This Special Issue began with a general call for papers for the Teacher Educators of Children with Behavior Disorders (TECBD) conference held in November 2021. In response to the call, we received several manuscripts in February 2022 based on conference presentations. All the submitted papers went through a double-blind peer review process, resulting in six accepted manuscripts. Taken together, these manuscripts covered a breadth of topics around behavior and assessment or intervention research crossing various service delivery contexts (e.g., setting, intervention agent, philosophical paradigm) and research methodologies (e.g., experimental, descriptive [qualitative and quantitative], and systematic reviews). Such topics examine the importance of a manualized telehealth program to support families, the use of wellness centers as support within tiered systems, the immediate need for mental health supports for students in foster care, eye gaze preference assessments, knowledge and use around systematic behavior screening for behavior, and video modeling. These manuscripts address topics that provide a good reflection of current conditions of research such as the immersion into online/distance modalities and ways in which families, school leadership, and other stakeholders have engaged in whole child initiatives by addressing academic, socioemotional, and behavioral needs of students and their caretakers. Guest editors congratulate all the contributing authors and thank reviewers for their critical and constructive comments, which have substantially improved the quality of this special issue.

Due to COVID-19, many behavior analysts created new avenues for providing services such as using a telehealth model. The special issue starts with Batton et al.’s descriptive analysis of a telehealth intervention conducted with three families following the outbreak of the COVID-19 pandemic. Authors present how they tested pilot procedures for telehealth caregiver training during the pandemic and that facilitated the start of early intervention for families on waitlists. By using Online and Applied System of Intervention Skills (OASIS), a manualized caregiver behavior skills training delivered through telehealth, they taught caregivers how to apply principles of applied behavior analysis to their young children with autism spectrum disorder. The authors examined caregivers’ reported levels of efficacy in parenting their child, family stress, knowledge, and social validity of the intervention. The authors also found this study beneficial in further refining the existing telehealth intervention. They recognize limitations of their study, such as a lack of experimental control, no measure of parent fidelity, and a small sample size.
This study highlights the importance of understanding the effects of such interventions on indicators of caregivers’ quality of life and self-efficacy along with child behavioral outcomes.

In the next article, Moya et al. investigate student, parent, and school staff perceptions of a school-based wellness center on student’s academic success and mental health. The wellness center was used as part of a mult级tired system of support to address students’ emotional needs, by providing a physical space to address internalizing behavior problems and employ self-regulation strategies. The study is descriptive in nature. Quantitative and qualitative data were analyzed to determine parent, staff, and student perceptions of the wellness center, as well as perceived benefits from the wellness center. Results report agreement among all stakeholders (parents, staff, and students) on the need and benefit of the wellness center. Themes related to benefits of decreased stress, relieved anxiety, and better coping strategies for depression were common across all groups. Staff and parents perceived that the wellness center significantly helped students become academically successful. Results also indicated a positive correlation between the frequency of students’ use of the wellness center and their perceptions of school success. In addition, there was a statistically significant positive correlation between Black/African American and Asian students and their reported use of the wellness center, as well as a statistically significant correlation between Black/African American students and perceptions that the wellness center benefited academic success. Implications of the use of wellness centers on improving students’ self-regulation and emotional and mental health are discussed.

School systems serve as a primary protective factor for some of the most vulnerable students, including those who have been involved in foster care. The main goal of child welfare is to place each child into safe, supportive, and stable environments. Schools play an integral role in permanency planning and success during this transition. In the next article, D’Angelo et al. highlight the importance of educator perspectives in understanding educational needs of students involved in the foster care for transition planning. They sampled education professionals’ perspectives on student and caregiver educational-related preparedness and needs through surveys and focus groups. When examining overall preparedness, education professionals did not perceive caregivers, students, or schools to be “very prepared” for the transition from foster care to school settings. School-based mental health supports were deemed most important in promoting transition success. Authors highlighted the importance of establishing socioemotional supports, collaboration across team members, seamless transfer of records and documentation, and individualized supports to increase stability, as students in foster care transition to permanency placements.

Identifying preferred stimuli that are likely to function as reinforcers may be relatively simple when working with most clients, but for individuals who have limited vocal repertoires and limited mobility, it can be challenging. In the next article, Riden et al. conducted a systematic review on eye gaze preference assessments to identify preferred stimuli, as well as the various characteristics of those assessments. Eligibility criteria for inclusion of the article in this review consisted of: (1) use of a preference assessment; (2) use of eye gaze; and (3) participants identified with or at-risk for disabilities. Their selection process and inclusion criteria resulted in 18 articles from the pool of 9,723 articles. Eleven of these articles included participants with autism spectrum disorders. Sixteen articles in this review used a paired stimulus preference assessment format. Seven studies determined a preference between biological and geometric motion, six identified differences in social versus nonsocial stimuli, four looked at identifying preferred tangible items as potential reinforcers, and one looked at identifying preference for specific objects. The findings suggest that eye-gaze preference assessments are a reasonable way to provide options for individuals with disabilities to express their preferences and insights about their motivation.

Universal screening is critical to a successful Comprehensive, Integrated Three-Tiered (Ci3T) model of prevention, an integrated tiered system of supports. Although research has highlighted barriers associated with initial adoption of universal behavior screening in schools, it has remained limited in providing an understanding about perspective and experiences of those who implement these procedures. Briesc et al. examined perspectives of Ci3T leadership team members related to universal behavior screening at different stages of Ci3T implementation through an online survey. Participants consisted of a total of 165 Ci3T leadership team members representing...
five school districts from three geographic regions across the United States. Using a survey design, authors explored differences across schools at different stages of Ci3T implementation (i.e., initial [Year 1], mid-level implementation [Years 2–3], and experienced [Years 4–6]. Results showed that (1) nearly all respondents used the Student Risk Screening Scale for Internalizing and Externalizing (SSRS-IE; Drummond, 1994; Lane & Menzies, 2009); (2) most respondents indicated teachers screened students three times as part of regular school practices; and (3) majority of respondents indicated behavior screening data were reviewed by a team (with schools at later stages of Ci3T implementation also noting individual teachers reviewed screening data) as part of regular school practices. Overall, respondents reported their districts’ behavior screening procedures to be clear and feasible. Regarding data collection and data usage, respondents reported greater confidence about screening data collection procedures compared to its data usage. The findings highlighted the need for additional guidance and professional learning around how to use data sources as part of the screening process and to tease out specific student concerns from system-level data.

The special issue concludes with a brief report by Athorp et al., where they show how video modeling via portable technology was able to improve daily living skills for a student with an intellectual disability in a university campus-based transition program. They employed a multiple baseline design across skills. Results showed increased independence across four daily living skills that included: selecting measuring cups for a recipe, reading a recipe with a screen reader, making buttered pasta, and making a smoothie. The findings of this report indicate practitioners can teach many behaviors that are appropriate for their students using video modeling. However, choosing the appropriate behaviors when creating these videos is important, especially if the goal is to have the student reach independence.

We are grateful to Claire St. Peter, editor-in-chief, for her invaluable guidance and advice. We appreciate the partnership between TECBD and the Division for Emotional and Behavioral Health (DEBH), previously known as the Council for Children with Behavioral Disorders (CCBD), and extend an invitation to our readers to join us at the 2022 TECBD conference (http://tecbd.asu.edu). Socioemotional and behavioral concerns are making school learning environments more challenging than ever, particularly in the aftermath of pandemic-related school disruptions and family trauma. There is more need for professional learning than ever. As we get ready for future challenges and prioritize students with emotional and behavioral concerns and their caretakers, we need to continue to examine the quality of services they are receiving and new ways for caregivers to access the needed supports. In addition, we encourage scholars to facilitate more collaborative research to understand the complexity of their issues. Moreover, we need to better understand various contexts in which practitioners address students’ socioemotional and behavioral needs, within their own working conditions and supports. We applaud and encourage researchers, student, families, educators, and other professionals to continue to partner across disciplines as they work towards innovative approaches to behavior assessment and intervention that are socially valid, socially just, culturally receptive, and theoretically and empirically supported to make meaningful differences in the lives of children and their families with emotional and behavioral health needs.

References

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