

# Cultivating Caring Relationships Between Teachers and Secondary Students With Emotional and Behavioral Disorders

## Implications for Research and Practice

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Educating secondary students with emotional and behavioral disorders (EBD) is often an overwhelming task that places high demands on teachers. Existing research on effective social-emotional/behavioral and academic interventions for students with EBD is limited but expanding. Unfortunately, school and life outcomes for these students are dismal compared to other students. Certainly, there is much to learn about achieving positive outcomes for students with EBD. This article examines the potential role that caring teacher–student relationships have in achieving better outcomes for students with EBD within their current educational contexts. A rationale for why developing caring teacher–student relationships is important to improved outcomes for students with EBD is presented based on the current literature on caring teacher–student relationships. Potential barriers are delineated, followed by a summary of practices that serve as starting points for developing caring relationships between teachers and students with EBD. Last, research implications are suggested.

**Keywords:** *emotional and behavioral disorders; exceptionalities; child interactions; teacher(s); management; secondary behavior*

Students with emotional and behavioral disorders (EBD) appear to be underserved in K–12 schools. Approximately 1% of students in K–12 schools receive services for EBD (U.S. Department of Education [USDOE], 2001). Researchers suggest that from 2 to 4 times more students (2%–4% of the school population) demonstrate characteristics that meet eligibility criteria for such services (Lane, Wehby, & Barton-Arwood, 2005). Moreover, 2% to 16% of the school-age population engage in problematic behaviors such as oppositional defiant– and conduct disorder–related behaviors while an even higher percentage engage in frequent patterns of anti-social behaviors (Lane et al., 2005; Sawka, McCurdy, & Mannella, 2002). These students have significant mental health needs that often commingle with other difficulties such as cognitive learning disorders (e.g., attention-deficit/hyperactivity disorder [ADHD], learning disabilities). Between the years of 1986 and 1997, the number of children in the United States receiving services for psychiatric disorders increased from approximately 700,000

to 1,300,000, an increase of almost 70% (Center for Mental Health Services, 2002). Statistics from the U.S. Department of Health and Human Services (USDHHS) indicate that nearly 21% of children and adolescents (age 9–17) in this country have a diagnosable mental illness or addictive disorder associated with at least minimum impairment and 11% associated with significant impairment (USDHHS, 2001). In children and youth with emotional disorders, many comorbid psychosocial and learning disorders exist, including mood disorders, depressive disorders, conduct/oppositional defiant disorders, ADHD, and other cognitive/mental disorders (Center for Mental Health in Schools, 2005; Forness & Kavale, 2001; J. E. Walker, Shea, & Bauer, 2007).

These statistics suggest that a large number of students in schools today have significant social, emotional, and

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behavioral needs. These statistics also suggest that a significant number of students may not be appropriately identified and therefore may not be receiving the support services they need. Moreover, these students with EBD, identified or not, display a wide variety of externalizing and internalizing behaviors that can seriously interfere with their abilities to be successful in school.

School and life outcomes for these students are bleak. More than 50% of students with EBD drop out of school (Bullock & Gable, 2006). Students with EBD are more at risk for negative school and life outcomes compared to students in other disability categories and compared to students without disabilities (Bullock & Gable, 2006; Cullinan & Sabornie, 2004; Lane et al., 2005; Reid, Gonzalez, Nordness, Trout, & Epstein, 2004). They are less likely to achieve postsecondary education or obtain a stable job or career and are more likely to be incarcerated at some point in their lives (Bullock & Gable, 2006; Carter & Lundsford, 2005; Gable, 2004; M. M. Quinn, Rutherford, Leone, Osher, & Poirier, 2005). Students with EBD fail more courses in school, are retained more frequently, are more likely to be absent from school, have lower grade point averages, drop out of school more frequently, and are less likely to graduate high school compared to students without EBD (Boeson, 2006; Reid et al., 2004; Shriner & Wehby, 2004; USDOE, 2002).

Students with EBD experience such dismal outcomes for a myriad of reasons. We suggest six contributing factors for the purposes of this discussion. First, many students are not identified and provided appropriate supports soon enough. The need for early identification and intervention with children at risk for EBD is essential to prevent early symptoms from increasing in severity over time. As children with EBD age, the severity of their symptoms intensifies and related behavior problems are likely to emerge, such as substance abuse, criminal behavior, and diagnoses of psychiatric disorders (Conroy, Dumlop, Clarke, & Alter, 2005; Severson, Walker, Hope-Doolittle, Kratochwill, & Gresham, 2007).

Second, there is an incongruence between instructional practices used with students with EBD and their needs (Cook, Landrum, Tankersly, & Kauffman, 2003). Moreover, what is known about effectively teaching students with EBD is limited due to methodological issues in the research base and a lack of emphasis on examining the effectiveness of academic interventions for these students (Lane, Gresham, & O'Shaunessy, 2002; Pierce, Robert, & Epstein, 2004; Trout, Nordness, Pierce, & Epstein, 2003).

Third, teachers, whether they are general education or special education teachers, lack the necessary preparation

and skills to meet the needs of students with EBD (Kamens, Loprete, & Slostad, 2003; Wald, 1996; Wilson, Gutkin, Hagen, & Oats, 1998). When teachers are unprepared to meet the needs of these students, the resultant behaviors often lead students to more restrictive educational placements (Rubinson, 2004). Also, when teachers are unprepared, these students are repeatedly exposed to ineffective instructional practices (Sutherland, Denny, & Gunter, 2005), a process that over time can have profound negative consequences for students. Compounding the problem is that the number of emergency-licensed teachers is increasing dramatically due to teacher shortages (Boe & Cook, 2006; Sutherland et al., 2005), meaning that these teachers are even less prepared to meet the learning and emotional/behavioral support needs of students with EBD. The fact that "highly qualified," as prescribed by the No Child Left Behind Act (NCLB) of 2001, emphasizes content knowledge over pedagogical knowledge and skill also reduces the likelihood that students with EBD will receive the type of individualized instruction often necessary for them.

Fourth, services provided for students with EBD are often fragmented in nature and lack the collaboration needed by professionals from different disciplines (Sugai, Smith, & Scott, 2002). The involvement of families in planning and implementing interventions and schoolwide approaches to supporting students' emotional and behavioral needs is important (Darch & Kame'enui, 2004; Kauffman, Mostert, Trent, & Hallahan, 2002; J. E. Walker et al., 2007).

Fifth, the current trend toward high-stakes testing and school accountability has created a zero-tolerance perspective on behalf of policy makers and school personnel such that the school climate is less conducive to addressing the ecological needs of students with EBD. Such a standardized, one-size-fits-all approach does not adequately address the individual needs of students with EBD (Rosenberg, Wilson, Maheady, & Sindelar, 2004).

Sixth, schools have, in large part, addressed the difficult behaviors of students with EBD through measures that keep them away from school (e.g., school suspensions and expulsions) rather than through proactive measures designed to keep them in school (Baltodano, Harris, & Rutherford, 2005; Lane et al., 2005). A focus on transferring students to alternative educational placements due to behavioral concerns has superseded the development of proactive support systems within schools to address the diverse needs of students (Bullock & Gable, 2006; M. M. Quinn et al., 2005).

A common theme among these six factors is a disconnect between what students with EBD need from schools

and what they are actually provided. It is evident that the overall school milieu does not support the needs of these students. When one considers the state of outcomes of students with EBD and combines it with the truth that the educational system operates in ways contrary to these students' needs, it is apparent that a lack of caring for students with EBD exists. This is a troubling reality for students with EBD and those interested in success for them.

### **Cultivating Caring Teacher–Student Relationships**

Although there is no one solution to the multifaceted issue of effectively educating children and adolescents with EBD, an important step that schools can take is to create a school climate that values and emphasizes caring. A growing emphasis by researchers on approaches such as using positive behavior supports and wraparound services (e.g., Eber, Sugai, Smith, & Scott, 2002; Marquis et al., 2000; Stichter, Clarke, & Dunlap, 2004;); emphasizing collaboration among educators, related service providers, and families (e.g., Osher & Hanley, 2001; Santa Lucia, Gesten, & Rondina-Gobioff, 2000); teaching self-management and social skills (e.g., Gresham, Sugai, & Horner, 2001; Mathur, Kavale, Quinn, Forness, & Rutherford, 1998; Mooney, Ryan, Uhing, Reid, & Epstein, 2005); and utilizing effective academic instruction (Alder, Gunter, & Sutherland, 2003; Wehby, Falk, Barton-Arwood, Lane, & Cooley, 2003; Wehby, Lane, & Falk, 2003) are all promising approaches that can affect school climates in positive ways. Research and practice related to approaches such as these should continue and be extended. Nonetheless, these approaches are implemented at a systems level, are complex in nature, and require multiple individuals including educators, families, policy makers, and other experts in the field to work together to realize the potential these approaches offer students with EBD.

As systemic changes are pursued, work should also occur at the individual teacher–student level, the primary educational context for students with EBD in K–12 schools. The focus of this article is on how individual teachers can positively affect outcomes of students with EBD through cultivating caring relationships with their students. Teachers who value and develop caring teacher–student relationships provide schools with a solid foundation to build on when implementing more systems-based approaches such as schoolwide positive behavior supports, family–school partnerships, and wraparound services. The cultivation of caring teacher–student relationships can be a strong mechanism for guiding and

supporting students' social-emotional, behavioral, and academic growth.

The term *relationship* has many connotations depending on which theoretical stance one takes (e.g., attachment, motivational; Davis, 2003). In this article, the term *relationship* means an interaction between adults and students, whereby the adult does what is best for the welfare of the student, taking into account the student's developmental level and associated needs. At their core, relationships are about caring. Care has been defined by Noddings (2005) as a moral ethic that supports the needs of another. Specifically, if a person cares for another, the person tends to acknowledge how the other feels and determines what specific needs require attention. For example, a caring teacher may realize that a certain child in the classroom is struggling with self-esteem–related issues. A caring teacher would assess this child's needs, determine how to meet the needs, and then take the required action. Finally, a caring teacher engages in self-reflection to assess how personal behavioral choices might ultimately influence future outcomes for the student in the relationship.

To date, there is little in the literature on the relationship between caring teacher–student relationships and outcomes of students with EBD. Some researchers have begun to examine how the current theoretical and empirical bases on caring teacher–student relationships apply to students with high-incidence disabilities (Murray & Pianta, 2007). However, the greater literature on K–12 students in general does support the value of caring student–teacher relationships as it relates to positive school outcomes for students. There is some important information that educators and researchers interested in outcomes for students with EBD can learn from this literature.

### **Students Believe Caring Relationships With Teachers Are Important**

A primary underlying reason for problematic behavior in youth is the lack of adequate, sustained relationships with caring and concerned adult mentors during late childhood through the adolescent years (Demaray & Malecki, 2002). The extent to which students perceive support from others appears to be an important indicator of both internalizing and externalizing behavior problems. As students perceive less social support, they engage in increased problem behaviors. If it is assumed that perception of support by caring adults is essential for positive adolescent development, then it is logical to think that students who experience such support will be more successful in school. Cothran, Kulinna, and Garragy (2003) interviewed 182 students from diverse backgrounds and from 14 different schools about behavior management

techniques they found to be effective. Relationships, care, and respect were three primary themes identified by students as important. Students reported that when they perceived a teacher as “not caring,” they in turn did not care about or pay as much attention to management strategies or classroom rules. Conversely, students reported that they adhered to classroom rules when teachers used communication tactics to exhibit care (e.g., “She listens when you talk and she understands like what you’re saying. She doesn’t just nod her head and say ‘okay’”; Cothran et al., 2003, p. 439).

Unfortunately, students who need caring and support the most are often the ones who outwardly seem to reject it (Morse, 1994). This reaction can be frustrating and may seem threatening to a teacher and the overall management of the classroom. Many youngsters who have experienced continual abuse and rejection in their lives do not necessarily understand how to internalize care, despite wanting to feel cared for and wanting to have that caring communicated to them by adults in their environment (Lowenthal, 2001). Lowenthal (2001) found that students with emotional and behavioral difficulties who rejected their teachers still noted that they wanted to personally know their teacher and wanted their teacher to know them.

Overall, students are willing to engage in successful school behaviors and even strive toward high levels of achievement when there is a level of trust, respect, and communication (i.e., an established relationship) between student and teacher. Indeed, the level of emotional support in a classroom is enhanced when teachers take the time to communicate to students that they care about their well-being. Malecki and Demaray (2003) examined the types of support from teachers that most strongly related to students’ social, behavioral, and academic outcomes. Student perceptions of emotional support provided by teachers were found to be the greatest predictor of students’ social skills and academic competence among the types of support examined (e.g., emotional, informational, appraisal, and instrumental). Teachers who attended to the atmosphere and climate of their classroom appeared to foster more positive student perceptions about teachers’ levels of caring for students, ultimately facilitating increased outcomes for students. In a survey about perceived traits of effective teachers aimed at students with EBD, African American students more than Caucasian students rated caring high in terms of a characteristic that makes teachers effective. Interestingly, female students overall rated caring higher, on average, than male students in this sample (McIntyre & Battle, 1998).

## Teachers Are Well Situated to Be Relationship Builders

Despite the multidimensional needs of students with EBD, it is K–12 schools that are the primary providers of services for students with EBD; as many as 70% to 80% of students with special needs receive disability-related services within schools only (Burns et al., 1995). Indeed, school personnel are the primary caregivers for the learning and mental health needs of children with EBD (Forness & Kavale, 2001; J. E. Walker et al., 2007). Both general education and special education teachers are in the unique position to develop positive relationships with students who have EBD despite the past failures many of these students may have experienced with adult relationships. Pianta and Nimetz (1991) found that students differentiate teachers from other adults, enhancing teachers’ potential to foster caring adult–child relationships. Teachers spend great amounts of time over the years in a variety of relationships with students. This places teachers in a unique and powerful position to influence how students perceive life dilemmas and the behavioral life choices they make.

Pianta (1997) refers to the relationship a teacher provides as having “affordance value” for students because teachers support intellectual, social, and emotional development that may not be provided by other adults in a child’s life. For students who lack close adult role models of successful school and life behaviors, teachers often become a primary adult agent for transmitting behavioral values and routines that equate with school and life success. Teachers can have a more direct impact on students in this regard than parents (Osterman, 2002; Wentzel, 1994). Teacher influence becomes even more significant during the early adolescent years when youth are trying to find their personal identity by separating from their family of origin (Vieno, Perkins, Smith, & Santinello, 2005). Unfortunately, students with EBD often have not experienced prior successful relationships with adults. Those students who have experienced abuse in their lives may know only relationships where their best interests were not at the forefront. The lack of appropriate adult relationships often results in youth developing “failing” patterns of behavior due to the absence of adult role models. The task of building productive relationships with these students is a very important, albeit complex, endeavor.

The sheer amount of time that teachers spend with students over the course of a school year situates them to be primary relationship builders with youth. Both the time spent and the changing nature of school environments set

the stage for teachers to serve as natural support figures in the lives of children today. Teachers can be the frontline leaders because they are educated and experienced not only in the educational needs of students but also in students' developmental needs. In essence, excellent teachers identify troubled children in the classroom and often intuitively know which students will need more or less support. Quality teachers develop strategies, knowingly or not, all the time in their classrooms to help manage and support their students. Recognizing this fact may help to empower teachers to look not merely at themselves as teachers of knowledge but as professionals whose role includes social and emotional education as well as academic instruction. Indeed, teachers influence academic, behavioral, social, and cognitive outcomes in students as early as preschool and continue to serve as mediators in development throughout high school (Rutter & Maughan, 2002). For example, teachers facilitate students' development of social identity (Wentzel, 1993), regulation of emotions (Pianta, 1999), and a sense of belongingness to their school (Connell & Wellborn, 1991).

### **Caring Teacher–Student Relationships Support Important Social, Emotional, Psychological, and Academic Needs**

A critical characteristic foundational to relationship building with students is to actively listen to their ideas, concerns, and questions. Students have noted that the way a teacher interacts with them during the initial period of relationship building is the determining factor for promoting either a positive or a negative relationship (Cothran et al., 2003). Healthy teacher–student relationships also influence student motivation, including the desire to achieve academically (Deci, 1995). When students believe they have an ally on their side and that they are part of a classroom community, they are more likely to move away from disengagement and toward engagement in academic tasks (Daniels & Aprapostathis, 2005). Students who feel ignored, or feel that they are just “a grade” to a teacher, are more likely to be bored, unhappy, and angry (Daniels & Aprapostathis, 2005). Other researchers confirm that motivation via healthy teacher–student relationships is imperative in maintaining engagement in school and attaining academic success (Burchinal, Peisner-Fernberg, Pianta, & Howes, 2002; Deci, 1995; Dweck & Leggett, 2000).

Positive teacher–student relationships can help to prevent aggressive behaviors by students. Hamre and Pianta (2001) found that teacher–student relationships beginning as early as kindergarten affected disciplinary referrals, school suspensions, and student-to-student conflict.

Interestingly, teacher–student relationships may help to reduce aggression among both students who have experienced negative adult–child interactions (e.g., abuse) and who represent minority populations. Murray and Murray (2004) studied possible correlates of teacher–student relationships for third, fourth, and fifth graders. Students' internalizing and externalizing behaviors were strongly associated with the closeness of teacher–student relationships.

Pianta and Stuhlman (2004) conducted a hierarchical regression analysis of first-grade students to explore the connections between teacher–student relationship quality and social and academic skill development. Findings confirmed that the teacher–student relationship played a role in students' development of skills needed for success in school. Birch and Ladd (1997) reported an association between increased academic outcomes for students and the quality of teacher–student relationships. Although these studies mainly address elementary-age children, Murray (2002) recommends emphasizing positive teacher–student relationships as a means for improving academic outcomes of early adolescents with EBD.

Positive school outcomes for students at risk of school dropout also have been linked to caring teacher relationships. Muller (2001) found a relationship between test scores of students at risk and their perceptions of teachers to be caring. A study of 11,000 adolescents from more than 1,000 public and private high schools found that those students who reported being supported by their teachers were less likely to drop out of school compared to those students who did not report the same. Supportive teacher–student relationships can offset the risk of emotional and behavioral adjustment difficulties of middle school students (Fredrickson & Rhodes, 2004). For example, middle school students who experience supportive teacher relationships demonstrate decreased symptoms of depression compared to students who lack such experiences (Davis, 2003).

### **Barriers to the Cultivation of Caring Teacher–Student Relationships**

There are multiple factors that may impede the development of caring teacher–student relationships, particularly for students with EBD at the secondary level. It is important for educators and researchers alike to understand potential barriers so that approaches to circumventing them may be identified and implemented. School factors, adolescent development, and teacher preparation contribute to barriers for the cultivation of caring teacher–student relationships.

## School Characteristics

Central to the challenge of developing caring teacher–student relationships at the secondary level is the complex nature of secondary schools and how this interplays with the needs of developing adolescents. Both the structure and climate of secondary schools can create barriers to the development of caring teacher–student relationships. At this level, students begin to experience interactions with multiple teachers who teach different subjects and are expected to transition from one classroom to another each day. Such a structure hardly allows for sustainable contact between any one teacher and students with EBD. Curriculum at the secondary level requires more time demands on students (e.g., time spent on homework, learning new subject matter, developing organizational strategies to meet the demands of numerous classes; Mercer & Pullen, 2005). Additionally, a much greater emphasis is placed on academic achievement compared to social and emotional development (Rathunde & Csikszentmihalyi, 2005).

Moreover, teachers in secondary settings are less likely to know the personal history of each student they serve (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2006). Whereas in elementary schools, teachers have the entire year to get to know each student on an individual basis because of the amount of time spent together, middle and high school teachers have much less opportunity to do so due to the greater number of students they see each day and the decreased amount of time they spend with each student. Students often experience high school as rule based and lacking in care (Trickett & Moos, 1973). An “us versus them” mentality can permeate the high school environment whereby students feel as if they are not moving toward similar goals as their teachers (Wells, 1996). Such an environment is likely to feed the sense of alienation and distrust that students with EBD often experience.

School climate is important to the cultivation of caring teacher–student relationships, particularly relationships with students at risk, including students with EBD. The hierarchical and inflexible nature often characteristic of secondary schools can stifle the development of a positive and collaborative climate among administrators, teachers, staff, and students, a situation that can discourage students’ desire to learn and attend school (Whitney, Leonard, Leonard, Camelio, & Camelio, 2005). Students can be quite sensitive to the atmosphere of a school and the nature of faculty, staff, administration, parent, and student interactions, such that a negative school climate can adversely affect students’ sense of belonging and motivation to attend school (Lee & Burkham, 2003).

In contrast, a positive school climate provides opportunities for students considered at risk to reduce antisocial behaviors and increase academic outcomes (McEvoy & Welker, 2000). The climate of the school has a direct effect on the overall satisfaction of teachers, which consequently affects their ability to be successful educators in the classroom (Billingsley, Carlson, & Klein, 2004; Taylor & Tashakkori, 1995). School climate affects the collective sense of efficacy among teachers at a school, an important variable related to achieving positive student outcomes (Tschannen-Moran, Woolfolk-Hoy, & Hoy, 1998). Therefore, the structure of secondary schools affects the nature of the teacher’s role, increasing the potential for social isolation in students, particularly students with EBD, and thereby diminishing the development of caring teacher–student relationships (Labaree, 2000).

The beliefs and expectations that teachers possess within the school structure can also be barriers to the cultivation of caring teacher–student relationships. The beliefs and expectations that teachers have about teaching and about students affect what they do, which in turn affects the quality of teacher–student relationships in both positive and negative ways (Fredriksen & Rhodes, 2004). In regard to students with EBD, the extent to which teachers have positive or negative expectations about their behavior combined with their sense of ability to effectively teach these students influences how they teach and how they interact with students with EBD (Poulou & Norwich, 2002).

Sometimes teachers’ expectations of students’ behavior at school are divergent from the expectations students experience away from school. Teachers may not have expectations that are consistent with their students’ background, such as the expectations of parents. When the expectations of teachers differ from students’ prior experiences or parental expectations, greater problems with student behavior are likely to occur (Lane, Pierson, & Givner, 2003).

Teachers appear to value behaviors that reflect academic achievement, study skills, and positive classroom deportment (Kerr & Zigmond, 1986; H. M. Walker & Rankin, 1983). In their study of 244 general education and special education high schools, Kerr and Zigmond (1986) reported that teachers in both categories placed greater value on these types of behaviors compared to behaviors that reflect effective interpersonal and problem-solving skills. In a similar study of elementary teachers, H. M. Walker and Rankin (1983) found comparable results. Unfortunately, difficulty with interpersonal relationships is a primary characteristic of students with EBD, a characteristic that often places them at risk of suspension or expulsion. The fact that teachers may not emphasize

social skill instruction in their curriculum means that students with EBD will likely not receive the support they need in order to achieve academically, to obtain good study habits, and to engage in positive classroom behaviors.

More recently, research suggests that teachers do not all hold the same expectations about student behavior, particularly social behaviors, thus complicating the situation even further for students with EBD. In a recent study, Lane, Wehby, and Cooley (2006) found that a sample of 717 secondary-level general education and special education teachers had differing views about the importance of various student social skills competency areas. At the high school level, general education and special education teachers were found to have different expectations, particularly regarding the importance of self-control skills. Special education teachers perceived self-control skills to be significantly more important than did general education teachers. Divergent expectations between general and special education teachers may negatively affect collaborative efforts to support the needs of students with EBD. Students with EBD are at risk of struggling to adapt to such divergent expectations among their teachers, leading to increased problem behaviors.

Therefore, students with EBD are faced with expectations from their teachers that are at times contrary to the resulting characteristics of having EBD, do not emphasize support for positive social skill development, and are not consistent. Such a situation can only further inhibit the development of supportive relationships between teachers and students with EBD.

### **Adolescent Development**

The developmental realities of the adolescent years, in conjunction with the structure of secondary schools, can hinder the development of caring teacher–student relationships. In the middle school years, the level of social and emotional support that adolescent students receive from teachers diminishes (Cattley, 2004). Moreover, students' general self-esteem declines and depressive symptoms increase during the middle school years (Reddy, Rhodes, & Mulhall, 2003). At the same time, adolescents struggle with balancing their desire for independence and their innate need to feel dependent on adults for safety. Eccles et al. (1993) noted that the quality of teacher–student relationships during the middle school years can be influenced by this interaction between teachers' changing roles and adolescent development. Therefore, when combined with adolescents' developmental desire for independence, an unintended outcome of the secondary school structure and the secondary teacher's role is that it interferes with the development of caring

teacher–student relationships (Pretty, 2002). Due to their social, emotional, and behavioral characteristics, students with EBD will find it even more difficult to navigate their adolescent development years. The impact of the changing role of teachers in secondary schools will potentially exacerbate these difficulties.

Also at this time, intrinsic motivation to attend school in students often declines (Anderman & Maehr, 1994). Although this developmental phenomenon is common to almost all adolescents, it does not diminish adolescents' need and desire for a sense of belonging or bonding with teachers. Paradoxically, this is a time when students actually desire more meaningful relationships with peers and adults (Whitney et al., 2005). It is important for secondary teachers to understand the complexity of adolescent development as it relates to developing caring teacher–student relationships. Without this understanding, teachers may make false assumptions about students, particularly students with EBD, and respond in a way that may be perceived by students as wrongly distant, awkward, or antisocial.

### **Teacher Preparation**

The lack of teachers prepared to meet the needs of struggling students, particularly students with EBD, is another barrier. Currently, 96% of general educators teach students with disabilities or have done so in the past (USDOE, 2002). Resistance and negativity toward low-performing and at-risk students, including students with EBD, may in part be due to general education teachers' reports that they feel unprepared to teach and manage students with disabilities (Fuchs, Fuchs, Fernstrom, & Hohn, 1991; Study of Personnel Needs in Special Education, 2001). Research indicates that teachers need more in-depth preparation to effectively address the needs of students with disabilities (Flagum & Reschly, 1994; Study of Personnel Needs in Special Education, 2001). Without teacher education that emphasizes the needs of students with EBD, the efficacy of relationship building with these students will be compromised.

### **Applying What Is Currently Known About Caring Relationships to Students With EBD**

A deeper understanding of the current literature on caring student–teacher relationships has implications for both practice and research as it relates to students with EBD. Although little research has been done to investigate the cultivation of caring student–teacher relationships in

regard to students with EBD, what is known relative to K–12 students in general offers both practitioners and researchers interested in improving outcomes for students with EBD some guidance for implementation and further investigation. The following discussion addresses both practice and research implications as they relate to cultivating caring relationships among teachers and students with EBD.

### **Potential Practices for Building Caring Teacher–Student Relationships**

Given the diversity of students with EBD, the multitude of life histories, and current ecologies, it is no wonder that there is no one process that effectively addresses all students' social, emotional, and behavioral needs. One approach works with one student while the same approach fails to work with a different student. The increased focus on evidence-based practices in schools is commendable, and continued research will help in identifying even more effective practices. To this end, educators and mental health workers are encouraged to broaden the scope of what they do, and researchers are asked to expand the scope of interventions with which they conduct efficacy research. An intervention that has an evidence base and is deemed to work does not imply that all students reap the same benefits or respond similarly. Practitioners and researchers who are mindful of this important reality will value a multi-lens approach as the evidence base continues to be developed on how to effectively address the needs of students with emotional and behavior disabilities.

The literature supports the positive impact that caring teacher student–teacher relationships can have on students (e.g., Antrop-Gonzalez & De Jesus, 2006; Deiro, 2005; Knesting & Waldron, 2006; Marzano, 2003; Sprick, 2006). Several theoretical models have been offered to describe these relationships and the roles that teachers and students play including motivational, sociocultural, or developmental frameworks (Fredricksen & Rhodes, 2004). Attachment theory, Bandura's social learning theory, and Bronfenbrenner's theory of ecological development have also been suggested as perspectives that help explain teacher–student relationships and the dynamics involved in their development (Murray, 2002; Murray & Greenburg, 2006).

A small number of studies have investigated ways to improve teacher–student relationships as a means of promoting social, emotional, and academic adjustment (see Murray, 2002); however, no empirical research exists that directly addresses how teachers can effectively develop caring teacher–student relationships for students

with EBD (Murray & Greenburg, 2006). Murray (2002) recommends several practices teachers can use when working with adolescents with high-incidence disabilities. These include developing supportive relationships with students; using social skills instruction that helps students learn skills for developing positive relationships with adults; learning about students' backgrounds, interests, and lives; increasing one's awareness of biases one has regarding students' ethnicity, culture, and gender and how they can affect one's interactions with students; and modeling appropriate behavior and expecting students to use appropriate behavior.

Interventions such as social skills instruction and teaching behavioral expectations are important practices to use with students with EBD, notwithstanding their potential impact on the development of caring teacher–student relationships. Also, use of effective instructional practices cannot be underestimated, and we believe this is an important variable to consider. However, much has been written about these practices already so additional discussion of these will not be provided.

Practices such as providing support to students, learning about their lives, and using teacher self-reflection about the teacher's role in developing caring relationships with students with EBD are representative of other practices that we believe have promise for helping both general and special education teachers cultivate caring relationships with students with EBD. The remainder of the article focuses on these practices as well as others that interplay with the social context dynamics so pivotal to relationship building in school contexts. Although this is not an exhaustive list, each of the following practices reinforces important characteristics of caring teacher–student relationships. While we believe these practices extend across the roles all teachers and related personnel have in schools, the extent to which general educators, special educators, support staff, and related personnel serve as primary, secondary, or tertiary implementers of these practices will depend on the structures already in place at specific schools and on the particular knowledge and skills each individual has that complement certain practices. The realities of current legislation and policy (e.g., Individuals With Disabilities Education Improvement Act, 2004; NCLB, 2002) compel all educators to work together to improve outcomes for all children. This means that the overwhelming majority of students, including students with EBD, will receive their educational services in general education settings. As scaling up of Response to Intervention models increases, more and more schools will possess and innovate educational delivery systems that optimize the knowledge and skills of all teachers, administrators, support staff, and related personnel to



implement promising practices such as those described in this section. Hopefully, the suggested practices will provide practitioners and researchers alike a place to begin the journey toward better understanding of how to cultivate caring teacher–student relationships with students with EBD.

### **Assume the Role of Student Advocate**

An important starting point for educators is to accept that it is the shared responsibility of all teachers and related practitioners to improve outcomes for students with EBD. Envisioning oneself as an advocate for students with EBD is an important foundation for becoming a therapeutic teacher (Abrams, 2005). For many educators, this might mean reconnecting with the reason they first entered the profession. As Fullan (1993) notes, the most common comment mentioned by teachers as to why they entered the profession was “to make a difference in the lives of students.” This higher purpose may serve to empower and remind educators of their intrinsic motivation to connect with and help students.

Teachers who experience high levels of frustration with students and schools may have difficulty remaining empathetic toward their students and remembering what prompted their interest in the profession. Fullan (1993) suggests that teachers self-examine themselves in four areas: (a) Ask what kind of difference you are trying to make, (b) keep an open mind to persistent inquiry to form and reform your own purpose, (c) master all that you do by continuing a path of lifelong learning, and (d) allow yourself to work in collaboration with other school personnel to support your growth. Reflecting on these four areas may assist in keeping the ultimate goal in sight: facilitating growth and learning for all students. Research suggests that when teachers are more aware of their own thoughts and feelings they may be able to find better ways to help their students succeed (Catapano, 2006; Fullan & St. Germain, 2006; Kyle, McIntyre, Miller, & Moore, 2005; Stuhlman, Hamre, & Pianta, 2002). Teachers can effectively manage the stress associated with teaching students with EBD and therefore situate themselves to more effectively establish positive relationships if they maintain realistic expectations about what they can do and about what students with EBD will accomplish in a particular period of time (Abrams, 2005).

### **Get to Know Students and the Lives They Live**

It is important for teachers to understand their students’ lives (Murray, 2002). Teachers believe that their instruction

is more effective when they understand the lives of their students (Mitra, 2003). To know another human being changes who that individual is to the knower. When teachers know a student and appreciate the student’s life experiences, their thinking about the student and who the student is can take on more meaning and significance. Such understanding may result in teachers who are more compassionate in how they respond to the student. When students have reason to believe that their teacher really knows them, students can consequently be more accepting of establishing a collaborative relationship with their teacher. This is especially critical for students with EBD. Students with EBD often engage in behaviors that others find to be aversive, strange, or contrary to typical social mores, which can lead to rejection by peers and teachers (Kauffman, 2001). Because of this, it is likely that during their school years students with EBD experience very few teachers who are willing to try to truly understand them and their needs.

Gaining a deeper understanding of their students’ lives also provides teachers some relevant information that can be used in planning instruction. This knowledge can be used to connect instruction to students’ background knowledge as well as to enhance the learning experience by making instruction more relevant to the student. In addition, such efforts help to bridge home–school relationships. Allsopp, Kyger, and Lovin (2007) discuss the use of a student interest inventory to identify important student interests and life experiences for the purpose of developing authentic contexts within which instruction can be embedded. Some teachers ask their students to write them a letter about their experiences with the particular subject they are currently learning; they include their interests related to the subject and their thoughts and concerns about learning that subject. These teachers read through the letters, noting important themes among students in the class for the purpose of integrating it into their instruction. Also, they use individual student comments to connect with particular students through informal conversations as they see them during the school day (both inside and outside of class) and throughout the school year.

The Life Space Interview (LSI) is one process for getting to know students with EBD and helping them to make sense of their emotions and behaviors (Jagendorf & Malekoff, 2005; Redl & Wineman, 1957; Wood & Frey, 2003). The overall goal of life space interviews is to engage students with EBD in a discussion of inappropriate behavior at the time of occurrence. This intervention consists of an immediate response in the form of “emotional first aid” that addresses the emotionality of the

student at the time of the event. Moreover, the teacher helps the student to situate his or her emotion and resulting behavior within the framework of the student's prior life experiences and behavioral patterns. Both events that occur in the classroom and events that occur outside the classroom and school context can be a focus of such interviews. Through multiple discussions, problem solving turns to what can be done to target and use successful replacement behaviors. This process allows the teacher to engender the youngster's trust.

The *timeline interview* (Long, Morse, & Newman, 1996) is a process that helps a teacher to better understand the ecology within which a child functions, including friends, family, and important life history events. The student is asked to draw one long line to represent "life events" and one shorter line under that to represent "school events." The student starts with his or her earliest memories and fills in the events that have occurred during the life span along the longer line until the present-day situation is accounted for. Asking the student to elaborate while working on the timeline is a good way to understand the student's "life story." The shorter line is for the student's school experience beginning with the past until the present. The student identifies important events and memorable teachers year by year.

When an appropriate level of understanding of the student's life experiences has been achieved, then the focus of the timeline interview is on reviewing the student's completion of the timeline by asking in-depth questions about a typical day and the people and events that have been memorable. An important aspect at the completion of this stage of the timeline interview is to encourage forward thinking. The student should attempt to voice expectations for the near and long-term future, to set goals that may be worked toward immediately, and to develop a plan of action to accomplish the designated goals. A contract that identifies goals and the plan of action is developed with the student, including the teacher's responsibilities and role. Student and teacher sign the contract as a way of saying to one another that they are committed to working together. An alternative format for adolescents can be to write an autobiography and then place events on the timelines. Prompts can be used to help students get started, such as "the hardest thing about my age," "the most trouble I have is when," or "a television program I love is." Some other topic discussions may include family stories, drawings of students' neighborhoods, "a typical day in my life," memories of school, close friendships, life questions, and life goals. Due to the time demands necessary for LSIs and timeline interviews, these processes likely are best suited for use by special education teachers, school counselors, and related professionals.

## **Invite Students to Be Partners in Their Education**

Emphasizing collaborative relationships with students with EBD in which teachers and students work together to meet educational goals (i.e., academic, social, emotional, behavioral) can enhance relationship building. Research validates the positive impact of self-regulation/self-determination instruction skills on the academic and behavioral outcomes of students with disabilities, including students with EBD (e.g., Cancio, West, & Young, 2004; Graham & Harris, 2003; Jolivet, Wehby, Canale, & Massey, 2001; Reid, Trout, & Schartz, 2005; Smith & Sugai, 2000; Swanson, 2001; Wehmeyer, Field, Doren, Jones, & Mason, 2004; Wehmeyer & Palmer, 2003). When students with EBD experience success through learning to monitor their learning and have a voice regarding their learning goals, such collaborative teacher-student experiences foster relationship building. Doing this effectively, however, can be challenging, particularly for beginning teachers who often can be unaware of the nature and complexity of this role (Whitney et al., 2005). John Dewey's philosophy about teacher-student collaboration and participatory learning provides a foundation for such a paradigm. Healthy relationships between students with EBD and teachers rely on a collaborative approach whereby students believe they have a stake in making decisions for themselves, including decisions about their education and about the rules and processes of the classes and school they attend.

## **Actively Listen to Students**

Active listening means to listen for the meaning of what another person is communicating and checking with that person to determine if he or she has been understood. Mutual understanding is the product of people who actively listen to one another. The assumption underlying active listening is that the teacher demonstrates authenticity and trustworthiness. Additionally, active listening supports the notion that the teacher recognizes the student's existence and affirms the student's dignity (Abrams, 2005; Rodriguez & Kitchen, 2005). The demonstration of authenticity, trustworthiness, and affirmation of the dignity of students with EBD are essential ingredients to developing relationships with them.

Active listening is difficult when there are many activities taking place in the classroom to divert a teacher's attention. As active listeners, teachers need to be observant of students' nonverbal as well as verbal language. Sometimes it helps to paraphrase what the student is saying as a way to validate one's interpretation. Teachers can acknowledge to students with EBD that they care and that they want to listen when the place and time is

conducive for doing so. Then, teachers must follow up on this commitment.

### **Ask Students for Feedback**

Teachers who solicit input from students with EBD regarding their own performance as teachers demonstrate to students that they are open to change and that they value the thoughts, ideas, and experiences of students with EBD. Simple written feedback techniques can be used to periodically assess how things are going in the classroom from the students' point of view (Bender, Dunn, Kendall, Larson, & Wilkes, 1994; Jones & Jones, 1990). The "muddiest point" is one example (Smith-Sebasto & Walker, 2005). Students are asked to write in one or two sentences the concept or idea about which they are most confused. This technique can be used for academic and nonacademic questions or concerns. By soliciting feedback, the teacher provides students with EBD a voice in the classroom and demonstrates an openness to listen and use students' feedback to improve. The results and any subsequent decisions should always be shared with students, and, when possible, appropriate discussion should ensue about the meaning of the data collected and what changes can be made to address student concerns (Daly, Garbacz, Olson, Persampieri, & Hong, 2006; Morgan, 2006).

### **Journal With Students**

Journaling can be an effective way to systematically communicate with students with EBD throughout the school year. Journaling involves students writing about their experiences across a particular period of time and describing their thoughts and reflections about those experiences. Teachers read and monitor student journals, providing them with feedback and support. Journaling stimulates discourse, human interaction, and problem solving, all important elements for building healthy relationships (Keeling & Burmudez, 2006). The focus of journaling can be open-ended or centered on particular issues, goals, or new strategies for dealing with problem situations. Journaling is not meant to be part of a grade; instead it is a resource tool for students with EBD to continue to express themselves in a private and comfortable way (Chan & Horneffer, 2006).

Personal journals are a way for teachers to minimize adult threat to students by accepting an open role to understanding students' thoughts and feelings (Brendtro, Brokenleg, & Bockern, 1990). Journaling has research-based support for affecting students generally in four specific ways: (a) Teachers may model correct grammar and spelling for less-skilled writers, (b) appropriate ways

of expression are modeled through the act of writing and verbalizing (instead of aggression, for example), (c) teachers also may model social skills by commentary and suggestions for students, and (d) the relationship between teacher and student is supported (Regan, 2003).

Some students with EBD may have difficulty expressing themselves in writing. There are other ways that students can journal. Using potent stories in books, magazines, videos, or other media that resonate with students' lives can stimulate their thinking and provide the opportunity for dialogue. Bibliotherapy, a process whereby students read texts that address their particular concerns and help them to understand and solve a problem, can also be used. An underlying assumption of bibliotherapy is that reading is a dynamic process in which students project their own needs and problems onto the reading experience and interpret the text based on their own experiences (Schlichter & Burke, 1994). Instead of writing their thoughts, students can record their words using an audio recorder or use drama to convey their ideas. The growing use of technology in education provides students with a variety of methods for expressing themselves. Students can make short movies or compose songs using multimedia computer software. As they do with journals, teachers should monitor and debrief with students, providing them with feedback and support as appropriate.

### **Dedicate Time to Problem Solve With Students on a Consistent Basis**

Sprick (2006) advocates the use of a process called *planned discussions* as a method for developing personal relationships with students, including students with EBD, and helping them to monitor themselves, solve problems, and set behavioral goals. Establishing a consistent time during the day or week when the teacher and a troubled youth can discuss important issues for a short period can be an excellent way to establish rapport and trust. Planned discussions are important for students because these are times during which they know they will have the teacher's full attention. In some cases, having this structure in place can prevent potential behavior difficulties. Current issues can be discussed and potential solutions can be developed, resulting in a plan to deal with the issue of concern.

Additionally, planned discussions can provide the teacher and student with EBD a way to continually monitor the student's progress toward an agreed-on goal, discuss use of prosocial strategies, and set new goals. It is helpful for the teacher and student to keep a record of issues discussed and goals set during planned discussions.

For example, a simple form can be constructed where the problem or issue is described in a few sentences, a goal for successfully dealing with the problem is set, actions for meeting the goal are brainstormed, and mutually agreed-on actions that are most likely to lead to success are selected for implementation. Planned discussions should be scheduled during a time of day when the student's and the teacher's stress levels are low. Also, they should be short in duration (5–10 minutes) and focused on important issues related to enhancing the student's success in school and life. Finally, planned discussions should be consistently scheduled and completed so that the student knows when they will happen and can count on the planned discussion to occur.

### **Celebrate Success With Students With EBD**

Take the time to celebrate the success of students with EBD, both academic success and behavioral success (Abrams, 2005). Success is a powerful motivator. Seizing opportunities to communicate to students with EBD that they can be successful in school helps them establish a sense of self-value within the school context, and it can help motivate students with EBD to want to be in school. There are many ways that teachers can celebrate success with their students. Ideas for celebrating success include the following: (a) plan periodic opportunities for students to engage in a fun/ preferred activity where the purpose is to teach students how to self-reward themselves for accomplishing a particular class or individual goal; (b) plan short periods of time (e.g., 1 minute before or after class) to share with a student your joy about the effort he or she is making toward attaining a goal; (c) invite a popular guest or person whom your students admire to your classroom so that person can congratulate students and spend some time with them; (d) plan with the principal or an admired teacher to secretly come to see a student for the purpose of expressing admiration for a student's accomplishment; (e) encourage students who enjoy music to choose an appropriate personal celebration song that the teacher will download onto a class MP3 player or other audio device so students can listen through earphones and celebrate individual accomplishments in a quiet but personally entertaining way; (f) teach and encourage small groups of students in the class to plan and hold simple "secret class celebrations" for other students in the class (with your assistance) based on accomplishing individual or small group goals. There are many ways to celebrate success with students. The important point is to do it.

### **Collaborate With Teachers and Related Professionals to Implement Relationship-Building Practices With Students With EBD**

Teachers, whether they are general education or special education teachers, should not view themselves as solitary players in their work with students with EBD. In fact, students with EBD need teachers who work together with other educators and related professionals to achieve positive outcomes for them. The practices we have suggested as possible examples of how teachers can develop caring relationships between themselves and students require time and commitment. Unfortunately, time is not something teachers have in abundance. However, by working together with others, teachers can establish and maintain caring relationships with students who have EBD. Indeed, *all* colleagues in school settings can be productive contributors to the success of students with EBD (Cohen, Linker, & Stutts, 2006; K. P. Quinn & Lee, 2007; Zanglis, Furlong, & Casas, 2000).

General education and special education teachers each have unique skills they can share to work toward positive outcomes for students with EBD. Some of the practices described require a dedicated amount of time to problem solve, journal, or set goals with individual students. Educators and related professionals can share this role, each spending time with the student so that no one teacher is responsible for taking time away from other duties every day. A team of teachers and the student can meet together and decide how planned discussions or journaling sessions might be structured. One teacher—the special education teacher, for example—might take the lead in setting up logistics and assume responsibility for monitoring the process. However, all teachers on the team would agree to participate in at least one planned discussion or journal session with the student per week. Periodically, the team, including the student, meets to discuss progress, set new goals, or make changes. In this way, time concerns can be addressed while support for the student remains constant.

Related professionals also can be critical partners. A school psychologist, social worker, or nurse can help teachers develop skills to better understand the group processes and related group dynamics that play out in classrooms daily. Unfortunately, related service providers are underutilized (Raviv, Raviv, Propper, & Fink, 2003). Teachers can be effective group facilitators (Schmuck & Schmuck, 2001) and are situated to provide long-term support and monitoring throughout the school year. For example, school or counseling psychologists can assist teachers who are interested in implementing a social skills

group in their class. The psychologist can colead a group together with a teacher until the teacher feels comfortable enough with his or her new knowledge to conduct groups independently. Teachers and related professionals can work together to achieve positive outcomes for students by sharing their collective areas of expertise. Within such collaborative structures teachers can better understand, monitor, and address the daily social and emotional needs of children.

### **Research Implications for Building Caring Teacher–Student Relationships**

In this final section, we suggest several possible avenues for researchers interested in caring teacher–student relationships and outcomes of students with EBD. First, little is really understood about how such relationships develop. Much of the literature is based on the evaluation of self-perceptions of students not identified with EBD and, to a lesser degree, their teachers. The following research questions can serve as a starting point for researchers interested in investigating how caring relationships between teachers and students with EBD are developed:

1. Are there distinct differences among students with EBD that affect how caring relationships with teachers can be most effectively developed (e.g., type of EBD/psychiatric disorder, gender, age, comorbidity with other disabilities, type of school setting [i.e., urban, suburban, rural, ethnicity])?
2. Are there distinct teacher characteristics that influence the effective development of caring relationships with students with EBD (e.g., type and level of certification, such as emergency vs. full; certification area, such as general education vs. special education; years of teaching experience; type of preparation, such as alternative vs. university teacher preparation; level of experience teaching students with EBD; ethnicity)?
3. How do student and teacher characteristics interact to affect the development of effective, caring relationships between teachers and students with EBD?
4. What roles can general education and special education teachers play in developing effective caring relationships with students with EBD? Do these roles differ based on the nature of a teacher's instructional responsibilities (e.g., primary teacher in general education classroom vs. academic coach, resource/support special education teacher, or full-time/self-contained special education teacher)?

5. What practices or combination of practices affects the development of caring relationships between teachers and students with EBD to the greatest extent?

Second, the field needs to better understand the outcomes that result from caring relationships between teachers and students with EBD. The following research questions can serve as a starting point for researchers interested in the investigation of this area:

1. What are the academic outcomes that result for students with EBD who experience a caring relationship with a teacher?
2. What are the social-emotional/behavioral outcomes that result for students with EBD who experience a caring relationship with a teacher?
3. How do caring relationships with students with EBD influence their teachers' effectiveness, turnover rate, and/or mental health status?
4. What is the optimum number of caring relationships with teachers that students with EBD need to experience the result of positive school outcomes? Does this number differ based on student and/or teacher characteristics?
5. What level of intensity of caring relationships is needed to produce positive outcomes for students with EBD?
6. Do outcomes for students with EBD change based on how many caring relationships they experience during 1 year and/or subsequent years? Do outcomes for students with EBD change based on the intensity of the caring relationships they experience across time?

Third, the field must determine what professional development methods most effectively result in teachers who can develop caring relationships with students with EBD. The following research questions are suggested as a starting point for researchers interested in the investigation of this area:

1. How can teacher preparation programs integrate professional development experiences that produce novice teachers equipped to develop caring relationships with students with EBD? Do differences exist among type of teacher preparation program (e.g., special education, elementary general education, secondary general education)?
2. At the in-service level, what professional development methods most effectively result in teachers

who can develop caring relationships with students with EBD? Do differences exist among delivery methods of in-service professional development (e.g., short-term, face-to-face workshops; online experiences; long-term, hybrid integration of online and face-to-face)?

## Conclusion

The lives of students with EBD are precious. They need care, bonding, empathy, and the establishment of healthy relationships with supportive adults. Too many of these students lack these basic yet important requirements of healthy development. Teachers are in the unique position of being *the adult* in a student's life who can provide these supports. Clearly, taking on the role of mentor for students with EBD is a large and often difficult task, but we believe that teachers are the innate healers for many of these students, enabling them to achieve success both in school and in life. Although the empirical base is limited on how to develop positive teacher-student relationships and what long-term affect such relationships have on students with EBD, there is promise that this may be a vital component of effective educational services for them. The emerging literature on caring teacher-student relationships provides some guidance for practices that teachers can implement currently to develop such relationships with their students who have EBD. There are multiple barriers to achieving a caring and supportive environment in schools, some within the control of a teacher and some not. Recognizing these potential barriers, remedying those that can be, and implementing practices that have potential for developing positive teacher-student relationships are excellent ways for teachers, for all educators, to provide caring and supportive environments for students with EBD. Further research in this area is greatly needed if we are to understand how developing human relationships can complement and perhaps even enhance the affect of existing but limited evidence-based practices for students with EBD.

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