, ten key findings are listed to reflect the findings of the three research questions and seven hypotheses.

Findings from the questionnaire

1. From research question One, the findings indicate that teachers in second cycle institutions in the Volta Region have high knowledge about Emotional and Behaviour Disorders among students. However, their knowledge on students exhibiting internalising behaviour was generally low. They displayed higher knowledge in externalising behaviour disorders than internalising disorders. Though the knowledge level was high, the teachers did not feel adequately prepared to meet the needs of students with EBD.
2. Teachers had a positive attitude towards students with EBD. Despite their positive attitude, they did not feel adequately prepared to teach

students with EBD. In spite of teachers' positive perception regarding the education of students with EBD, they experienced difficulty in giving appropriate and sufficient attention to students in the inclusive setting.

3. Teachers used adequate classroom strategies to manage students with EBD. Teachers preferred the use of proactive strategies to using reactive strategies. The most common management strategies teachers used was Positive Behaviour Intervention which fosters and rewards positive behaviours. This strategy was followed by seeking support through coordination. Punishment was the least used management strategy among teachers.

Findings from the Hypotheses

1. There was significant difference in teachers' knowledge on EBD with respect to gender.
2. There was no significant difference in teachers' attitude towards students with EBD based on gender.
3. Teachers' educational background significantly influenced their knowledge of students with EBD.
4. Teachers' knowledge on EBD was not influenced by how long they have been teaching. Rather, their knowledge was significantly influenced by their educational qualification.
5. Teachers' attitude towards students with EBD was not significantly influenced by their number of years of teaching.

6. Teachers' knowledge about students with EBD has a weak statistically significant positive relationship with their attitude towards the students.
7. The knowledge of teachers on students with EBD significantly related to their management strategies.
8. Teachers' choice of a management strategy for students with EBD was not significantly related to their attitudes towards them. Teachers used both proactive and reactive strategies in managing students with EBD but they used more of the proactive measures than the reactive. Teachers still used punishment but they expressed the concern that its use should have the objective of reforming the student with EBD.

Conclusions

Based on the findings of the study, it can be concluded that teachers in second cycle institutions in the Volta Region have considerable knowledge on EBD. They have higher knowledge in externalising behaviour disorders than they have about internalising behaviours. Teachers with higher educational background have higher knowledge about EBD. Teachers, generally have positive attitude toward students with EBD which is not dependent on their gender. Teachers in second cycle institutions in the Volta Region generally adopt both proactive and reactive management strategies for students with EBD; however, their use of proactive strategies outweigh that of reactive strategies such as punishment and withdrawing from students.

Teachers' level of education has influenced their knowledge on EBD and the choice of management strategies.

Finally, the study established that there are many more forms of emotional and behaviour disorders that teachers have not considered. Most teachers only focus on students who exhibit externalising behaviour disorders such as hyperactivity, aggression, impulsivity, and vandalism, among others.

Major contributions to knowledge

Emotional and Behaviour Disorder is a concept in special education that is not well understood and it is underestimated leading to limited literature. With the increasing growth in population, the likelihood is there for the number of persons with EBD to increase and the prevalence of EBD among students in second cycle institutions could be a greater concern among disabilities. There could be more students with internalising behavioural disorders in the schools than as currently perceived by teachers. Generally, when internalising behaviours are ineffectively addressed, they may further develop into externalising behaviours or suicidal cases.

Studies conducted on EBD in Ghana have not focused on the influence teachers' knowledge and attitude have on their management strategies for students with EBD. My study appears to be the first of its kind to be conducted in Ghana. The current study has outlined the various forms EBD takes and the strategies that can be used in managing students with EBD. When added to literature, this study will provide teachers in the Volta Region in particular with information as multiple approaches that can be considered to improve how they manage students with EBD.

. The literature will serve as a reference to future researchers in the area of emotional and behaviour disorders. The findings of the study will also help clear misconceptions about teachers' attitudes towards students with

EBD. Stakeholders, especially teachers, would desist from engaging in reactive approaches to controlling behaviour disorders. Again, the section D of the research instrument which was personally developed to collect data on my research question three, thus, the management strategies used by teachers, will serve as a reference for other researchers.

Implications of the study for policy and practice

The implications of the study for policy and practice are presented in the following sections:

Implications for Policy

There is the need for the Curriculum Research and Development Division to fully integrate the management of students with EBD in the curriculum for second cycle institutions. This would require teachers developing and sustaining supportive cordial relationships between them and students with EBD. Teachers may have to appreciate the importance of demonstrating consistency, care and reliability in their relationships with students with EBD. This could help teachers to rise above personal biases and preferences to promote the emotional and behavioural well-being of their students.

Secondly, as an academic discipline, EBD is essential in preparing educators to become committed to the well-being of students with EBD. For enhancing learning, the study of teachers' knowledge and attitude towards students with EBD and their management strategies could influence teachers to develop a desire to play significant roles in responding to responsibilities that are critical to the educational and psychological well-being of students

with EBD. In academia, the study would have implications for the provision of teaching and learning resources as well as designation of resource rooms to ensure improvement in the current educational strategies in accommodating students with EBD. Again, the country's legislative body needs to formulate a policy that will be binding on all educational institutions to prioritise the concerns of students with EBD, and this policy must be made available to every institution in Ghana that trains prospective teachers.

Implications for Practice

This study has established that teachers' high knowledge on students with EBD relates to a corresponding high positive attitude towards the students in the classroom (see Table 18). This implies that the Ghana Education Service will have to collaborate with the Special Education Division to organise periodic in-service training and workshops for teachers. Seminars should be organised for newly-recruited teachers on issues of EBD to enable them to have adequate knowledge about some challenging behaviours they may be experiencing from students. The executives of Parent-Teacher Associations in second cycle institutions are expected to make the association vibrant, where parents are involved in all decision taken concerning the welfare of all students. A greater onus lies on the Ministry of Education and the Ghana Education Service to build capacity in the areas of Guidance and Counselling and Chaplaincy in second cycle institutions and if possible ensure that school chaplains to a greater extent are professional guidance and counselling coordinators. Bringing school counsellors on board is imperative since they can use humanistic approaches to help manage students' problem behaviours.

Recommendations

The following recommendations are made for the effective management of students with EBD based on the major findings emanating from the study. The recommendations are made across the various stakeholders who are responsible in the management of students with EBD.

Designing of a national strategic plan on EBD

The Ministry of Education should develop, implement and monitor a comprehensive multi-sectoral national strategy and plan of action for the management of students with EBD. The plan should favour the harmonisation of disability legislations, policies, regulations and standards. There is the need to monitor, evaluate and communicate developments so that they are reflected in the special education plans of action under the Ministry of Education.

To develop the national strategic plan, the views of teachers, school administrators and school psychologists, parents and other civil societies should be taken into consideration. Specifically, the plan should be reviewed after five years of its implementation with a review of progress. This review should describe progress, gaps and proposed adjustments in terms of, but not limited to, priorities and desired outcomes over the short, medium and long-term, roles and responsibilities, and institutional arrangements for promoting the management of EBD in Ghana.

Development of Emotional and Behavioural Disorders Management Guide

Regular monitoring and constructive feedback on performance are vital if the management of students with EBD is to improve. For students to achieve

full potential, and attain maximum achievement in their educational career, an Emotional and Behaviour Management guide needs to be developed by the Ministry of Education in collaboration with the Special Education Division of the Ghana Education Service. Proposed resource persons for designing this Guide should include personnel from GES, Special Education Division, Ghana Psychological Council, Social Workers and Psychiatrists. Each second cycle institution should be provided copies of the Guide to be used by teachers. This is expected to enlighten teachers about both internalising and externalising characteristics of EBD among students. This recommendation is to help provide teachers in second cycle institutions a reference for the identification and management of students with EBD. The Guide should be used as a central text for the educational interventions for students with EBD. This guide should cover a wide range of important issues in EBD and should be organised along the following sub-units such as: the concepts, definitions and terminologies on EBD. Other areas should include: the causes and characteristics of EBD, educational Strategies and interventions for managing EBD, training and professional development schedules and parental roles in managing EBD. Teachers and headteachers should be given periodic in-service training on the implementation of the Guide. The Guide should be revised periodically, regarding content, to keep it abreast with time.

Capacity building for teachers in managing students with EBD

Any practical approach, in the hands of practitioners who lack the necessary knowledge and expertise, can easily go muddled; so it is with the management of students with EBD. Therefore, training and capacity building schemes through workshops, seminars and conferences are essential elements

to be provided to teachers in the second cycle institutions. However, prior to the capacity building, it is essential that a knowledge gap audit is conducted as part of the training needs analysis. Thus, a knowledge gap analysis of the ability of teachers in second cycle institutions to identify students with EBD should be conducted to ensure that the training meets the management needs of teachers. As noted in this study, teachers' knowledge on internalising behaviour of students with EBD seems to be limited; hence the gap analysis should give more attention to such an area.

Some proposed areas relevant for the training should include but not limited to:

- i. How to sustain and maintain working relationships with students with EBD and to respond to their expressions of emotional needs.
- ii. How positive behaviour can be promoted in students with EBD.
- iii. Teaching students with EBD self-regulation strategies.

These contents are relevant in order to build the capacity of teachers to understand and work with their own emotions and those of the students. In other words, such training is important to increase teachers' self-efficacy in the management of students with EBD.

Tracer Studies

The management of EBD is a process and not an event. Internalising behaviours among adolescents tend to be persistent over time. Therefore, tracer studies should be conducted to follow-up on students with EBD who transit from second cycle institutions to tertiary levels. Thus, a systematic plan should be developed for maintaining contact with former students. This will ensure continuity of help and development of students concerned. Tracer

studies are very important such that past students can be appraised to ascertain the effectiveness or otherwise of the interventions given them. To effectively implement the tracer studies, teachers in second cycle institutions would have to be tasked to liaise with other counselling coordinators and psychologists in tertiary institutions who can provide them with vital information on the students.

Public Education on emotional and behaviour disorders

The Ghana Education Service should start a massive public education on EBD. This is expected to be done in collaboration with the National Commission for Civic Education (NCCE). This will advocate the prevalence of the condition, and all manner of persons will begin to understand persons with EBD and appreciate their differences.

Suggestion for Further Research

Based on the key findings arising from the study as well as the lessons learnt, the following areas are proposed for further research:

Students' evaluation on teachers' knowledge, attitude and management strategies of EBD in second second cycle institutions.

In order to compare the findings of the study to what students perceive about teachers, a study of this nature should be conducted to elicit from students whether teachers' attitude influence their management strategies for students with EBD. The results of the study should be compared with the findings of this study.

Evaluation of teachers' knowledge on students with emotional and behaviour disorders in second cycle institutions in Ghana.

The study gathered that teachers are more familiar with externalising behaviours than internalising behaviours among students. A further study should be conducted to find out the extent to which teachers demonstrate knowledge in the characteristics of EBD among students in second cycle institutions in Ghana. This will help stakeholders in the knowledge gap analysis that I recommended to be done during the capacity building programmes for teachers in managing students with EBD.

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APPENDICES

APPENDIX A
UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
DEPARTMENT OF EDUCATION AND PSYCHOLOGY

Questionnaire for Teachers

Introduction

Please, this study seeks to examine the effects of teachers' knowledge and attitude on their management strategies for students with Emotional and Behavioural Disorders (EBD) in second cycle institutions in the Volta Region. Specifically, the study seeks to examine the knowledge of teachers about students with behavioural and emotional disorders, the attitude of teachers towards the students with EBD and the management strategies adopted by teachers in managing them.

You have been selected as one of the stakeholders whose role directly relates to students with (EBD) in second cycle institutions. You are assured that the information you will provide to complete this study will be treated with the strictest confidentiality.

Thank you in advance for participating

Contact Number: (0208317528)

SECTION A: BACKGROUND CHARACTERISTICS

1. Gender: Male Female
2. Age (years): 20-29 30-39
 40-49 50-59 60 and above
3. How long have you been teaching? 1-5 years 6- 10 years
 11-15 Above 15 years
4. Educational background First degree Masters
 Diploma/HND Specify if others

SECTION B: KNOWLEDGE OF TEACHERS REGARDING STUDENTS WITH EBD

The following statements relate to the features and characteristics of students having EBD. Indicate your answer by ticking [✓] the box which most describes your view, where: SA= Strongly Agree, A= Agree, D =Disagree, and SD= Strongly Disagree.

	STATEMENT	SA	A	D	SD
1	Students with EBD exhibit mood disorder cases				
2	They disturb during instructional times				
3	They are hyperactive				
4	They have difficulty complying with tasks given by teachers				
5	Many students with EBD have severe impulsive tendencies				
6	Most students with EBD have problems paying attention				
7	Students with EBD suffer from low self-concept				

8	Students with EBD tend to break school rules				
9	Students with EBD experience educational problems which negatively affect their academic achievement				
10	Students with EBD have difficulty adapting to the social environment of the school				
11	One attribute of students with EBD is vandalism				
12	One attribute of students with EBD is distraction				
13	Students with EBD are aggressive toward their peers				
14	They are mostly dependent in their interaction with peers				
15	Many students with EBD suffer from anxiety in general				
16	Most students with EBD have phobias				
17	They suffer from depression				
18	Some show signs of social withdrawal				
19	Some students with EBD are perceived to be suffering from schizophrenia (mental illness)				
20	Children with Attention Deficit and Hyperactive Disorders (ADHD) cannot sit still long enough to pay attention				
21	If a child who is diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) is prescribed medication, an educational intervention is not necessary				

SECTION C: ATTITUDES OF TEACHERS ABOUT STUDENTS WITH EBD

Below are a set of statements that relate to attitude toward students with EBD.

Indicate your response by ticking (√) the box which most describes your opinion on the following scale, where: SA= Strongly Agree, A = Agree, D= Disagree, and SD = Strongly Disagree.

	STATEMENT	SA	A	D	SD
1	They should not be included in regular classrooms				
2	Teaching students with EBD requires too much extra planning				
3	They should be graded the same as their peers				
4	Students with EBD can function successfully within the regular classroom.				
5	Having students with EBD in my classroom is a positive thing				
6	Students with EBD have a negative impact on the learning environment in my classroom				
7	The behaviour of students with EBD sets a bad example for other students				
8	Inclusion can reinforce self-esteem of students with EBD.				
9	Students with EBD have equal future academic opportunities as typically developed students.				
10	I have adequate time to prepare for students with EBD in my classroom.				
11	I am able to manage the behaviour of students with EBD in my classroom.				
12	Students with EBD benefit from being included in the regular class				
13	I can handle students with EBD effectively in				

	my classroom.				
14	I have the expertise in managing students with EBD.				
15	I am able to individualize my teaching according to the needs of students with EBD.				
16	I feel comfortable working with students with EBD.				
17	Students with EBD should be given educational adaptations.				
18	I enjoy teaching students with EBD.				
19	I am concerned that teachers would be overburdened if students with EBD are included in the regular class.				
20	I am concerned that it will be difficult to give appropriate attention to all students in an inclusive classroom.				
21	I am concerned that I do not have the knowledge and skills required to teach students with EBD				
22	I will feel comfortable working with students with EBD anytime				
23	I do suspend students with EBD from my class				

SECTION D: STRATEGIES TEACHERS USE TO MANAGE STUDENTS WITH EBD IN THE CLASSROOM

Tick [✓] the most appropriate response applicable to you.

Below are a set of management strategies used by teachers to handle students with EBD. Indicate your view regarding the strategies you use by ticking (✓). Use the scale ranging from: SA= Strongly Agree, A= Agree, D= Disagree, and SD= Strongly Disagree

STATEMENT	SA	A	D	SD
1. I always encourage students with EBD to do their best				
2. I always set well defined limits, rules and tasks expectations for my students.				
3. I continuously remind my students to complete assigned tasks				
4. I reward students who abide by school regulations.				
5. I reward students who comport themselves at school gathering.				
6. I acknowledge students' behaviour openly before their peers				
7. I lead students to the school counselor when they show emotional and behaviour disorders				
8. I seek advice from psychologits in handling students with emotional and behaviour disorders.				
9. I collaborate with parents to understand better and help their wards with EBDs.				
10. I seek assistance from special education				

teachers/experts about appropriate ways to handle students who exhibit EBDs in class.				
11. I sometimes discuss with my colleague teachers for ideas to support students with EBDs in my class.				
12. I continuously give my headmaster feedback on progress made by my students with EBDs.				
13. Sometimes, I unconsciously yell at my students for putting up unacceptable behaviour.				
14. I sometimes suspend students from class during instructional hours.				
15. I assign them chores to accomplish for violating rules				
16. I give students internal suspension with hard labour				
17. I sometimes cane students who misbehave in class.				
18. I sometimes make derogatory comments on students in the presence of their peers				
19. I distance myself from students with EBD in my class by ignoring them				
20. I always isolate students with EBDs from their colleagues in class to prevent them from distracting them (their colleagues).				
21. I ignore students' misconduct in class and proceed with my delivery.				
22. I ignore students who randomly whisper answers to questions I ask in class during instruction.				
23. I sack students from the class when their distractions in				

class become very unbearable to me.				
24. I do not check students' truancy in my class.				
25. I entreat students with EBDs to set their own achievable goals.				
26. I coach students with EBDs to select flexible seating and appropriate spaces to work and learn.				
27. I encourage students to reward themselves when they complete tasks successfully				
28. I coach students to pick certain gifts when they answer questions correctly.				
29. I add solutions to questions asked in students' textbooks, so after answering they can monitor their own performance (strengths and weaknesses).				
30. I always provide checklists outlining positive behaviour and emotions for students to examine themselves in class.				

APPENDIX B
UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

DEPARTMENT OF EDUCATION AND PSYCHOLOGY

INTERVIEW GUIDE FOR TEACHERS

Interview guide for teachers on influence of teachers' knowledge and attitude on their management strategies for students with emotional and behavioural disorders in second cycle institutions in the Volta Region.

Introduction

This study seeks to examine the influence of teachers' knowledge and attitude on their management strategies for students with Emotional and Behavioural Disorders (EBD) in second cycle institutions in the Volta Region. Specifically, the study seeks to examine the knowledge level of teachers on students with EBD, the attitude of teachers towards students with EBD and the management strategies adopted by teachers in managing students with EBD.

You have been selected as one of the stakeholders whose role directly relates to students with (EBD) in second cycle institutions. You are, however, assured that the information provided for this study will be treated with the utmost confidentiality.

SECTION A: BACKGROUND INFORMATION

1. How long have you been in this school?
2. What is your educational background?

SECTION B: KNOWLEDGE LEVEL OF TEACHERS REGARDING STUDENTS WITH EBD

3. What types of Emotional and Behavioural Disorders are you aware of?
.....;
.....
.....;
.....;
4. What specific characteristics do students with EBD in the school demonstrate?
5. Generally, how will you describe the knowledge level of other teachers regarding students with EBD?
6. In your view, are the other teachers able to identify students with EBD?
7. What specific training have you had regarding the management of students with EBD? ...

SECTION C: ATTITUDE OF TEACHERS TOWARDS STUDENTS WITH EBD

8. What is the general perception of your colleague teachers towards students with EBD regarding:
 - a. educating them in an inclusive setting?.....
 - b. their cognitive abilities?.....
 - c. their impact on the learning environment?.....
 - d. managing them in an inclusive setting?.....
9. How responsive have your colleague teachers been towards students with EBD?

10. In what specific ways can the attitude of teachers towards students with EBD be enhanced in the school?

SECTION D: STRATEGIES TEACHERS USE IN MANAGING STUDENTS WITH EBD

11. What specific strategies do your colleague teachers use in the school to manage students with EBD?

.....

12. Generally, how efficient has the management strategies been for students with EBD ?

APPENDIX C

Gender of Teachers	Population Size		Sample Size	
	No.	%	No.	%
Female	1510	33.3	133	33.3
Male	3029	66.7	267	66.7
Total	4539	100	400	100
Sample proportion [sample size ÷ population size] = 8.8%				

APPENDIX D: CODING SCHEME

Main Themes	Sub Themes	Categories of Codes	Examples of Patterns of Response
Knowledge of Teachers on EBD	Anxiety	Statement of worry	...Hers is always referring and lamenting about her late mother. TR6
	Obsessive Compulsive Disorder	Always wants work to be neat	I had a student who always wanted his work to be neat; he'll keep erasing until the sheet got torn TR2
	Conduct Disorder	Violates the rights of others Violates school rules	apparent, reason he can decide to be shouting at dawn. TR4 of them would want to leave the school environment TR6
	Selective Mutism	Social communication is affected	...She never talks in class but her parent said she is a talker at home. TR1
	Attention Deficit Hyperactive Disorder	Cannot sit long paying attention Other disabilities	udent is always moving about disturbing others in class. TR2 f those with multiple impairments also have EBD. TR10 as links with other disabilities .TR6
	Schizophrenia	Hallucination	...We have students who have mental illnesses... TR8
	Severe Depression	Lack of motivation	He has low self-esteem and never gets motivated TR3
	Adjustment Disorder	Inability to adjust	I have been trying my best but he is not ready to readjust. TR5
	Truancy	Absence	...They don't care whether they'll learn in their absence TR7
	Aggressiveness	Go off	...sometimes they go off the normal expectations. TR1
	Educating them in the	Reinforces self esteem	ne, it is good they are together; it

Attitude of teachers about students with EBD	mainstream		builds their confidence TR10
	Cognitive abilities	Educational adaptations	...If all teachers can adapt their teachings, they will succeed TR2
	Impact on their teachings	Sets bad example	...Sometimes their behavior sets bad example... TR3
	Managing them with regular peers	Manage them	...You just have to manage them...it is their right. TR1
Enhancing Teachers' positive attitudes	Workshop	Seminars and workshops	...We can learn a lot at workshops to manage them. TR5
	Parent Teachers Association	Regular PTA meetings	If they organize PTA meetings, we can discuss with parents TR9
Management strategies for students with EBD	Positive Behaviour Intervention	Reward Positive Tool	...They need praises and rewards for behaving properly. TR1 ...The Tool uses positive corrective measures... TR6
	Seeking Support through coordination	Collaboration	...I consult the Guidance and Counselling Coordinator in our school sometimes. TR10
	Punishment	Use of cane and suspension	...Sometimes you'll be compelled to punish them (caning or suspension). TR4
	Withdrawal	Distancing	...To avoid trouble, I just distance myself from a group TR7
	Self-management	Training	...We teach them to monitor themselves and reinforce TR3
The role of Chaplaincy	Religious Intervention	Reverence	...Our school chaplain has been helping a lot. They revere. TR5
			Her...she is a Reverend sister TR5

APPENDIX E: A SAMPLE OF CODED INTERVIEW

- Interviewer: 6
- Interviewer: Good morning, Madam
- Respondent: Good morning, you are welcome
- Interviewer: Thank you
- Interviewer: Please as I already introduced myself, I am a student from UCC, reading Special Education, PhD. As a requirement of my study, am investigating the influence of teachers' knowledge and attitude on their management strategies for students with EBD in second cycle institutions.... (Please, I'll be using EBD throughout our interaction to mean Emotional and Behaviour Disorders).
- Respondent: Okay
- Interviewer: I would need your contribution to the study by responding to the questions that I will be asking you regarding teachers' knowledge, attitudes and management strategies for students with EBD
- Respondent: No problem; I am ready to give you any assistance, my sister.
- Interviewer: Thank you
- Interviewer: May I know how long you have been in this school?
- Respondent: 9 years
- Interviewer: Oh, I see! You've been here for quite a long time
- Respondent: Yes
- Interviewer: May I know your educational qualification?
- Respondent: I hold a Masters Degree (M Ed)
- Interviewer: Please, what types of EBD can you mention among your students?
- Respondent: Hm, I know of aggressive behaviours, anger, attention problems and violation of rules. There are also pilfering cases you cannot understand. When you go into it, you will realise there are behaviour problems. Some even go as far as venting their anger on teachers.
- Interviewer: oooooo!!
- Respondent: Yeah; some also attempt to become bullies and when you get into it, you will realise it is just a behavioural and emotional disorder. For instance, a student can say I don't like my teacher

to teach me; the teacher hates me... how can a teacher hate you?,

Interviewer: Can you mention some characteristics of EBD to confirm your knowledge about the condition?

Respondent; Some are very aggressive, very very aggressive...so you have to know how to handle them and calm them down.... They get stressed up, sometimes.

Interviewer: To that extent?

Respondent: Yes, they get stressed up.

Interviewer: So when they get stressed up like that what characteristic features aside anger, aggression or attacking teachers do they display?

Interviewer: Some of them would want to leave the school environment

Interviewer: oo!

Respondent: They think it is the school environment that is irritating them.

Interviewer: hmmm

Respondent: Then again, some of them form groups and try to break school rules, like breaking bounds. They cause trouble and chaos.

Interviewer: Even girls?

Respondent; Yes...yes

Interviewer: Chaos?

Respondent: Yes, some can be chaotic;

I think they are looking for adjustment or something, so they think when they go outside the school, it will help them. Sometimes, they feel neglected.... But their friends are very cooperative. Once they know this person has a problem, they try to help her stabilise. Others also withdraw; they don't want to interact with anybody. They will be in their closet. Some also try to be out of school. For no reason at all, they'll be out of school. You have to trace them to their parents or friends and get them back. All these are an attempt to get out of society's view

Interviewer: Good! So concerning other teachers in the school, how will you describe their knowledge level regarding these students? It will surprise you to know that some of our young teachers, even the mentees, are able to identify these students. The issue is, if you don't identify them early and start working on them, others join them.

Respondent: I think they are highly knowledgeable. Maybe it's because of our training as teachers. Many of us here are professionally trained teachersThey also manage students with other disabilities well.

Interviewer: Please why do you keep referring to other disabilities? My study is focused on students with EBD.

Interviewee: Yes I know... I am saying so because they have links. We have a student here who has communication problem. Sometimes, she communicates with friends through writing. At certain times, she becomes very very aggressive if things are not going the way she feels. We all know she has a behaviour problem. She gets very emotional...multiple impairment.

Interviewer: Okay, so you think that other disabilities equally influence their behaviour?

Respondent: Sure....sure

Interviewer: And you think the teachers are aware?

Respondent: Yes, they know...We don't leave them to get stranded; every teacher here has some fundamental knowledge about them.

Interviewer: So you mean teachers are able to identify students with EBD?

Respondent: Yes, even some of the parents when they come they tell us their child has a problem. That also helps us a lot.

Interviewer: Has there been any training organised for you teachers generally on how to manage students with EBD?

Respondent: Not really.

Interviewer: So we'll take it that teachers are using the knowledge gained from general courses to manage the students?

Respondent: Yes.

Interviewer: Apart from the conditions you have mentioned, do you think there may be other students who may be having EBDs that are not exposed?

Respondent: Yes, some of them are calm, but when you analyse some of their behaviours, you'll realise they have a problem.

Interviewer: I see;

Now, let's look at a few things regarding teachers' attitude:

-What is the general perception of teachers in educating students with EBD in the regular school system?

- Respondent: I think they have embraced the idea. But there are some apprehensions.... You know, in every society, that is bound to happen. But generally, their attitude is not bad. I want to also say that, some of the teachers themselves have their problems. But a majority of them have positive attitude
- Interviewer: So ooh!.....some of the teachers also have EBD?
- Respondent: Oh yes!....we know ourselves
- Interviewer: What impacts does their presence have on the learning environment?
- Respondent: A few of their colleagues do complain about their disturbances. But one good thing is that, most of the students themselves try to manage them. For instance, the peer counseling club does a lot in this regard. That is to say, the students themselves have a way of managing themselves. That notwithstanding, I can say sometimes, they disrupt the instructional times. Some teachers even opt to change their classes. We also check the schools that feed those classes, eg Ashaman/ Accra...so when they see that a local girl is made a prefect, then they try to pull them
- Interviewer: So how do you think these students can be managed in the regular school system?
- Respondent: I think further education will help them. Including them
- Interviewer: What about teachers' perception about their cognitive abilities?
- Respondent: Hmm...Permit me to say most of such students are not academically good and that calls for teachers' extra commitment. But because they are already a problem, I realise that sometimes we teachers overlook their academic challenges. It may not be so intentional, but you know....human beings as we are, these things happen.
- Interviewer: In what ways do you think the attitude of teachers towards the students with EBD can be enhanced?
- Respondent: I think there should be sensitization programmes for teachers where we shall be enlightened about conditions needed in teaching students with EBD. Training of more school counselors will also help both teachers and the students. And because some feel there are spiritual links with some types of EBD, schools must have more chaplains. We should be allowed to attend conferences and workshops. I think with these measures, we'll be doing more good to the students
- Interviewer: What strategies do teachers usually use in managing students with EBD?

- Respondent: We sometimes plan a meeting with them and the school counselors. Personally, I try to find a colleague to also mentor them. Some teachers do avoid them and I feel they want them to realise that and change their behaviour. Some teachers also adopt them on campus so that they get that parental feel. We also punish them and sometimes, they are suspended.
- Interviewer: You punish them?
- Respondent: Yes, sometimes. Teachers will definitely react.... A few times we punish them. But we also ensure that before they are punished they are referred to the counselors. They also meet the disciplinary committee.
- Interviewer: So it means that punishment is sometimes used to manage them?
- Respondent: Yes, it is just recently when our school counsellors are putting their feet down that punishment should not be the way...we should rather use positive intervention.
- Respondent: The counsellors say they have been trained on the use of Positive Tool. They become very conscious.
- Interviewer: What is Positive Tool?
- Respondent: Positive Tool...is use of positive corrective measures to support the students. For instance, we can sit with them and pronounce punishment for petty petty things that occur in the school that break discipline. It means they are in line with us. We will prescribe antidote and punishment. We dialogue with them other than molesting them....through this approach, they also easily help you to know cliques and break them if it becomes necessary. We go through levels before getting to the punishment. The thing is that, when you use punishment, the same group of people will repeat the same offense. : At times they themselves pronounce their own punishment. The stage we have gotten to, we need to dialogue with them rather than using corporal punishment.
- Interviewer: So how are you coping with the use of the Positive Tool?
- Respondent: The system does not allow punishment in this era so we have to be ready to change. Not hundred percent now, but it has started working.
- Interviewer: How do you describe teachers' knowledge?
- Respondent: They are doing their best.
- Interviewer: How efficient has the management of EBD been in this school?
- Respondents: We are having successes with the use of the Positive Tool.

Interviewer: Do you dismiss some of them based on their misconduct?

Respondent: Noooo. We don't sack them. One, girl, even the mother herself has disowned her because of her misbehaviour. The school has to take over responsibility of the girl.

Interviewer: What influence does the mission school have on you, teachers?

Respondent: The doctrines in the mission schools influence our attitudes toward all manner of persons.

Interviewer: We have come to the end of the interview. I am very grateful to you for your time.

Respondent: You are welcome, and see you some other time.

Interviewer: See you, bye.

APPENDIX F

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD



UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: ES/ERB/CE/vol.1/005

Your Ref:

Date: March 16, 2018

Chairman, CES-ERB
Prof. J. A. Omotosho
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0243784739

Vice-Chairman, CES-ERB
Prof. K. Edjah
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0244742357

Secretary, CES-ERB
Dr. (Mrs.) L. D. Forde
lforde@ucc.edu.gh
0244786680

.....
.....
.....

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH
STUDY

The bearer, Ms. Ivy Ama Kpodoe Reg. No EP/DS/E/15/0001 is an M.Phil/Ph.D student in the Department of Education and Psychology, College of Education Studies, University of Cape Coast, Cape Coast, Ghana. ~~He~~ She wishes to undertake a research study on the topic Effect of teachers' knowledge and attitude on their management strategies for students with emotional and behavioural disorders in second cycle. The Ethical Review Board (ERB) of the College of Education Studies ^{in the Volta} (CES) has assessed the proposal submitted by the bearer. The said proposal satisfies the College's ethical requirements for the conduct of the study. Refuse

In view of the above, the researcher has been cleared and given approval to commence ~~his~~ her study. The ERB would be grateful if you would give ~~him~~ her the necessary assistance that may be needed to facilitate the conduct of the said research.

Thank you.
Yours sincerely,

Dr. (Mrs.) Linda Dzama Forde
(Secretary, CES-ERB)

APPENDIX G

Descriptive Statistics

	N	Mean	Std. Deviation
Students with EBD exhibit mood disorder cases	270	3.4556	.52082
They seem to disturb during instructional times	270	3.3704	.56200
They seem to be hyperactive	270	3.2963	.59207
They have difficulty complying with the tasks given by teachers	270	3.2481	.58600
Many students with EBD have severe impulsive tendencies	270	2.0370	.79410
Most students with EBD seem to have problems pay attention	270	3.0037	.89815
Students with EBD suffer from low self-concept	270	3.1667	.62625
Students with EBD tend to break school rules	270	3.1481	.66252
Students with EBD experience educational problems which negatively affect their academic	270	3.3444	.69776
Students with EBD seem to have difficulty adapting to the social environment	270	3.2778	.57896
One attribute of students with EBD is vandalism	270	3.0556	.72185
One attribute of students with EBD is distraction	270	3.0778	.73004
Students with EBD are aggressive towards their peers	270	3.0778	.67170
They are mostly dependent in their interactions with peers	270	3.0111	.70833
Many students with EBD suffer from anxiety in general	270	3.2037	.59676
They suffer from depression	270	2.0519	.73488
Some show signs of social withdrawal	270	3.2148	.55057
Some students with EBD are perceived to be suffering from schizophrenia	270	3.2111	.56859
Children with ADHD cannot sit long enough to pay attention	270	3.0444	.65517
If a child who is diagnosed with ADHD is prescribed medication, an educational intervention is not necessary	270	3.0259	.65899
Most students with EBD have phobias	270	3.1481	.62795
Valid N (listwise)	270		

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Most students with EBD have phobias	270	3.1481	.62795
Valid N (listwise)	270		

Descriptive Statistics

	N	Mean	Std. Deviation
They should not be included regular classroom	270	2.3852	.92052
Teaching students with required too much planning	270	2.8667	.76445
They should be graded the same as their peers	270	2.7370	.71710
Students with EBD can function successfully within the regular classroom	270	2.9370	.67875
Having students with EBD is a positive thing	270	2.7778	.65856
Students with EBD have a negative impact on the learning environment in my classroom	270	2.5556	.72826
The behaviour of students with EBD sets a bad example for other students	270	2.6259	.76934
I believe that inclusion can reinforce self-esteem of students with EBD	270	3.0963	.77001
I believe that students with EBD have equal future academic opportunities as typically developed students	270	3.0111	.72902
I have adequate time to prepare for students with EBD in my classroom	270	2.4556	.81109
I believe that I am able to manage the behaviour with EBD in my classroom	270	2.6074	.71725
Students with EBD benefit from being included in the regular class	270	2.7778	.77763
I can handle students with EBD effectively in my classroom	270	2.6222	.68295
I have the expertise in managing students with EBD	270	2.4778	.68810
I am able to individualized my teaching according to the needs of students with EBD	270	2.6185	.70502
I feel comfortable working with students with EBD	270	2.4370	.74282
Students with EBD should be given educational adaptations	270	3.1852	.71817
I enjoy teaching students with EBD	270	2.3889	.78121
I am concerned that teachers would be over burdened	270	2.8111	.76486
I am concerned that it will be difficult to give appropriate attention to all students in an inclusive classroom	270	3.1148	.70958
I am concerned that I do not have the knowledge and skills required to teach students with EBD	270	2.9556	.72519
I feel comfortable working with students with EBD	270	2.7481	.78762
I do suspend students with EBD from my class	270	2.5444	.91042
Valid N (listwise)	270		

Descriptive Statistics

	N	Mean	Std. Deviation
I guide students to use more positive and adaptive behaviour	270	2.5185	.94733
I reward positive behaviour among students with EBD	270	3.1370	.53824
I celebrate the success of students with EBD	270	3.1593	.51067
I seek support from the school counsellors in dealing with students with EBD	270	3.0593	.54892
I seek support from parents in handling students EBD	270	2.9667	.58703
I seek support from colleague teachers handling students with EBD	270	3.0630	.50986
I punish students with EBD	270	3.0667	.67565
I use a reactive consequence -based approach to handling students with EBD	270	2.7333	.65327
I distance myself from students with EBD in my class by ignoring them	270	2.7593	.94328
Valid N (listwise)	270		

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
TOTAL_KN	Equal variances assumed	1.032	.311	-2.545	268	.011	-1.61628	.63508	-2.86667	-.36589
OWL_DGE	Equal variances not assumed			-2.521	196.157	.012	-1.61628	.64111	-2.88064	-.35192

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
TOTAL_KNOW	Males	172	63.8837	4.95457	.37778
LDGE	Females	98	65.5000	5.12775	.51798

Case Processing Summary

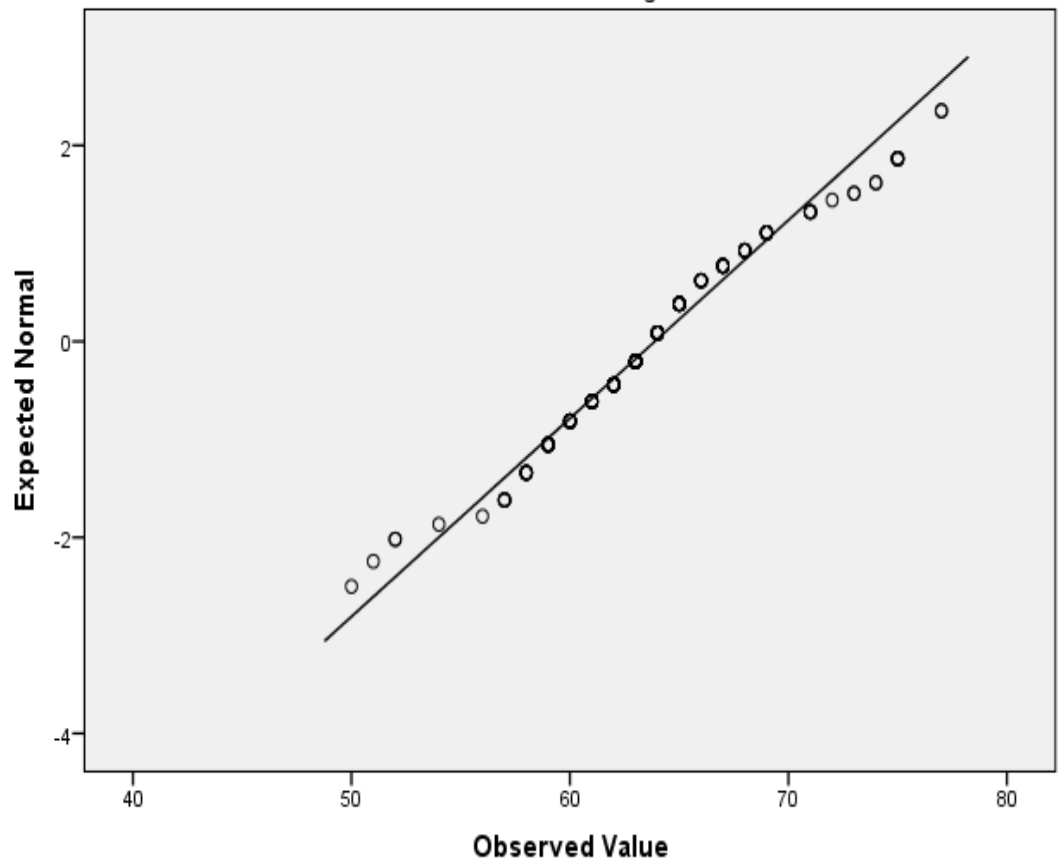
		Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
TOTAL_KNOW	First degree	160	100.0%	0	0.0%	160	100.0%
LDGE	Masters	108	100.0%	0	0.0%	108	100.0%
	Diploma/HND	2	100.0%	0	0.0%	2	100.0%

Tests of Normality

		Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
TOTAL_KNOW	First degree	.123	160	.000	.973	160	.003
LDGE	Masters	.121	108	.001	.963	108	.004
	Diploma/HND	.260	2	.			

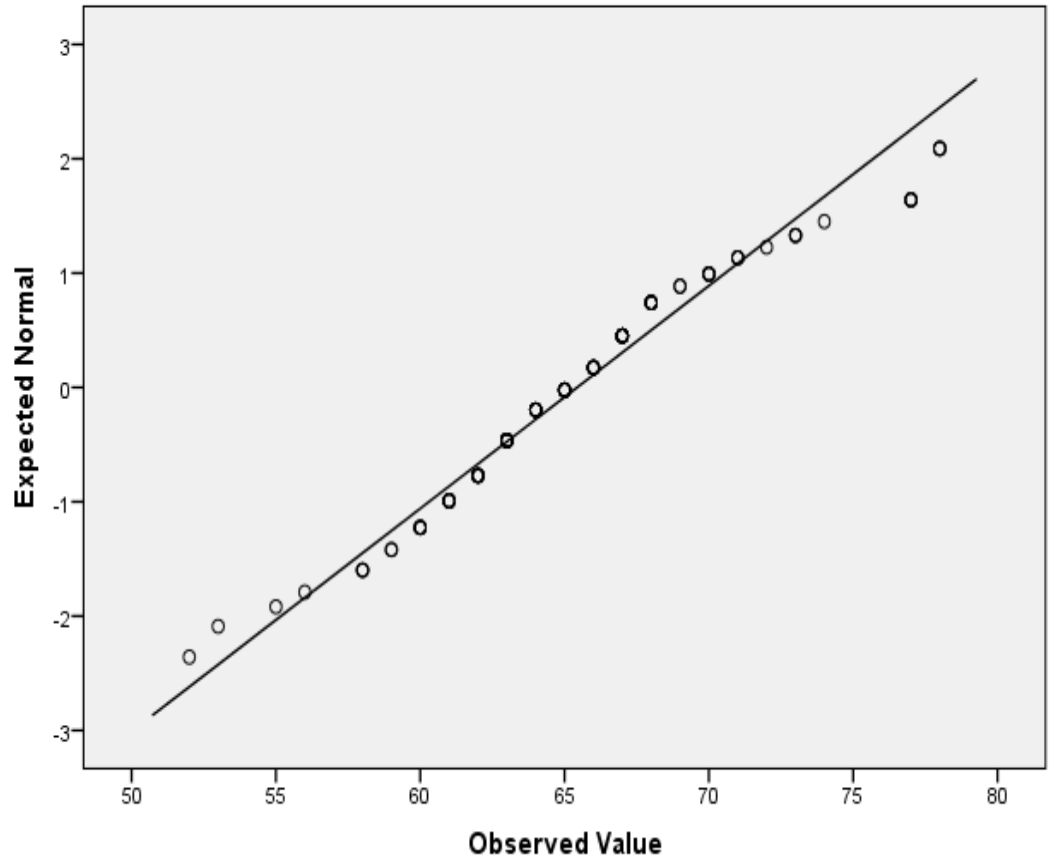
a. Lilliefors Significance Correction

Normal Q-Q Plot of TOTAL_KNOWLEDGE
for SECTIONA05= First degree



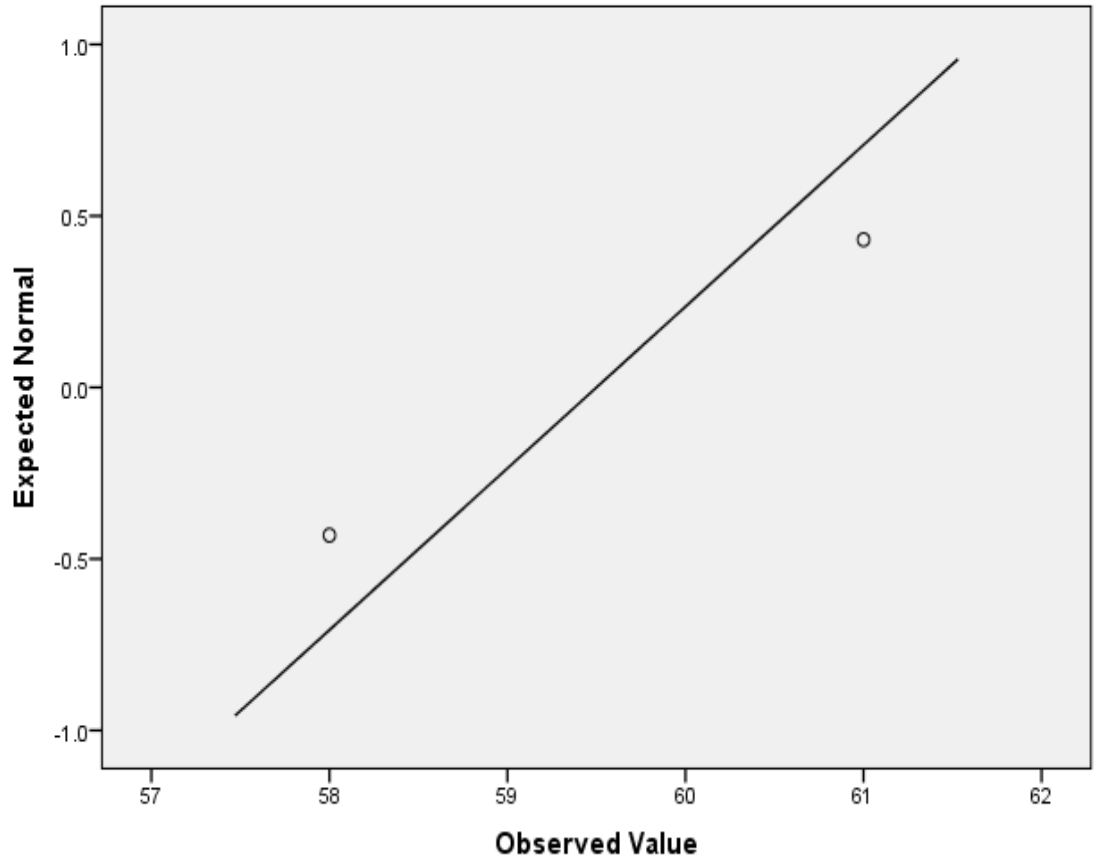
Normal Q-Q Plot of TOTAL_KNOWLEDGE

for SECTIONA05= Masters



Normal Q-Q Plot of TOTAL_KNOWLEDGE

for SECTIONA05= Diploma/HND



Descriptives

TOTAL_KNOWLEDGE

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
First degree	160	63.8813	4.94291	.39077	63.1095	64.6530	50.00	77.00
Masters	108	65.4352	5.13058	.49369	64.4565	66.4139	52.00	78.00
Diploma/HND	2	59.5000	2.12132	1.50000	40.4407	78.5593	58.00	61.00
Total	270	64.4704	5.06877	.30848	63.8630	65.0777	50.00	78.00

Test of Homogeneity of Variances

TOTAL_KNOWLEDGE

Levene Statistic	df1	df2	Sig.
.569	2	267	.567

TOTAL KNOWLEDGE

	Educational background	N	Subset for alpha = 0.05
			1
Tukey HSD ^{a,b}	Diploma/HND	2	59.5000
	First degree	160	63.8813
	Masters	108	65.4352
	Sig.		.109
Scheffe ^{a,b}	Diploma/HND	2	59.5000
	First degree	160	63.8813
	Masters	108	65.4352
	Sig.		.132

Means for groups in homogeneous subsets are displayed.

- a. Uses Harmonic Mean Sample Size = 5.819.
- b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Case Processing Summary

	How long have you been teaching	Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
TOTAL_KNOWLEDGE	1-5 yrs	36	100.0%	0	0.0%	36	100.0%
	6-10 yrs	52	100.0%	0	0.0%	52	100.0%
	11-15 yrs	71	100.0%	0	0.0%	71	100.0%
	15 above	111	100.0%	0	0.0%	111	100.0%

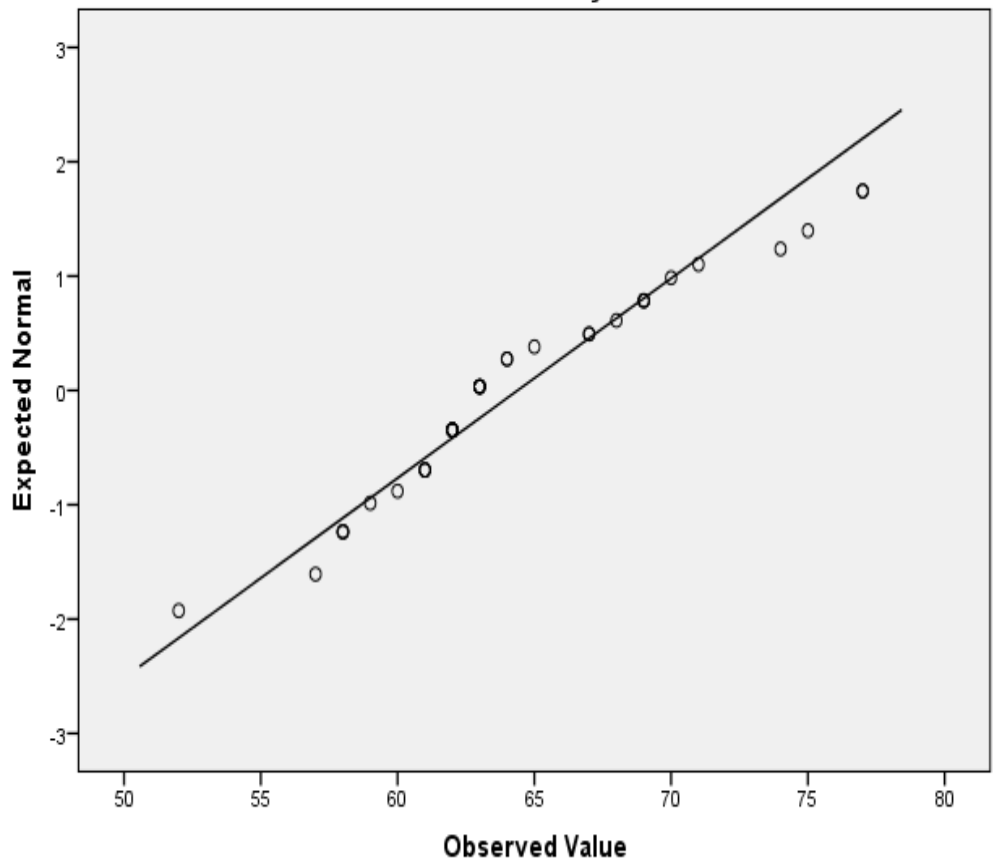
Tests of Normality

	How long have you been teaching	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
TOTAL_KNOWLEDGE	1-5 yrs	.179	36	.005	.946	36	.081
	6-10 yrs	.094	52	.200*	.983	52	.657
	11-15 yrs	.120	71	.013	.958	71	.018
	15 above	.115	111	.001	.958	111	.001

*. This is a lower bound of the true significance.

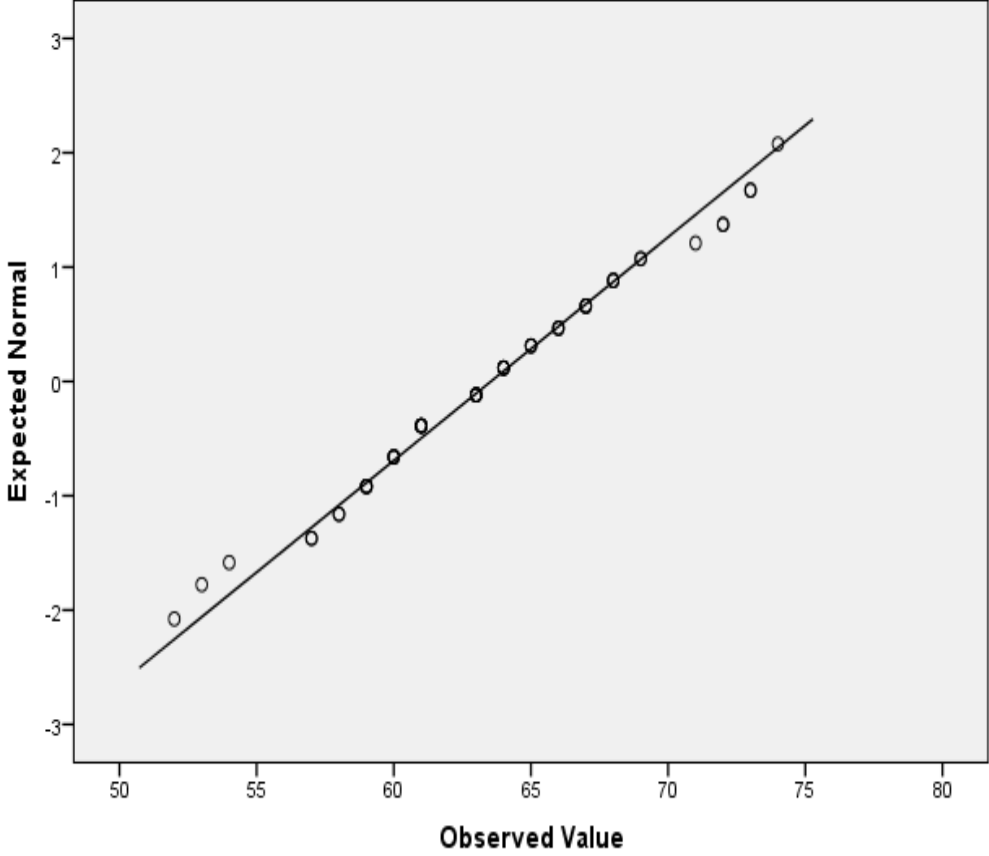
a. Lilliefors Significance Correction

Normal Q-Q Plot of TOTAL_KNOWLEDGE
for SECTIONAQ3= 1.5 yrs

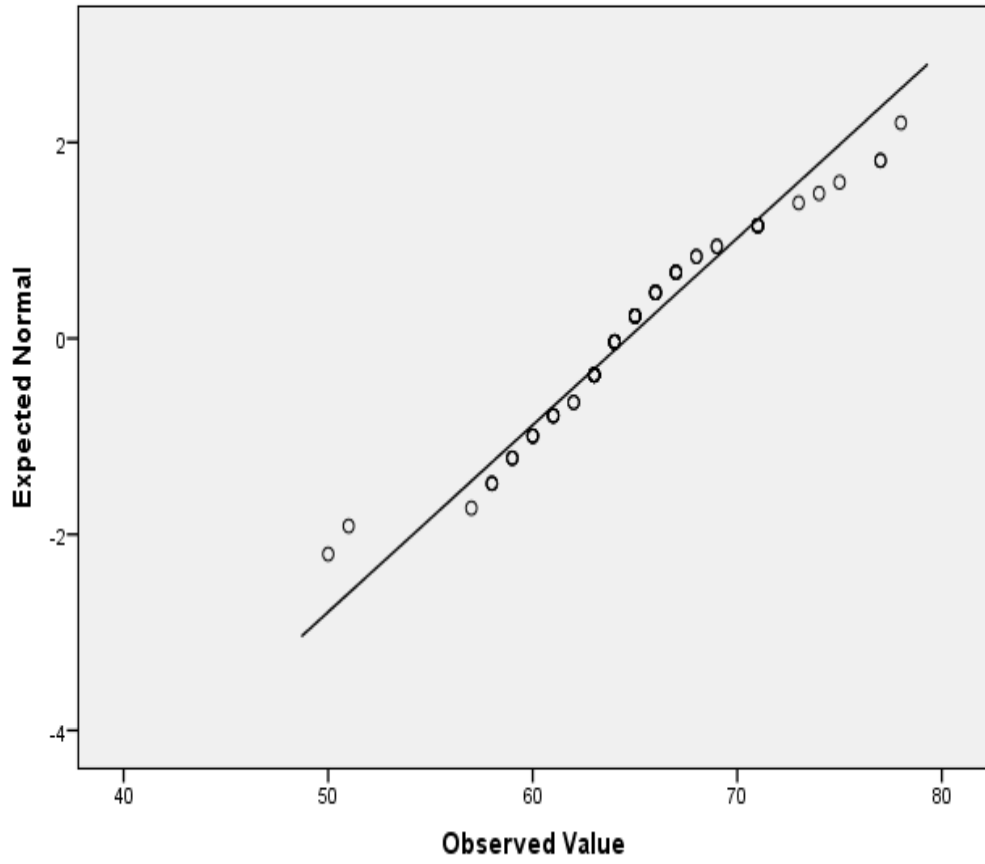


Normal Q-Q Plot of TOTAL_KNOWLEDGE

for SECTIONA03= 6-10 yrs

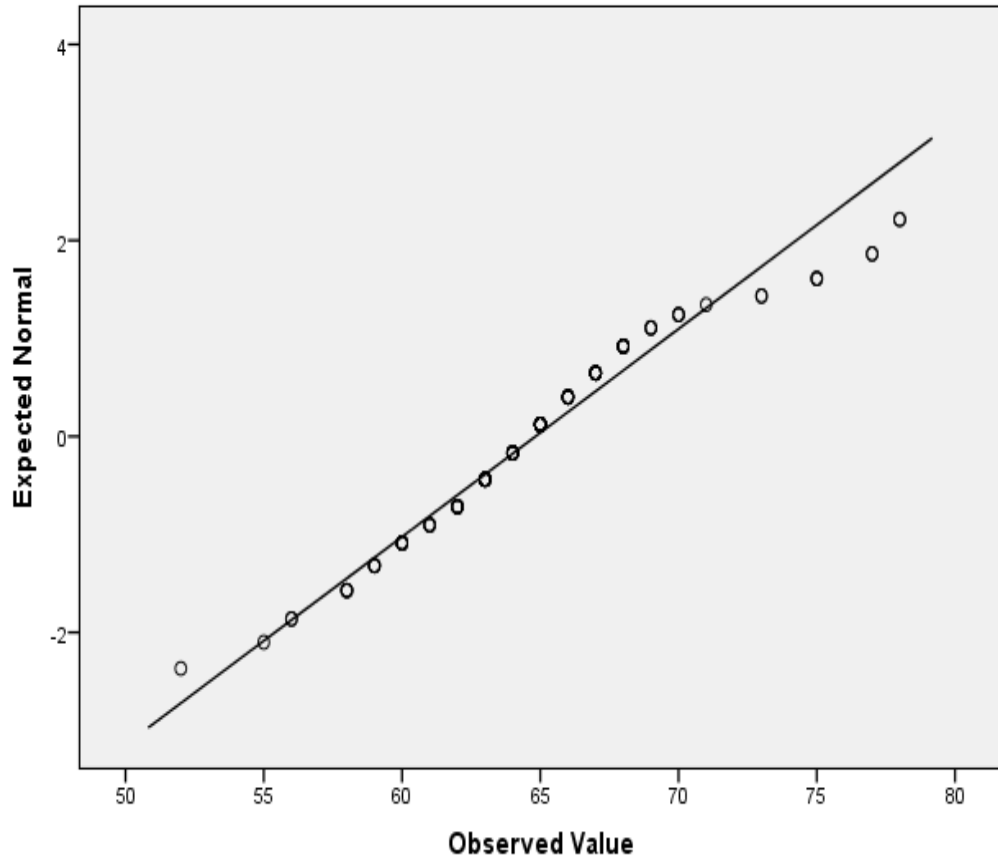


Normal Q-Q Plot of TOTAL_KNOWLEDGE
for SECTIONA03= 11-15 yrs



Normal Q-Q Plot of TOTAL_KNOWLEDGE

for SECTIONAQ3= 15 above



Descriptives

TOTAL_KNOWLEDGE

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1-5 yrs	36	64.3889	5.72352	.95392	62.4523	66.3255	52.00	77.00
6-10 yrs	52	63.5385	5.11615	.70948	62.1141	64.9628	52.00	74.00
11-15 yrs	71	64.6338	5.24333	.62227	63.3927	65.8749	50.00	78.00
15 above	111	64.8288	4.71337	.44737	63.9422	65.7154	52.00	78.00
Total	270	64.4704	5.06877	.30848	63.8630	65.0777	50.00	78.00

Test of Homogeneity of Variances

TOTAL_KNOWLEDGE

Levene Statistic	df1	df2	Sig.
1.129	3	266	.338

ANOVA

TOTAL_KNOWLEDGE

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	61.558	3	20.519	.797	.497
Within Groups	6849.705	266	25.751		
Total	6911.263	269			

Robust Tests of Equality of Means

TOTAL_KNOWLEDGE

	Statistic ^a	df1	df2	Sig.
Welch	.802	3	106.970	.495

a. Asymptotically F distributed.

Case Processing Summary

	How long have you been teaching	Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
TOTAL_ATTIT	1-5 yrs	36	100.0%	0	0.0%	36	100.0%
UDE	6-10 yrs	52	100.0%	0	0.0%	52	100.0%
	11-15 yrs	71	100.0%	0	0.0%	71	100.0%
	15 above	111	100.0%	0	0.0%	111	100.0%

Tests of Normality

	How long have you been teaching	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
TOTAL_ATTIT	1-5 yrs	.189	36	.002	.825	36	.000
UDE	6-10 yrs	.079	52	.200*	.986	52	.806
	11-15 yrs	.127	71	.006	.953	71	.010
	15 above	.092	111	.022	.985	111	.246

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Tests of Normality

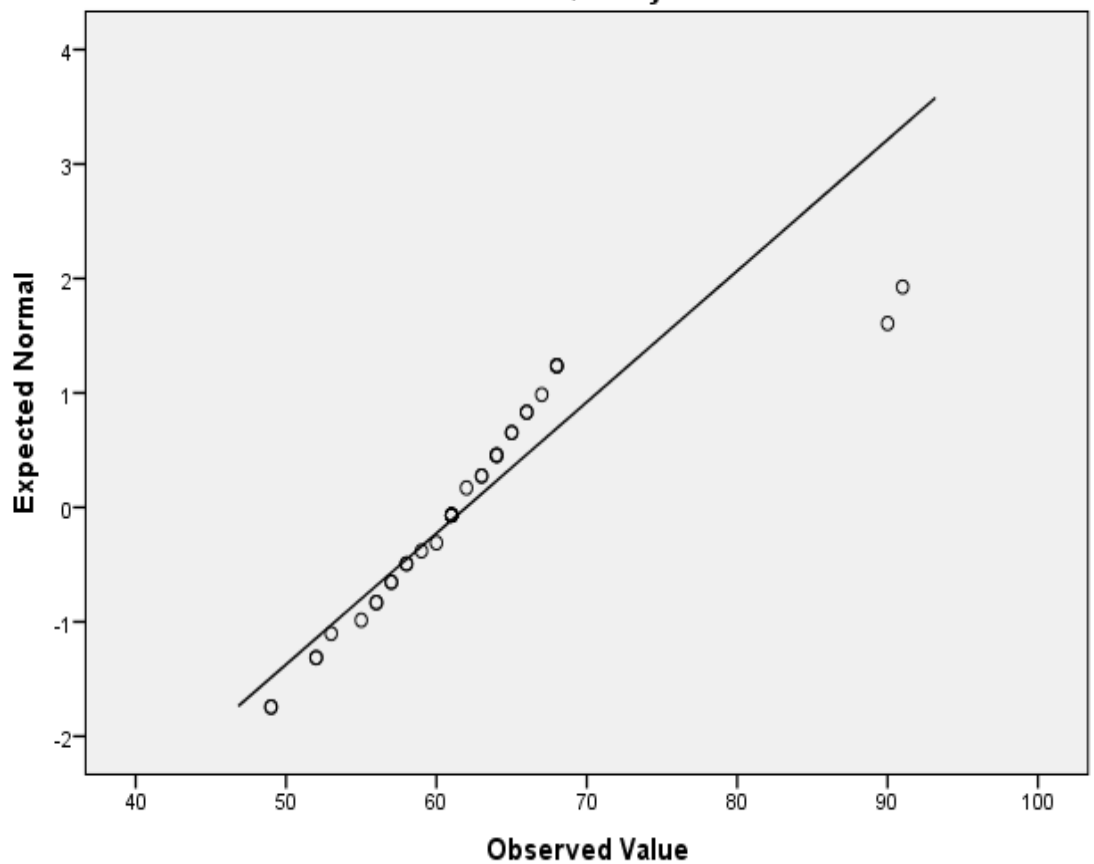
	How long have you been teaching	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
TOTAL_ATTIT	1-5 yrs	.189	36	.002	.825	36	.000
UDE	6-10 yrs	.079	52	.200*	.986	52	.806
	11-15 yrs	.127	71	.006	.953	71	.010
	15 above	.092	111	.022	.985	111	.246

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

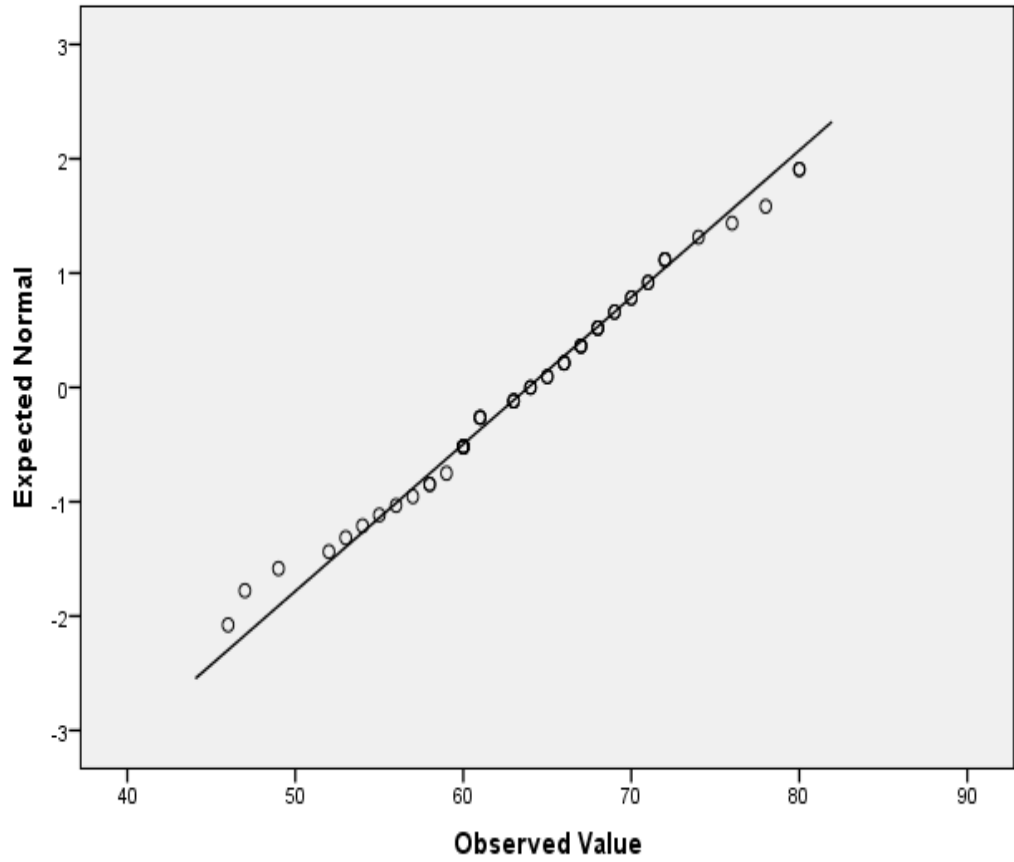
Normal Q-Q Plot of TOTAL_ATTITUDE

for SECTIONAQ3= 1-5 yrs



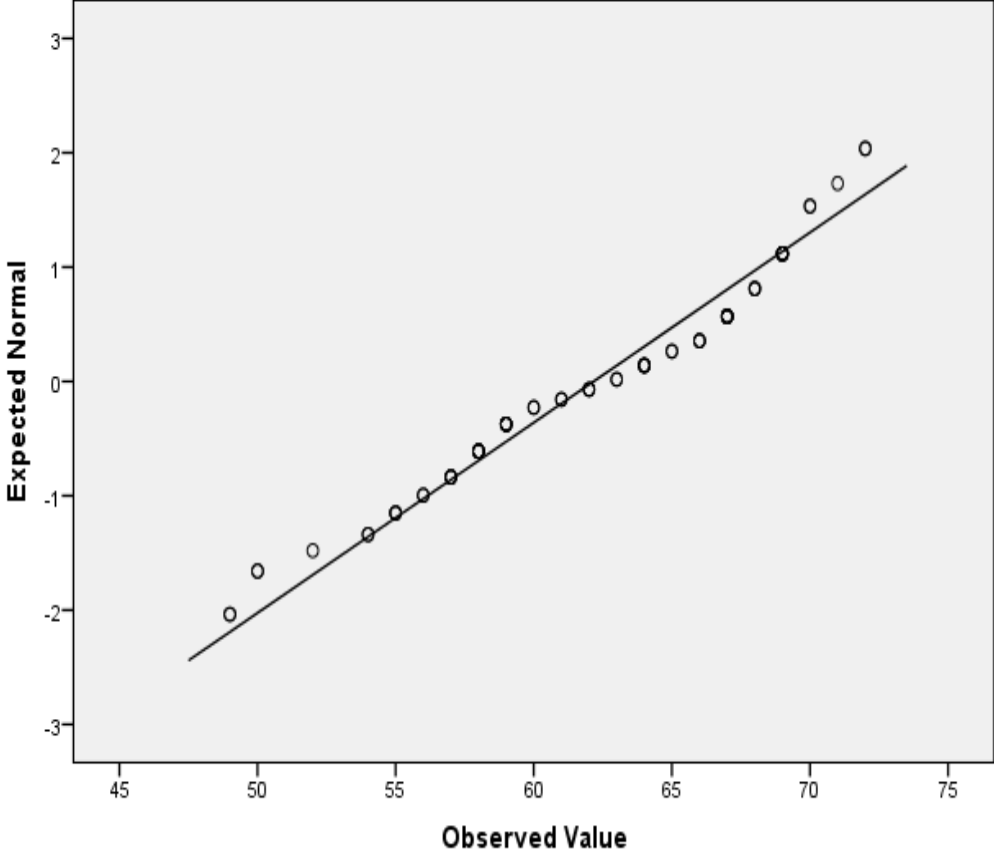
Normal Q-Q Plot of TOTAL_ATTITUDE

for SECTIONA3= 6-10 yrs



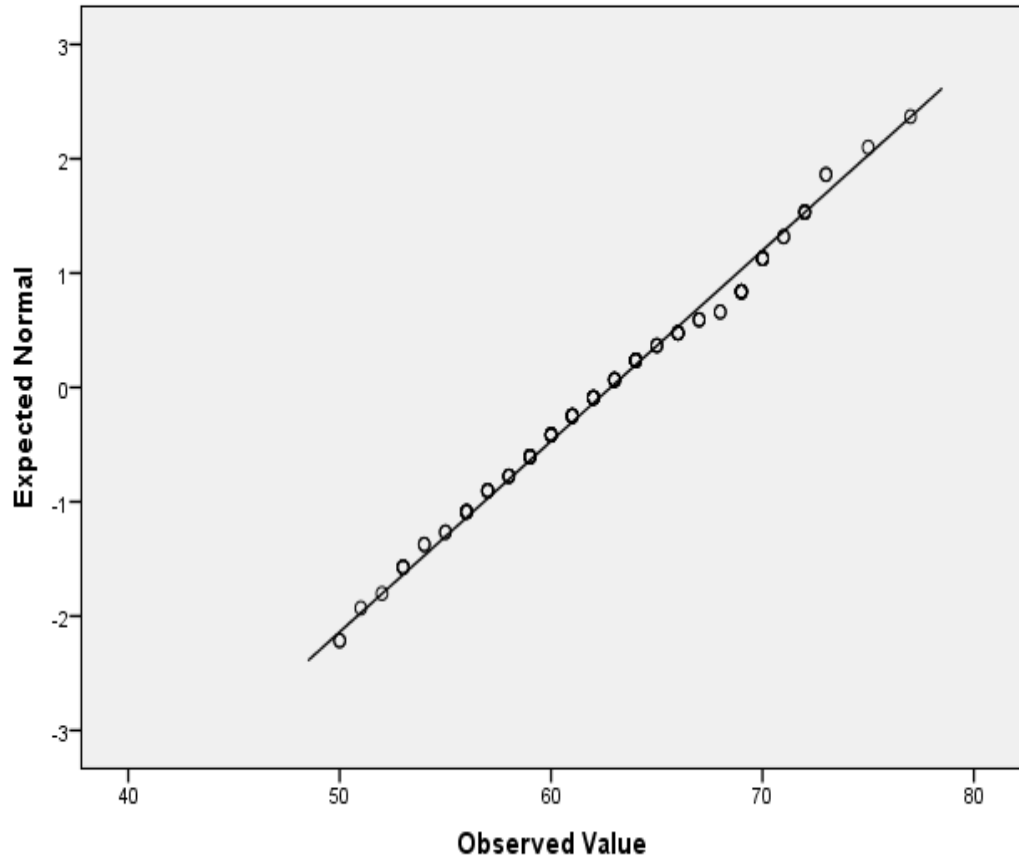
Normal Q-Q Plot of TOTAL_ATTITUDE

for SECTIONA3= 11-15 yrs



Normal Q-Q Plot of TOTAL_ATTITUDE

for SECTIONAQ3= 15 above



Descriptives

TOTAL_ATTITUDE

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1-5 yrs	36	61.9722	8.72267	1.45378	59.0209	64.9235	49.00	91.00
6-10 yrs	52	63.8654	7.78140	1.07909	61.6990	66.0317	46.00	80.00
11-15 yrs	71	62.1690	6.00948	.71319	60.7466	63.5914	49.00	72.00
15 above	111	62.8198	5.99424	.56895	61.6923	63.9473	50.00	77.00
Total	270	62.7370	6.77364	.41223	61.9254	63.5486	46.00	91.00

Test of Homogeneity of Variances

TOTAL_ATTITUDE

Levene Statistic	df1	df2	Sig.
1.238	3	266	.296

ANOVA

TOTAL_ATTITUDE

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	110.931	3	36.977	.804	.493
Within Groups	12231.398	266	45.983		
Total	12342.330	269			

Robust Tests of Equality of Means

TOTAL_ATTITUDE

	Statistic ^a	df1	df2	Sig.
Welch	.663	3	103.192	.576

a. Asymptotically F distributed.

TOTAL_ATTITUDE

	How long have you been teaching	N	Subset for alpha = 0.05 1
Tukey HSD ^{a,b}	1-5 yrs	36	61.9722
	11-15 yrs	71	62.1690
	15 above	111	62.8198
	6-10 yrs	52	63.8654
	Sig.		.444
Scheffe ^{a,b}	1-5 yrs	36	61.9722
	11-15 yrs	71	62.1690
	15 above	111	62.8198
	6-10 yrs	52	63.8654
	Sig.		.528

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 57.060.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Correlations

		TOTAL_ KNOWL DGE	TOTAL_ ATTITU DE
TOTAL_ KNOW LDGE	Pearson Correlation Sig. (2-tailed) N	1 270	.176** .004 270
TOTAL_ ATTIT UDE	Pearson Correlation Sig. (2-tailed) N	.176** .004 270	1 270

** . Correlation is significant at the 0.01 level (2-tailed).

Correlations

		TOTAL_ ATTITU DE	TOTAL_ MGT_ ST RATEGI ES
TOTAL_ ATTIT UDE	Pearson Correlation Sig. (1-tailed) N	1 270	.328** .000 270
TOTAL_ MGT_ S TRATEGIES	Pearson Correlation Sig. (1-tailed) N	.328** .000 270	1 270

** . Correlation is significant at the 0.01 level (1-tailed).

Statistics

		Gender	Age	How long have you been teaching	Educational background
N	Valid	270	270	270	270
	Missing	2	2	2	2

Educational background

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	First degree	160	58.8	59.3	59.3
	Masters	108	39.7	40.0	99.3
	Diploma/HND	2	.7	.7	100.0
	Total	270	99.3	100.0	
Missing	System	2	.7		
Total		272	100.0		

TOTAL_KNOWLEDGE

		N	Subset for alpha = 0.05
Educational background			1
Tukey HSD ^{a,b}	Diploma/HND	2	59.5000
	First degree	160	63.8813
	Masters	108	65.4352
	Sig.		.109

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 5.819.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
TOTAL_ATTITUDE	Males	172	62.7442	6.78868	.51763
	Females	98	62.7245	6.78200	.68509

Correlations			
		TOTAL_ATTITUDE	Totalmgstrategies
TOTAL_ATTITUDE	Pearson Correlation	1	.088

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
TOTAL_ATTITUDE	Equal variances assumed	.300	.584	.023	268	.982	.01970	.85889	-1.67133	1.71072
	Equal variances not assumed			.023	202.018	.982	.01970	.85865	-1.67338	1.71277
TOTAL_ATTITUDE		Sig. (2-tailed)								.150
		N				270				270
Totalmgstrategies		Pearson Correlation								.088
		Sig. (2-tailed)								1
		N				270				270

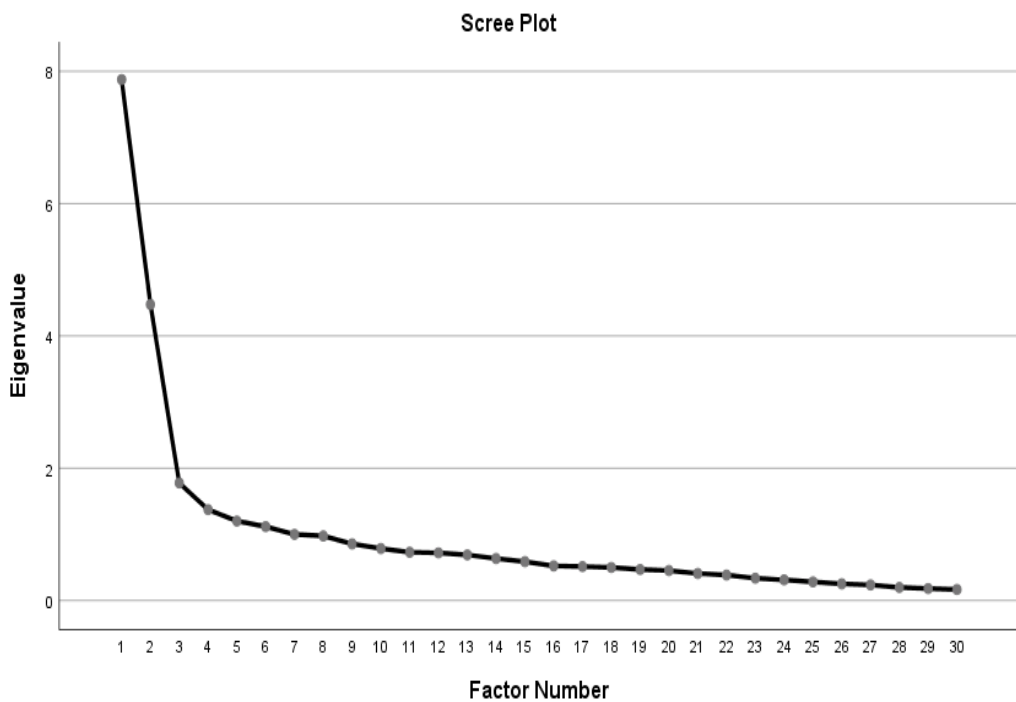
Correlations			
		TOTAL_KNOWLEDGE	totalmgstrategies
TOTAL_KNOWLEDGE	Pearson Correlation	1	.149*
	Sig. (2-tailed)		.015
	N	270	270
Totalmgstrategies	Pearson Correlation	.149*	1
	Sig. (2-tailed)	.015	
	N	270	270

*. Correlation is significant at the 0.05 level (2-tailed).

Rotated Factor Matrix^a					
	Factor				
	1	2	3	4	5
I ignore students who randomly whisper answers to questions I ask in class during instruction.	.840				
I sack students from the class when their distractions in class become very severe.	.815				
I normally assign students who forget to turn in their assignment extra works.	.806				
I sometimes cain students who misbehave in class.	.756				
I always isolate students with EBDs from their colleagues in class to prevent them from distracting them (their colleagues).	.752				
I ignore students' misconduct in the class and proceed with my delivery.	.736				
I coach students with EBDs flexible seating and selecting appropriate spaces to work and learn.	.731				
I coach students to reward themselves with extra leisure time when they complete a task successfully.	.696				
I sometimes shame students before their colleagues when they misbehave.	.656				
I teach students with EBDs to set their own achievable goals.	.637				
I coach students to pick certain gifts after they answer questions correctly.	.626				
I add solutions to questions asked in students' textbooks so after answering they can monitor their own performance (strengths and weaknesses).	.605				
I distance myself from students with EBD in my class by ignoring them	.588				

I always schedule different instructional section with my students with EBDs to when I have to teach very difficult topics.	.373				.346
Sometimes, I unconsciously yelled at my students for putting up unacceptable behaviour.		.635			
I collaborate with parents to understand better and help their wards with EBDs.		.601			
I sometimes discuss with my colleague teachers for ideas to support students with EBDs.		.599			
I continuously give my headmaster feedback on progress made by my students with EBDs.		.535		.312	
I force my students to do an unpleasant task when they misbehave.		.515			
I seek advice from psychologies in handling students with emotional and behaviour disorders.		.486	.343		
I continuously remind my students to complete assigned tasks		.433	.411		
I assign students more chores and responsibilities when they fail to follow the rules set.		.345			
I always provide checklists outlining positive behaviour and emotions to students to examine themselves in class.					
I set easily attainable goals for my students.			.807		
I reward students with gifts when they answer questions right in class.			.731		
I lead students to the school counselor when they show emotional and behaviour disorders		.336	.492		
I always encourage students to do their best			.413		
I reward students who are punctual at school.			.386		

I always set well defined limits, rules and tasks expectations for my students.			.373	.550	
I seek assistance from special education teachers/experts about appropriate ways to handle students who exhibit EBDs in class.					.689
Extraction Method: Principal Axis Factoring. Rotation Method: Varimax with Kaiser Normalization. ^a					
a. Rotation converged in 6 iterations.					



Factor Transformation Matrix					
Factor	1	2	3	4	5
1	.972	-.032	-.234	.020	-.011
2	.165	.758	.584	.147	.190
3	.142	-.637	.702	.281	.042
4	.053	-.127	.144	-.767	.609
5	-.077	-.052	-.301	.557	.769

Extraction Method: Principal Axis Factoring.
Rotation Method: Varimax with Kaiser Normalization.

CRONBACH ALPHA RESULTS FOR THE MAIN TEST

Case Processing Summary

		N	%
Cases	Valid	270	100.0
	Excluded ^a	0	.0
	Total	270	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.771	74

Case Processing Summary

		N	%
Cases	Valid	270	100.0
	Excluded ^a	0	.0
	Total	270	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.771	74

Case Processing Summary

		N	%
Cases	Valid	270	100.0
	Excluded ^a	0	.0
	Total	270	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.676	21

RELIABILITY

/VARIABLES=SECTIONCQ1 SECTIONCQ2 SECTIONCQ3 SECTIONCQ4
SECTIONCQ5 SECTIONCQ6 SECTIONCQ7
SECTIONCQ8 SECTIONCQ9 SECTIONCQ10 SECTIONCQ11 SECTIONCQ12
SECTIONCQ13 SECTIONCQ14 SECTIONCQ15
SECTIONCQ17 SECTIONCQ18 SECTIONCQ19 SECTIONCQ20 SECTIONCQ21
SECTIONCQ22 SECTIONCQ23 SECTIONCQ24
SECTIONDQ1
/SCALE('SECTION C') ALL
/MODEL=ALPHA.

Case Processing Summary			
		N	%
Cases	Valid	270	100.0
	Excluded ^a	0	.0
	Total	270	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.742	24

Case Processing Summary			
		N	%
Cases	Valid	270	100.0
	Excluded ^a	0	.0
	Total	270	100.0
a. Listwise deletion based on all variables in the procedure.			

Reliability Statistics	
Cronbach's Alpha	N of Items
.763	29