

USING TED TALKS TO PREPARE FUTURE TEACHERS TO BECOME ADVOCATES FOR STUDENTS WITH EMOTIONAL/MENTAL CHALLENGES

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Abstract

This manuscript describes an approach for preparing future teachers to become advocates for students with emotional/mental health challenges. Students diagnosed with emotional/mental health challenges often face stigma and are pushed to the margins of K-12 classrooms. By using TED Talks that presented first-person narratives from individuals with emotional/mental health disabilities, a university instructor was able to help future teachers feel better prepared to become advocates for students with similar challenges. This manuscript presents an overview of the process and highlights key resources that can be used in university classrooms and field/clinical settings.

Keywords: emotional disorders, mental health, teacher preparation, TED Talks

Children and adolescents diagnosed with emotional/mental health disorders are often pushed to the margins of school settings by their peers, teachers, and other school staff (Kauffman & Landrum, 2013). They may be subjected to gossip, rumors, and social isolation by their peers, as well as being frequently ignored, removed from classrooms, and avoided by teachers (Moses, 2010). These experiences contribute to the fact that students with emotional/mental health disorders frequently experience lower levels of academic achievement and school completion, along with experiencing higher levels of absenteeism and suspension/expulsion (Cannon, Gregory, & Waterstone, 2013).

The roots of this marginalization are found in the historical stigmatization of individuals with emotional/mental health challenges (Baglieri & Shapiro, 2012). Garland (1995) identified social beliefs and practices in the Greco-Roman cultures that viewed individuals with emotional/mental health disabilities as being undesirable and unworthy of participating in mainstream social networks and employment opportunities. These prejudices extended through the Judeo-Christian tradition and into the Middle Ages, with these individuals being viewed as subject to demonic possession and the displeasure of God (Mackelprang & Salsgiver, 1996). As European society moved into the colonial and industrial eras, individuals with emotional/mental health disorders

were viewed as burdens on their communities and forced to live in asylums and institutions that offered little opportunity for happiness or well-being (Trattner, 1994). By the mid-twentieth century, societal practices toward these individuals had shifted into more of a focus on care and rehabilitation, but this was still predominantly provided in institutional settings or in separate classrooms within K-12 public school buildings (Baglieri & Shapiro, 2012).

Theoretical Framework: Disability Studies in Education

Over the past 20 years, the field of disability studies in education has grown as part of a repositioning of how children and adolescents with disabilities are perceived and treated within our public school systems (Connor, Valle, & Hale, 2015). Drawing from the work of social scientists, historians, and other academics who have examined the historical prejudices and mistreatment of individuals with disabilities, the field of disability studies in education seeks to enact a paradigm shift in which the dominant forms of viewing disability are no longer as deficit, deficiency, and defect (Baglieri & Shapiro, 2012). Instead, disability studies in education contends that individuals with disabilities should be afforded the agency and voice that allows them to control their own narratives and the resulting social and educational policies which are enacted.

A disability studies framework posits that the experiences, needs, and desires of students with disabilities are best understood through the voices of individuals who have lived these challenges directly. Instead of using the traditional medical model of disability that holds that disability is an identifiable defect that can be treated and remediated, disability studies calls for educators to learn about the direct experiences of individuals with disabilities through first-person narratives, to view disability as a fundamental part of human life and not as a problem to be repaired, and to advocate for barrier-free educational environments that are inclusive for all individuals (Gabel, 2005). For our work in teacher preparation, disability studies pushes us away from teaching about disability as a problem that needs to be cured; instead, it asks us to invite disability into our classrooms and welcome it as part of the continuum of human individuality that needs to be woven into the fabric of our teacher preparation curricula.

The work described in this manuscript is an initial attempt to incorporate aspects of a disability studies framework into a traditional undergraduate special education course titled *Students with Emotional and Behavioral Disorders*. In various avenues of my professional and personal life, I have witnessed the stigmatization and marginalization of children and adults with emotional/mental health disorders. The historical roots and current manifestations of this prejudice as described in the opening paragraphs of this manuscript remain alive in many of our schools and classrooms throughout Texas. This seemed to be an ideal opportunity to address some of the prejudices associated with emotional/mental health challenges by incorporating elements of a disability studies approach into a course taken by future teachers.

Context

When I was provided the opportunity to teach this course, I wanted to explore an approach for preparing future teachers to become advocates for students with emotional/mental health challenges. However, there were some considerations as to how I could reasonably explore the nexus of disability studies in a course on emotional and behavioral disorders. First, I was a new faculty member to our university. In this position, I felt it was appropriate to work within the previously approved course syllabus that had been in use for several years. The course content was grounded in what is widely considered the leading textbook for future special educators on the topic of supporting children with emotional and behavioral disorders: *Characteristics of Emotional and Behavioral Disorders of*

Children and Youth, 10th edition (Kauffman & Landrum, 2013). Kauffman is considered a giant in this field, and the research-base and overall content of the textbook is firmly established.

However, the textbook tends more toward the medical model of disability that the field of disability studies seeks to challenge. While giving some consideration to the social and ecological factors that shape the experiences of students with emotional/mental health challenges, the textbook presents disability as a deficit and contends that the primary role of educators is to remediate the negative impact of emotional/mental health disorders. The companion case study book provides brief profiles of children and adolescents with emotional/mental health disorders, but the cases are largely written from the perspective of a teacher or caregiver and not from the individuals themselves. Thus, I wanted to find options for integrating viewpoints more aligned with disability studies within the existing content structure of the course syllabus and textbook.

A second consideration related to my preconceived notions of special education in Texas. I am a product of the Texas K-12 public school system and have a sibling with three children presently enrolled in our schools. However, prior to my current faculty position at a large state university in Texas, I spent the previous 20 years working in special education in Massachusetts and Illinois. My previous two faculty positions had been at private universities with strong emphasis on social justice issues and pushing the boundaries of traditional special education teacher preparation. According to the informal convenience sample of teachers, principals, colleagues, and family that I used to shape my preconceptions of services for students with emotional/mental health disorders in Texas, it seemed that I should work from within the more traditional medical model of disability presented by Kauffman and Landrum (2013) and gradually integrate components of a disability studies approach to teacher preparation.

Authentic Voices as Component of Disability Studies

Based on the above considerations, I attempted to identify one high-impact strategy influenced by disability studies that might help prepare future teachers to become advocates for students with emotional/mental health challenges. My intention was to incorporate the strategy into the course and monitor the results over a three-semester period. From that point, I could better determine how to further embed disability studies influenced strategies into the course.

As for identifying the strategy, Baglieri and Shapiro (2012) and Connor (2015) discussed the importance of first-person narratives in helping teachers and teacher candidates to better understand the dynamics of disability and to reduce commonly held prejudices and misconceptions directed toward individuals with disabilities. By learning to recognize and address these prejudices and misconceptions, teacher candidates are better prepared to support and advocate on behalf of students with emotional/mental health disorders (Baglieri & Shapiro, 2012). As is the case for many special education faculty, I brought in parents and young adults with disabilities into my classrooms for years. However, I had never been able to identify a person with an emotional/mental health disorder to speak to my classes.

My theory has been that the stigma associated with mental illness is too great for people to readily want to talk with strangers. I know that this is the case within my own family system. For whatever reasons, individuals with autism spectrum disorders, physical disabilities, or learning disabilities have always been more willing to talk to my student audiences. Typically, students in my classes report that the authentic voices of parents and young adults with disabilities are their most impactful and favorite learning experiences. In order to incorporate this design element while navigating the difficulty in finding individuals to discuss their mental health challenges, I turned to a frequently referenced tool in popular internet culture: the TED Talk.

TED Talks as a Teaching Tool

The initial Technology, Entertainment, and Design (TED) conference was held in 1984 and has since grown into an active, worldwide nonprofit organization that serves as a platform for ideas on a wide range of topics (TED, n.d.). The organization's most recognizable tool is the TED Talk, an 18-minute or less lecture that challenges viewers to consider new ideas or viewpoints (TED, n.d.). TED Talks have emerged as a popular and effective teaching tool in university classrooms, including the disciplines of economics (Geerling, 2012), psychology (Wilson, 2013), social work (Rodriguez-Keyes & Schneider, 2013), and education (Rubenstein, 2012). TED Talks are used in classrooms through a variety of strategies. They are used to supplement lectures and in-class activities (Rubenstein, 2012), introduce key ideas and new ways of thinking in online and hybrid courses (Rodriguez-Keyes & Schneider, 2013) and to expand on assigned readings in flipped classroom models (Rodriguez-Keyes & Schneider, 2013; Wilson, 2013).

Based on the reported effectiveness of using TED Talks in university courses, it seemed that this tool would provide a viable solution to my desire to incorporate first-person narratives from individuals with emotional/mental health challenges into our undergraduate special education course titled *Students with Emotional and Behavioral Disorders*. TED Talks provide the authentic voice of individual human experience in a multimedia format that students report as influential and engaging (Loya & Klemm, 2016). By using TED Talks to provide first-person narratives of emotional/mental health challenges, I would be able to have my students listen to a wide range of speakers who have broken through the veil of stigma associated with talking about mental health issues. As noted in the disability studies literature (Baglieri & Shapiro, 2012; Conner, 2015), examining first-person narratives is a key strategy that helps teacher candidates learn to recognize and address prejudices and misconceptions about emotional/mental health disorder. By recognizing and examining these issues, teacher candidates become better prepared to support and advocate on behalf of this vulnerable student group (Baglieri & Shapiro, 2012). As an added instructional feature, TED Talks are essentially always available. This meant that students could watch the videos multiple times to gain greater understanding and complete homework assignments based on the videos, as well as the fact that students absent from class would not miss out on the content as would happen in the case of an in-person speaker.

Instructional Design

Students with Emotional and Behavioral Disorders is a required course in our university's special education minor program. It is typically the second special education course taken by our teacher candidates, following an introductory course that addresses the fundamental aspects of special education laws, services, and supports. For the three semesters addressed in this manuscript (Fall 2016, Spring 2017, Fall 2018), the course was delivered in face-to-face format twice weekly. It was organized into five content modules that were spread evenly throughout the semester:

- Module 1: Foundations for studying emotional and behavioral disorders;
- Module 2: Attention deficit hyperactivity disorder;
- Module 3: Conduct and other oppositional disorders;
- Module 4: Anxiety and related disorders; and
- Module 5: Depression and related mood disorders.

TED Talks were incorporated into the course modules in two ways: 1) as the focal points of in-class learning activities; and 2) as the focal points of homework assignments. Both of these approaches will be discussed in detail.

As in-class learning activities, TED Talks presented the first-person narratives of individuals with emotional/mental health challenges in an engaging way that were paired with research-supported active learning strategies for the university classroom. As noted by Loya and Klemm (2016), university students reported that the multimedia format of TED Talks helped them to stay motivated and engaged during class sessions. In each

course module, TED Talks were the central learning activity in two or three class sessions. As the instructor, I would identify one TED Talk directly related to the module topic for students to view during class. Before watching the video, students would be cued to engage in an active learning strategy. Students were encouraged to take notes during the TED Talk and then complete the activity following the video. In most cases, the entire learning event (TED Talk and activity) would take approximately 30 minutes. A variety of active learning strategies were used to enhance the TED Talks based on the recommendations of Paulson and Faust (n.d.). Table 1 provides a brief overview of each strategy.

Table 1
*Active In-Class Learning Strategies Used with TED Talks on Emotional/Mental Health Challenges**

Strategy	Brief Descriptor
Affective response	Students record the reactions, feelings, emotions, and perceptions that they experience as they are watching the speaker.
Buy or sell	Students justify in writing or in group discussion whether they are willing to “buy” (i.e., agree) or “sell” (i.e., disagree) various points made by the speaker.
Dear diary	Students write a diary/journal entry that articulates their perceptions of the content presented by the speaker, with an emphasis on how it directly relates to their own lives.
Graphic organizer	Students create a graphic depiction of the key talking points presented by the speaker.
TED letter	Students write a letter to the speaker that acknowledges points of agreement and highlights questions and/or disagreements.
What would the textbook authors say	Students work in groups to imagine how the course textbook authors would react to the key points presented by the speaker.

*NOTE: Strategies adapted from Paulson and Faust (n.d.).

As the focal points of homework assignments, TED Talks were used in two different assignment formats. First, students completed a video analysis assignment for each of the five modules in the course. At the conclusion of each module, students were asked to select one TED

Talk that they watched in class as the focus for the assignment. Students were then asked to locate one other video online that presented a first-person account of the emotional/mental health challenge that was the topic for the module. They then wrote a 300-500 word essay that

summarized the viewpoints of each speaker and compared/contrasted their perspectives. Students were required to use the course textbook or journal articles to support their analyses. Table 2 presents a brief overview of

the TED Talks that were watched during class sessions from which students could choose to complete the video response assignments.

Table 2

*TED Talks that Present Authentic Voices on Emotional/Behavioral Challenges**

Module 1: Foundations for studying emotional and behavioral disorders

- Alicia Raimundo: *Mental Health Superhero*
<https://www.youtube.com/watch?v=blSkkwcY4uo>
- Ruby Wax: *What’s So Funny About Mental Illness?*
<https://www.youtube.com/watch?v=mbbMLOZjUYI>

Module 2: Attention deficit hyperactivity disorder

- Stephen Tonti: *ADHD as a Difference in Cognition, Not a Disorder*
https://www.youtube.com/watch?v=uU6o2_UFSEY
- Salif Mahamane: *ADHD Sucks, But Not Really*
<https://www.youtube.com/watch?v=fWCocjh5aK0>

Module 3: Conduct and other oppositional disorders

- Jennifer Senior: *For Parents, Happiness is a Very High Bar*
<https://www.youtube.com/watch?v=DOgsYATbV-s>
- Jon Ronson: *Strange Answers to the Psychopath Test*
<https://www.youtube.com/watch?v=xYemnKEKx0c>

Module 4: Anxiety and related disorders

- Jessica Dare: *Challenges and Rewards of a Culturally Informed Approach to Mental Health*
<https://www.youtube.com/watch?v=VrYmQDiuSc>
- Neil Hughes: *A New Plan for Anxious Feelings: Escape the Custard!*
<https://www.youtube.com/watch?v=bM06o26PCDQ>
- Alison Sommer: *Anxiety Disorders and Panic Attacks*
https://www.youtube.com/watch?v=bl8_81JF3b8

Module 5: Depression and related mood disorders

- Kevin Breel: *Why We Need to Talk About Depression*
<https://www.youtube.com/watch?v=-Qe8cR4Jl10>
- Kevin Briggs: *The Bridge Between Suicide and Life*
<https://www.youtube.com/watch?v=7CIq4mtiamY>
- J.D. Schramm: *Break the Silence for Suicide Survivors*
<https://www.youtube.com/watch?v=Hy4yby7ZAd0>

*NOTE: The URLs listed are from the YouTube platform so that readers can access the closed-captioned version for increased accessibility.

The second way that TED Talks were used as a focal point of a homework assignment was the application and analysis assignment. Toward the conclusion of the course, students were asked to identify a TED Talk on emotional/mental health challenges that we had not watched in class. In order to identify the video, they were

directed to locate the video from one of the four playlists that TED provided on emotional/mental health. Table 3 presents a brief summary of the TED Talk playlists used for this assignment.

Table 3
 TED Talk Playlists on Emotional/Mental Health Challenges

Playlist	Brief Descriptor
The Struggle of Mental Health https://www.ted.com/playlists/175/the_struggle_of_mental_health	Collection of 12 TED Talks that focus on depression, suicide, schizophrenia, and post-traumatic stress disorder.
The Importance of Self-Care https://www.ted.com/playlists/299/the_importance_of_self_care	Collection of nine TED Talks that explore the nexus of emotional and physical health.
Overcoming Depression https://www.ted.com/playlists/287/4_ted_talks_on_overcoming_depr	Collection of five TED Talks that specifically address issues related to depression.
Let's End the Silence Around Suicide https://www.ted.com/playlists/296/let_s_end_the_silence_around_s	Collection of four TED Talks that present the stories of suicide survivors and the family members of suicide victims.

Students were encouraged to watch their selected video a minimum of three times: 1) to gain comfort with the overall message; 2) to identify key points on which to focus their analysis; and 3) to actively take notes and frame their papers. They were then asked to write a 500-1000 word paper that examined how the speaker’s message impacted their own thinking about emotional/mental health disorders. Students were also asked to examine how the speaker’s message could impact children and adolescents, their families, and their teachers. For the conclusion, students had to juxtapose the speaker’s message with the viewpoints of the course textbook authors on the applicable topic (e.g., anxiety disorders).

Student Feedback and Instructor Considerations

The purpose of incorporating TED Talks into a more traditionally structured course focused on emotional-behavioral disorders was to explore an approach for preparing future teachers to support and advocate on behalf of students with emotional/mental health challenges. By using a disability studies in education framework that contends the experiences, needs, and desires of students with disabilities are best understood through the voices of individuals who have lived these challenges directly (Gabel, 2015), I was hoping to encourage our students to value the voices and narratives of those experiencing emotional/mental health challenges. In this particular

course, the design approach that I used focused on incorporating TED Talks given by individuals who directly experienced the impacts of emotional/mental health disorders.

Throughout the three semesters, I collected feedback from the students in a variety of ways. First, we had ongoing dialogue through the in-class activities and the homework assignments based on the TED Talks. I recorded notes after each class session and after grading assignments. These notes served as the primary basis for analysis in this study. In looking back through my notes, the most frequently occurring themes from students related to the idea of the talks being *eye-opening* and *ringing true*. These were both terms that students used in conversations and in written products. Students connected these themes to their preparedness to support and advocate on behalf of students with emotional/mental health challenges.

The theme of *eye-opening* most commonly connected to a sense of students enhancing their understanding of emotional/mental health disorders. In multiple examples, students would relate their experiences of having a sibling, relationship partner, or roommate who struggled with mental health issues. After watching a TED Talk from someone with similar challenges, students would then be better able to contextualize what they had observed and identify ways in which they could advocate or support someone more effectively. As an example, my field notes detailed a student recounting the story of his high school

classmate who had obsessive-compulsive disorder (OCD). They lived together during their freshman year of college, at which time the student reported that they grew apart because of the stresses both of them experienced due to the manifestation of OCD behaviors in such a close environment. After that class, the student reached out to his friend to rekindle their relationship. He reported that he started the conversation by simply stating that he now had begun to understand the stresses and pressures of OCD behaviors on individuals and those around them. In our class conversation, he stated, “I just told him that I never got it. I thought he was being weird. He just needed to get on with stuff and quit worrying about if he had the right number of pens in his bag and whatever else it was. There was so much.” The student went on to identify several strategies for how he could have better supported his friend and roommate. He concluded, “Now I know what I will do when I teach. You just have to let the little stuff go and focus on the big picture.”

The theme of *ringing true* was perhaps the most profound for me as their instructor. The rising prevalence rates of diagnosed emotional/mental health disorders among university students has been well-documented in recent years (Auerbach, et. al., 2018). In particular, depression and anxiety have become more prominent in our students’ lives. However, I was unprepared for how far back into their experiences the students would recount the difficulties of anxiety, depression, and related mood disorders. In reading their assignment responses and looking over notes from class discussions, the TED Talks helped the students situate their own experiences in relationship to the speaker. Students frequently compared their own experiences with those of the speaker, often focusing on the supports provided or the lack thereof. An illustrative example came from one student: “I didn’t have any of that help. His [the TED Talk speaker] parents tried to help him. He got to go to therapy. I didn’t get that. I didn’t even go to the school counselor.” While the sense of *ringing true* was the most common thread, students often challenged the speakers’ messages by writing and reminding their classmates that each talk represented the experience of *one* individual. They frequently pointed out different circumstances that impacted emotional/mental health, such as access to resources, family dynamics, and the support (or lack thereof) of teachers during their K-12 and university schooling.

The other method for collecting student feedback on the influence of TED Talks was to ask students to rate the level of influence of the various talks. At the conclusion of the semester, students would spend a class session re-watching clips of the TED Talks from the semester (see Table 2). They were then provided a list of

the TED Talks (similar to that presented in Table 2) and asked to rate how influential they felt each talk was in preparing them to support and advocate for students with emotional/mental health challenges. The four-item scale consisted of *not influential*, *limited influence*, *influential*, and *highly influential*. After completing the scale for each TED Talk, students were asked to provide their comments and reasoning for the rating.

Across the 75 students who took the course over three semesters, there were three TED Talks that over half of the students rated as *highly influential*. The first talk was Salif Mahamane’s *ADHD Sucks, But Not Really* (2015), which was rated as *highly influential* by 42 students (56.0%). In reading the feedback from students, they related to the juxtaposition that Salif Mahamane presented as being an extraordinarily talented and motivated student who was viewed by his teachers as being incapable of academic success. In their notes, students frequently listed multiple strategies that teachers could use to have helped Salif succeed in school. The second talk was Kevin Breel’s *Why We Need to Talk about Depression* (2013), rated as *highly influential* by 56 students (74.7%). Students conveyed that they related to his ability to present an outward face to his peers that conveyed confidence, while inwardly struggling significantly with depression and mental well-being.

The third TED Talk consistently rated by students as *highly influential* was Kevin Brigg’s *The Bridge Between Suicide and Life* (2014). This talk was rated *highly influential* by 60 out of 75 students (80.0%). Their responses to this talk both in writing and during class discussions presented me with complex situations to navigate. On one level, Kevin Brigg’s talk accomplished what I was hoping to achieve through this project. After watching his talk, students were open about discussing the stigma associated with suicide. They readily identified strategies for supporting individuals who expressed an intention to harm themselves, and they discussed various community resources at which they would consider volunteering. From a disability studies perspective, students conveyed a sense of preparedness toward supporting and advocating for adolescents and young adults who had attempted suicide. They were also influenced by Kevin Brigg’s message about the impact of suicide on all those surrounding the individuals, including family, friends, and classmates.

However, there were several students who shared their stories of friends and family members who had committed suicide or attempted suicide. In four cases, the suicide or attempted suicide had been within the previous three months. While some students discussed these stories

openly in class, more students revealed these situations to me through their written responses. As I disclosed to my students before we watched Kevin Brigg's TED Talk, attempted suicide is something that is very close to my own friend and family network. When the students would disclose their experiences, I relied on coaching and support from our university's counseling center on how best to direct and support students who were closely connected with suicide and attempted suicide.

In reflecting on these experiences, I contend that these were moments in which a disability studies framework manifested itself most notably in the course. Instead of holding suicide at a distance as the act of a deeply troubled person far from ourselves, the students listened to the voices presented in the TED Talks and expressed an understanding of human suffering and a desire to support individuals who have gone through these situations. This was a shift away from the traditional medical model that viewed emotional/mental health disorders as deficit, deficiency, and defect (Baglieri & Shapiro, 2012). Instead, it was a shift toward helping our students become prepared to address the stigma often associated with mental health challenges. As Connor (2015) and Gabel (2005) have asserted, a fundamental element of a disability studies approach to teacher preparation is to help candidates recognize and address the

negative assumptions and prejudices that are often directed toward individuals with disabilities. By using first-person narratives such as TED Talks, the students in these classes moved toward becoming better prepared to support and advocate for children with emotional/mental health challenges in their future classrooms.

Conclusion

Disability studies in education challenges those of us working in teacher preparation to move away from a traditional model of viewing disability as something to be diagnosed and cured (Balgieri & Shapiro, 2012). It contends that first-person narratives of the lived experiences of individuals with disabilities should have a central place in shaping our understanding of how to support and advocate for students with emotional/mental health challenges. This manuscript described an approach that used TED Talks to embed authentic voices within an undergraduate special education course to help future teachers feel better prepared to support and advocate on behalf of students with emotional/mental health challenges. While this was an initial attempt located within one course at one university, the feedback from students showed that this could be an effective strategy for achieving this goal.

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