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Inclusion in American and Finnish Schools: The Neglect of Youth with Emotional and Behavioral Disorders

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ABSTRACT

Youth with emotional and behavioural disorders (EBD) are guaranteed the same right to inclusive education as other students with and without disabilities. While Finland and the United States (U.S.) are committed to the ideals of inclusion, evidence suggests that these students are often excluded. This paper discusses Finnish and U.S policies and practices that identify and 'push out' youth with EBD. Additionally, the quality of education in exclusive settings, including Finnish reform schools, U.S. alternative schools and day treatment/residential psychiatric facility schools, as well as (juvenile) correctional facilities in both countries, are discussed. Recommendations are provided for policy and practice that will promote access to inclusive education for these troubled youth.

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Building an active and inclusive civil society is predicated on the notion that everyone, even the most troubled youth, are provided the access and support necessary to be participating members in school, their family, the community, and the workforce. In many developing countries, the pursuit of inclusion remains focused on providing students with disabilities the most basic access to public education (United Nations 2019). In other countries, the emphasis is on educating youth with disabilities in neighbourhood schools (vs. separate school settings), within the general education classroom, and ensuring that evidence-based instructional, mental health, and behavioural interventions are provided to improve the likelihood of positive social interactions and access to the general education curriculum. In terms of the latter case, the United States (U.S.) and Finland are two countries that are significant international players in the push for inclusion (Jahnukainen and Itkonen 2015).

However, the American and Finnish approaches to the identification and support of students with emotional and behavioural difficulties vary in salient ways, including the ways in which the disability or difficulty is defined and evaluated, the degree to which approaches are governed by regulation, and the placement and support of youth that violate the law. Despite these differences, the supports provided to these students in both countries are often insufficient for them to achieve academic and social success. The goal of this article is to provide an analysis of the approaches to including students with emotional and behavioural disorders (EBD)[1] in Finland and the U.S. and provide recommendations for a way forward in both countries.

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Defining emotional disturbance/behavioural disorder

There are significant differences between the American and Finnish terminology and approaches to identifying students with behavioural problems. The use of terminology including emotional disturbance, behavioural disorders, and behavioural problems across the two countries are important concepts that set the stage for the remaining discussion. Within the U.S., there is a prevailing philosophy that classifying students with emotional disturbance (ED) is a crucial step that will lead to appropriate individualised services (Mattison 2015). The Individuals with Disabilities Education Act regulations (IDEA 2006) defines ED as, 'a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behaviour or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems' (Sec. 300.8(c)(4)(i)). The definition also excludes students with schizophrenia or social maladjustment, if a student does not also have an emotional disturbance, as defined. Additionally, within the U.S. system, students with attention deficit hyperactivity disorder (ADHD) are classified under Other Health Impairments and not ED.

While each U.S. state must adhere to the federal definition, there is leeway to expand and clarify the definition, as long as the state's definition does not inhibit classification of a student that would be identified using the federal definition (Freeman et al. 2019). For example, states may provide additional clarification or a definition of social maladjustment. States may also add additional terminology to the definition, such as including the term 'behavioral disorders'.

There are several aspects of the federal definition that are problematic. First, there may be confusion, particularly among parents, because of the requirement that the ED must impact a student's educational performance (Mattison 2015). Simply having a mental disorder, as identified using the Diagnostic and Statistical Manual of Mental Disorders (DSM–5; American Psychological Association 2013), is insufficient for a student to be classified as ED. Other issues relate to the terminology within the definition. For example, the terms *over a long period of time* and *to a marked degree* remain undefined. The exclusion of youth that are socially maladjusted is also troubling. As is evident from the definition above, socially maladjusted is undefined and the U.S. Department of Education has provided no additional guidance on interpreting the terms (Wery and Cullinan 2011). While there is no widespread consensus, social maladjustment is, 'commonly associated with disruptive behavior disorders and their related symptoms including conduct problems, disruptive and/or oppositional behavior, and substance abuse' (Mason 2016, 92). As such, the very students who would benefit from special education supports for these serious behavioural issues may not actually be eligible for services. Issues with implementation of the American system of classifying students with ED is also troubled by a lack of equality, in that being of a minority race, being male, or an English language learner (ELL) are associated with overrepresentation (Dever et al. 2016).

At the other end of the spectrum, the Finnish education system has no national label or definition to classify a student with ED or a behavioural disorder. Rather than relying on

a classification system, as in the U.S., Finland considers eligibility for special education services based on observed needs or as Jahnukainen (2011) expresses, 'a difficulty model' (p. 498). With no national guidance, it could be conjectured that the lack of an agreed upon definition will result in wide variation in decisions regarding which students qualify for services. However, there is no definitive data to fully understand the current approaches to classifying students with EBD or the ramifications of relying solely on municipality and/or school level definitions.

School-level decision on classification

In terms of the actual process for classifying a student as EBD, both countries rely on school-level multidisciplinary teams for the decision. In the U.S., the meeting participants are established in the IDEA (2006) regulations and must include the parent/guardian, regular education teacher, special education teacher, the child, other members deemed to have expertise related to the child: '(4) A representative of the public agency who – (i) Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (ii) Is knowledgeable about the general education curriculum; and (iii) Is knowledgeable about the availability of resources of the public agency. [and] (5) An individual who can interpret the instructional implications of evaluation results,' (§ 300.321(a)(4–5)). In Finland, there are no national requirements or guidance concerning the specific team members needed to make a decision that a student needs special education services for an EBD (Björn et al. 2016). Neither country specifically requires a psychologist or psychiatrist to be involved, despite the links between the EBD classification and student mental health issues.

Students in inclusive settings

In the U.S., the emphasis on including students with disabilities is grounded in IDEA (2006), wherein it is asserted, "(2) Each public agency must ensure that – (i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled (Sec. 300.114(a)(2)(i)). However, each public agency is also required to provide of a continuum of alternative placements that includes, 'instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions' (§ 300.115(b)(1)).

Finland, too, has embraced the notion of inclusion in its ratification of the United Nations Convention on the Rights of Persons with Disabilities (2006), wherein it is stated, that persons with disabilities have the right to be included in the general education system with reasonable accommodations and supports (Sec. 24(2)(a-e)). Moreover, inclusion of students with disabilities is supported via constitutional amendments, laws (Hakala and Leivo 2017), and in the Finnish National Core Curriculum of Basic Education 2014 (Finnish National Board of Education 2016), where it is asserted, 'The development of basic education is guided by the inclusion principle. The accessibility of education must be ensured' (p. 19).

However, aspects of U.S. and Finnish policies have stymied the actual implementation of inclusive education for students with disabilities, particularly for youth with EBD. In the

U.S., the IDEA regulations (2006) do not specifically mention 'inclusion.' Rather, there is an underlying assumption that the LRE requirement will necessarily promote inclusion. Nevertheless, inherent in the notion of LRE is that for some youth, adequate supports cannot be provided in neighbourhood schools and general education classrooms. In fact, the potential for exclusion is manifested with students classified as ED. Only 47.2% of these students spend 80% or more of their school day in the general education classroom (U.S. Department of Education 2018). Only youth with deaf-blindness and those with multiple disabilities are more frequently educated in other environments (e.g., separate school, residential facility, homebound/hospital, correctional facility, parentally placed in private schools) than the 17.1% of students with ED (U.S. Department of Education).

In Finland, the mention of *the inclusion principle* in the National Core Curriculum has proved insufficient to promote inclusion-related school legislation (Saloviita 2018) and researchers have argued that the lack of agreed upon meaning has resulted in little consistency across municipalities (Honkasilta et al. 2019). In practice, schools rely on a multi-tiered system of support, wherein students are provided intensified or specialised support, as needed. Intensified support can be provided in separate resource rooms or in the general education classroom via approaches, such as co-teaching between the classroom or subject teacher and a special education teacher (Jahnukainen and Itkonen 2015). In 2018, 10.6% of the students received intensified supports. Another 8.1% receive more individualised or specialised support (Official Statistics of Finland (OFS) 2019). About 27% of students that received specialised support were provided full-time instruction in a separate group and 8.6% of youth received full-time special support in a separate school (OFS). In fact, only 21.3% of students receiving specialised support are educated fully in the general education classroom (OFS).

A further complication in the Finnish system concerns the fact that data on those students receiving specialised services are not disaggregated in a manner that identifies the number or percentage of youth with EBD. Finland no longer collects information on the reasons that youth receive specialised support and are excluded. This could indicate that exclusionary classrooms and schools are a 'dumping ground' for troubled youth (Kirjavainen, Pulkkinen, and Jahnukainen 2016)

Emotional and behavioural supports in inclusive settings

Beyond the actual physical integration of students with EBD into neighbourhood schools and general education classrooms, inclusion necessitates providing students with evidence-based support to ensure they can respond to academic and behavioural expectations (Honkasilta et al. 2019). In terms of U.S. policy, the IDEA regulations (2006) provide explicit guidance concerning the implementation of evidence-based behavioural interventions, including positive behavioural interventions and supports (e.g., Sec. 300.324(a)(2)(i)), as well as the use of functional behaviour assessment (e.g., § 300.530(d)(1)(ii), (f)(1)(i)), and developing and implementing behavioural intervention plans (e.g., Sec. 300.530(f)). In Finland, guidance provided in the Finnish Basic Education Act (Basic Education Act [Finland]. 1998/2010) and National Core Curriculum for Basic Education 2014 (Section 5.3 2016) is limited to a broad statement that teachers should use, 'disciplinary educational discussions' or other reactive and punitive disciplinary measures, including written

warnings, detention, physical removal from class, exclusion from school activities, and suspension.

Despite the increased guidance and clarity within the U.S regulations, the countries suffer from similar complications in terms of actual implementation of appropriate supports for students with EBD that would allow them to be maintained in their neighbourhood school and general education classroom. Namely, teachers in both countries are essentially unprepared to address the needs of youth with significant behavioural needs. In the U.S., general educators feel unprepared to adequately support students with EBD and implement evidence-based intervention to address youth behaviour problems (McKenna et al. 2019; Oliver and Reschly 2010). In fact, U.S. students with EBD are suspended from school at higher rates than other students (Krezmien, Leone, and Achilles 2006). Similarly, Finnish teachers have limited training and knowledge of positive and proactive behavioural interventions due to a lack of training (Honkasilta et al. 2014). As such, it is unsurprising that Finnish teachers regularly rely on the reactive, negative, and ineffective use of detention to respond to student behaviour problems (Saloviita 2018).

In addition to the lack of support from teachers, there are significant limitations to school-based mental health services in the U.S. and Finland that adversely affect the inclusion of students with EBD. While information specific to youth with EBD in Finland is lacking, there is clear evidence that students with EBD in the U.S. commonly have mental disorders (Gagnon and Barber 2011). In the U.S., most students that receive mental health supports, do so through school-based programmes (Lipari et al. 2016). However, about one-fifth of youth that need services, receive them (Young et al. 2015). While school-based mental health services in Finnish schools have been touted as a reason for student academic success, concerns remain that there are too few psychologists and their work is primarily reactive (Ahtola and Niemi 2014). Additionally, the Finnish Education Minister recently noted, 'One single school counsellor can have between 700 and 2,000 pupils as clients at present, or be responsible for up to 12 different locations' (Yle 2019).

The lack of needed behavioural and mental health supports can ultimately lead to the need to educate youth in exclusionary school settings. The exclusion of youth with EBD should also be considered in the context of persistent and current evidence of their poor long-term outcomes and effectively, 'pushing students, especially students of color and students with disabilities, out of schools and toward the juvenile and criminal justice systems' (Advancement Project et al. 2011, 1) – also known as the school-to-prison pipeline.

Students with EBD educated in exclusionary settings

Given the relative likelihood that students with EBD may be served outside of their neighbourhood school, it is important to consider the characteristics of those youth that are excluded and the extent to which education, mental health services, and behavioural supports provided in exclusionary settings align with their needs. It is only through appropriate services while in exclusionary settings and follow-up support upon exit that youth will effectively transition back to their school, family, community, and the workforce. A comprehensive discussion of exclusionary settings and their roles in American and Finnish societies is beyond the scope of the paper. However, it is important

to identify some of the salient concerns with the quality of services provided. For example, problems with the quality of teachers in exclusionary teachers is a widespread problem. In a U.S. study, Mason-Williams and Gagnon (2017) reported that teachers in exclusionary schools (e.g., alternative education schools (AES), day treatment/residential psychiatric facility schools, juvenile correctional schools) are less qualified than teachers in neighbourhood schools. In Finland, there is a requirement that RS teachers have an M.A. in special education. However, due to a shortage of teachers willing to work in this setting, not all RS teachers that are hired have met this qualification (Talaslampi, Jahnukainen, and Manninen 2019). In fact, RS teachers and psychologists are often unprepared to provide evidence-based mental health and behavioural interventions (Hästbacka and Pekkarinen 2018).

In terms of more rehabilitative or therapeutic exclusionary schools in the U.S., students with ED are educated in AES or day treatment/residential psychiatric facility schools. An AES is 'a public elementary/secondary school that (1) addresses the needs of students that typically cannot be met in a regular school, (2) provides nontraditional education, (3) serves as an adjunct to a regular school, or (4) falls outside the categories of regular, special education, or vocational education' (National Center for Education Statistics 2018, 1). There are 8,172 secondary (i.e., Grades 9–12) AES in the U.S. (Market Data Retrieval 2018), serving a half million youth (National Center for Education Statistics 2017). AES are commonly used as an approach to addressing problems with youth behaviour. Although information is limited to small-scale studies, students with disabilities account for 57.0% of students in behaviour-focused AES and 19.7% of students in academic-remediation focused AES (Perzigian et al. 2017). A recent national study revealed that AES also commonly include youth with 'at risk' indicators (e.g., truancy, drug abuse) and those at risk dropping out (Porowski, O'Conner, and Luo 2014). Most research on the services provide in AES is over a decade old. However, researchers have voiced concerns regarding the lack of appropriate academic and behavioural supports provided, as well as the lack of governmental oversight (Lehr, Tan, and Ysseldyke 2009). In a recent national study, secondary AES had alarmingly low graduation rates (DePaoli et al. 2017).

Day treatment/residential psychiatric facility schools are the other rehabilitative American school setting. While some youth attend psychiatric schools as day programmes, these programmes also deliver 24-hour therapeutic care wherein a multidisciplinary team provides support to addresses youth psychiatric, behavioural and education/special education needs. There are almost 900 programmes throughout the U.S., with about 90% of attending youth are classified as EBD and many also have difficulties with reading and mathematics (Maccini et al. 2013; Wilkerson et al. 2012). Multiple concerns also exist with the education within psychiatric schools, including the lack of governmental oversight, student access to the general education curriculum, and use of evidence-based reading and mathematics instruction. There is no long-term outcome data on youth served in American psychiatric facility schools.

In Finland, the most troubled teens are educated and supported in one of seven RS. Like American psychiatric schools, these facilities are designed to provide educational, mental health, and behavioural supports. The use of the RS placement is quite rare, accounting for only 1.5% of the 18,000 youth placed outside of their home (Pekkarinen 2017). Within RS, there are also small 'special care units' for more volatile youth where the

doors are locked and youth have limited freedom (Pitts and Kuula 2005). Overall, RS youth are most likely placed due to problems with running away (primarily from other facilities), drug abuse, law violating behaviour, and psychiatric disorders (Hästbacka and Pekkarinen 2018). Youth in reform schools have complex histories, as well as academic, behavioural, and mental health difficulties. For example, many RS youth have experienced traumatic events, including witnessing domestic violence, parental drug abuse, and parental law violating behaviour (Lehto-Salo 2011). About half of RS youth have a learning disability in reading or mathematics (Kitinoja 2005; Lehto-Salo; Lehto-Salo et al. 2009). While data vary across studies, 57–90% have a psychiatric diagnosis, 75% of girls and 50% of males have co-morbid psychiatric diagnoses, 26–80% have a substance use disorder, 30% have a conduct disorder, and 30% have ADHD (Koivukangas 2018; Lehto-Salo; Lehto-Sal et al.; Pekkarinen 2017).

Details on the actual services provided to youth in RS are elusive. For example, student access to the national curriculum, evidence-based instruction, and the availability of mental health screening/evaluation and evidence-based treatment remain unknown. Additionally, despite the fact that transition support out of RS and into school, the community, and workforce is noted in the Child Welfare Act (2007), there has been no research or public information that has identified available supports provided to youth or evaluations of the effectiveness of transition supports. What is known, is that the long-term outcomes of these youth are dire. Specifically, 77% of RS youth complete only compulsory education (i.e., through grade 9) vs. 17% in the general public. As adults, former RS youth, 'show a seven-fold overall risk for death' (p. 4), which is commonly associated with suicide, drug use, or external causes (Manninen et al. 2015). Criminal behaviour is also common after exit from RS. Former RS youth are 18 times more likely to commit a violent crime as an adult than peers in the community (Manninen et al. 2017).

Incarcerated youth with EBD

In the U.S., over 48,000 youth are committed to a juvenile justice facility (Sickmund and Puzzanchera 2014). About 47% of incarcerated youth are classified with EBD. These youth are three times more likely to have a mental disorder than youth in society, about half are diagnosed with a substance use disorder, and another 50% with conduct disorder (McClelland et al. 2004; Mulvey et al. 2010; Shufelt and Cocozza 2006). Compared to youth in the community, incarcerated youth also more commonly have ADHD, anxiety disorder, depression, post-traumatic stress disorder, and have been physically or sexually abused (Baglivio and Epps 2016; Dierkhising et al. 2013; Fazel, Doll, and Langstrom 2008; Shufelt and Cocozza; Wasserman et al. 2005; Weiss and Garber 2003). Despite their complex needs, there is overwhelming evidence that these youth receive, 'a subpar education and special education services, minimal mental health services, harsh punishments and exclusion that could cause additional trauma, minimal career and technical education, and uncoordinated transition supports' (Gagnon and Barber 2019, 2). Given the lack of supports and the fact that mental health and substance use disorder are associated with increased recidivism, it is unsurprising that up to 75% of incarcerated youth reoffend within three years (Mendel 2011; Schubert, Mulvey, and Glasheen 2011). Also inhibiting their eventual reintegration in society are the lack of appropriate transition services, including the fact that many formerly incarcerated youth are forced to attend an

AES upon release and are not even allowed the option of returning to their neighbourhood school (Kleiner, Porch, and Farris 2002).

In contrast to the reliance on the justice system to address youth law violating behaviour, Finland utilises the child welfare system until the age of 15. At that point, the criminal justice may become involved (Rikosseuraamuslaitos 2017). In 2018, 5 youth 15–17 years-old and 78 youth 18–21 years-old were incarcerated in Finland (Rikosseuraamuslaitos 2018). While seen as a positive approach by some, others have voiced concerns over a 'shadow' juvenile justice system in which youth can be involuntarily committed to exclusionary settings, including prison or RS, without proper due process procedures (Pitts and Kuula 2005). There is little information on the services provided specifically to youth incarcerated in Finnish prisons. However, the United Nations Committee on the Rights of the Child has repeatedly criticised Finland for failing to separate youth from adults in prison (Muncie 2013). Although research extended beyond prison to include other institutional settings, there are serious concerns with the lack of oversight and availability of mental health services (Törrönen, Vornanen, and Saurama 2016). Additionally, access to education is difficult for inmates and they consist mostly of short-term programmes, rather than a comprehensive academic programme (Mertanen and Brunila 2018). There are almost no coordinated aftercare services provided to youth following incarceration and the services that do exist are plagued by a lack of resources (Harrikari and Hautala 2018). Of youth that are released between the ages of 15–21, the recidivism rate is 75% (Rikosseuraamuslaitos 2018).

The way forward

The current discussion on American and Finnish youth with EBD highlights the serious needs of these youth and complications with current approaches to their identification/classification. Additionally, the research and data reveal the extent to which students with EBD are included within general education classes and neighbourhood schools, as well as the types and quality of the progressively more exclusionary settings in which they are often forced, due to a lack of supports within each less restrictive setting. In light of the information, there are several salient recommendations that can be made for policy and practice.

Recommendations for policy

The first policy issue to address in both countries is the need to clarify and standardise the definition of EBD. Within the U.S., this means addressing the vague terminology within the IDEA (2006) definition. For Finland, there is a need to clarify eligibility requirements for special needs education related to EBD to ensure there is consistency in who has access to services across municipalities and schools. While there seems to be little political will to achieve either of these changes, they are nonetheless an important starting point for ensuring the inclusion of students with EBD. Another related policy change that would likely be achieved more easily in both countries is to require that a psychologist or psychiatrist be part of the multidisciplinary team that decides on special education services for students with EBD.

The next policy issue to address in Finland and the U.S., is the lack of specific commitment within policies to ensure students with EBD have access to inclusive education. For Finland, this means providing greater guidance within the Finnish National Core Curriculum of Basic Education 2014 (Finnish National Board of Education 2016), including a definition of and commitment to inclusive education, as well as guidance on implementation. Additionally, within the document, there is a need to provide guidance on addressing youth behaviour that relies on evidence-based practice and extends beyond reactive and punitive approaches and 'disciplinary educational discussions.' Within the U.S., there is little discussion concerning the 'pushing out' of students with EBD and the ways in which the current approach to LRE within IDEA (2006) currently hinders the inclusion of students with EBD. As such, there is a need to reconcile the notion of inclusion with the reality that the LRE clause is allowing students with EBD to be excluded.

While the exclusionary school settings in the U.S. and Finland vary in many ways, they share common problems that limit their positive impact on youth with EBD. American AES, juvenile correctional schools, and day treatment/residential psychiatric schools, as well as Finnish RS are plagued by a lack of oversight to ensure appropriate curriculum, instruction, behavioural supports, and mental health interventions. Monitoring, requirements for data collection, and public reporting of data are necessary to hold these schools accountable. Granted, this approach to accountability runs counter the Finnish philosophy of teacher autonomy and is also hindered by the American apathy to providing oversight to these placements. However, the dismal short- and long-term outcomes of youth educated in exclusionary placements in both countries are a clear indication that there is a need for monitoring and reform.

Recommendations for practice

In both Finland and the U.S., clarity and improvements are needed concerning the hiring of qualified staff to provide services within neighbourhood and in exclusionary schools. Within neighbourhood schools, both countries would benefit from a greater commitment to ensuring there are adequate mental health professionals to provide school-based services. Within exclusionary settings, the lack of mental health providers is further complicated by teachers that are unprepared to deal with the complex academic and behavioural characteristics of the students. A three-pronged approach to addressing staffing issues should include: (a) improving pre-service teacher education; (b) improving professional development; and (c) increasing the number of qualified teachers and mental health providers. Providing incentives for professionals to be trained in and to work with students with EBD, particularly in exclusionary settings, may also prove helpful.

Although data is limited in the U.S. and non-existent in Finland, it is clear from the fact that teachers are unprepared to support students with EBD, that there are insufficient behavioural supports provided to these youth. A failure in neighbourhood schools can lead youth into 'deeper end' exclusionary schools (e.g., RS, AES, juvenile correctional facilities, psychiatric facilities) where concerns regarding the availability of appropriate services are even greater. As a part of multi-tiered systems of supports in each type of school, students should have access to evidence-based behavioural interventions and supports, and cognitive-behavioural interventions. In Finland, there is also a need for

a national resource centre that provides support for the systematisation of behavioural support services and resources for teachers (Björn et al. 2016).

Finally, given the frequency with which students with EBD are served in exclusionary settings, there is a significant need for coordinated and comprehensive transition services to ensure youth reintegrate into their neighbourhood school, family, community, and workforce. Currently, no such system exists for students exiting Finnish RS and the services provided to youth in the U.S., particularly for those exiting the juvenile corrections system, are woefully inadequate.

Conclusion

Inclusion of youth with EBD is clearly a complex endeavour that requires identification of youth with EBD, evidence-based supports within the inclusive education environment, an adequate number of highly qualified teachers and mental health professionals, an increase in supports for youth that are in exclusive settings, and transition supports to assist youth re-entry. Nevertheless, it is a worthy goal and these troubled youth have a right to be supported, so that they can be included and contributing members of society.

Note

1. Given the disparate approaches to labelling youth with behaviour problems, the term "emotional and behavioural disorders (EBD) is used throughout the article, except when referring specifically to the emotional disturbance (ED) classification in the IDEA (2006) regulations.

Conflicts of of interest

The authors have no conflict of interest. The author has no financial interest or benefit that has arisen from the direct application of his research.

Disclosure of potential conflicts of interest

No potential conflict of interest was reported by the author(s).

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References

Advancement Project, Education Law Center-PA, FairTest, The Forum for Education and Democracy, Juvenile Law Center, NAACP, & Legal Defense and Educational Fund, Inc. 2011, March. "Federal Policy, ESEA Reauthorization, and the School-to-prison Pipeline." 1–10. http://www.jlc.org/sites/default/files/publication_pdfs/Federal_Policy%2C_ESEA_Reauthorization%2C_and_the_School-to-Prison_Pipeline_-_03_09_11.pdf

American Psychiatric Association. 2013. *Diagnostic and statistical manual of mental disorders*(5th ed.). Author

Ahtola, A., and P. Niemi. 2014. "Does It Work in Finland? "School Psychological Services within a Successful System of Basic Education." *School Psychology International* 35 (2): 136–151. doi:10.1177/0143034312469161.

Baglivio, M. T., and N. Epps. 2016. "The Interrelatedness of Adverse Childhood Experiences among High-risk Offenders." *Youth Violence and Juvenile Justice* 14 (3): 179–198. doi:10.1177/1541204014566286.

Basic Education Act [Finland]. 1998/2010. *628/1998 – Amendments up to 1136/2010*. www.finlex.fi/en/laki/kaannokset/1998/en19980628.pdf

Björn, P. M., M. Aro, T. Koponen, L. S. Fuchs, and D. Fuchs. 2016. "The Many Faces of Special Education within RTI Frameworks in the United States and Finland." *Learning Disability Quarterly* 39 (1): 58–66. doi:10.1177/0731948715594787.

Child Welfare Act: Finland (No. 417/2007; amendments up to 1292/2013 included). 2007.

DePaoli, J. L., R. Balfanz, J. Bridgeland, M. Atwell, and E. S. Ingram. 2017. *Building a Nation: Progress and Challenge in Raising High School Graduation Rates*. Washington DC and Baltimore, MD: Civic Enterprises; Everyone Graduates Center at Johns Hopkins University. http://gradnation.americaspromise.org/report/2017-building-grad-nation-report

Dever, B. V., T. C. Raines, E. Dowdy, and C. Hostutler. 2016. "Addressing Disproportionality in Special Education Using a Universal Screening Approach." *The Journal of Negro Education* 85 (1): 59–71. doi:10.7709/jnegroeducation.85.1.0059.

Dierkhising, C. B., S. J. Ko, B. Woods-Jaeger, E. C. Briggs, R. Lee, and R. S. Pynoos. 2013. "Trauma Histories among Justice Involved Youth: Findings from the National Child Traumatic Stress Network." *European Journal of Psychotraumatology* 4 (1): 1–12. doi:10.3402/ejpt.v4i0.20274.

Fazel, S., H. Doll, and N. Langstrom. 2008. "Mental Disorders among Adolescents in Juvenile Detention and Correctional Facilities: A Systematic Review and Metaregression Analysis of 25 Surveys." *Journal of the American Academy of Child and Adolescent Psychiatry* 47 (9): 1010–1019. doi:10.1097/CHI.ObO13e31817eecf3.

Finnish National Board of Education. 2016. *National Core Curriculum for Basic Education 2014*. Helsinki, Finland: Author.

Freeman, J., M. L. Yell, J. G. Shriner, and A. Katsiyannis. 2019. "Federal Policy on Improving Students with Emotional and Behavioral Disorders: Past, Present, and Future." *Behavioral Disorders* 44 (2): 97–106. doi:10.1177/0198742918814423.

Gagnon, J. C., and B. R. Barber. 2011. "Preventing Incarceration through Special Education and Mental Health Collaboration for Students with Emotional and Behavioral Disorders." In *Justice for Kids: Keeping Kids Out of the Juvenile Justice System*, edited by N. Dowd, 82–106. New York: New York University Press.

Gagnon, J. C., and B. R. Barber. 2019, May. *Making the Right Turn: A Research Update on Evidence-based and Promising Post-exit Supports for Formerly Incarcerated Youth* (Research Brief 5, 1-27). Washington, DC: National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership. http://www.ncwd-youth.info/wp-content/uploads/2019/07/Making-the-Righ-Turn_A-Research-Update_May-2019_Accessible.pdf .

Hakala, J. T., and M. Leivo. 2017. "Tensions in the New Millennium: Inclusion Ideology and Education Policy in the Finnish Comprehensive School." *Journal of Education and Learning* 6 (3): 287–298. doi:10.5539/jel.v6n3p287.

Harrikari, T., and S. Hautala. 2018. "Transitions of Incarcerated Youth in Finland." In *Incarcerated Youth Transitioning Back to Community - International Perspectives*, edited by S. O'Neill, 187–204. New York, NY: Springer.

Hästbacka, N., and E. Pekkarinen. 2018. *Facts for Minors. Fostering Alternative Care for Troubled Minors: Final Report*. Rome, Italy: Istituto Psicoanalitico per le Ricerche Sociali. https://www.youthresearch.fi/images/fact_for_minors_report_from_finland_april_2018.pdf.

Honkasilta, J., E. Sandberg, V. Närhi, and M. Jauhnukainen. 2014. "ADHD in the Context of Finnish Basic Education." *Emotional and Behavioural Difficulties* 19 (3): 311–323. doi:10.1080/13632752.2014.883789.

Honkasilta, J. M., R. S. Ahiainen, N. A. Hienonen, and M. Jahnukainen. 2019. "Inclusive and Special Education and the Question of Equity in Education: The Case of Finland." In *The SAGE Handbook on Inclusion and Diversity in Education*, edited by M. Schuelka, C. Johnstone, G. Thomas, and A. Artiles, 481–495. Thousand Oaks, CA: Sage publications.

Individuals with Disabilities Education Improvement Act, 34 CFR § 300.114(a)(2)(i-ii) 2006.

Jahnukainen, M. 2011. "Different Strategies, Different Outcomes? the History and Trends of the Inclusive and Special Education in Alberta (Canada) and in Finland." *Scandinavian Journal of Educational Research* 55 (5): 489–502. doi:10.1080/00313831.2010.537689.

Jahnukainen, M., and T. Itkonen. 2015. "Tiered Intervention: History and Trends in Finland and the United States." *European Journal of Special Needs Education* 31: 1–11. doi:10.1080/08856257.2015.1108042.

Kirjavainen, T., J. Pulkkinen, and M. Jahnukainen. 2016. "Special Education Students in Transition to Further Education: A Four-year Register-based Follow-up Study in Finland." *Learning and Individual Differences* 45: 33–42. doi:10.1016/j.lindif.2015.12.001.

Kitinoja, M. 2005. *Kujan Päässä Koulukoti*. Helsinki, Finland: National Research and development Centre for Welfare and Health.

Kleiner, B., R. Porch, and E. Farris. 2002. *Public Alternative Schools and Programs for Students at Risk of Education Failure: 2000–01*. (NCES 2002–004). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

Koivukangas, J. 2018. "Prevalence of Psychiatric Diagnoses among Reform School Population – A Register-based Follow-up Study." Unpublished master's thesis, University of Helsinki, Helsinki, Finland. https://helda.helsinki.fi/handle/10138/278374

Krezmien, M. P., P. E. Leone, and G. M. Achilles. 2006. "Suspension, Race, and Disability: Analysis of Statewide Practices and Reporting." *Journal of Emotional and Behavioral Disorders* 14 (4): 217–226. doi:10.1177/10634266060140040501.

Lehr, C. A., C. S. Tan, and J. Ysseldyke. 2009. "Alternative Schools: A Synthesis of State- Level Policy and Research." *Remedial and Special Education* 30 (1): 19–32. doi:10.1177/0741932508315645.

Lehto-Salo, P. 2011. *Koulukotisijoitus - Nuoren Toinen Mahdollisuus?* Jyväskylä, Finland: Jyväskylä University.

Lehto-Salo, P., V. Närhi, T. Ahonen, and M. Marttunen. 2009. "Psychiatric Comorbidity More Common among Adolescent Females with CD/ODD than among Males." *Nordic Journal of Psychiatry* 63 (4): 308–315. doi:10.1080/08039480902730615.

Lipari, R. N., S. Hedden, G. Blau, and L. Rubenstein. 2016, May 5. "Adolescent Mental Health Service Use and Reasons for Using Services in Specialty, Educational, and General Medical Settings." *The CBHSQ Report*. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/report_1973/ShortReport-1973.pdf

Maccini, P., J. C. Gagnon, C. Mulcahy, and K. Wright. 2013. "Mathematics Instructional Practices in Psychiatric Schools for Secondary Students with Emotional/behavioral Disorders and Learning Disabilities." *International Journal on School Disaffection* 10 (1): 47–71. doi:10.18546/IJSD.10.1.04.

Manninen, M., J. Suvisaari, N. Marola, and M. Aaltonen. 2017. "Adult Criminality among Former Residential School Adolescents." *Criminal Behaviour and Mental Health* 27 (5): 470–483. doi:10.1002/cbm.2025.

Manninen, M., M. Pankakoski, M. Gissler, and J. Suvisaari. 2015. "Adolescents in a Residential School for Behavior Disorders Have an Elevated Mortality Risk in Young Adulthood." *Child and Adolescent Psychiatry and Mental Health* 9 (46): 1–7. doi:10.1186/s13034-015-0078-z.

Mason, C. 2016. "The Social Maladjustment Exclusion: Leaving Category of Students behind and the Problem with State and Judicial Interpretation of Congressional Intent." *University of the District of Columbia Law Review* 19: 91–114.

Mason-Williams, L., and J. C. Gagnon. 2017. "An Analysis of Teacher Sorting in Secondary Special Education and Alternative Schools." *Journal of Special Education* 50 (4): 239–250. doi:10.1177/0022466916656174.

Mattison, R. E. 2015. "Comparison of Students with Emotional And/or Behavioral Disorders as Classified by Their School Districts." *Behavioral Disorders* 40 (3): 96–209. doi:10.17988/0198-7429-40.3.196.

McClelland, G. M., K. S. Elkington, L. A. Teplin, and K. M. Abram. 2004. "Multiple Substance Use Disorders in Juvenile Detainees." *Journal of the American Academy of Child and Adolescent Psychiatry* 43 (10): 1215–1224. doi:10.1097/01.chi.0000134489.58054.9c.

McKenna, J. W., M. Solis, F. Brigham, and R. Adamson. 2019. "The Responsible Inclusion of Students Receiving Special Education Services for Emotional Disturbance: Unraveling the Practice to Research Gap." *Behavior Modification* 43 (4): 587–611. doi:10.1177/0145445518762398.

Mendel, R. A. 2011. *No Place for Kids: The Case for Reducing Juvenile Incarceration*. Baltimore, MD: Annie E. Casey Foundation. https://www.aecf.org/resources/no-place-for-kids-full-report/.

Mertanen, K., and K. Brunila. 2018. "Prison Break. Education of Young Adults in Closed Prisons-building a Bridge from Prison to Civil Society?" *Education Inquiry* 9 (2): 155–171. doi:10.1080/20004508.2017.1380478.

Mulvey, E. P., C. A. Schubert, and C. A. Odgers. 2010. "A Method of Measuring Organizational Functioning in Juvenile Justice Facilities Using Resident Ratings." *Criminal Justice and Behavior* 37 (11): 1255–1277. doi:10.1177/0093854810380186.

Muncie, J. 2013. "International Juvenile (In)justice: Penal Severity and Rights Compliance." *International Journal for Crime, Justice and Social Democracy* 2 (2): 43–62. doi:10.5204/ijcjsd.v2i2.107.

National Center for Education Statistics. 2017. "Table 216.20: Number and Enrollment of Public Elementary and Secondary Schools, by School Level, Type, and Charter and Magnet Status: Selected Years, 1990-91 through 2015-2016." *Digest of Education Statistics*. Washington DC: Author. https://nces.ed.gov/programs/digest/d17/tables/dt17_216.20.asp

National Center for Education Statistics. 2018. *Numbers and Types of Public Elementary and Secondary Schools from Common Core Data: School Year 2005-2006*. Washington DC: Author. https://nces.ed.gov/pubs2007/pesschools06/glossary.asp .

Nations, U. 2019. *Disability and Development Report: Realizing the Sustainable Development Goals By, For, and with Persons with Disabilities 2018*. New York, NY: Author. https://www.un.org/development/desa/disabilities/publication-disability-sdgs.html.

Official Statistics Finland. 2019. *Special Education 2018* (=1799-1617). Helsinki, Finland: Author. http://www.stat.fi/til/erop/index_en.html

Oliver, R. M., and D. J. Reschly. 2010. "Special Education Teacher Preparation in Classroom Management: Implications for Students with Emotional and Behavioral Disorders." *Behavioral Disorders* 35 (3): 188–199. doi:10.1177/019874291003500301.

Pekkarinen, E. 2017. *Koulukoti Muutoksessa. Selvitys Koulukotien Asemasta Ja Tehtävästä*. Helsinki, Finland: Nuorisotutkimusverkosto: Nuorisotutkimusseura.

Perzigian, A. B., K. Afacan, W. Justin, and K. L. Wilkerson. 2017. "Characteristics of Students in Traditional versus Alternative High Schools: A Cross-sectional Analysis of Enrollment in One Urban District." *Education and Urban Society* 49 (7): 676–700. doi:10.1177/0013124516658520.

Pitts, J., and T. Kuula. 2005. "Incarcerating Young People: An Anglo-Finnish Comparison." *Youth Justice* 5 (3): 147–164. doi:10.1177/147322540500500302.

Porowski, A., R. O'Conner, and J. L. Luo. 2014. *How Do States Define Alternative Education?* (REL 2014-038). Washington DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Mid-Atlantic. http://ies.ed.gov/ncee/edlabs

Retrieval, M. D. 2018. "U.S. Alternative Schools." Personal communication. Shelton, CT: Author.

Rikosseuraamuslaitos. 2017. *Rikosseuraamuslaitos Tilastoja 2016*. Helsinki, Finland: Author. http://www.rikosseuraamus.fi/material/attachments/rise/julkaisut-tilastollinenvuosikirja/OEnaT5BkF/RISE_Tilastoja_2016.pdf

Rikosseuraamuslaitos. 2018. *Criminal Sanctions Agency Statistical Yearbook 2018*. Helsinki, Finland: Author. https://www.rikosseuraamus.fi/material/attachments/rise/julkaisut-tilastollinenvuosikirja/AzNXXizez/Rikosseuraamuslaitoksen_tilastollinen_vuosikirja_2018_ENG_WWW.pdf .

Saloviita, T. 2018. "How Common are Inclusive Educational Practices among Finnish Teachers?" *International Journal of Inclusive Education* 22 (5): 560–575. doi:10.1080/13603116.2017.1390001.

Schubert, C. A., E. P. Mulvey, and C. Glasheen. 2011. "Influence of Mental Health and Substance Use Problems and Criminogenic Risk on Outcomes in Serious Juvenile Offenders." *Journal of the American Academy of Child and Adolescent Psychiatry* 50 (9): 925–937. doi:10.1016/j.jaac.2011.06.006.

Shufelt, J. L., and J. J. Cocozza. 2006, June. "Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multistate Prevalence Study." *Research and program brief*. Washington DC: National Center for Mental Health and Juvenile Justice Research and Program Brief. http://www.unicef.org/tdad/usmentalhealthprevalence06(3).pdf

Sickmund, M., and C. Puzzanchera, Eds. 2014. *Juvenile Offenders and Victims: 2014 National Report*. Pittsburgh, PA: National Center for Juvenile Justice. https://www.ojjdp.gov/ojstatbb/nr2014/downloads/NR2014.pdf.

Talaslampi, H., M. Jahnukainen, and M. Manninen. 2019. "The Factors that Contribute Educational Outcomes of Adolescents Placed in Care Due to Severe Behavioral Problems." *Children and Youth Services Review* 102: 210–221. doi:10.1016/j.childyouth.2019.05.021.

Törrönen, M., R. Vornanen, and E. Saurama. 2016. "Out-of-home Care for Children and Young People in Finland." In *Residential Child and Youth Care in a Developing World*, edited by T. Islam and L. Fulcher, 247–265. Cape Town, South Africa: CYC-Net Press.

"United Nations General Assembly Session 61/106." *Convention on the Rights of Persons with Disabilities*, A/RES/61/106 13 December 2006. https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/61/106

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. 2018. *40th Annual Report to Congress on the implementation of the Individuals with Disabilities Education Act, 2018*. Washington, DC: Author. https://www2.ed.gov/about/reports/annual/osep/2018/parts-b-c/40th-arc-for-idea.pdf

Wasserman, G. A., L. S. McReynolds, S. J. Ko, L. M. Katz, and J. R. Carpenter. 2005. "Gender Differences in Psychiatric Disorders at Juvenile Probation Intake." *American Journal of Public Health* 95 (1): 131–137. doi:10.2105/AJPH.2003.024737.

Weiss, B., and J. Garber. 2003. "Developmental Differences in the Phenomenology of Depression." *Developmental Psychopathology* 15: 403–430. doi:10.1017/s0954579403000221.

Wery, J. J., and D. Cullinan. 2011. "State Definitions of Emotional Disturbance." *Journal of Emotional and Behavioral Disorders* 21: 45–52. doi:10.1177/1063426611418234.

Wilkerson, K. W., J. C. Gagnon, M. A. Melekoglu, and O. Cakiroglu. 2012. "Reading Instruction in Secondary Day Treatment and Residential Schools for Youth with Emotional or Behavioral Disorders." *Remedial & Special Education* 33: 78–88. doi:10.1177/0741932510364546.

Yle. 2019. *Minister Pledges €29m to Improve School Counseling Services*. Helsinki, Finland: Author. https://yle.fi/uutiset/osasto/news/minister_pledges_29m_to_improve_school_counselling_services/11028053.

Young, L., M. Mulloy, S. Huckabee, R. Landoll, E. Miller, M. Miller, and M. D. Weist. 2015. "Child and Adolescent Mental Health and the Schools." In *Advances in Learning and Behavioral Disabilities*, edited by B. G. Cook, M. Tankersley, and T. J. Landrum, 197–224. Vol. 28. Bingley, United Kingdom: Emerald Group Publishing.