

**Elisavet Anastasiadou**

**Teachers' attitudes towards Inclusion and the Inclusion of  
students with Emotional and Behavioural Disorders**

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## JYVÄSKYLÄN YLIOPISTO

<b>Tiedekunta - Faculty</b> Faculty of Education	<b>Laitos - Department</b> Department of Education
<b>Tekijä - Author</b> Elisavet Anastasiadou	
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<p><b>Tiivistelmä - Abstract</b></p> <p>Inclusion is both a symbolic and a practically meaningful process inextricably intertwined with equity, social and educational participation. Teachers are a fundamental part of this process. Therefore, their attitudes carry a dynamic, which, in turn can be linked to educational success and inclusive implementation. Students with emotional and behavioural disorders constitute a challenging and vulnerable group of students, often excluded from the educational setting, with severe academic and social consequences.</p> <p>The main objective of the current study was to explore teachers' attitudes towards the inclusion of students with emotional and behavioural disorders, in primary and secondary education. To achieve this aim, it was important to draw on the relationship between teachers' attitudes towards inclusion in general and towards the inclusion of students with emotional and behavioural disorders. The purpose was also to evaluate which type of emotional and behavioural disorders was more challenging and to select, which element of support was considered to be vital, in meeting the needs of students with emotional and behavioural disorders.</p> <p>A survey using a questionnaire was conducted, so as to collect data from three hundred participants from primary and secondary education respectively, both from rural and urban areas in Greece.</p>	

The findings indicated that the teachers, who were ready to include students with disabilities and/or learning difficulties in general, were also positive towards students with emotional and behavioural disorders. Primary school teachers were more positive towards inclusion than secondary teachers. Schizophrenia was the type of emotional and behavioural disorder characterized as most challenging. The school psychologist and collaboration with parents have gathered the majority of the responses. The main idea of the findings supported that previous experience and education comprised fundamental factors, having a direct effect on the teachers' attitudes and that inclusive implementation requires practical support.

**Asiasanat - Keywords**

Inclusive education, emotional and behavioural disorders, teacher, participation, attitudes.

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## ACRONYMS AND ABBREVIATIONS

UNESCO	United Nations Education Science and Cultural Organization
UN	United Nations
OECD	Organization for Economic co-operation and Development
UNICEF	United Nations Children Fund
PISA	Program for International Student Assessment
EC	Communication European Disability Strategy
SEN	Special Education Needs
IE	Inclusive Education
EBD	Emotional and Behavioural Disorders
ADHD	Attention Deficit Hyperactivity Disorder
ED	Emotionally Disturbed
CD	Conduct Disorder
NCSE	National Council of Special Education

## 1 INTRODUCTION

Inclusion in education comprises a continuous process with a plethora of social and educational implications. This process is not narrowed on the intellectual progress exclusively, as it is crucial in a both social and personal development. The educational scope through an inclusive spectrum aims to enhance sustainability, to offer social, moral and intellectual knowledge and instruction, with a school system able to meet all pupils' needs.

Inclusive education refers to all students and it applies in every educational setting. It also highlights the importance of participation into the mainstream school and into society in general. In addition, inclusion sees education as the catalyst striving to enhance equality and responsible global and local citizenship; it aims to empower democracy and to create more just societies (Ainscow, 2005, 109; UNESCO, 2009, 8).

Inclusion sought to reduce exclusion and it focuses on the achievement for all students towards teaching and learning (Miles & Signal, 2010) (Armstrong Cheryl, 2010, 4). Finally, this kind of process is a "never-ending" search to find better ways of responding to diversity for all learners' needs, to maintain and improve quality, as well as to learn how to live with difference and learning how to learn from difference" (Ainscow, 2005, 119; OECD, 2003, 11). Hence, it can be described as the cornerstone for high quality education and the development of both truly inclusive and civilized societies (UNICEF, 2011, 4).

Under this logic, inclusion in education can be inextricably intertwined to the different approaches in relation to social integration, diversity, the increment mobility of labour-force mobility and the turmoil between global and local cultures (Armstrong & Cheryl, 2010, 4). The inclusive notion, includes all student's needs, whether they are emotional, educational, academic, with or without disabilities, irrespective of their culture and/or background.

In 1949 education was established as a “fundamental human right for every person” (UNESCO, 2011, 3). Later in 1989, United Nations (UN) in article 2 agreed on the Convention on the right of the child, which highlights the elimination of discrimination in children (UNESCO, 2003, 5). The World Declaration on Education for All in, Jomtien, Thailand comprised the advent of Inclusion for all students within ordinary schools in a universal level. (Unesco, 2009, 8; Forlin, et al., 2011, 50).

In 1994 at the World Conference on Special Needs Education: Access and Quality, held in Salamanca, Spain (Avramidis, 2007, 367). The overall conclusion was that schools should accommodate and serve all children regardless of disability, ethnicity, religion, language, gender, capabilities and culture (Miles, 2010, 7). In 2000, the Dakar framework for Action aimed to review the progress and establish primary school education for all boys and girls by 2015 (Peter, 2004, 5). As a result, inclusion raised moral values, and becomes part of a human rights agenda (Avramidis, 2000, 192).

The current study encompasses the notion as mention on the 25th goal, in the United Nations General Assembly, for the adoption of post-2015 development agenda. The goal seeks to provide access in education, irrespective of disabilities, educational or emotional needs, sex, age, race or ethnicity, migrants and indigenous, especially towards children that are constitute vulnerable groups (UN, 2015, 69).

The study focuses on teachers’ attitudes towards the inclusion of students, who exhibit behavioural and emotional problems, challenging and/or disruptive behaviour. This is because students with disruptive behaviours comprise a crucial and an integral part of students with learning difficulties and failures that tend to tantalize teachers and educators in general. Behavioural disorders can also reduce participation in developmentally activities both inside and outside the school, which influences the child’s social and cognitive development (Sayal, et al., 2015, 360).

According to previous studies, children and youth exhibiting social, emotional and behavioural problems, has been characterized as an indeed challenging groups of students that tend to experience a series of social and academic deficits and exposing a problematic behaviours accompanied by negative teaching attitudes (Macfarlane K. W., 2013, p. 46). (Sutherland & Wehby, 2001, 161). Students with such issues may often be at risk of social and school exclusion more than any other group with disabilities (Georgianna, et al., 2007, p. 33; Stoutjesdijk, et al., 2012, 92; Alevriadou & Pavlidou, 2014, 133), and they might often be questioned in terms of how positively they can function within society (Jolivette, et al., 2000, 3).

Teachers are those called to carry out policies or program regarding inclusive education. As a result their attitudes towards inclusion can be described as indeed critical when upon to the implementation and success of inclusive practices (Elshabrawy & Hassanein, 2015, 47; Avramidis & Norwich, 2002, 130; Shade & Stewart, 2001, 38). Thereby, teachers can be described as agents of change and development. Their mission is not narrowed only on a subject matter orientation, but they are often expected to foster justice, social, cultural and political growth. Being a teacher can be intertwined with social and moral responsibility, while the teacher should be aware of what is good for the individual and human kind. For these reasons, Inclusive implementation can be inextricably intertwined with teachers' attitudes and beliefs.

Member states of the European Union, have adopted in their agendas the implementation of inclusive education and a common schooling for all children since 2003. In addition, efforts to underpin children with SEN have been introduced at a European level by the Education and Training 2020 strategic framework (2009) and the May 2010 council on the social dimension of education and training. Both documents, underline the imperative for educational systems able to provide successful inclusion for all students. The above efforts were preceded by the UNESCO and the UN Convention on the Rights of people with disabilities. However, even if the notion of inclusion is on the top list of the po-

litical agenda, its progress in some member states stays fragmentary (Inclusive Education in Europe, 2013, 13; European Commission, 2013, 11).

According to the EC, (Communication European Disability Strategy 2010-2020), that took place in Brussels in November 2010, there are 80 million people in the EU, a sixth of them have a disability and they are often impeded from full social and economic inclusion (European Union, 2012, 7). Greece as a member state of the European Union follows the policies and tactics, as suggested from the European Union. In addition to that, the current crisis, the intense austerity, the growth of poverty and the mass cohorts of immigrants have an effect on society and the educational system as a whole.

Studies that aimed to explore teachers' attitudes towards inclusive education in Greece (IE), has been previously done. Such studies have provided vital information and source. Nevertheless, there is still fertile ground for further investigation towards inclusive education and in particular teachers' attitudes towards the inclusion of student with deviant and/or challenging behaviour (Poulou & Norwich, 2000, 569; Tsakiridou & Polyzopoulou, 2014, 216; Batsiou, et al.; 2008, 216; Zoniou-Sideri & Vlachou, 2006, 367; Coutsocostas & Alborz, 2010, 162).

The overall purpose of the study was to explore both primary and secondary teachers' attitudes towards inclusive education in general and their attitudes towards the inclusion of students' with behavioural and /or emotional problems within the typical classroom in Greece. The initial objective was to examine the factors that had an effect on teachers' attitudes both towards inclusive education and the inclusion towards students with disruptive behaviour. In addition to that, it was also aimed to discover, which type of disruptive behaviour was considered to be more challenging when upon to meet the needs of students with behavioural problems, as well as which element of support was also considered to be more significant regarding the inclusion of students with disruptive behaviour.

The outcomes of the study will provide up to date information. This information can then be used as an overview of the current situation in Greece regarding IE and towards that specific group of students. The study could also contribute to the improvement of competencies and practices within the mainstream school. Finally, the information can be used as a source for the competent authorities and the ministry of educational and religious affairs in Greece for the further development of inclusive policies.

## INCLUSIVE EDUCATION

### 1.1 The concept of Inclusive education

The concept of Inclusive Education encompasses the notion that all children and young people should have equivalent learning opportunities in all kind of schools. It is a life course approach, and it comprises a dynamic, which is capable to overcome discrimination and social exclusion in later life. It is a prerequisite and decisive to set the foundations for social justice and acceptance. In addition, the idea of inclusion revolves around those who are at risk of exclusion or marginalization, “barriers to learning and participation” while providing “resources to support and learning and participation” (Rotatori, 2011, 4).

Inclusive education consecrates on the improvement of educational systems in order to effectively serve all children. Educational and social exclusion tend to unfold into a serious issue among developed and developing countries. The new economic and social standards can lead to inequality “spatial segmentation and cultural fragmentation” (UNESCO, 2008, 10). This phenomenon keeps people out of social welfare systems, leading to live below the levels of dignity and equality. As a result from an inclusive perspective it is pivotal to reduce exclusion, respond and address diversity and meet all learners’ needs. Quality Education as stated in UNESCO is directly connected with inclusion as “Inclusion and quality are reciprocal”. The term quality in education contains crucial components, on the one hand the cognitive development of the learner and on the other hand the promotion of values and attitudes of responsible citizenship and/or creative emotional development.

The Salamanca framework in Spain, underlined the importance of including children with special educational needs into an inclusive school. It also highlighted the meaning of quality education, whereas quality education is



linked to the change and reformation of organizational arrangements, resources, teaching strategies, acceptance and curricula (Inclusion, 2009, 21; Miles & Signal, 2010, 7).

Regular schools with an inclusive orientation can build more propitious relationships of reciprocal respect, confront discrimination and create more democratic and inclusive societies, by setting long term objectives for harmonic co-existence. Besides, it is predicted that 2025 the number of people with disabilities will have risen from the current 600 million to 900 million worldwide, of which 650 million will be in developed countries (Peters, 2007, 106). Furthermore, according to The Millennium Development Goals Report in 2015, goal 2, which aimed to achieve primary education for every child by 2015, has reached 91 per cent in 2015, in comparison to 83 per cent in 2000. By 2030, goal 4 set by the UN aims to achieve both primary and secondary free education, inclusive and quality education, affordable vocational training, stifle disparities and promote access to higher quality education, so as to enhance sustainability, appreciation for cultural diversity, eliminate violence and provide global piece(United Nations, 2015, 14).

Inclusive Education can be the cause of educational debate or controversy, as there are advocates of the notion, but there are still questions when it comes to full inclusion, especially when referring to severe incidents. On the one hand school inclusion can be the precondition of democratic education (Bernstein, 1996; Knight 2000), however others may see inclusion as an inherently “troubled and troubling Educational and social system” (Allan, 2003; Florian, 2007, 229).

The future and focus on inclusive education should not only comply to the participation of students but rather on students who tend to experience marginalization due to “ethnic identity and ability level in educational systems fraught with inequitable structural and social conditions” (Artiles, 2007, 353). Therefore, in order to implement inclusive strategies it is essential to make changes and modifications, so as to include and educate all children. Finally,

the notion of inclusive education is intertwined with social equity and it is also compatible with the social model of disability. Through the social model (Anastasiou & Kauffman, 2013, 443), disability is seen as a social construct that can lead to oppression, exclusion and inequalities. IE and the social model aim to reduce such phenomena by investing both in inclusive schools and societies, enhancing flexibility, change and accessibility for all learners (Peters, 2007, 99).

To construct inclusive schools, it is inevitable that educational systems and school should undergo a number of changes. Such changes involve social, educational and financial efforts but they also need a common vision and agreement among patterns and stakeholders. System-wide development, multi-sectoral approaches as well as explicitly articulated principles should be addressed and identified. Thus, policy-makers and local communities would be able to promote collaboration and effectiveness.

A main concern regarding the implementation of inclusive education is the financial expenses. National budgets are often limited and the cost of education becomes a burden for the family. Early and sufficient intervention can be one solution; other cost-effective measures can be the creation of multi-grade, multi-age and multi-ability classrooms. Training –of –trainer models for professional development, peer teaching and linking students in pre-service teacher training with schools can all contribute to the limitation of the costs. Examples offered in OECD's Programme for International Student Assessment (PI-SA), indicated that high quality does not necessarily depend on high cost of education, as quality is rather related to the quality of teaching and to other factors for instance class size or classroom diversity. One of the top performing school systems, as mentioned in the analysis was the one that could use different ways and to take responsibility for educating and supporting all students. Another key point was early stage intervention, as early childhood is an indeed critical period for the acquisition of cognitive skills. Long term cost effectiveness is also key issue, as education can be inextricably intertwined with the learner's

adulthood and a higher level of education often translates into higher earning, better health, growth of professions and quality.

In a social level education plays a significant role in social participation, creating child welfare and social security systems, an inclusive society can be a more just and non-discriminate society for all. Thus, inclusion aims to change or transform the Education system, same as in the social model of disability. The basic source of difficulties in learning derives from the learners' ignored environmental influences. Flexible teaching, reorienting teacher education and curriculum, welcome diversity, parents' involvement, and early intervention are all key components for successful inclusive school environment and society. Policy-makers and governments should take into account that inclusion goes hand in hand a right-based approach to education. Under this approach the aim is to promote social cohesion, integration and stability investing on democracy and social progress. It can build respect for peace and non-violent conflict resolution, positive and social transformation, it leads to cost-effective sustainability and better outcomes for economic development (UNICEF, 2007, 12).

In addition to that, human-right based approach adopted a child-centred orientation, prepares children for life challenges and its goal is to help every child reach his or hers full potential. A holistic educational approach is another parameter incorporated to the inclusive spectrum, with emphasis on the board development of the student not only in terms of academic result and professional careers but also on awareness of the students' life and society (Patel, 2003, 5). Furthermore, the holistic view of students' assessment takes into account academic, behavioural, social and emotional aspects of learning.

To conclude, Inclusion requires a number of evolvments so as to be able to ensure, respect and protect the right to education for all children. To do that it is essential to take measure and make the analogous adaptations. Action should also be taken beyond national governments by involving various stakeholders at every level. These can be local authorities, school, parents, institutions and committees. Such efforts have a direct effect in society as they consti-

tute the predominance to development and creation of a civil society, enhancing the idea of community –based inclusive education (United Nations, 2011, 15). In addition individualized teaching method, developing inclusive curricula, mutual learning and teaching are all ways that can offer basic cognitive skills together with essential life skills. Investing in teacher training, school support, provision of specialists and the establishment of resources can assist inclusive policies. The whole idea encompasses a child-centred approach, with physical and personal integrity along with respect to participation (United Nations, 2012, 105).

## **1.2 Teachers' attitudes towards Inclusive education**

The goal of inclusive education is to abolish social exclusion; this can be seen as a consequence of teachers' attitudes in race, social class, ethnicity, religion, gender and ability (Ainscow, 2005, 109). Based on previous research attitudes can have an impact on somebody's actions, beliefs and ways of thinking. They are also vital, so as to comprehend human behaviour and thought, which in turn reinforces our emotions and beliefs (Gaad, 2004, 314). Overall, attitudes can be described as psychological tendencies that can lead to the evaluation of an object based on behavioural, effective and cognitive information (Savolainen, et al., 2012; Maio & Haddock, 2010, 4; Albarracin, et al., 2005, p. 4). All three components are interrelated and interactive with influencing the way a person perceives the world. Based on the above reason, as well as previous research it has been widely accepted that teachers' attitudes may comprise one of the most crucial variable regarding the effectiveness of inclusion (Cassady, 2011, 2; Hastings & Oakford, 2003, 87).

It seems beyond dispute that teachers maintain conflict opinions regarding inclusive education due to a plethora of reasons. A basic concern regarding inclusive education focuses on the nature and the severity of the learner's disabilities, for instance the level of the disability is a significant criterion of identifi-

cation for teachers to take into account when they are called to accommodate children with behavioural problems within the classroom (Ntinias, et al., 2006, 85; Hastings & Oakford, 2003, 88; Campell, Gilmore, & Cuskelly, 2003, 370; Avramidis, Bauliss, & Burden, 2000, 193). Case in point, negative attitudes towards inclusion can be due to the fact that teachers may not receive the appropriate instruction, resources both human and practical, support and education background (Hornby 2012, 59). In addition to teachers' professional background, students' educational and behavioural problems may also contribute to the formation of their attitudes. Self-efficacy and knowledge of inclusive practices has been found as a significant variable on the way teachers' actually teach students within the inclusive classroom (Sharma, et al., 2015, 98). Another study focused on the crucial role of classroom management, especially when students exhibit behavioural problems (Atici, 2007, 15). Classroom size, collaboration among teachers, appropriate infrastructure, resources and previous knowledge are all factors underlined as being significant regarding Inclusive education (Leatherman & Niemeyer, 2005, 34). Moreover, another variable is former interaction with people having disabilities, and quantity of teaching experience. School factors, can also play a significant role, for instance the age of the pupils and school classroom. (Hapstings 2003, 88). More research revealed that students with challenging behaviour may have a negative impact on high-quality instruction, as they tend to frequently disrupt the teaching process and impede learning, as teachers can be indeed concerned about students behaviours within the classroom (Poulou & Norwich, 2000, 560). Students that exhibit behavioural problems, has been characterized as problematic, accompanied by negative attitudes (Macfarlane & Woolfson, 2013, 47), often experiencing academic failure and social rejection (Wagner, et al., 2005, 79).

### **1.3 The Inclusion of students with emotional and/or behavioural problems**

The Inclusion of students with EBD may not follow the current trends of students with other disabilities or learning difficulties, as previous research has proven that “schools are more ready to accept children with learning or physical difficulties, rather than behaviour difficulties”, “Most can be accommodated, except EBD” (Evans, 2002, 8). In addition the inclusion of students with EBD into the mainstream classroom environment comprises a significant challenge to the schools and the educators that serve them (Shapiro, et al., 1999; Evans & Lunt, 2002; Wilkison Lee, 2005, 74). Inclusive Education should be regarded as the right of every child to have access to whether mainstream or not and that severity should be examined for the benefit of all children and teachers.

Correspondingly, teachers may see inclusion as being imposed upon them, while leading them to distance themselves from the needs of the children whom they perceive to be the source of the problem”, this may shape the conclusion that every child should be included in the mainstream setting, irrespective “of behaviour and irrespective of their effect on other pupils” (Gaynor, 2010, 633).

It is remarkable that the drop out ratio some years ago was at 54, 8% of students with EBD, in comparison to 31, 6 of students with learning disabilities and 24,4% and for the rest population (Heflin, 1999, 105). Furthermore, students who have been diagnosed as having EBD, are less likeable within the educational setting, which can cause frustration and stress to teachers, as it is connected with students that demonstrate social and academic problems (Cancio, 2013, 49). Kutash and Duchnowski (2004) in (Cassady, 2011, 9) argue that such students tend to delay in academic and cognitive functioning, also they are frequently rejected by their peers, and the inclusion setting may not cover the needs that are required, in order to deal with such cases. This view is also enhanced by other literature as advocates of EBD, occupy themselves with the fact that students with EBD will not be accepted, and they will not receive the nec-

essary specialized instruction (Heflin, et al 1994; Landrum and Kauffman, 1994; Price, 1994). However, “the Inclusion of students with EBD is labour intensive; it requires concentrated effort and generous levels of support for both teachers and students” (Heflin, 1999, 150). Moreover, it is worth mentioning that EBD students constitute a challenging group, experience school failure more than any other group with disabilities, in terms of life achievements there is no significant success. In addition, EBD students achieve low grades, face adjustment difficulties as adults, these phenomena can be due to a plethora of reasons such as, “social factors, family, school, psychological factors, bio psychological interactions, poverty, culture and society” (Hunter-Carsh, et al., 2006, 5) and unfortunately until late they cannot be diagnosed having EBD, for instance, students with EBD “are not typically identified at an early age, when their problems are most identified at an early age, when their problems are most amenable to treatment, but much later in their development, when problems are predictably severe and intractable” (Lanrdum, 2003, 149) and OFSTED notes that pupils with EBD and with social difficulties, were least likely (among the potential SEN population) to be in receipt of additional support, or the assistance is belated (Gaynor, 2010, 633). Often the momentousness of children with EBD is undervalued, especially in developing countries, children with that constitute severe or moderate cases may be acknowledged, but mild or hidden disabilities, but children with mild or hidden stay in side-line, this population represent a significant proportion of those children that drop out and do not complete primary education, “they have no obvious disability but may experience extreme difficulty with learning in one or more areas. Children with ‘hidden’ disabilities may include those with intellectual disabilities and mental health problems, but may also include children with unidentified disabilities such as hearing loss” (UNESCO, 2009, 5)

Most of the group of students with EBD is the least favourable in comparison to any other group of students with disabilities and they are often questioned in terms of how positively they can function within society (Jolivette,et al., 2000, p.

3). It is important to mention that students with EBD is at risk of drop out and exclusion (Maag & Katsiyiannis, 2006, 349) have reported that “72.9 % of youth with EBD have been suspended or expelled from school as compared to 32.7% for all students with disabilities and 22% for students in the general population”. All in all, emotional and behavioural disabilities influence every facet of the child’s development and life, while having an impact on school, family and community (Jeffrey, 2012, 2).

#### **1.4 Inclusive education in Greece**

Inclusive Education in Greece comprises a vital field within the Educational setting. Especially in contemporary Greece, where abrupt changes continuously occurring, having an impact on an economic and social level, which tends to tantalize the Greek society since 2004. The growth of unemployment, poverty and the phenomenon of immigration have intensively challenged the Educational system. Cultural diversity, educational access, appropriate educational infrastructure, and inclusion able are all issues included in curriculum and educational agendas. Based on the European legislation and directions, there is a serious attempt to offer the appropriate education to teachers and create inclusive classrooms. On the side, law reforms were decided to promote inclusion, but based on a series of implications; such efforts were not always fruitful facing a plethora of obstacles and needing further improving and education (Zoniou-Sideri & Vlachou, 2006, 379 ; Tsakiridou & Polyzopoulou, 2014, 216), although inclusion has a conspicuous place within the Greek educational policies regarding Special Education, does not necessarily gain an equally “prominent treatment in daily school practice” (Agaliotis & Kalyva, 2011, 544).

Initially, in 1981 it is the first time the Greek parliament introduces and votes a law for Special Education. With this law, it is the first time in Greek history that the government recognizes its duties towards people with disabilities



(Syriopoulou-Delli, 2010, 8) “Equal opportunities in education, social integration and preparation for the successful transfer from school to life”.

With the establishment of the (Law/1143/31/3/1981), special education becomes an official directorate within the Ministry of Education. Around 1984, special schools and special classes in typical schools are gradually formed. New professions are also created, such professions were special teachers, child psychologists, special counsellors as well as speech therapists. However, even if the intention of the Law was to introduce special education within the Greek school system and in society, it actually enforced segregation, as it created a dual educational reality, on the one hand the typical school and on the other hand the special school. In 1984, with the 1434/1984 Law the Greek government decides a decree, which adopted the United Nations rules in terms of “equal opportunities by all means”. In addition, the Greek government applies the European Union Legislation, which refers to education, medical care, provision and vocational rehabilitation for people with disabilities (Education E. A., 2015). One year later the 1566 Act and the establishment of the 1566/1985 Law on the “Structure and Operation of Primary and Secondary Education”, it the first time in Greece that attention and focuses gathers on the promotion of an inclusive system that recognizes special education or schooling as part of general education. More specifically

“Special Education is dealt with in an equivalent manner, as part of the educational system across all grades, without losing its own peculiarity”. (Bouzakis & Berdous, 2008, 97)

The Greek legislation regarding inclusive Education follows the European direction. In particular, in the act PL. 2008/3699 (Greek government Gazette) (Doulkeridou, et al., 2011, 1; Tsakiridou & Polyzopoulou, 2014, 208), it has been decided that the aim is to achieve a general school, which is going to include all children. Under this decision, each schools as well as educational network and psychological support “which is situated in public special education schools,

tend to facilitate and promote the inclusion of special education students' needs" (Tsakiridou & Polyzopoulou, 2014, 208).

The inclusion of students with EBD is part of the general laws and regulations that refer to special and inclusive education, as it has been previously described.

Nevertheless, Inclusive Education within the Greek context is a challenging matter and requires further rigorous and systematic research as it is "more urgent than ever" (Avramidis & Kalyva, 2007, 386; Doulkeridou, et al., 2011; Vlachou, 2004). Apart from the general notion towards inclusion, the main focus in the present study concentrates on EBD. Children with EBD often seem to be the least welcome from teachers in the classroom, and it has been suggested that research regarding EBD types and EBD prevalence, should be done in order to come up with more objective and generalized criteria, (Poulou & Norwich, 2000, 185; Poulou & Norwich, 2002, 130) (Bebetson, et al., , 2013, 244), according to a previous study almost 40% of the teachers found it difficult to deal with EBD students (Didaskalou & Millward, 2002, 114). Unfortunately, there is lack on actual prevalence of children with EBD in Greece, but relevant literature has contributed to provide some information regarding depression, poverty in children and challenging behaviour; however, the present study is going to offer a number of percentages of children with EBD for the school academic year 2014-2015. Based on online source and according to UNICEF, the percentage of children's poverty is about 23%, at the same time between 2008 and 2010 there was 40% rise of delinquency and criminality, a factor that can have a direct effect on displaying anxiety and/or depression. Research on depression has shown that 30% of students exhibit severe symptoms of depression (Poulou 2013). The prevalence of ADHD in Greece is 6% (Skountiet al., 2009, 128), finally, according to the European Monitoring Centre for drugs and drug addiction the prevalence of substance abuse shows that 7% of students between 15-16 years old have used cannabis.

Tracing back the time, Greece became a republic in 1974 and a member of the European Community (today European Union, EU) in 1981. The Educational system in Greece is centralized, with all levels of education falling under the responsibility of the Ministry of Education, Lifelong Learning and Religious affairs. In essence the Greek educational system can be characterized as “centralized and firmly controlled by the state” (Vlachou, 2006, 41; Avramidis & Kalyva, 2007, 371), as the Ministry of Education is in charge of formulating “educational policies, creating curricula, distributing textbooks, prescribing time tables, allocate resources, providing in-service training and school organization”, as a result Greek schools follow a common policy all over the country, and that can partially support that the result can offer generated generalized conclusions, as there is standard policies for all the Greek public schools.

The language of education is Modern Greek and education is compulsory for 9 years (from 6-15 years old). According to the Greek legal system free education for all constitutes a fundamental right.

“The provision of free education to all citizens at all levels of the state education system is a constitutional principle of the Greek state. Education is compulsory from the ages 6 to 15”

The Greek educational system consists of three levels, Primary, Secondary and Tertiary education. Primary education is divided in two parts the Pre-school education (Kindergarten or Nursery school) and to the compulsory primary education. Pre-school education is optional; children can attend nursery schools at the age of four and for two years. This is a preparatory stage that aims to help children integrate to the primary school system. Compulsory education is provided in primary schools (Dimotikon sholion) for children aged 6- to 12 years old. General secondary education is also divided in two parts. The first part is the (Gymnasio) for children from 12 to 15 years old and is also part of the compulsory education. The second part includes the general (Lykio), as well as the vocational school, both are optional, while the second provides technical professional education. Lukio and Vocational schools and lead to Ter-

tiary education, which is offered through Universities, or by higher technological educational institutes. Post graduate education is also provided in tertiary education.

Information according to the OECD have shown that, educational quality between students with the highest social and economic background in Greece score 99, when the average according to the OECD is 96, which leads to the conclusion that access to quality education is indeed low, in contrast to Finland where the score 73 constituting the lowest gap among the OECD countries, offering ore access to high quality education. In terms of cognitive skills at the age of 15 based on OECD 2011, Finland was on the highest position, where Greece was placed on above average position. Cognitive skills based on socio economics background Greece remained on a below average index, with Finland being on the top 4. Another key point the results in equity in education with Greece showing an improvement between the years 2003-2012. Class size in primary and lower secondary education is approximately for both countries and below the OECD average, with behavioural problems comprising a serious issue (OECD, 2011, p, 461).

According to Law 3699/2008, students with special needs are identified by centres of diagnosis and support “The Special Committee for Diagnosis and Assessment” and Medical-Pedagogical centres of other ministries that collaborate with the Ministry of National Education and Religious affairs. Students that require extra help can either attend special or mainstream schools, with the support of special staff. With the Law 2716/1999 Development and modernization of Psychological Health services, defines that the states has the responsibility for provision of services of psychological health aiming at “prevention, diagnosis, therapy, treatment as well as psycho-social rehabilitation and social reintegration of adults, children and youth (Syriopoulou- Deli, 2010, 12).

## 2 EMOTIONAL AND BEHAVIORAL DISORDERS

This chapter is going to refer to the description of students with disturbed behaviours and/or EBD. It will discuss the formation of the definition and it will also provide an overview of the symptoms and characteristics.

### 2.1 Emotional and Behavioural disorders general overview

The harmonious development of the child is an indeed vital process, with consequences both towards the individual and society. Child development encompasses cognitive, emotional and educational changes, affecting both the social environment and to the quality of the individuals' life. Specifically, child's development pertains to the biological and psychological changes, which take place in human beings from birth until the end of adolescence (Fielder & Kuester, 2010, vii).

The emotional skills children need to require are connected to their interaction among others and contribute to the smooth functioning. Possible deviance and/or shortcomings may lead to destruction and problems, in terms of their social, emotional and cognitive development (Tomuletiu & Popescu, 2014, 4). In addition, such problems may often lead to atypical behaviour in children. Atypical behaviour can be related to social factors, as they tend to violate to social norms of acceptability, and often depend on the context in which they occur.

In order to decide whether specific behaviours are deviant, challenging or it is a disorder, we should take into account the age, gender, the intensity and the persistence of the behaviour, the situation or context, such as school or home, as well as the sociocultural environment. Other criteria, is the severity, number of diversity of undesirable behaviour and the type of the behaviour (Empson, et al., 2004, 21; Cheng, 2012, 27).

In the current study focus will be given on students that can be described as exposing emotional disturbance (ED) behaviours. This group of students presents a series of challenges for the educators, with the worst outcomes among all students with disabilities. Example is poor academic achievement, high dropout rates, frequent suspension and risk for arrest (Gage, 2013, 127). Emotional disturbance can also lead to numerous and on-going difficulties that manifest the child and the adolescent, even in minor cases (Flynn, 2004, 2).

The group of children characterized as emotionally disturbed are also described as an indeed heterogeneous group within the disability. Heterogeneity appears since children with ED exhibit a complex mix of behaviour, emotional, educational, and/or medical/neurological difficulties and strengths (Reddy, 2001, 669). The term comprises an umbrella for some specific disorders, such as diagnostic disorders, attention-deficit/hyperactivity disorder, schizophrenia, bipolar disorder, major depressive disorder, obsessive-compulsive anxiety, and to deal with this, it actually requires a multisystemic approach based on coordination and collaboration (Marsh & Fristad, 2002, 3). Up to this point it would be useful to mention that both "Emotional Disturbance (ED) or children with Emotional and Behavioural Disorders (EBD) terms include the same characteristics and types, so both terms are acceptable (Algozzine & Ysseddyke, 2006). According to the federal legislation the terms that is currently used is "Emotionally disturbed (ED)", however in this study the terms that is going to be used is children with Emotional and Behavioural Disorders (EBD), as it has been chosen from the mental health and special education coalition (Kauffman & Landrum, 2009, 6).

EBD in children and youth comprise a group of students with serious social and academic perspective. They are often tough to teach, and their behaviours tend to violate expectation for what is accepted, for society, schools, parents and peers. One of the most serious challenges towards the education of these students is the magnitude of their behaviours and that fact that most of the cases are sophisticated with a number of negative symptoms. EBD students

face difficulties in learning, it is hard to develop and sustain balanced interpersonal relationships. It is also common that under normal circumstances, they might behave in an irrational and inappropriate way. Depression, unhappiness, fears, personal and school problems, physical symptoms, schizophrenic and social maladjusted issues are some of the problems these students experience and need to face.

The driving force for more attention and investigation was somehow established and in the Middle of the 20th century there was a considerable wave of interest, and around 1950s the first book referring to teaching techniques within the classroom was published and based on that the interest was further developed, as in 1964 the Council for Children with Behavioural Disorders was founded and contributed to the preparation of the personal, in order to work with children with emotional disturbance (Kauffman, 2013, 53). Furthermore during the 1970s there was a dramatic turning point with intense interest to teaching interventions and models, the “Re Education program that was widely accepted and appreciated until nowadays that such issues tend to arise” (Kauffman, 2013, 53) .

According to Preventing Mental Emotional and Behavioural Disorders Among young people, prevention should reflect on authorities as 14 to 20 per cent of young people experience disorders and 40 per cent of young people have had at least one psychiatric disorder by the time they are 16 and that was until 2005.(O’Connell, 2009, 35) .

Emotional and behavioural disorders term was adopted in 1980s by the National Mental Health and Special Education Coalition, then in 1987 effort was made to form a commonly acceptable term to enhance cooperation among professionals, as well as advocacy organizations, the term was chosen among others terms or labels to mean “that children or youth it refers may exhibit disorders of emotions or behaviour or both” (Kauffman, 2013, 24.) and the symptoms may be connected with the cultural environment of the child.

The current policy regarding Emotional and Behavioural Disorders, according to the Education for Persons with Special Education Needs (EPSEN) Act 2004 Government of Ireland suggests that “the education of people with Educational needs will take place, wherever possible, in an inclusive environment with those that do not have such needs, unless this is not in the interests of the children themselves or in inconsistent with the effective provision of Education to other children.” (NCSE, 2012, 3). The goal is to achieve early intervention, Educational support in schools and classes to provide programs for children with challenging behaviour, to invest on professional development for teachers and to include health support. Despite the fact that students identified as having Emotional and Behavioural Disorders does not overcome 1% of the school aged population for almost 30 years, however the reality may differ a lot, as it is estimated that at least” 12% per cent of the school aged population probably has mental health disorders that may warrant special education services”. On the side , the number of children with Emotional and Behavioural Disorders is still rising, it has be previously estimated that 10% to 20% of pupils in the UK and USA, exhibit such difficulties or disorders, (Hunter-Carsh, et al., 1) also Kauffman supports that 3% to 10% of children have emotional or behavioural problems that are sufficiently serious and persistent to warrant intervention and that the cause for these disorders may have it origin in both environmental and biological factors (Farley, 2012 ,37).

## **2.2 EBD types and characteristics**

The definition of Emotional and Behavioural Disorders encompasses a plethora of symptoms that are directly connected with academic and social failure which can lead to challenging behaviours, peer rejections, drop out, emotional disturbance and in overall problematic behaviours that can be intertwined with cultural background and social norms, (Kauffman, 2013, 14; Wilkison, 2005, 73; Ngyen, et al, 2008, 226; Wehby, et al., 2003, 197) It is accept-



ed that the social, biological and economic conditions and generally the environment that someone is brought up or lives in can have a great effect on his or hers mental and psychological development. Emotional and behavioural disorders can occur simultaneously or irrespectively, can be connected with cultural and ethnic differences, and contribute to the general recognition of problems exhibited in and out of school, while avoiding arbitrary exclusion (Kavale, 2004, 48).

In essence, EBD are anchored with all the emotional, behavioural, or psychiatric disorders “listed in the psychiatric diagnostic manual that can affect children or adolescents” (Forness, et al., 2001, 4). Hence, those disorders can be defiant or conduct disorder, attention-deficit/hyperactivity disorder (ADHD), depression mood, or anxiety disorders and schizophrenic and psychotic disorders.

Individuals that are in distress of EBD will exhibit symptoms divided into two categories, externalized and/or internalized patterns that often pose substantial challenges to teachers, parents and peers (Lynne, et al., 2010, 100) . Symptoms of the first group have a direct impact on the instructional process and are indeed recognizable; symptoms of the second group are less recognizable with problematic reverberation. The student exhibiting EBD, may meet a series of symptoms that can affect his or her learning and living within the school community. Such students often face difficulties in learning, are unable to build or maintain satisfactory interpersonal relationships both with teachers and peers, have behavioural problems under normal circumstances, may seem depressed or unhappy, violate social or cultural expectations and there is tendency to develop also physical symptoms.

Emotional and Behavioural difficulties include also schizophrenia (Rutherford, 2004, 42). In a more restricted approach of the definition on EBD it would be suggested that it refers to “special education for children with a range of emotional or behavioural disorders” (Rutherford, 2004, 235).

Academically, students with EBD can experience a series of serious repercussions inextricably intertwined with markedly challenges, while they are at school and during adulthood. Absenteeism, low levels of task engagement, lack of academic skills, adaptation issues, lack content knowledge peer rejection and drop out are some of the possible phenomena that pupils with EBD may have to experience (Stoutjesdijk et al., 2002, p. 92; McDaniel et al., 2014) The dropout rate of students with EBD ranges, from 43% to 61%, of students with disabilities. (Kelly & Shorgen, 2014). Prevalence of EBD in children and youth may range from 2% to 20% of the school age population, and it indeed significant that only 1% of pupils receive the analogous support (Lane et al., 2010, 100).

### **2.3 ADHD, Conduct disorders, delinquency (substance abuse and early sexual activity**

ADHD can be described as a collection of symptoms, such as inattention, impulsivity and hyperactivity. ADHD is often causing difficulties in children, resulting in academic and social impairment within the school setting (Hammerness, 2009, 2; Bussin et al., 2003, 131) (Barkley, 2013, p. 161) (Hart, 2011, 54). A child with ADHD may find it difficult to follow the teachers or to sustain attention. Careless mistakes, poor organizational skills are also issues that the child with ADHD may face. Low academic achievement is often based on intellectual activity. Children with ADHD perform low in reading, writing and math. The symptoms of ADHD start to appear in an early stage in the child's life and it can affect the child's social skills (Gureasko-Moore, 2005, 160). ADHD is a common childhood disorder with a worldwide prevalence of 5 to 8% (Caroos, Loya, & Hinshaw, 2013, p. 232) (Russell, 2012, 2; Aguiar, 2014, 693).

Conduct disorders (CD) can be divided in two categories this of overt aggression and this of covert (antisocial behaviour). Children with CD may find it strenuous to follow the rules and they can often face problems with the law (legal crimes). Examples can be aggressive acts, vandalism, fire setting, theft,

breaking houses, truancy for school and home, violence towards other people or animals, use of weapons, forced sex, bullying and lying (Flick, 2011, 54; Maughan, 2000, 469) (Fairchild, Passamonti, Hurford, & Hagan, 2011, p. 624). CD may be responsible for adult criminality, as well as mental and physical problems during adulthood" (Nelson, 2006, 1). Prevalence of CD in youth may vary between 3-7 % (Friedman, 2001, 132). CD may appear in childhood and diagnosis can be made around the age of ten years old. The criteria can be complex when it comes to the final diagnosis because there are behaviours that overlap (Hagell 2002, Shamsie, Hamilton and Sykes 1996; Liabo, 2007, 15).

Delinquency and CD can be interrelated as both involve crime and illegal acts. Delinquency is "an antisocial misdeed in violation of the law by a minor". Delinquency also encompasses substance abuse and early sexual activity. Substance abuse refers to drugs but also to alcohol and tobacco, as they are all part of psychoactive substances. Early sexual activity is connected with teen parenthood and the risk of sexual transmitted diseases. Family, cultural factors, sexual abuse of other individuals can trigger sexual activity. Some sexually active teenagers seek a sense of belonging, emotional closeness or importance that they are unable to achieve in other ways.

### **2.3.1 Aetiology**

Some of the aetiology may lean on neurological or generic factors, always interrelated to other reasons, such as social environmental causes, school and family. Generally, family comprises one of the most prevailing factors. The psychopathology of the parents, marital conflict, poverty, social economic status, and psychological background of the family, living conditions, school environment, emotional recourses (Nelson, 2006, 5) are all key issues that should be taken into account. Usually, children at the risk of any emotional and behavioural disorder may be influenced by environmental as well as personality traits, as for a disorder to appear it is the result of a synthesis of circumstances and conditions.

### **2.3.2 Prevention**

Early intervention can have positive results, in particular, children with ADHD, should receive support from a very young age. Enhancing the child's self-esteem, is a crucial point for his or her development, as those children may tend to fall into a circle of failures both academically and socially. The therapy and the diagnosis should be a result of professionals, such as psychologists or psychiatrists, medication may also be suggested. Therapists may tend to refer to "psychodynamic, cognitive-behavioural models and/or family therapies (Nelson, 2006, 299). Children with CD may have lower intelligence and academic achievement, with deficits in reading, in participating and dropping out. They may experience rejection from teachers and peers, due to their negative behaviour and/or interpersonal and inadequacy in problem solving skills. To diagnose a child as having CD and/or delinquency needs to meet at least a three of the 15 symptoms within the past 12 months, with at least one symptom evident within the past 6 months.

## **2.4 Internalized disorders include depression, anxiety, phobias as well as schizophrenia and other related disorders**

The anxious child can undergo a series of symptoms, such as abdominal pain, dry mouth, feeling faint, frequent emptying of the bowels, rapid heartbeat, and sweating, tense muscles, withdrawal from school and worries about school work. The child may constantly worry about his or her performance, accompanied by low self-esteem. (Csoti, 2003, 40). Obsessive-compulsive, posttraumatic stress and phobias also fall into the same categorization (Kauffman, 2009, 359; Muris, 2007, 3). Children diagnosed with anxiety may vary between 10% to 20% per cent (Kendall, 2010). Other, research reveals that the lowest estimation can be 3% to the highest upward to 30%. (Lebowitz, 2013, 3).

Children with depression often experience negative feelings, school failure, risk of consuming drugs and alcohol may be socially isolated, while undergoing through repeated depressive symptoms and anxiety. Negative emotions or the feeling of being sad or melancholic can develop to depression. Loss of interest on previous enjoyable activities, inability to feel pleasure, to concentrate, to learn and to think can lead to guilt and personal blame for things. Children may sometime be unable to clarify their feelings and explain them, but instead it is likely that they will be “irritable, scratchy and generally fed up with those around them” (Gillian, 2011, 5). To be diagnosed with depression the symptoms must insist and occupy the child without being able to be lifted.

Children on the risk of suicidal behaviour may refer to negative emotions and although the signs of such behaviour are not always recognizable. “changes in behaviour, academic, social or disciplinary problems, family or home problems such divorce, child abuse, running away from home, also failure in peer relationships, peer rejection, romantic rejection, social isolation, substance abuse, health problems, talk of not being in the future, giving away possessions, refer to suicide, situational crisis such as death of family member, close friends, pregnancy, legal arrest, loss of employment of self or family member” (Kauffman, 2009, 385). Even though there is not much evidence on the percentage of Major depression in children and youth, it could be supported that the percentage ranges between 1% to 5% per cent. More research has proven that the prevalence of depression ranges to 1% to 2% and it can be connected with significant dysfunction in a plethora of social domain, but it can then reach 15% to 25% by the end of adolescence. (Naylor, 2009, 405).

The term “childhood schizophrenia” is used to refer to children under the age of 15 that have been diagnosed with the disease and the diagnostic process follows the same procedure as in adulthood (Lieberman, 2012, 37). To evaluate a child with schizophrenia such as “age, consistency of symptoms, other medical and/or psychological conditions accounting for strange behaviour, prior immediate experience (e.g. exposure to alien creatures and monsters in a movie)

and their own creative imaginations. The diagnosis should be based on the symptoms that are related to schizophrenia and their resistance for a quite long amount of time.

#### **2.4.1 Aetiology**

The factors that may be responsible for the development of anxiety can depend on biological factors as “the symptoms of anxiety originate in the brain”. (Ghinassi, 2010, 67). Other factors can derive from the environment and family, as well as psychological factors that emerge from family genetic background, relationship with the mother the child’s entourage and social learning. The exact inflict of depression may not have been clearly identified but it can be described as endogenous that derive from unknown genetic, biochemical or biological factors. Child abuse, parental psychotherapy, family conflict, disorganization and adult religiosity are also related with child’s depression.

Schizophrenia in children is not a common phenomenon and becomes more obvious during puberty. The factors that contribute to the development of schizophrenia may lean on genetic and biological factors. Family environment, birth conditions, social and economic conditions, parental marital relationships are all determinants (Tsuang, 2011, 50).

#### **2.4.2 Prevention**

When it comes to the support of children with anxiety modelling, desensitization and self-control training are very effective Intervention in such case should be based on information and awareness, as well as support, within the school environment.

School can play a significant role on the prevention of both depression and suicidal behaviours by offering curricula that familiarize students’ with normal physical and social development.

Prevention of such cases can be accompanied by assessing genetic and biological factors, while avoiding behaviours that can enhance such symptoms.

The educational intervention may function in accordance to pharmacological treatment and the analogous social support. Psychotherapy, group/family therapies and the appropriate educational background of the teachers can be very effective techniques, while having positive results in the both the school and in class environment and finally, it can contribute to the restoration and reintegration of those children (Walter, 2001). Medication can also help always in accordance to relevant support. Generally, the diagnosis should be done by specialists, such the psychiatrist or the psychologists.

### 3 RESEARCH QUESTIONS

The aim of the study was to quantify the attitudes of Greek teachers in the mainstream schools towards inclusive education in general but mainly towards the inclusion of students with emotional and behavioural disorders. Additionally, what was included was the association between the attitudes towards inclusion and the attitudes towards emotional and behavioural disorders respectively. While aiming to detect which type of emotional and behavioural is considered to be more challenging and the elements important in meeting the needs of students with such emotional or behavioural challenges.

The research questions of the study were formulated in accordance to the objectives of the study.

1. What kind of profile of attitudes do teachers have towards inclusive education?
2. What kind of attitudes teachers have towards the inclusion of students with EBD?
3. Which type of disturbed behaviour or EBD is considered as more challenging in teaching?
4. Which element of support teachers need in order to meeting the needs of students with EBD?



## 4 METHODOLOGY

### 4.1 PARTICIPANTS

The study was carried out in public mainstream schools in Greece. The participants in this study were general education teachers of both lower primary grades 1-6 and upper primary 1-3 in Greece. The choice of the schools and the population were certain based on the objective of the study and desire to examine teachers' attitudes from secondary and primary teachers, in urban and rural areas. The vast majority of the data was collected from districts in the mainland and one island. The areas that the study was conducted were in North East (Thessaloniki), North West (Kastoria), Central (Kamena Vurla), and the region on Attica, from November 2014 until January 2015. Athens is located in central Greece and it comprises a metropolitan district with social diversity and multiculturalism, data was collected in Athens too.

TABLE 1 School information and participation

<b>Schools</b>	<b>N of schools</b>	<b>N of teachers</b>	<b>N of partici- pants</b>	<b>% rate partici- pation</b>
<b>Primary</b>	22	262	152	58%
<b>Secondary</b>	18	376	148	39%
<b>Total</b>	40	638	300	100%

The participation was based on a volunteer approach and the schools were approached based on personal contacts.

Primary school in Greece is the so called "Dimotikon sxoleion" which is part of the compulsory education, as all students have to attend the school at the age of 6-12 years old and the period of study lasts six years. At the same

time data was collected from schools of secondary Education, the so called “Gymnasium”, which, is also part of the compulsory Education in Greece. Students, attend school at the age of 12-15 years old.

The majority of the participants were 210 females 70% and 70 males 30%. Most of the teachers have completed tertiary education 235 comprising the (78 %), where teachers holding a Masters’ or PhD were 64 comprised the (21, 3%). There were primary (45 %) and secondary (49 %) school teachers. In terms of current post, there were 129 primary school teachers, 161 subject teachers and 10 special education teachers.

Teachers’ working experience ranged from 1 to 36 years, with a mean of 17 years, and standard deviation, 8.6 (see Table 2).

TABLE 2 Teachers’ working experience

<b>N of years of working experience</b>	<b>N</b>	<b>%</b>
<b>Group 1, 0-10 years</b>	89	30%
<b>Group 2, 11-20 years</b>	97	33%
<b>Group 3, 21-30 years</b>	97	33%
<b>Group 4, 31-40 years</b>	13	4,4%
<b>Total</b>	296	98%

Regarding teachers’ previous training and experience with SEN and EDB respectively, teachers were asked to choose the right answer from Likert-scale questions. Where 1=not at all, 2= a little, 3=much, 4=very much. Teachers’ previous training with SEN (special educational needs) had a mean of 1.55 and SD .792, with almost 90 % having none or little experience. Teachers’ previous experience with SEN had a mean of 1.89 and SD .773, similarly 80% had none or little experience. For teachers’ previous training with EBD students the mean was 1.56 and SD 1.776, where 90% had none or little experience. For EBD experience the mean was 1.95 and SD .719, with 80% of the teachers’ having none or

little experience. The mean for students exhibiting EBD symptoms during the school year 2014-2015 had a mean of 14.94 and SD 15.179.

## 4.2 Measurement

The instrument to collect the data consisted of five parts. In the first part, there were the demographic data that aimed to gather information such as gender, degree, level, working experience and teachers' current school post. Part two was adopted by SACIE aiming to measure teachers' attitudes, sentiments and concerns about inclusive education. The SACIE scale consists of statements by using a Likert-type. (Forlin, et al., 2011, 51) (Savolainen, et al., 2012, 57).

It consisted of 14 items referring to the inclusion of children with SEN within the mainstream classroom in general. The items were constructed according to the Likert-scale format, with a four possible choices; 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree. (See appendix I, table 1).

The third part 23 items/items number 15-37 aimed to examine teachers' attitudes towards inclusion of students with EBD (Zimmerman, 2006, 20) a four point Likert scale. (See appendix II, table 2).

The fourth and fifth parts of the questionnaire aimed to evaluate what types of disruptive behaviour considered to be challenging, and the elements of support that they considered being more significant in order to meet the needs of students with EBD. (See appendix III, the questionnaire). Table 3 represents a more detailed description of the instrument format.

TABLE 3 Description of the instrument, source and design

Items	Purpose	Source
1-14	SACIE(sentiments, attitudes and concerns towards EBD	Savolainen H, 2011
15-37	Attitudes towards EBD	Zimmermam N, 2006
38-43	EBD disorders and types	Emotional and behavioural disorders based on Kauffman (2013)
45-52	Elements of support for the needs of emotional and behavioural disorders	Designed by the researcher

The questionnaire was translated in Greek, the translation was made by the researcher, and it was proof-read by authorized language experts. Permission was provided by the principles of each school after handing a letter (Appendix) of authorization. The Greek research assistant sent or personally delivered the questionnaires into the school principals. Some of the questionnaires were immediately completed during the assistant's visit, while some others returned by post to the research assistant.

### 4.3 Validity and Reliability

In quantitative research focus will be given on the formation of good survey items. To achieve this, the items that will be included in the questionnaire must have "validity" and "reliability" (Lapan, 2009). The validity was based on theory and on previous assessments by accommodating previous research instruments. The reliability means, the measurement should be characterized by stability, similarity with former instruments, correlation with previous results,

and by the degree to which the given measurement stays the same if given repeatedly (Golafshani, 2003, p. 598).

TABLE 4 Internal consistency of the questionnaire, Cronbach's alpha

Questionnaire parts	Items	Content	Cronbach's $\alpha$
Part 2	1-14	SACIE	.691
Part 3	15-37	Attitudes towards the inclusion of students with EBD	.804
Part 4	38-43	EBD disorders types	.766
Part 5	45-52	Elements of support	.883

The instrument seemed to be internally consistent tool to collect data, hence all the Cronbach's  $\alpha$  has been above .60, and the data can be considered as reliable in the analysis. (See appendix I, table 3 and appendix II, tables 3).

#### 4.4 Data Analysis

The data analysis was conducted using SPSS v.20. Teachers' attitudes towards inclusive education were measured based on SACIE. The factor analysis gave three factors "attitudes, sentiments and concerns" similarly to previous studies (Forlin, et al., 2011) (Savolainen, et al., 2012). The factor "attitudes" was not statistically reliable with a Cronbach's  $\alpha$  .558 below .60. For that reason, concerns, sentiments and the whole SACIE scale was used for the analysis purposes. During the factor analysis, items (1- (I am concerned that students with disabilities will not be accepted by the rest of the class), 3 (I dread the thought that I could eventually end up with a disability) were removed due to low communalities and 9 (I would feel terrible if I had a disability) same as in Savolainen, & al. (2012), the scale was good and it was accepted (in Greece alpha  $\alpha$

= 0, 69; and in Finland alpha  $\alpha = 0, 88$ ). In addition items (2, 4, 8, 14) were reversed. The data was analysed both with non-parametric tests and parametric tests, as in some cases the data was not normally distributed, as assessed by Kolomogorov-Smirnov test for normality. Nevertheless, there were no differences, so the data analysis was smoothly completed using Independent Samples t-test and ANOVA. (See appendix I, table 2 and appendix II, table 1)

The third part of the questionnaire aimed to measure teachers' attitudes towards the inclusion of students with EBD, some of the questions were adopted by Zimmerman while some others were constructed by the researcher. The first step was to run a reliability analysis test (Cronbach' s  $\alpha$ ). The second step was to reverse items (15, 16, 23, 25, 26, 27, 28, and 29). The items that were removed due to low communalities in factor analyses were, item (16-(Having students with EBD in my classroom requires too much extra planning), (17-(Students with EBD should be graded the same as their peers), (27- (Students with EBD tend to be out of school with no reason), (28- (Other classmates socially reject students with EBD), (34-(I believe that children with EBD can have equal future academic opportunities as typically developed students), (26-(Students with EBD often produce late or incomplete assignments) and (30-(I have adequate quality of training in EBD). The Cronbach' s  $\alpha = 0.80$  for the rest of the items was good. The factor analysis revealed four dimensions, (EBD in the classroom, school support, example for peers, and development of self-esteem) which were used as sum variables in the analyses. During the analysis both parametric and non-parametric tests were run, but there were no differences as a result and Independent T-test and ANOVA tests were used to further analyse the data.

The fourth part (Items, 38-43) aimed to measure and/or evaluate the EBD type that was considered as more challenging and were statistically analysed by measuring the frequencies. In the same way the fifth part of the instrument, the elements of support that are essential in meeting the needs of students with EBD (items 45-52), was also analysed with frequencies., Finally, in order to detect the associations between the relationships among the factors both towards

inclusive education in general and towards the inclusion of students with EBD, a Pearson correlation analysis was used, see Appendix.

TABLE 5 Statistical Analyses for each part of the instrument

<b>Research Question</b>	<b>Analysis</b>	<b>Purpose</b>
<b>RQ1</b>	Factor analysis, Independent samples T-test, One-way ANOVA, Effect size	Analysis of attitudes towards IE
<b>RQ2</b>	Factor analysis, Independent samples T-test, One-way ANOVA, Effect size	Analysis of attitudes towards the Inclusion of students with EBD
<b>RQ3</b>	Frequencies	Comparing different EBD types
<b>RQ4</b>	Frequencies	Find the most important elements of support

## 4.5 Ethical Considerations

The number of the schools was selected in order to collect the adequate responses, so as to be able to shape spherical and generalized results. The completion of the questionnaire was a voluntary process with no coercion, the participants were well informed by letter, there was no vagueness when explaining the process and were fully aware of what they were asked to do, as it was based on free will of the teachers to decide whether they wished to participate or not. The process was anonymous, as no teacher's names or school names would be revealed in any case.

## 5 RESULTS

### 5.1 Teachers' attitudes towards inclusive education SACIE

Generally based on descriptive statistics, the histogram analysis showed that both primary and secondary teachers' concerns showed that teachers were sceptical. Similarly, their sentiments and SACIE were neutral to slightly positive towards inclusive education.

TABLE 6 Descriptive Statistics

<b>Variable</b>	<b>N</b>	<b>Mean</b>	<b>St. deviation</b>
<b>Concerns</b>	288	13.07	2.37
<b>Sentiments</b>	300	3.56	1.12
<b>Attitudes</b>	277	26.30	3.87

Independent T-tests were repeated to measure differences in teachers' concerns, sentiments and the SACIE scale towards inclusion. There were no statistically significant differences between groups of gender (male and female), groups with different years of work experience, and degree whether the responders hold a BA degree or a post graduate degree.

Statistically significant differences were pointed out between primary and secondary teachers. Secondary teachers' were more concerned than primary teachers. The effect size of the difference was of a small size (Cohen's  $d=0.27$ ).



TABLE 7 Independent samples T-test for different groups of level

Factor	Level	N	Mean	St. Dev	t	df	sig
<b>SACIE</b>	Primary	121	26.12	1.06	-1.103	255	.271
	Secondary	136	26.65	1.18			
<b>Concerns</b>	Primary	128	13.44	2.13	2.271	266	.024
	Secondary	140	12.79	2.53			
<b>Sentiments</b>	Primary	134	3.47	1.06	-1.310	277	.191
	Secondary	145	3.65	1.18			

Regarding teachers' current position, teachers were divided into three groups (primary teachers, subject teachers and special education teachers). The ANOVA test showed that there were no statistically significant differences in teachers' sentiments, but there were differences in their concerns and in the whole SACIE scale. A further Post-Hoc analysis revealed that special education teachers were less concerned than subject and primary teachers. A large size effect, Cohen's ( $d=1.39$ ) and ( $d=1.01$ ) respectively. It also showed that subject teachers were less concerned than primary teachers but there were no statistically significant difference.

In the SACIE instrument, which was measuring teachers' attitudes, sentiments and concerns, subject teachers were more reluctant towards inclusion, followed by primary and at last by special education teachers. The Post-Hoc analysis revealed statistically significant differences between primary and SEN teachers, a large size effect, Cohen's ( $d=1.19$ ) and between subject and SEN teachers, a large size effect, Cohen's ( $d=1.28$ ).

TABLE 8 Concerns, sentiments and SACIE according to teacher category

Factor	Category	N	Mean	St. Dev	df	F	sig
<b>Concerns</b>	Primary	123	13.47	2.12	2	9.258	.000
	Subject	155	12.94	2.42			
	SEN	10	10.30	2.75			
<b>SACIE</b>	Primary	115	26.06	3.46	2	7.514	.001
	Subject	152	26.76	4.03			
	SEN	10	22.10	3.17			
<b>Sentiments</b>	Primary	129	3.48	1.06	2	2.853	.104
	Subject	161	3.66	1.17			
	SEN	10	3.00	0.94			

Finally, the effect of work experience on the concerns, sentiments and the SACIE was studied using one-way ANOVA, but it revealed no statistically significant differences between teachers with longer or shorter working history.

## 5.2 Teachers' attitudes towards the inclusion of students with EBD

Based on the descriptive statistics analysis, teachers were positive in including students with EBD in their classroom. Teachers' stance regarding students' self-esteem within the inclusive classroom was also positive. Example for peers was neutral to positive. They also believed that there was not adequate school support.

TABLE 9 Descriptive statistics for attitudes towards students with EBD

<b>Variables</b>	<b>N</b>	<b>Mean</b>	<b>St. deviation</b>
<b>EBD in the classroom</b>	283	20.79	3.30
<b>Development of self-esteem</b>	298	6.30	1.02
<b>School support</b>	294	5.37	1.68
<b>Example for peers</b>	294	8.75	1.61

Repeated Independent t-tests were conducted to examine the differences for all the variables. There were no statistically significant differences between groups of teachers with a BA (Bachelors' degree) and teachers with PG (Post graduate education, Masters or PhD).

Female teachers appeared to believe that students with EBD do not comprise a bad example for the rest of the classroom or have a negative impact more than the male teachers, a small size effect, Cohen's ( $d=0.24$ ). However, the sample was biased in favour of females, as they were many more than males. None of the rest variables were statistically significantly different with gender.

TABLE 10 Independent T-test for different gender groups

<b>Factor</b>	<b>Gender</b>	<b>N</b>	<b>Mean</b>	<b>St. Dev</b>	<b>t</b>	<b>df</b>	<b>sig</b>
<b>Example for peers</b>	Female	207	8.87	1.52	1.990	292	.048
	Male	87	8.47	1.77			

Statistically significantly differences appeared between primary and secondary teachers, when upon to include students with EBD in their classroom. Primary teachers were more positive than secondary teachers, a small size effect, Cohen's ( $d=0.33$ ).

TABLE 11 Independent T-test for different groups of level

Factor	Level	N	Mean	St. Dev	t	df	sig
<b>EBD in the classroom</b>	Primary	127	21.35	3.25	2.738	261	.007
	Secondary	136	20.25	3.23			

A one-way ANOVA was computed for different groups of current school position. There were no statistically significant differences for example for peers, school support and development of self-esteem. Important statistical differences appeared among the groups in relation to EBD in the classroom. The Post-Hoc analysis showed that, special education teachers considered themselves more ready to deal with students with EBD, followed by primary teachers, a small size effect, Cohen's  $d=-0.87$  and subject teachers, a large size effect, Cohen's  $d=-1.17$ . Primary teachers were also more positive than subject teachers, a small size effect, Cohen's  $d=0.31$ .

In terms of school support there were statistically significant differences. Special education teachers believed that there is not adequate support, followed by subject and primary teachers. The Post-Hoc analysis revealed that there were significant differences between the groups.

TABLE 12 One-way ANOVA for groups with different school position

Factor	Current position	N	Mean	Std	df	f	sig
<b>EBD in the classroom</b>	Primary	121	21.23	3.23	2	9.166	.000
	SEN	10	20.22	3.18			
	Subject	152	24.20	3.55			
<b>School support</b>	Primary	125	5.53	1.74	2	3.166	.044
	SEN	10	5.18	1.62			
	Subject	159	6.30	1.25			

Finally, for the groups of different work experience it appeared that teachers with fewer years seemed to believe that students with EBD have a positive impact in the learning environment of their classroom. The Post-Hoc analysis showed that teachers in group 1 (0-10 years) were more positive than teachers in group 4 (31-40 years), a large size effect, Cohen's  $d=1.02$ , similarly teachers in group 2(11-20 years) were more positive than teachers in group 4(31-40 years), a medium size effect, Cohen's  $d=0.92$ .

TABLE 13 One-way ANOVA, for groups with different years of work experience

Factor	Years of Work experience	N	Mean	Std	df	f	sig
<b>Example for peers</b>	0-10 (gr1)	88	9.00	1.65	3	3.511	.016
	11-20 (gr2)	94	8.81	1.54			
	21-30 (gr3)	95	8.61	1.66			
	31-40 (gr4)	13	7.53	1.19			

### 5.3 Types of disturbed behaviour or EBD to be considered as more challenging in teaching

Teachers were asked which type of disturbed behaviour or EBD type was considered to be more challenging during the teaching process. Schizophrenia appeared to be considered as the most challenging followed by depression. The above table shows all the types, starting with the most challenging, based on the teachers' answers.

TABLE 14 Types of Emotional and Behavioural Disorders

Type of EBD	Item	Mean	St. Deviation
Schizophrenia	S43	3.59	.706
Depression	S42	3.43	.758
Delinquency	S40	3.11	.772
Conduct disorder	S39	2.81	.692
ADHD	S38	2.73	.705
Anxiety	S41	2.63	.690

#### 5.4 Elements of support needed to teach students with EBD

Teachers were also asked to evaluate the elements of support that are crucial to meet the needs of students with EBD, when called upon to include them in their classroom. The above table shows, which elements of support teachers' considered to be most important, beginning with the most popular and finishing with the less popular, according to their answers.

TABLE 15 Elements of support to meet the needs of students with EBD

Element of support	Item	Mean	St. deviation
Collaboration with parents	S49	3.57	.669
School psychologist	S47	3.49	.929
School atmosphere	S50	3.40	.700
Collaboration with col-leagues	S45	3.38	.657
School principal	S48	3.26	.749
Classroom size	S52	3.23	.788
School material	S51	3.17	.802
School counsellor	S46	3.10	.839

## 5.5 Summary of the results

There were four research questions. The first research question aimed to gather information about teachers' attitudes towards inclusion, in general. Teachers were neutral when upon to interact with people having a disability, and neutral to positive towards the inclusion of students with disabilities. Differences were detected on level and current position. In particular, secondary teachers were more concerned than primary teachers. Special education teachers were less concerned when upon to include students with SEN in their classroom. They were firstly followed by subject and then by primary teachers. Special education teachers and primary teachers had more positive attitudes than subject teachers.

The second research question aimed to measure teachers' attitudes towards the inclusion of students with EBD. Generally, teachers were neutral and in some cases positive, only in school support teachers were clearly negative. The statistical analysis revealed differences for level, current school position, gender and work experience, but not for degree. Female teachers believed that students with EBD could comprise a positive paradigm for the rest of the classroom more than males. Primary teachers were more positive towards the inclusion of students with EBD than secondary teachers. Special education teachers and primary teachers believed that they better prepared to deal with EBD students. Regarding school support SEN teachers believed that there is not adequate support. The same believed all teachers. At last, teachers with fewer years of work experience tended to be more positive than their colleagues.

In the third research question teachers were asked to evaluate the EBD type that they believed is more challenging during the teaching process. Schizophrenia scored higher followed from depression, delinquency, CD, ADHD and anxiety.

In the fourth research question teachers were called to also evaluate the element of support that is considered to be more challenging in meeting the

needs of students with EBD. The frequencies test revealed that according to the teachers' collaboration with parents and the school psychologist were more crucial. They were also followed from collaboration with staff/colleges, school atmosphere, school principal, classroom size, school material and school counselor.

Finally, the first part of the questionnaire consisted of the ethnographic information. This part included four items with the Likert-scale format that were asking teachers to choose an answer regarding their training and experience with SEN and EBD respectively. In both cases the majority of the teachers had no to little experience and training.



## 6 DISCUSSION

The study provides greater insights to the significance of level, current school position, gender and working experience.

With regard to gender, the evidence appears inconsistent; some researchers have detected differences between males and females, mostly in favour of the females (Avramidis & Norwich, 2002, 136). In accordance to previous studies, it was found that there were significant gender differences (Boyle, Topping, & Jindal-Snape, 2013, 537). Whereas, females teachers held more positive attitudes, (Avramidis, Bayliss, & Burden, 2000, 285), believing that students with EBD do not comprise a bad example for the rest of the classroom. In contrast, previous findings reported by (Kern, 2006, 48; Forlin, et al., 2009, 203; Bhatnagar & Ajay, 2014) showed that gender received minor importance.

Based on former studies, previous experience and training constitute key factors when upon to comprehend and interpret the findings (Yan & S., 2014, 81; Hastings & Oakford, 2003, 88; Parasuram, 2006, 235; Walker, 2012, 58; Avramidis & Kalyva, 2007, 381). The findings clearly revealed that both primary and secondary teachers had none to very little training and experience with both students with special and needs and EBD. Inadequate experience and training had formerly detected in (Landrum, Tankersley, & Kauffamn, 2003, 153). Prior studies in Netherland and Norway can enhance the relevance of both experience and training, as key factors on teachers' attitudes (Anke, Jan, & Minnart, 2011, 347), as well as in China and Zambia where experience seemed to hold a particular role on the formation of positive attitudes towards Inclusion (Malinen, Savolainen, & Jiacheng, 2012, 532; Mobery & Savolainen, 2003, 29). Greek teachers gave emphasis on experience and training, without hesitating to accept any possible weakness or deficiency towards challenging behaviour and students' special needs (Alevriadou & Pavlidou, 2014, 135).

The data was collected from both primary and secondary school in Greece and by principle the two educational settings differed a lot (Perlman & Pearson, 2012, 9; Sulaiman, Aminuddin, & Yi, 2011, 433). Secondary teacher tended to receive different education than primary and SEN teachers. Their education is often subject oriented and not connected with SEN. Teachers in Greece do not need to have a Master's degree, so secondary teachers may have inadequate education regarding SEN. Based on that, differences among special education teachers, primary and secondary teachers were expected. Secondary education programs may not be as abundant as the primary level (Ross-Hill, 2009, 196). Regarding teachers' attitudes towards inclusive education, with caution, it can be supported that the level of acceptance that teachers maintained is intertwined with their educational background. Previous research undertaken in Greece showed that "teachers who had experience with inclusion and those who had a high level of special education training has significantly more positive attitudes" (Batsiou, Bebetos, Panteli, & Antoniou, 2008, 203) (Avramidis, Bayliss, & Burden, 2000, 206). Regarding teachers' attitudes towards students' with EBD, the study revealed that special education and primary teachers had more positive attitudes, ready to create a harmonious in class environment and accept students with EBD in their classroom. Similarly a study undertaken in Serbia by (Todorovic, Stojiljkovic, & Ristanic, 2011, 431). The results can be justified as it is widely accepted that teachers' educational background and experience hold a prominent position when it comes to teachers' capability in dealing with students with EBD. Undoubtedly, educational background can be intertwined with a plethora of further issues that can have an impact on the inclusion and educational quality (Verity, 2010, 7) (Avramidis&Kalyva, 2007, 385; Buel, Hallam, Gamel, McCor-mich, & Sheer, 1999, 154; Forlin, Loreman, Sharma, & Earle, 2009); Perlman & Pearson, 2012; Avramidis & Bayliss, 2000). In the question whether students with EBD comprise a bad example for the rest of classroom, teachers with less years of working experience responded more pos-

itively than those with more, also apparent in previous studies (Moberg & Savolainen, 2003, 29).

The overall analysis indicated a neutral and in some cases positive tendency. Teachers were asked to answer question regarding their sentiments towards people, their attitudes that denotes the level of acceptance and their concerns. In all cases teachers remained neutral. Under the same manner, teachers' attitudes towards EBD were examined by testing teachers' beliefs through the students' development of self-esteem, school support, example for peers, and EBD in the classroom. The study indicated that most of the factors were neutral to positive. It is interesting that school support was clearly negative. Teachers believed that there is not adequate support when upon to include EBD and SEN students in their classroom. Such factor is indeed influential and it can explain the teachers' hesitance towards inclusion (Loreman, Earle, Sharma, & Forlin, 2011, 150; Kalyva, Gojkovic, & Tsakiris, 2007, 34). Similar tendency towards disability had previously detected in surveys, which aimed to examine the same phenomenon within the Greek context (Agaliotis & Kalyva, 2011, 544; Avramidis & Kalyva, 2007, 387) (Tsakiridou & Polyzopoulou, 2014, 208) and in other studies (Reeves, 2006, 138). On the contrary, previous comparative research in between Cyprus and Greece, found that both Greek and Cypriots teachers were clearly positive (Batsiou, Bebetos, Panteli, & Antoniou, 2008, 215). Further research in Greece showed that attitudes depend on severity, influenced from previous training and experience (Kalyva & Avramidis, 2007, 387; Tsakiridou & Polyzopoulou, 2014, 216). In an attempt, to examine the phenomenon in other countries, it can be supported that neutral attitudes appeared in Finland and South Africa, influenced by teachers' self-efficacy, notably suggesting that sentiments can change by providing more trained teachers in the future (Savolainen, Engelbrecht, Nel, & Malinen, 2012, 65).

Severity of disorders has hitherto proven to comprise a crucial factor for the inclusion of students with EBD, with situations often seem unmanageable (Maag & Katsiyannis, 2006, 352; Lane; Barton-Arwood Nelson & Wehby, 2008,

43). Within the current study, it appeared that schizophrenia and relevant disorders were evaluated as the most challenging disorders, followed by depression and suicidal behaviour, conduct disorders, ADHD, delinquency and anxiety. Schizophrenia comprises an indeed complex disease, which tends to stigmatize those who suffer from it and attitudes towards schizophrenia tend to have been a controversial area, with mixed opinions (Maag; Losinski; & Katsiyannis, 2014, 34; (Tompson, Stuart, Bland, Arbonela-Florer & Warner, 2002, 481). It has been already clarified that teachers tend to be concerned with Emotional and Behavioural types as an aggregate phenomenon. Previous studies have patiently located the severity and the momentousness of the phenomenon worldwide and in Greece (Poulou & Norwich, 2000, 560) When called upon to measure those factors that are considered to be more important in relation to EBD, school psychologist and collaboration with parents appeared to be the most vital factors, followed by school atmosphere, collaboration with colleges, teaching material, classroom size, school counsellor and at last the school principal, such tendency was also mentioned as "teachers self-efficacy did not originate from their own current ability or their teacher training, but rather their conditional ability to cope with EBD by cooperating with parents, specialists or even receiving additional training" (Poulou & Norwich, 2000, 567). In previous research in Greece has also highlighted the importance of the school psychologists, as "teachers felt that the majority of the various daily activities school psychologists are called to perform are important for the entire school" (Dimakos, 2006, 422).

In ending, based on previous studies it was expected that teacher' attitudes towards inclusion in general and towards the inclusion of students with EBD will differentiate. Although, this was not the case in the current study, As a result, what can be concluded from the current analysis, always with caution is that teachers shape their attitudes mainly based on their ability, interaction, previous experience and education, rather on the type of the disability or the disorder.

## 6.1 Limitations of the study and future reaserch

The present study aimed to offer an overview of the current situation towards the inclusion of students with EBD in Greece. The study had numerous limitations. One of the main limitations is the sample size, as it is indeed important to collect data from more schools all around Greece, form both border areas and isolated islands. Furthermore, Athens comprises a metropolitan city with numerous cohorts of immigrants; school in Athens may vary in terms of the students' social economical background, such information would be indeed vital in order to understand teachers' attitudes. Another limitation is that the participants were only from primary and secondary schools without collecting any information from high schools the so called lykeum. Although the participants were meeting the number so as to come up with generalizations, conclusion should be made with caution. In the same vein, the content of the questionnaire has somehow narrow down the response, which would help to shape more valid explanation for the phenomenon, as a result a qualitative approach would be indeed beneficial as teachers would be able to elaborate and freely transfer their experiences.

Finally, Greece is becoming an indeed multicultural society; as a result, further research may focus on the relationship of multiculturalism and school inclusion. The current study can be used as a paradigm or guide for further research in variety of dimension or factors that can be searched from both a quantitative and qualitative approach. A mixed-method approach would contribute to source of the obstacle that Greek schools are facing. Future research, could possibly approach the same subject from a qualitative perspective, as during the analysis, there are further aspects or dimensions that can further be analysed, an example can be the research of a pedagogical approach that could benefit and harmoniously function students with EBD within the social and schools setting. Another suggestion, could be a case study of a student of how she or he

experiencing school and learning, offering a more sociological approach on the phenomenon.

## 6.2 Conclusions

The analysis had clearly showed differences between primary and secondary teachers. Such differences mostly lean on the fact that primary and secondary teachers receive different educational. Generally, both primary and secondary teachers were neutral, something that has previously detected in other studies too. One important point is that on question regarding their previous background in training and experience with SEN and EBD both stated that they do not have adequate training and experience; such phenomenon may have an effect on their attitudes. Finally, SEN teachers, and as it was expected, felt more comfortable when upon to interact with SEN and EBD students.

All in all, Inclusive education should be seen as a both symbolic and practically meaningful process, which is inextricably intertwined with human equity, justice and acceptance, At the same time societies facing enormous problems that gradually lead them to extremes, Inclusive education can function as a way to alleviate such phenomena. In addition, "The aim of inclusive education is to eliminate social exclusion that is a consequence of attitudes and responses to diversity in race, social class, ethnicity, religion gender and ability (Ainscow, 2005, 109). In principle, to be effective with EBD students, teachers should be aware of their role as educators, especially with the so called difficult students. Thus, Individualized intervention, differentiated teaching, assessment are all key elements for effective learning and teaching. Teachers and staffs values and ethos are also vital for pupil with disabilities and EBD. In terms of intervention, there are should two clear levels, the one of "universal and specific" interventions. The first group is based on "school rules, classroom rules and social skills teaching, whilst specific interventions encompass "tailored, individualized teaching, consultations, individual education plans, self-control and aggression management training", with focus on problem solving. Clear instruction, respect cultural differences, classroom management, play, love, fun, as well as

having teachers able and with appropriate educational background, so as to be capable to define EBD, without bias and prejudice able to change behaviour, with love and patience can all be effective for the education of students with EBD.



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## APPENDIX I

TABLE 1 SACIE instrument: teachers' sentiments, concerns, attitudes towards inclusion with mean and standard deviation

FACTORS	MEAN	ST.DEV
S1, I am concerned that students with disabilities will not be accepted by the rest of the class.	2.47	.687
S2, Students who frequently fail exams should be in regular classes.	2.42	.663
S3, I dread the thought that I could eventually end up with a disability.	2.91	.860
S4, Students who have difficulty expressing their thoughts verbally should be in regular classes.	2.09	.667
S5, I am concerned that it will be difficult to give appropriate attention to all students in an inclusive classroom.	2.64	.834
S6, I tend to make contacts with people with disabilities brief and i finish with them as quickly as possible.	1.96	.696
S7, I am concerned that my workload will increase if i have students with disabilities in my class.	2.67	.787
S8, Students who require communicative technologies (i.e. Braille or sign language) should be in regular classes.	2.63	.833
S9, I would feel terrible if i had a disability.	2.81	.754
S10, I am concerned that i will be more stressed if i have students with disabilities in my class.	2.64	.749

<b>S11</b> , I am afraid to look directly at a person with disability.	1.70	.614
<b>S12</b> , I find it difficult to overcome my initial shock when meeting people with severe physical disabilities	1.86	.644
<b>S13</b> , I am concerned that i do not have the knowledge and skills required to teach students with disabilities.	3.12	.682
<b>S14</b> , Students who need an individualized academic program should be in regular classes.	2.52	.744

TABLE 2 Rotated factor Matrix for items 1-14 SACIE teachers' attitudes, sentiments and concerns towards inclusion

<b>Item</b>	<b>Componet 1</b>	<b>Component 2</b>	<b>Compenent 3</b>
S10	<b>.675</b>	.213	-.176
S7	<b>.530</b>	.183	-.001
S5	<b>.519</b>	-.001	.040
S13	<b>.477</b>	.008	.063
S6	<b>.346</b>	.290	.115
S11	.041	<b>.812</b>	.129
S12	.184	<b>.722</b>	.056
S14	.299	.080	<b>.581</b>
S4	-.089	.039	<b>.505</b>
S2	-.058	.062	<b>.460</b>
S8	.419	.066	<b>.454</b>

Note: Principal Axis Factoring, Varimax with Kaiser Normalization

TABLE 3 Factors for SACIE (attitudes, sentiments and concerns towards inclusive education)

<b>Factors</b>	<b>Items</b>	<b>Mean</b>	<b>Std.</b>	<b>Cronbach's <math>\alpha</math></b>
<b>Concerns</b>	S10,S7,S5,S13,S6	13.07	2.37	.650
<b>Sentiments</b>	S11,S12	3.56	1.12	.747
<b>Attitudes</b>	S14,S4,S2,S8	9.67	1.91	.558
<b>SACIE</b>	S4,S5,S6,S7,S8,S10,S11,S12,S13,S14	26.30	3.87	.691

## APPENIX II

TABLE 1 Rotated factor Matrix for Items 15-37, teachers' attitudes towards EBD

Items	Component 1	Component 2	Component 3	Component 4
S22	.748	.039	.085	.135
S20	.666	-.002	-.039	.176
S18	.629	.071	.189	.145
S21	.549	.045	.139	.245
S24	.529	.173	-.008	-.027
S19	.497	.132	.375	.065
S31	.473	.206	.064	-.034
S15	.393	.077	.309	.160
S36	.162	<b>.843</b>	.041	.095
S35	.100	<b>.840</b>	-.087	.045
S37	.120	<b>.578</b>	.091	-.144
S25	.224	.044	<b>.695</b>	.005
S29	-.071	-.019	<b>.631</b>	.163
S23	.172	-.014	<b>.460</b>	.318
S33	.228	-.041	.132	<b>.814</b>
S32	.117	.002	.189	<b>.676</b>

Note: Principal Axis Factoring, Varimax with Kaiser Normalization

TABLE 2 Items 15-37, attitudes towards the inclusion of students with EBD, mean and St, deviation.

Items	Mean	Std.
S15, Students with EBD should not be included in regular class-	2.84	.729

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rooms.

<b>S16,</b> Having students with EBD in my classrooms requires too much extra planning.	2.01	.654
<b>S17,</b> Students with EBD should be graded the same as their peers.	2.26	.727
<b>S18,</b> Students with EBD can function successfully within the regular classroom.	2.65	.634
<b>S19,</b> In my opinion, having students with EBD in my class-room is a positive thing.	2.52	.649
<b>S20,</b> I believe that I am able to manage the behaviour of students with EBD in my classroom.	2.71	.573
<b>S21,</b> In my opinion, students with EBD benefit from being included in my classroom.	2.83	.555
<b>S22,</b> I can be effective with students with EBD in my classroom.	2.71	.569
<b>S23,</b> EBD students do not want to be members of the class community.	3.02	.663
<b>S24,</b> I have adequate time to prepare for students with EBD placed in my classroom.	2.18	.673
<b>S25,</b> Students with EBD have a negative impact upon the learning environment in my classroom.	2.77	.679
<b>S26,</b> Students with EBD often produce late or incomplete assignments.	2.21	.574
<b>S27,</b> Students with EBD often produce late or incomplete assignments.	2.65	.627
<b>S28,</b> Other classmates socially reject students with EBD.	2.15	.596
<b>S29,</b> The behaviour of students with EBD will set a bad example for other students.	2.94	.757
<b>S30,</b> I have adequate quality of training in EBD	1.94	.696
<b>S31,</b> I am able to individualize my teaching according to the needs of EBD	2.35	.687
<b>S32,</b> I believe that Inclusion can reinforce self-esteem of students with EBD.	3.18	.539
<b>S33,</b> I believe that children with EBD can develop higher self-	3.12	.602

esteem when integrated into the mainstream school.

<b>S34</b> , I believe that students with EBD can develop higher self-esteem when integrated into the mainstream school	2.63	.747
<b>S35</b> , There is adequate support in the school regarding EBD	1.84	.664
<b>S36</b> , There is adequate support to meet EBD in my class-room.	1.90	.652
<b>S37</b> , In my school we have enough resources to individualize the teaching.	1.66	.706

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TABLE 3 Factors for items 15-37, attitudes towards the inclusion of students with EBD

<b>Factors</b>	<b>Items</b>	<b>Mean</b>	<b>Std.</b>	<b>Cronbach's <math>\alpha</math></b>
EBD in the classroom	S22,S20,S18,S21,S24,S19,S31, S15	20.79	3.30	.801
School support	S36,S35,S37	5.37	1.68	.786
Example for peers	S25,S29,S23	8.75	1.61	.650
Development of self-esteem	S33,S32	6.30	1.02	.753

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## APPENDIX III QUESTIONNAIRE



JYVÄSKYLÄN YLIOPISTO

Dear Sir or Madam

The questionnaire is part of a study carried out at the University of Jyväskylä. The aim is to examine teachers' experiences and attitudes concerning the challenges that teachers' are called upon to deal with in mainstream schools, focusing on the Inclusion of students with Emotional and Behavioral Difficulties.

The term Emotional and Behavioral Difficulties, hereafter EBD is rather complicated, but generally it refers to such emotions and behaviors which draw the teachers' attention. Quite often EBD can be divided into two subcategories, externalized and internalized behavior. Externalized behavior includes aggression, disruption, attention disorders and other forms of acting out. Internalized behavior includes such as depression, anxiety and social withdrawal. Teachers' experiences, knowledge and attitudes are important to tackle the challenge of disruptive behavior. This questionnaire will be sent to appr. 10-15 comprehensive schools (lower primary grades 1-6 and upper primary grades 1-3) in Greece.

This research project will be carried out as MA theses study at Department of Education in the University of Jyväskylä, Finland. The project is supervised by Adjunct professor Matti Kuorelahti, PhD.

The results of this study will be sent to the participating schools as an article in 2015. All data will be collected anonymously, the name of your school will be asked to make the school level analyses possible, but the school names will NOT be revealed in the research report, not even the cities or municipalities will be mentioned.

In any questions they should be submitted to Ms. Elizabeth Anastasiadou who is responsible for the practical actions of the study. Dr. Matti Kuorelahti carries the total responsibility of the research project.

Thank you in advance for your collaboration!

Jyväskylä 15 October 2014

1. Gender: Female: \_\_\_\_ Male: \_\_\_\_
2. Professional qualification: Bachelor's Degree \_\_\_\_ Master's Degree \_\_\_\_ PhD \_\_\_\_
3. School Level: Primary School \_\_\_\_ Secondary School \_\_\_\_
4. Current post: Primary school teacher: \_\_\_\_ Subject teacher \_\_\_\_ SEN teacher \_\_\_\_
5. Working Experience: \_\_\_\_ years.
6. Training in SEN teaching (please, circle the option that best describes you):  
1= none, 2= a little, 3= much, 4= very much
7. Training in EBD (please, circle the option that best describes you):  
1= none, 2= a little, 3= much, 4= very much
8. Evaluate as much as you can the percentage of students during the current academic year that according to your opinion meet the characteristics of EBD: \_\_\_\_ %
9. Previous experience with SEN children (please, circle the option that best describes you):  
1= none, 2= a little, 3= much 4= very much
10. Previous experience with children with EBD (please, circle the option that best describes you):  
1= none, 2= a little, 3= much, 4= very much

Matti Kuorelahti, Adjunct professor, PhD

[Matti.kuorelahti@jyu.fi](mailto:Matti.kuorelahti@jyu.fi)

Elizabeth Anastasiadou, MA student

[elanasta@student.jyu.f](mailto:elanasta@student.jyu.f)

### Background Information:

Please choose the option that best describes you.	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am concerned that students with disabilities will not be accepted by the rest of the class.	1	2	3	4
2. Students who frequently fail exams should be in regular classes	1	2	3	4
3. I dread the thought that I could eventually end up with a disability.	1	2	3	4
4. Students who have difficulty expressing their thoughts verbally should be in regular classes.	1	2	3	4
5. I am concerned that it will be difficult to give appropriate attention to all students in an inclusive classroom.	1	2	3	4
6. I tend to make contacts with people with disabilities brief and I finish with them as quickly as possible.	1	2	3	4
7. I am concerned that my workload will increase if I have students with disabilities in my class.	1	2	3	4
8. Students who require communicative technologies (i.e. Braille or sign language) should be in regular classes.	1	2	3	4
9. I would feel terrible if I had a disability.	1	2	3	4

10.	I am concerned that I will be more stressed if I have students with disabilities in my class.	1	2	3	4
11.	I am afraid to look directly at a person with disability.	1	2	3	4
12.	I find it difficult to overcome my initial shock when meeting people with severe physical disabilities.	1	2	3	4
13.	I am concerned that I do not have the knowledge and skills required to teach students with disabilities.	1	2	3	4
14.	Students who need an individualized academic program should be in regular classes.	1	2	3	4
		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
15.	Students with EBD should not be included in regular classrooms.	1	2	3	4
16.	Having students with EBD in my classroom requires too much extra planning.	1	2	3	4
17.	Students with EBD should be graded the same as their peers.	1	2	3	4
18.	Students with EBD can function successfully within the regular classroom.	1	2	3	4
19.	In my opinion, having students with EBD in my classroom is a positive thing.	1	2	3	4
20.	I believe that I am able to manage the behavior of students with EBD in my classroom.	1	2	3	4
21.	In my opinion, students with EBD benefit from being included in my classroom.	1	2	3	4
22.	I can be effective with students with EBD in my classroom.	1	2	3	4

	<b>Please choose the option that best describes you.</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
23.	EBD students do not want to be members of the class community.	1	2	3	4
24.	I have adequate time to prepare for students with EBD placed in my classroom.	1	2	3	4
25.	Students with EBD have a negative impact upon the learning environment in my classroom.	1	2	3	4
26.	Students with EBD often produce late or incomplete assignments.	1	2	3	4
27.	Students with EBD often produce late or incomplete assignments.	1	2	3	4
28.	Other classmates socially reject students with EBD.	1	2	3	4
29.	The behavior of students with EBD will set a bad example for other students.	1	2	3	4
30.	I have adequate quality of training in EBD.	1	2	3	4
31.	I am able to individualize my teaching according to the needs of EBD.	1	2	3	4

32.	I believe that Inclusion can reinforce self-esteem of students with EBD.	1	2	3	4
33.	I believe that children with EBD can develop higher self-esteem when integrated into the mainstream school.	1	2	3	4
34.	I believe that Students with EBD have as equal future academic opportunities as typically developed students.	1	2	3	4
35.	There is adequate support in the school regarding EBD	1	2	3	4
36.	There is adequate support to meet EBD in my classroom.	1	2	3	4
37.	In my school we have enough resources to individualize the teaching.	1	2	3	4

Please evaluate how challenging you see the following difficulties in your teaching.		Not at all	A little	Much	Very much
38.	ADHD				
39.	Conduct Disorder	1	2	3	4
40.	Problem Behaviors of Adolescence (e.g. delinquency, substance abuse, early sexual activity)	1	2	3	4
41.	Anxiety and Related Disorders	1	2	3	4
42.	Depression and Suicidal Behavior	1	2	3	4
43.	Schizophrenia and other disorders	1	2	3	4

Please evaluate the importance of the following factors regarding EBD.		Not at all	A little	Much	Very much
45.	Collaboration with colleagues	1	2	3	4
46.	School counselor	1	2	3	4
47.	School psychologist	1	2	3	4
48.	Principal	1	2	3	4
49.	Parents	1	2	3	4
50.	School atmosphere	1	2	3	4

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<b>51.</b> Teaching material	1	2	3	4
<b>52.</b> Classroom size	1	2	3	4

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## APPENDIX IV

FACULTY OF  
EDUCATION  
UNIVERSITY OF JYVÄSKYLÄ, FINLAND

22 January 2014



### **Indication of interest in participating in survey**

Dear Sir/Madam

There is a research project going on in the Faculty of Education in the University of Jyväskylä, Finland. The topic of the research is Inclusion of Students with Emotional and Behavioral Disorders. As an MA student, I am involved in the project, and Dr. Matti Kuorelahti is in charge of the project.

Emotional and Behavioral Disorders (EBD) refers to the difficulties that student's face, when it comes to behavior emotions, psychiatric disorders, behavior problems, inability to learn, to create balanced relationships with peers and teachers, unhappiness, depression and ADHD as these students "have limited options in important aspects of daily living. Compared to other students, they have limited options because their behavior is so problematic. Their behavior is inconsistent with their social interaction and self-fulfillment." (Kauffman J. L., 2013).

The aim of the survey is to collect data from primary and secondary schools in Greece, the responders are called to complete an anonymous questionnaire, then all background information including the schools' names will be kept anonymous when reporting the study. The survey will take place in October and November 2014. What is also required is the number of teachers in each school. The main findings of the survey will be returned back to the school in an article format.

We are aware of the standard of procedures when conducting a survey in schools. Every response will be vital and I personally asking for your approval and co-operation. I am looking forward to your participation.

Yours faithfully

Elizabeth Anastasiadou (Masters' Students) [elanasta@student.jyu.fi](mailto:elanasta@student.jyu.fi)

Matti Kuorelahti, PhD, adj. ptof., Head of Department (From 1 Jan 2014)  
[matti.kuorelahti@jyu.fi](mailto:matti.kuorelahti@jyu.fi)

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