

## ***Chapter Four***

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### **School-based Approaches**



# **A National View of Students with Emotional Disturbances**

**Mary Wagner**

*Acknowledgements: SEELS and NLTS2 have been funded with Federal funds from the U. S. Department of Education, Office of Special Education Programs, under contract numbers ED-00-CO-0017 and ED-00-CO-0003. The content of this presentation does not necessarily reflect the views or policies of the U.S. Department of Education nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.*

## **Introduction**

Although the special education category of students with emotional disturbances (ED) is growing faster than the special education population as a whole, until very recently, there has not been a comprehensive national picture of those students or their experiences on which to base policy. The Special Education Elementary Longitudinal Study (SEELS), and the National Longitudinal Transition Study-2 (NLTS2) paint that picture. This presentation offers the first view of data from those studies about school-age students classified with ED for special education purposes, using data from telephone interviews with parents in both studies and from mail surveys of school staff of SEELS students. It focuses on their individual and household characteristics, outcomes, services and supports, and parents' views regarding those services and supports.

## **Method**

SEELS and NLTS2 include nationally representative samples of students receiving special education services in each of the 12 federal special education disability categories, including ED. SEELS students were ages six through 12 when they were sampled in 1999; NLTS2 students were 13 through 16 in 2000. Students were selected from several hundred school districts representing variation in geographic region, student enrollment, and student poverty, and from state-supported schools. Samples are weighted to represent this variation, as well as the national distribution of students across disability categories. Parent telephone interviews were conducted in 2000 (SEELS) and 2001 (NLTS2), with response rates of 75% and 82%, respectively. Mail surveys of school staff serving SEELS students were conducted in 2001 (response rates = 59% to 70% across surveys).

## **Results**

### **Individual and Household Characteristics**

Students with ED are disproportionately male relative to students with disabilities as a whole or the general population, and disproportionately African American. They are less likely than students with disabilities as a whole to live with two parents and more likely than the general population to have a mother who is not a high school graduate, a father who is unemployed, and a household that is in poverty. These students have parents who have lower expectations for their future educational attainment than parents of students with disabilities as a whole. Many have secondary disabilities, according to parents, including almost two-thirds who are reported to have attention deficit or attention deficit/hyperactivity disorder (AD/HD). About one-fourth had their disabilities first identified before school age, about 30% at school entry, but 20% or more at age nine or older. The average gap between age at identification and first service is about two years.

### **Outcomes**

Students with ED have similar reading and math abilities compared to students with disabilities as a whole, yet their grades tend to be lower, particularly in general education classrooms (Table 1). Nonetheless, students with ED are about as likely as those with disabilities as a whole (and much more

**Table 1**  
**Outcomes of Students with Emotional Disturbances,**  
**All Students with Disabilities, and Students in the General Population**

Percentage	Elementary/Middle School Students			Secondary School Students		
	With ED	All Disabilities	General Population*	With ED	All Disabilities	General Population*
<b>Academic Performance and Attitudes</b>						
<i>Median percentile score on:</i>						
Reading passage comprehension	25.3 (1.8)	24.4 (.9)	NA	NA	NA	NA
Math problem solving	32.2 (2.0)	34.4 (1.1)	NA	NA	NA	NA
<i>Percentage with teacher-reported grades of mostly Cs and below in:</i>						
General education classes	49.7 (5.1)	37.4 (2.1)	NA	58.5 (6.1)	49.8 (2.8)	NA
Special education classes	36.2 (2.0)	25.8 (4.0)	NA	42.2 (4.0)	33.5 (2.4)	NA
<i>Percentage ever retained at grade level</i>						
	21.9 (1.0)	26.2 (1.1)	8.4 (.4)	37.7 (2.5)	35.9 (1.5)	17.6 (.8)
<i>Percentage who work up to ability in general education classes</i>						
	14.7 (3.4)	47.8 (2.1)	NA	13.3 (4.1)	30.0 (2.5)	NA
<i>Percentage who agree they:</i>						
Don't know how to do better at school	43.7 (10.4)	48.3 (4.2)	NA	NA	NA	NA
Have no control over grades	69.4 (6.4)	64.2 (3.4)	NA	NA	NA	NA
<b>Social Adjustment</b>						
<i>Percentage whose general education teacher reports student very often:</i>						
Transitions easily between classroom activities	25.2 (4.2)	58.0 (2.1)	NA	NA	NA	NA
Cooperates with others without prompting	14.6 (3.4)	52.4 (2.1)	NA	NA	NA	NA
Gets easily distracted	50.8 (7.1)	32.4 (2.0)	NA	39.0 (5.8)	24.6 (2.3)	NA
<i>Percentage in the last year who:</i>						
Were bullied at school	46.7 (2.4)	28.6 (1.1)	16.5 (.7)	41.6 (2.6)	29.3 (1.5)	11.5 (.6)
Bullied others at school	NA	NA	NA	36.3 (2.6)	16.5 (1.2)	NA
Were involved in fights at school	50.3 (2.4)	23.7 (1.1)	4.4 (.4)	41.7 (2.6)	22.8 (1.3)	4.5 (.4)
<i>Percentage who</i>						
Were ever suspended or expelled	48.6 (2.3)	14.0 (.8)	12.6 (.9)	72.9 (2.3)	32.7 (1.5)	22.0 (.9)
Participated in organized extracurricular activities in past year	68.6 (2.2)	72.7 (1.1)	83.0	70.1 (2.3)	76.3 (1.3)	83.0
Saw friends at least four times weekly	26.1 (2.2)	26.0 (1.1)	NA	34.1 (2.4)	30.6 (1.5)	NA
Were age 16 and ever arrested	NA	NA	NA	42.0 (5.0)	14.8 (2.2)	12.0

\* Taken primarily from the National Household Education Survey, 1996.  
 NA= Not available

likely than the general population) to have been retained at grade level at least once. Sizable percentages of students with ED report not knowing how to do better in school and feeling they have no control over the grades they are given.

School assessments of the performance of students with ED may be shaped by teacher perceptions of their behaviors in class, which are rated as much more negative than students with disabilities as a whole. Students with ED are more likely than others to bully others, be victims of bullying, and be involved in fights. They also are much more likely ever to have been suspended or expelled from school and to have been arrested. Although they have active informal friendships, they are less likely than students with disabilities as a whole or the general population to belong to organized groups, according to parents.

### **Services/Supports**

Students with ED have parents who more actively support learning at home than the general population (e.g., through frequent homework help). However, they are less likely to be active at school in some ways than parents of students with disabilities as a whole. Those schools are less likely to be neighborhood schools and are more likely to serve only students with disabilities (see Table 2). Students with ED change schools more often than students with disabilities as a whole, and more often not by choice. They typically split their school day between general and special education classes, the latter more often being self-contained than resource room settings.

A majority of students with ED have various supports and accommodations called for on their IEPs, but are less likely to have them in place in their general education classes, a sizable percentage of whose teachers are not informed about their needs. Students with ED in general education classes are more likely than students with disabilities as a whole to have teachers who report that they need to be disciplined in those classes and to have that discipline be different than discipline provided to other students in the class. A variety of related services are provided students with ED as well, several (e.g., mental health services, case management) at rates higher than students with disabilities as a whole. About half of students with ED take psychotropic medications, most often stimulants, consistent with the reported rate of students who have AD/HD.

### **Parents' Views**

Parents of students with ED are less likely than parents of students with disabilities as a whole to be very satisfied with their services, although both groups are more likely to be satisfied with special education services than their children's overall education. They also are less likely to report that good discipline is kept at school, that schools are meeting their children's needs, or that the services children receive are enough. They also are much more likely to report that it took "a lot of effort" to obtain those services. That effort was more likely to involve mediation, where they were less likely to report receiving everything they had requested; they also were less likely to receive what they requested in due process hearings.

### **Discussion**

Students with ED bring to their educational experiences the risk factors associated with poverty, as well as the issues associated with disability. AD/HD is a prominent element of the disability profiles of students with emotional disturbances; more than half of them take a psychotropic medication to deal with their disabilities.

Because most students with ED are both general education and special education students, the systems have a shared responsibility for their success. Yet, many students with ED are not succeeding. Despite having similar reading and math skills than students with disabilities as a whole, students with ED often receive lower grades, particularly in general education classes, and are much more likely to be retained at grade level. There appears to be a link between academic performance and social adjustment. Many general education teachers report that behavior is "very important" in their determination

**Table 2**  
**Placements, Services, and Supports Provided to Students**  
**with Emotional Disturbances and All Students with Disabilities**

	<i>Elementary/Middle School Students</i>		<i>Secondary School Students</i>	
	<i>With ED</i>	<i>All Disabilities</i>	<i>With ED</i>	<i>All Disabilities</i>
<i>Attended:</i>				
Neighborhood school	64.0 (2.4)	79.0 (1.0)	62.1 (2.5)	71.6 (1.4)
Special school for students with disabilities	10.3 (1.4)	2.1 (.3)	3.6 (.6)	.9 (.3)
<i>Percentage who changed schools</i>				
Frequently (3 or more times for younger students; 5 or more times for older students)	33.8 (2.4)	15.0 (.9)	40.2 (2.6)	22.9 (1.3)
Because student was reassigned	NA	NA	19.5 (3.3)	5.4 (1.3)
<i>Percentage who spend any time in:</i>				
General education class	82.3 (2.5)	93.9 (.7)	78.5 (3.3)	87.6 (1.3)
Any special education class	NA	NA	74.0 (3.4)	69.8 (1.9)
Resource room	34.5 (3.0)	45.0 (1.5)	NA	NA
Self-contained class	65.1 (3.2)	29.0 (1.4)	NA	NA
<i>Percentage provided more time taking tests:</i>				
In general education class	50.6 (5.2)	61.9 (2.3)	72.0 (5.4)	75.0 (2.3)
In special education class	83.3 (3.0)	79.9 (1.7)	NA	NA
<i>Percentage with behavior management plan</i>				
In general education class	47.9 (4.1)	9.8 (1.4)	22.6 (5.0)	7.7 (1.4)
In special education class	75.4 (3.4)	28.3 (1.9)	NA	NA
Percentage with general education teachers provided information about students' social/behavioral needs	82.6 (3.9)	47.6 (2.4)	NA	NA
<i>Percentage with general education teachers reporting:</i>				
Student needs no discipline in class	9.1 (2.8)	26.8 (1.8)	24.8 (5.2)	32.5 (2.5)
Discipline is different from other students in class	59.0 (4.8)	13.4 (1.4)	21.2 (4.9)	11.1 (1.7)
<i>Percentage provided:</i>				
Mental health services				
At all	70.9 (2.3)	22.9 (1.1)	68.9 (2.5)	31.6 (1.5)
From school	43.7 (2.5)	14.1 (.9)	36.4 (2.4)	15.5 (1.2)
Social work services				
At all	32.9 (2.4)	9.7 (.8)	32.9 (2.4)	12.8 (1.1)
From school	20.0 (2.0)	6.4 (.6)	19.6 (2.1)	7.7 (.9)
Service coordination/case management				
At all	25.6 (2.2)	11.6 (.8)	56.0 (2.8)	53.0 (1.8)
From school	12.5 (1.7)	8.2 (.7)	36.9 (2.5)	44.1 (3.8)
<i>Percentage who take:</i>				
Psychotropic medications	52.2 (2.5)	19.3 (1.0)	41.7 (2.6)	18.5 (1.3)
Stimulants	40.4 (2.5)	13.7 (.8)	28.8 (2.6)	12.8 (1.1)

of students' grades, and they rate the behavior of students with ED lower than other students with disabilities in their classes. Although academic and behavioral supports are provided many students with ED, many do not receive services or supports that might help them. Many families of students with ED struggle to find a school setting in which their children can succeed. Their children change schools often, and parents work hard to obtain services for them. Yet students are less likely to succeed and parents are less likely to be satisfied with their children's services and education than parents of students with disabilities as a whole.

The poor social adjustment of students with ED at school has high costs; they bully, are bullied, and fight much more than other students with disabilities and are suspended from school in large numbers. Outside of school, they have active friendships, but are less likely to participate in group activities than other students. Outside of school, too, their social adjustment is a problem; they are much more likely than students with disabilities as a whole or the general population to have been arrested.

There are many opportunities to improve this situation. For example, there appears to be a two-year gap between the average age at which children with ED are first diagnosed with a disability and first receive services for it. Almost one-third of students with ED receive no mental health services; more than half receive none at school. One-fourth of students with ED have no behavior management plan at school. A similar percentage of students are not given extra time to complete tests or assignments in recognition of their attention issues. Many general education teachers are unaware of the services, accommodations, and supports called for in their IEPs of the students with ED in their classes. Many students with ED do not believe their own efforts or actions affect their grades, nor do they understand how to do better in school.

Multivariate analyses from SEELS and NLTS2 will add to these opportunities suggested by descriptive analyses in helping illuminate how to improve the outcomes of students with ED. Additional findings can be found at [www.seels.net](http://www.seels.net) and [www.nlts2.org](http://www.nlts2.org).

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# **School Reform and Students with Emotional Disturbances: The Urban School and Community Study**

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*Acknowledgements: This research was funded by the National Institute on Disability and Rehabilitation Research (NIDRR) and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Grant No. H133B990022).*

## **Introduction**

The Urban School and Community Study is designed to further the understanding of school reform and restructuring activities. Specifically, this study will describe restructuring activities in a sample of urban schools and examine the impact of these activities on children identified as having emotional and behavioral disabilities who are served in special education programs.

The overarching goals of this study are to develop an empirical measure of school reform and to examine the relationships between different levels of school reform activity and student functioning. The study includes 14 schools (three urban areas with four schools from each area, and a fourth urban area with two schools), 158 students who are in special education settings due to emotional and behavioral problems, and their families. This summary presents information on the first 158 youth and their families recruited into the study.

## **Methodology**

### **Measures of School Reform and Restructuring**

To measure restructuring activities within the schools, a model was constructed based on the extant literature describing best practices, or hypothesized critical aspects of school reform and restructuring activities. Six areas of restructuring were identified as being important aspects of school reform and restructuring: (a) governance, (b) accountability, (c) curriculum and instruction, (d) parent involvement, (e) “includedness,” and (f) pro-social discipline. Structured interviews held with multiple informants at each participating school were transcribed and rated according to level of functioning in the six areas listed above. The scores resulting from rating the interviews from school personnel are referred to as the School Information Index (SII) scores. This instrument has been described elsewhere (Duchnowski, Kutash, & Oliveira, in press).

### **Sample**

Through a national recruitment effort, four schools in Maryland, four schools in Ohio, and two schools in Florida were nominated and selected to participate in this study. The schools included two high schools, one middle school, one school that serves students in grades K-8, and six elementary schools.

Voluntary consent to participate was obtained from 158 of 191 caregivers of study-eligible students formally identified as having an emotional or behavioral disability by their school and served in a special education program. Participants and non-participants did not differ significantly on gender,  $\chi^2(1, N = 191) = .84, p = .36$ ; race,  $\chi^2(1, N = 191) = .07, p = .79$ ; age,  $t(189) = .47, p = .64$ ; or cost of school meals,  $\chi^2(1, N = 191) = 2.82, p = .09$ .

### **Instruments**

**Academic Achievement.** The Wide Range Achievement Test-III (WRAT-III; Wilkinson, 1993) was used to measure youth's academic achievement levels in reading and math. Intelligence Quotients (IQs) were obtained from the students' school records.

**Demographics and History of Emotional and Behavioral Problems.** Parents/caregivers were administered a 51-item structured interview describing the youth's and family's demographic background. In addition, a history of emotional and behavioral problems was obtained.

**Emotional and Behavioral Problems.** The Child Behavior Checklist (CBCL; Achenbach, 1991) is a widely used instrument designed to measure behavioral and emotional problems for youth ages 4 to 18 years.

**Emotional and Behavioral Functioning.** The Columbia Impairment Scale (CIS; Bird, et. al. 1993; Bird, et al., 1996) provides a global assessment of functional impairment across four major functional areas: Interpersonal relations, certain broad areas of psychopathology, functioning at school, and use of leisure time.

**Service Utilization.** The parent version of the Service Assessment for Children and Adolescents (SACA; Stiffman et al., 2000), which was modified for use in this study, is designed to assess the utilization of mental health services by children and adolescents.

In addition, information was also reported by teachers on any related services the students may have received from either school personnel or agency personnel who provided services during the school day. These services included individual or group counseling, case management, medication management, or other services designed to help the student with their behavioral or emotional functioning.

## Results

### Demographic information

Most of the 158 participants were male (85%), black (83%), and received free or reduced price school meals (87%). The average age of the participants was 11.8 years of age. Fifty-five percent of students lived in a single-parent household and 54% of households were above the poverty level, with an average annual income of \$25,475.

### History of Behaviors.

According to reports from parents/caregivers, their children's emotional and/or behavioral problems were usually first noticed by school personnel (50%), or caregivers/relatives (46%) at an average age of 5.4 years ( $SD = 2.5$ ). The first service for these problems was received at an average age of 6.9 years ( $SD = 2.4$ ). On average, the youth spent 67% of their entire school career in special education settings. In their current school, 95% of their time has been in special education environments.

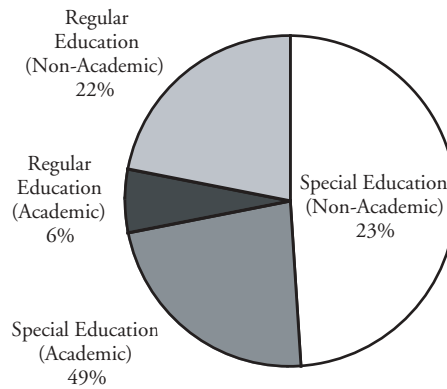
### Cognitive, Academic, and School Functioning

Scores on the IQ and the WRAT-III are standardized to T scores ( $M = 100$ ,  $SD = 15$ ) with lower scores indicating lesser cognitive ability or academic achievement, respectively. The students' average IQ score was 79.2 ( $SD = 11.4$ ). The average WRAT score on the reading subtest score of 77.8 ( $SD = 16.5$ ) and 77.3 ( $SD = 13.6$ ) on the math subtest.

On average, students in the study were absent from school 16 days during the current school year. Eighteen percent of students received an in-school suspension for an average of 0.8 days ( $SD = 2.1$ ) and 38% of students received out-of-school suspensions for an average of 4.0 days ( $SD = 10.8$ ) during the current school year.

In the current study, 72% of the youths' time is spent in a classroom restricted to special education students, and the majority of this time is spent on academic activities (see Figure 1). Students spent 49% of the school week in academic special education and only 6% of their week in academic general education.

**Figure 1**  
**Proportion of Time Per Week Students Spent in a Special Education Environment<sup>1</sup>**  
**for Both Academic<sup>2</sup> and Not-Academic<sup>3</sup> Activities and in a Regular Education Environment**  
**(N = 158)**



Total % of week in regular education = 28%    Total % of week in special education = 72%

<sup>1</sup> A special education environment is any classroom that is restricted to only students enrolled in special education programs.

<sup>2</sup> Academic activities include Language Arts (English), Math, Reading, Science, Social Science, and other Languages (Spanish, etc.).

<sup>3</sup> Non-academic activities include Music, Art, Physical Education, Homeroom, passing time between classes, Economics, Speech or Language Therapy, Vocational, Breaks/Recess, Social Skills, Computers, Work-Study, Transitions, Library/Media, Study Hall, Lunch, or home.

### **Emotional and Behavioral Problems and Functional Impairment**

Scores on the CBCL are standardized to T scores ( $M = 50$ ,  $SD = 10$ ) with higher scores indicating greater behavior problems. A T score above 63 is considered in the clinical range and indicates a need for professional mental health services while scores between 60 and 63 are considered borderline. The average Total Problems Scale score ( $M = 65.7$ ,  $SD = 9.4$ ) placed 73% of the participants in the borderline or clinical ranges.

The CIS yields a total impairment score that can range from 0 to 52. A score of 16 or above is considered to be in the clinical range of impairment. The average CIS score was 17.8 ( $SD = 10.0$ ), placing the majority of students (58%) in the clinical range of functional impairment (see Table 1).

### **Past and Current Service Utilization**

School personnel provided the majority of mental health services with 72% of students receiving services during the current school year. The most common school services were individual counseling (87% of students), with an average of 5.7 contacts per month and group counseling (84% of students), with an average of 4.9 contacts per month.

Agency personnel provided mental health services to 35% of students during the current school year. The most common services were individual counseling, group counseling, and case management (47% of students received each service).

Nearly one-third (29.1%) of the students had used an inpatient service during their lifetime with an average of 4.1 admissions beginning at 8.4 years of age. Additionally, 17% of the students used an inpatient service in the past year with an average of 1.6 different service types being used during the past year.

With respect to outpatient services, 80% of students had received these services during their lifetime, and 55% of these students had used an outpatient service in the past year. The average age of first use was 7.5 years, and they had used an average of 2.4 different service types.

**Table 1**  
**Means, Standard Deviations, and Range of Scores**  
**on the Child Behavior Checklist (CBCL), and the Child Impairment Scale (CIS)**  
**(N = 158)**

<i>Scale</i>	<i>%<sup>1</sup></i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>
<b>CBCL<sup>2</sup></b>				
Total Problem Score		65.7	9.4	39-84
<i>Clinical (&gt;63)</i>	60.1			
<i>Borderline (60-63)</i>	13.3			
<i>Normal (&lt;60)</i>	26.6			
Externalizing Score		66.7	9.4	37-91
<i>Clinical (&gt;63)</i>	63.3			
<i>Borderline (60-63)</i>	13.9			
<i>Normal (&lt;60)</i>	22.8			
Internalizing Score	39.2	60.5	11.9	33-90
<i>Clinical (&gt;63)</i>	19.0			
<i>Borderline (60-63)</i>	41.8			
<i>Normal (&lt;60)</i>				
<b>CIS Total Score<sup>3</sup></b>		17.8	10.0	2.2-43.3
<i>Clinical Range (&gt; or = 16)</i>	57.6			
<i>Non-Clinical (&lt;16)</i>	42.4			

<sup>1</sup> Percent may not equal 100 due to rounding

<sup>2</sup> The Child Behavior Checklist is standardized to a mean of 50 and standard deviation of 10. Scores greater than 63 are in the clinical range, 60-63 are in the borderline range, less than 60 are in the normal range.

<sup>3</sup> The Columbia Impairment Scale total score can range from 0 to 52 with a score of 16 or above considered to be in the clinical range of impairment.

### **Parent Satisfaction**

On a scale of 1 to 4, with 4 being most satisfied, parent ratings indicate satisfaction with both educational and related services delivered in their child's school ( $M = 3.0$ ,  $SD = 0.8$  and  $M = 3.1$ ,  $SD = 0.8$ , respectively). In addition, parents indicated that the involvement of all parents was moderately low and that they were somewhat involved with their child's education ( $M = 2.6$ ,  $SD = 1.1$  and  $M = 3.3$ ,  $SD = 0.8$ , respectively).

### **Discussion**

The majority of students were Black males scoring within the average to low-average range of intelligence. They have elevated scores on the CBCL indicating a high level of symptomatology that interferes with functioning as measured by the CIS. These students were primarily from single parent families and are behind their non-disabled peers in reading and math skills. It is noteworthy that the average age of onset of symptoms (5.4 years) and the average age at which the first service was received (6.9 years) were almost identical to findings in other studies of similar populations (Duchnowski, Hall, Kutash, & Friedman, 1998; Greenbaum et al., 1998). Clearly, these children have a long history of emotional and behavioral problems and, at the time of this study, continue to exhibit emotional and behavioral disabilities at a severe level. While there are multiple models of mental health service delivery operating in these schools, school personnel appear to be delivering the majority of mental health services.

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# **Addressing Problem Behaviors: A Three-Tiered School-Based Prevention Model**

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*Acknowledgements: This research was supported in part by grants from the U.S. Department of Education, Office of Special Education Programs (Nos. H324X010010, H325D010016, and H325D990035). Opinions expressed do not necessarily reflect the position of the U.S. Department of Education, and no endorsement should be inferred. Requests for copies of this manuscript should be addressed to Jacquelyn Buckley, Ph.D., Center for At-Risk Children's Services, 202 Barkley Memorial Center, Lincoln, NE 68583-0732.*

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## **Introduction**

Estimates provided in the Surgeon General's Report on Children and Mental Health (Department of Health and Human Services, 2000) indicate that 21% of youth within the general population have a diagnosable mental health disorder. Furthermore, approximately 11% of youth meet the diagnostic criteria for a significant impairment that adversely affects relationships at home, with peers, and in the community. Unfortunately, teachers' report that they are unprepared to deal with problem behaviors exhibited by children with such disorders (Furlong, Morrison, & Dear, 1994), and parents are concerned about problem behaviors within schools. Additionally, research paints a consistently bleak picture of post-school adjustment of students with emotional and behavioral (EBD) disorders (Wagner, 1992).

In response to these growing concerns, three-tiered behavior prevention programs have been developed to help schools create more positive teaching and learning environments that prevent the development of significant problem behaviors (e.g., Sugai, Sprague, Horner, & Walker, 2000). Each program tier is directly linked to one of three types of children who exist in school settings: (a) typical children not at risk of problems (80-90% of all students); (b) children at risk for developing antisocial behavior problems (5-15% of students); and (c) children who show signs of life-course persistent antisocial behavior patterns and involvement in delinquent acts (1-7%) (Walker et al., 1996). Universal, selected, and indicated prevention tiers are implemented for each child group respectively.

The Center on Behavior at the University of Nebraska-Lincoln is implementing and evaluating a three-tiered prevention program based on risk factor causal theory in seven local elementary schools. Each tier contains an evidence-based program: Behavior and Academic Support and Enhancement Model (BASE) at the universal level; First Step to Success at the selected level; and Multisystemic Therapy (MST) at the indicated level. This paper reports on Year 1 implementation and evaluation.

## **Method**

### **Universal Program: Behavior and Academic Support and Enhancement (BASE)**

The purpose of the universal program is to implement and assess the effects of the primary level prevention-oriented schoolwide behavior program on school climate, social adjustment and academic achievement. BASE is founded on a science of human behavior that emphasizes that much of human behavior is learned, comes under the control of environmental factors, and can be changed. Schools implementing BASE: (a) form leadership teams, (b) identify needs for strategic school planning, schoolwide discipline and student supervision, and individualized behavioral and academic supports, and (c) develop, implement, and maintain effective policies and procedures that create positive norms for behavior.

*Target population.* BASE targets all students, staff, families, and settings within seven local public elementary schools.

*Outcome measures.* A variety of data collection methods are used including surveys, observations, semi-structured interviews, and archival information (e.g., attendance, office referrals, suspensions, expulsions). Academic performance will be collected by computing 2<sup>nd</sup> through 5<sup>th</sup> grade mean percentile

gain scores on the Metropolitan Achievement Test (MAT), an assessment the District administers every year to students in grades 2–11.

**Research design and analysis.** A time-series design will be used to assess the overall effects of the primary level schoolwide discipline program. A comparison will be made of the school functioning data from five years prior to BASE to the five years in which BASE is implemented.

### **Selected Program: First Step to Success**

The purpose of the selected level program is to implement and study the short- and long-term effects of First Step to Success (Walker, Stiller, Golly, Kavanagh, Severson, & Feil, 1997) on the social adjustment and academic achievement of kindergarten and first grade students at-risk for an Emotional and Behavioral Disorder (EBD). First Step is an early intervention program for young, at-risk students who show clear signs of emerging antisocial behavior patterns (e.g., aggression toward others). The program consists of both school and home components designed to teach children appropriate school behaviors and provide parental support and training for improving parent-child interactions, teaching children prosocial skills, and developing consistent expectations and routines.

**Target population.** Each year teachers screen students in kindergarten and first grade using the Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1990). The SSBD consists of three “gates” that provide progressively more intensive levels of screening whereby only those students meeting or exceeding the pre-determined criteria for each consecutive gate may move on. Students who exceed the normative criteria are randomly assigned to experimental and wait-list control groups. It is anticipated that 57 children and families will be served in the 2002-2003 school year and 70 children and families will be served in the 2003-2004 school year.

**Outcome measures.** Child outcome measures include: (a) descriptive child information; (b) social adjustment as measured by the Child Behavior Checklist (CBCL; Achenbach, 1991), Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1998), and the Social Skills Rating Scale (SSRS; Gresham & Elliott, 1990); and (c) academic competence as measured by the Woodcock Johnson-III Tests of Academic Achievement (WJ-III; Woodcock, McGrew, & Mather, 2000), Dynamic Indicators of Basic Early Literacy Skills 6<sup>th</sup> Edition (DIBELS; Good & Kaminski, 2002) and academic engaged time; (d) Family outcomes will be measured by the Family Adaptability and Cohesion Scale -III. (FACES-III; Olson, Portner, Lavee, 1985), Parenting Stress Index (PSI; Abidin, 1995) and Beck Depression Inventory-II (BDI-II; Beck, 1996).

**Research design and analysis.** A cohort design with participating children randomly assigned to experimental and wait-list control groups will be used to evaluate the outcomes of the First Step to Success program and to establish a causal relationship between the program and documented changes in child outcomes.

### **Indicated Program: Multisystemic Therapy (MST)**

The purpose of the indicated level intervention is to implement and examine the short- and long-term effects of Multisystemic Therapy (MST; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998) on the social adjustment and academic achievement of children experiencing significant behavior problems. MST is a family- and home-based treatment that strives to change how children function in their natural settings—home, school, and the community—in ways that promote positive social behavior while decreasing antisocial behavior.

**Target population.** MST is implemented with kindergarten to third grade children who are school-system identified with EBD, have a DSM-IV diagnosis, or exhibit maladaptive behavior that is judged in the clinical range on a standardized measure. It is anticipated that 25 children and families will be served in the 2002-2003 school year, and 40 children and families in the 2003-2004 school year.



**Outcome measures.** The outcome measures are the same as those described for the First Step to Success intervention.

**Research design and analysis.** A cohort design with participating children randomly assigned to experimental and wait-list control groups will be used to evaluate the outcomes of the MST program and to establish a causal relationship between the program and documented changes in child outcomes.

## **Results and Discussion**

This project is currently in its first year. An examination of empirical evidence supporting the use of the components within the three-tiered model reveals the following. First, previous research investigating the effectiveness of BASE revealed that in comparison to typical schools, BASE schools had fewer office referrals, suspensions, and emergency removals, improved teacher efficacy, and increases in students' social adjustment, academic performance, and school survival skills (Nelson, 1996). Second, results from experimental studies implementing First Step with young children considered to be at-risk for developing behavior disorders have shown significant increases on academic engaged time (Overton, McKenzie, King, & Osborne, 2002; Walker et al., 1998) and adaptive behavior (Walker et al., 1998). In addition, significant decreases were observed on students' maladaptive and aggressive behaviors. Follow-up data indicate the positive changes were maintained over time. Third, although our efforts represent the first clinical trial of MST with K-3<sup>rd</sup> grade students, MST with an adolescent population has shown increases in family cohesion, adaptability, and supportiveness, with decreases in family conflict and behavior problems in youth (Henggeler et al, 1998). Similar outcomes are expected with the young children and their families participating in MST.

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# **The Behavioral Specialist Outreach Program: Assessing Longitudinal Student Behavioral Outcomes**

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*Acknowledgments: This study was supported, in part, by the David and Lucile Packard Foundation (grant # 2002-23111).*

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## **Introduction**

Though school-based interventions targeting student externalizing behavior problems are not uncommon in practice, investigation of their effectiveness and the factors that affect student progress has shown mixed results. Recent longitudinal research indicates positive effects of early elementary school-based behavioral intervention (Catalano et al., 2003; Weiss, Harris, Catron, & Han, 2003), though results for middle and high school students are varied (Kurtz, 2002; Van Scholliack-Edstrom, Frey, & Beland, 2002). Further, the larger part of research investigating these interventions has focused on males, and little is known about the behavioral trajectories of girls who also are candidates for such intervention programs (Lamberg, 2002).

Implemented in public school special education classrooms, the Behavioral Specialist Outreach Program (BSOP) provides behavioral support to students referred for disruptive and difficult classroom behavior. The BSOP uses positive behavior interventions, with the goal of keeping students in the least-restrictive environment possible. Utilizing a team approach to curbing classroom behavior disruptions, a Behavioral Specialist (BSp) is the cornerstone of student behavior modification. Teachers and mental health therapists are active participants in the program, lending support and consistency for targeted behavioral intervention strategies outlined by the BSp. Special education and mental health service providers attend in-depth training sessions conducted by the BSps to ensure continuity of behavior management strategies across disciplines.

Just as the behavioral needs of students vary from individual to individual, the composition of services delivered to each student also varies. However, each student in the program receives a common foundation of services, including:

- ***A summary of the student's strengths and areas of need.*** Behavioral goals and objectives are written by the BSp and included in the student's Individual Education Plan.
- ***A BSp - Parent Consultation Component.*** All parents are in close contact with BSps to keep informed of their children's behavioral progress at school. BSps also are available at the school to meet with parents to assist in implementing positive behavior replacement strategies at home. Through this component, the intervention extends beyond the academic domain into the family and home setting, and also provides support and training for parents.
- ***Crisis Intervention.*** If an emergency intervention is needed or a pervasive behavioral problem interferes with the student's learning environment, the BSp works with the team to create a Positive Behavior Support Plan (i.e., an analysis of behavior and a systematic approach to teach replacement behaviors and identify antecedent behavior).
- ***Social Skills and Anger Management Training.*** In both the classroom and elsewhere on the school site, BSps provide students with developmentally appropriate social training to cope with social skill challenges (e.g., how to meet and greet friends) and to effectively and positively manage their anger during conflict situations.

In the current study, multiple respondents completed behavior checklists for each student, addressing our three main objectives: (1) to follow the behaviors and progress of children and adolescents participating in the BSOP throughout the school year; (2) to test the feasibility of a longitudinal outcomes study for evaluating an intervention implemented in the public school setting; and, (3) to characterize the BSOP intervention population and assess one year behavioral outcomes.

## Methods

At the beginning, middle, and end of the 2001-2002 school year, BSps completed the Conner's Rating Scale – Revised (Conners, 1997) and the Teacher Report Form (TRF; Achenbach, 1991a) for each student enrolled in the BSOP program. These measures provide a range of scale scores representing disruptive-type behaviors (those for which most students are referred), as well as internalizing-type behaviors, which often go undetected when comorbid with externalizing problems.

At the beginning and end of the school year, teachers and county mental health therapists also completed the Conner's Rating Scale for each student. For middle and high school students, an optional Youth Self Report (YSR; Achenbach, 1991b) was completed by some students.

## Results

**Student Attrition/Characteristics and Rater Response Rate/Agreement.** One hundred and thirty-five students participated in BSOP throughout the year, with 85 having complete behavioral data collected at the beginning of the year (Time 1), at the middle of the year (Time 2), and at the end of the year (Time 3). At Time 3, 96 students were enrolled in the program (reflecting a 21% decrease in enrollment from Time 1). For the 96 enrolled at Time 3, students ranged in age from 6-19 years ( $M = 12.1$  years,  $SD = 3.3$ ), attended elementary ( $n = 45$ ), middle ( $n = 24$ ), or high school ( $n = 27$ ) classrooms participating in BSOP. Student participants were 14% female ( $n = 13$ ) and 86% male ( $n = 83$ ). Student-identified ethnicities were 65% Caucasian, 19% Latino, 10% African American, 2% Asian American, 2% Native American and 2% Middle Eastern.

BSps returned 100% of possible Conner's Rating Scales and 76% of possible TRF forms at Time 3. Response rates at Time 3 for Conner's Rating Scales from remaining team members include: 77% for teachers, 51% for therapists, and 48% for teaching aides. The low Time 3 response rate for therapists reflects a decline in therapist staffing across the year. All raters (BSp, teacher, and therapist) showed high agreement on the Conner's scales (Pearson correlation  $r > .50$ ,  $p < .001$ ).

**Student Behavior: Descriptive Statistics.** Mean levels of behavioral symptoms were in clinical ranges for most students throughout the year. Figure 1 presents the percentage of students reaching clinical ranges on all measured behavioral scales for elementary, middle and high school students, respectively (as reported by BSps).

**Differences in student behavioral symptoms by age.** Mean analyses of variance revealed significant differences by age for Conner's Hyperactivity,  $F = 4.87$ ,  $p < .01$ , Oppositional,  $F = 3.13$ ,  $p < .05$ , Cognitive/Inattention,  $F = 11.00$ ,  $p < .001$ , and Hyperactivity scales,  $F = 12.11$ ,  $p < .001$ , as well as for TRF Somatic Complaints,  $F = 4.85$ ,  $p < .01$ , Anxious/Depressed,  $F = 5.41$ ,  $p < .01$ , Social Problems,  $F = 5.14$ ,  $p < .01$ , Delinquency,  $F = 9.47$ ,  $p < .001$ , as well as Total Internalizing and Total Problems scale scores. For each of the Conner's scales, elementary-aged students were significantly less symptomatic than middle and high school students. This finding was true according to all respondents. For the TRF scales, elementary students scored lower than middle and high school students on the Delinquency scale, and scored lower than middle school students on all other significant scales.

**Differences in student behavioral symptoms by gender.** Differences in student behavioral symptoms by student gender. In analyses of variance by gender, girls were rated as having higher symptom levels than boys for the Conner's Oppositional scale by both BSps,  $F = 5.07$ ,  $p < .05$ , and Teachers,  $F = 5.10$ ,  $p < .05$ , and for the ADHD scale by BSps,  $F = 4.78$ ,  $p < .05$ , and therapists,  $F = 5.35$ ,  $p < .05$ . On the TRF, girls scored higher than boys on the Attention Problems scale only,  $F = 5.30$ ,  $p < .05$ . On the YSR, high school girls reported significantly more problems than boys for the Social Problems,  $F = 6.62$ ,  $p < .05$  and the Thought Problems,  $F = 4.53$ ,  $p = .05$  scales.

**Student Behavior Outcomes: Comparisons from Time 1 to Time 3.** For elementary-aged students, the proportion of students in the clinical range increased from Time 1 to Time 3 for several scales (see

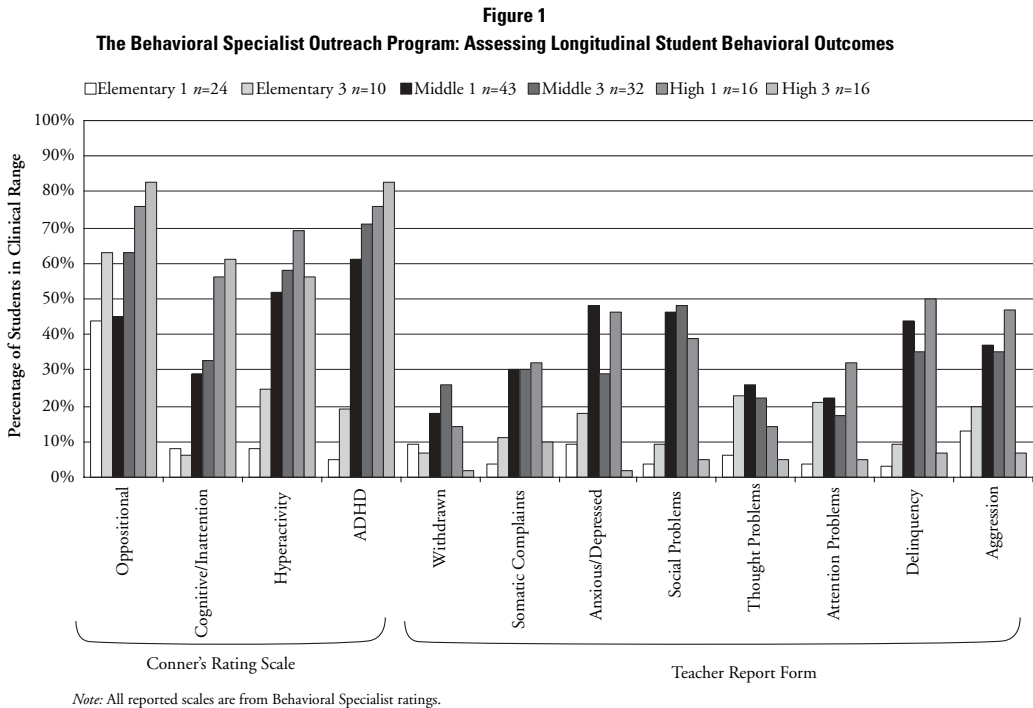


Figure 1). For middle and high school-aged students, the proportion of students in the clinical range for many behavioral symptoms decreased from Time 1 to Time 3. The most remarkable improvements were seen in the high school students' Anxious/Depressed, Aggression and Delinquency TRF domains.

## Conclusions

This project demonstrated the feasibility of conducting a multi-site longitudinal in-school research program for youth participating in a behavioral intervention. Return rates of measures were lowest by the end of the year for therapists, who, among all team members, tended to change job placement most throughout the year. Response rates from BSps and teachers were high.

The strongest student behavior problem findings for the 2001-2002 BSOP outcomes measurement study suggested that: (a) older students (i.e., middle and high school) exhibit more severe problem behaviors than younger students; (b) older students showed some improvement in several types of behavioral symptoms over the course of the year; (c) almost all students had internalizing behaviors that were as severe as the externalizing behaviors for which they were referred to BSOP; (d) younger students, who initially had the lowest levels of problems, showed some change for the worse over the course of the year (which may reflect natural behavior progression across the year or an increased awareness of student problems), and, (e) girls represent a small proportion of the students in BSOP; nonetheless, BSps and teachers report that, compared to boys, girls have higher levels of attentional and ADHD-related problems.

These preliminary data suggest that BSOP has modest positive effects on behavioral symptoms for older students. Raising awareness among BSOP team members of students' internalizing problems and their possible management, particularly for older students, is advised. Future research will use a control-group for behavioral change comparisons, and will attempt to decipher those BSOP intervention components that yield more desirable outcomes for students at varying developmental stages. Continued behavioral assessment of all students beyond one year will be especially important for drawing long-term conclusions about program effectiveness.

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# **Minority Disproportionality in Special Education: Perspectives from the Local Level**

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## **Introduction**

The disproportionate representation of minority students, most notably African-American students continues to be a critical issue in special education. Dunn (1968) first identified the issue of overrepresentation as an important concern. Court cases in the late 1970's challenged the role of standardized testing in contributing to the overplacement of minorities in special education programs (Larry P. v. Riles, 1979; PASE v. Hannon, 1980). Three National Academy of Sciences panels (Heller, Holtzmann, & Messick, 1982; Morrison, White, & Feuer, 1996; National Research Council, 2002) studied the issue of disproportionality and have found that overrepresentation is most consistent for African Americans. Furthermore, overrepresentation tends to be most severe in the disability categories of emotional disturbance and mild mental retardation. Despite this almost continuous attention to the issue, minority overrepresentation remains a central concern in the field of special education (Coutinho & Oswald, 2000; Ladner & Hammons, 2001; Losen & Orfield, 2002; National Research Council, 2002).

Although disproportionality in special education is clearly an issue of national scope, the dynamics and processes that result in over-referral or over-placement of minority students begin at the local school and community level. Cultural reproduction theory posits that racial and class inequity are maintained by micro-level institutional and individual actions that support the status quo, often without conscious awareness of bias (Mehan, Villanueva, Hubbard, & Lintz, 1996; Oakes, 1982). Yet there is little data documenting the processes through which cultural reproduction unfolds. Although descriptive studies at the national level have consistently documented the extent of minority overrepresentation (Coutinho, Oswald, & Best, 2002; Parrish, 2002), few investigations have explored the factors that contribute to minority overrepresentation in special education, especially at the local level.

Understanding the complex forces that contribute to inequity will thus almost certainly require study of local processes, perhaps through ethnographic field methods that allow for a rich description of actions and attitudes (Harry, Klingner, Sturges, & Moore, 2002). This report describes an ethnographic field study that interviewed school practitioners in seven urban and near-urban school districts to gain a fuller understanding of their perspective concerning variables that may contribute to disproportionate placement in special education.

## **Methods**

The Indiana Disproportionality Project (IDP), a collaboration between the Indiana Education Policy Center and the Indiana State Division of Special Education, explores the extent of minority disproportionality in the state of Indiana (Skiba, Wu, Kohler, Chung, & Simmons, 2001). In particular, the project has conducted quantitative and qualitative analyses whose goal has been to: (a) recommend a methodology for identifying those districts and school corporations with consistent evidence of disproportionality; (b) improve our understanding of the sources of disparate treatment of students of color; and (c) use that understanding to develop interventions that can assist in remediating the problem.

The data described are drawn from interviews conducted by IDP staff in the spring of the 2002 academic year with school personnel in seven urban and near-urban districts with documented minority disproportionality in special education. The goal was to gain a ground-level perspective on the complex variables that might be contributing to minority disproportionality in special education. Table 1 provides descriptive data on the teachers, special education directors, principals, and school psychologists who participated in the interviews.

**Table 1**  
**School Personnel Participating in Interviews:**  
**Descriptive Information**

<i>Teachers: Gender and Ethnicity by Referral Rate to Special Education</i>			
<i>Teacher Profile</i>	<i>Low Referring</i>	<i>High Referring</i>	<i>Total</i>
Total	14	14	28
Male	1	0	1
Female	13	14	27
Black	1	5	6
White	13	9	22
Mean Years Teaching	19.18	16.27	17.73
<i>School Administration/Service Providers, Gender and Ethnicity</i>			
	<i>Spec. Education Directors, Asst. Principals</i>	<i>Principals</i>	<i>School Psychologists</i>
Total	7	22	9
Male	4	6	1
Female	3	16	8
Black	0	1	0
White	7	21	9

Two elementary schools from each corporation were selected and agreed to participate in this study, for a total of 14 elementary schools. Each pair of schools from each corporation included one school with statistically significant minority disproportionality using a z-score test, and a second for which statistical analysis showed proportional representation of minority students in special education. The paired schools were matched closely on race and poverty level, which was operationalized as percent eligible for free or reduced price lunch. To ensure that our sample of teachers was representative of a broad range of referral practices, two teachers were selected by their principals to participate in the study, one perceived by the principal as making relatively frequent referrals to special education and the other perceived as having a low referral rate. No guidelines were provided to principals in their selections of high- and low-referring teachers.

## Results

Perspectives drawn from the school personnel were organized in four areas that correspond roughly to the questions posed by the recent National Research Council (NRC, 2002) report: (a) socio-demographic factors, (b) general education factors, (c) special education process, and (d) perspectives on minority disproportionality and diversity. Table 2 presents a sampling of quotes from these interviews.

Many of the themes that emerged mirrored the findings of major recent reports (e.g., NCR, 2002) on racial inequity in special education, across respondent groups. Almost universally, respondents tended to identify socioeconomic status (SES) as the primary if not the sole contributing factor to racial disproportionality. Several factors, most notably teacher capabilities in classroom management and class size, were identified as general education contributions to minority referral and placement.

Yet several unique themes also emerged that illustrate the complexity of this issue at the local level. Interviewees in all respondent groups tended to blame resource insufficiency in coping with academic and behavioral diversity on decisions made at the district, state, or federal level. In particular, a strong sub-theme that emerged was the pressure for increased referral to special education created by accountability and minimum competency testing. Interestingly, classroom teachers did not view a high rate of referral to special education as a negative: in the almost complete absence of other resources, many viewed it as their only resource for meeting student needs.



**Table 2**  
**A Sampling of Quotes from the Interviews on Minority Disproportionality in Special Education: Perspectives from the Local Level**

	<i>SES</i>	<i>General Education</i>	<i>Special Ed. Process</i>	<i>Perspectives on Diversity</i>
<i>Teachers</i>	<p>"I don't really get to teach as much as I want to teach because dealing with social problems, discipline problems, the welfare of the students, do they have clothes, do they have shoes, do they have socks? Just basic survival things that I deal with before they can even do academics."</p> <p>"Too many kids in the house sleeping on couches, not getting enough sleep, you get to the point where it doesn't surprise you anymore. I know it's sad."</p>	<p>"They need more than what I can give them...I don't have the time. I don't have the resources. I'm not trained. And yet I am losing all this instructional time."</p> <p>"There must be a way we can fix this."</p> <p>"If we had more resources for behavior in class with peer mediators with different available resources if we could get that behavior controlled in the classroom they might not need referral."</p>	<p>"I am pretty open to referring any child that is not finding success. My goal is for every child to be successful."</p> <p>"Sometimes they're referred and it seems like nothing is done because the process is so slow....It's a time consuming process. And if you're the teacher in charge of that individual it's a real long time."</p> <p>"This year we were told that we had to refer anyone who didn't pass ISTEP. So I had to refer 13 kids and I don't really need that."</p>	<p>"African American children seem to be more outspoken. They seem to be louder. They seem to be active. They seem to be what we would call 'disrespectful', and for that reason sometimes teachers don't want to deal with them."</p>
<i>Principals</i>	<p>"Is ethnicity the problem or is poverty the problem?"</p> <p>"We get kids in first grade that do not know their colors... They don't know what the alphabet song is. They are very street savvy...But they don't have those educational tools...."</p>	<p>"I find a lot of my African American boys need movement. They've got to be able to get up and move. I've talked with these teachers; just because they like to do that, it isn't ADHD or any of those things, this is just a kid who's got to move. So you've got to provide them the opportunity to do that."</p>	<p>"I do have to sometimes wonder why we don't invest a little more resources at the primary level when things are a little smaller, when parents are more interested in listening to what you have to say... as opposed to waiting till they get to middle school and high school and their parents have just about given up."</p>	<p>"Sometimes we tend to put 'middle class' values and expectations on another group and another culture. And when you look at a school setting...the majority of teachers are Caucasian, middle class...."</p>
<i>Special Ed. Administrators</i>	<p>"All you have to do is look at the state test results and the one thing you can fairly conclusively prove is the relationship between academic learning, school learning and the cognitive skills index and poverty or wealth is a very tight relationship."</p> <p>"If you live in the inner city and you don't have the finances to get out of town then your world is that inner city."</p>	<p>"Our expectations for youngsters have sky-rocketed, more and more aren't attaining the standards the feds and state think should occur. Stressed teachers feel tremendous pressure to get kids to a certain level and if I don't then by gosh I better...find a reason why."</p>	<p>"I think behaviors are driving referrals. A very quiet child who cognitively has a depressed IQ is much less likely to be referred than a child with acting out behavior."</p> <p>"They know something is not working for a child and they fell they can't tap into some resources. One stable resource is special ed. It has funding to support it, it's a process that is in place."</p>	<p>"Our population of children of color that are coming from very low SES is changing, a huge impact on the school system and the staff has not changed appropriately. Teachers are still teaching the same way they did before."</p>
<i>Psychologists</i>	<p>"Some of them have never had kindergarten, some attended but were there only half the time, some of them just don't have the opportunities at home to develop language skills, that's what I see as the deficit area, language skills, knowing what words mean, knowing what things are."</p>	<p>"The idea that all students have to make progress at a certain rate I think is really difficult, because it puts us in a situation where if you're not making progress at that rate, there has to be something wrong with you, which we should test for and we should put you in special education. Some kids just take longer to get it together than other kids, but we don't have the privilege to wait for them."</p> <p>"I think that general ed. needs more varieties, more opportunities for kids to develop whatever it is they are missing."</p>	<p>"We've gotten a huge increase in the number of parents wanting their child tested. And part of that has to do with our district policy on retention and the fear of ISTEPs (Standardized test) whenever a teacher starts talking to parents about the child being in trouble or probably going to be retained, the parent asks for testing"</p> <p>"If the teacher's attitude is 'I have this problem, and I'm looking for some more ways to see what I can do,' then it can be real effective. If the teacher is coming in because it's a formal step you have to go through but what you really want is for the child to be tested and placed in special education, then it has limited success."</p>	<p>"If you look at the big picture, over-representation of minorities in special ed is a serious problem. But [at the individual teacher level], I truly believe they just want Johnny to succeed."</p>

One of the most surprising findings was the difficulty many respondents, especially White respondents, had when confronting the issue of race. Most classroom teachers were completely unaware of the issue of minority disproportionality, and often denied it was a problem in their school or district. In general, we found the topic of race to be an extremely difficult one for our interviewees, across respondent groups. Administrators who in general impressed our interviewers with their practical eloquence on a variety of topics became tongue-tied or taciturn when the conversation turned explicitly to race. Some teachers who demonstrated great precision in describing the disadvantages and educational needs of their students became unexpectedly vague when asked for detail about the ethnic breakdown of their class, often stating that they had not thought about the issue before, even though these classes tended to come from schools with minority representations of over 50% of school enrollment.

## **Discussion**

Race remains a difficult topic to discuss, and those difficulties may be compounded if one views oneself as a representative of an institution in which there is a possible racial disparity. Part of this difficulty may arise from a general tendency to view racism as categorical in nature (Trepagnier, 2001); that is, either one is or one is not racist. If school practitioners implicitly accept that they and the institutions they belong to either are or are not racist, it may be important to one's self concept as "not racist" to ignore or even actively minimize evidence of racial disparity in the institutions they represent. It is also possible that the strong tendency to explain racial disparities solely in terms of economic disparities represents another avenue that allows avoidance of the topic of race. Thus data from both this project and others (Coutinho et al., 2002; Parrish, 2002) indicate that SES typically accounts for only some of the variance in racial disparities in special education placement.

Change is difficult in any organization, even when it does not involve an emotionally-laden issue. Reticence in talking about the issue of race at the local level may well increase the difficulty of change. School practitioners may well resist attempts to solve the problem of disproportionality if they believe they first have to admit they are currently engaging in practice that can be defined as racist. Further, it is highly unlikely that schools trapped in a paradigm of denial will see or accept the need for the sweeping changes in practice recommended by this report. Ultimately then, the ability to implement effective strategies for improving equity may depend upon the context within which those recommendations are presented and understood.

As a result of considering the data contained in this report, three school districts are currently piloting an adapted action research approach to addressing minority disproportionality issues. Each district chose a different area; family involvement, pre-referral process and instruction and class management through peer collaboration. Each of the three districts utilized focus groups and a central planning team with technical and facilitative support from the Indiana Disproportionality Project to begin the process of remediation. Currently the district centering on peer collaboration to improve instruction and classroom management skills has held a workshop for teacher volunteers in two elementary schools and will begin peer observations in the fall. The district addressing pre-referral practices has developed a "flexible template" of best practices and is piloting it in all nine of its elementary schools. The district addressing family involvement has developed a Family Support Team, a vision and mission statement and will have three family liaisons in place for the fall. In addition that same district has developed a Task Force to address the achievement gap and issues of racial inequity. We believe that the work of these districts shows that it is possible that the evidence of racial disparity can become a motivator for commitment to program improvement, rather than a stimulus for defensiveness and denial.

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## **Symposium**

# **The Experience of School Safety: Risk and Protective Factors in the Safe Schools/Healthy Students Initiative**

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### **Introduction**

**Kathleen Hague Armstrong**

The Safe Schools/Healthy Students Initiative (SS/HSI) in Pinellas County, Florida was a federally funded initiative that encouraged schools and communities to integrate their resources and develop a continuum of care for all students involving primary, secondary and tertiary programs and services. Efforts were put into place to create a positive school climate that supported the development of all students, to identify and intervene with problem behaviors early on, and to support students with serious emotional disturbances and their families. Paramount to SS/HSI was the creation of a safer learning environment, in which challenges that compromised safety and healthy development would be addressed with proactive and effective responses.

The presentations included in this symposium include four studies that characterize the experience of school safety, and speak both to the risks and protective factors that operate in a school large district. Two surveys, the *School Safety Survey*, documenting staff perceptions of safety at the middle and high school levels, and the *Omnibus Survey*, which was used to gather information from high school students, set the context for perceptions of safety throughout the school system and are described in the first two papers. Disciplinary referrals, marking disruptive and aggressive behavior problems and their change over time during the implementation of this initiative are presented in a third paper. The final paper documents the real life experiences of high school seniors through a series of focus groups that were conducted to better understand student experiences of safety in their schools.

### **Factor Structure of the School Safety Survey**

**Gina Santoro, Kathleen Armstrong & Oliver T. Massey**

#### **Introduction**

During spring 2002, the School Safety Survey was administered for the third consecutive year among school staff members in one county. This rating scale was developed to measure school staff's perceptions of the severity of issues influencing safety at their schools. The survey includes 28 items, which comprise 5 factors believed to sample perceptions of school safety. The factors include Crime, Child Behaviors, Administration, Family Factors, and Teacher Factors. One thousand six hundred thirty-five school staff members from 40 middle and high schools in a large, urban school district located along the Gulf Coast in West Central Florida participated in the study. Confirmatory factor analysis (CFA) and hierarchical linear modeling (HLM) were conducted to determine the validity of the five safety domains in terms of factor structure and in relation to staff experiences of safety.

The main purpose of this study was to validate the School Safety Survey (SSS). A pilot study involving the SSS suggested the presence of first- and second-order factors, specifically, five first-order factors and one second-order factor. Figure 1 summarizes the hypothesized factor model. The tenability of this hypothesis was tested using first order and second order Confirmatory Factor Analyses. The fit statistics indicated that the data fit the hypothesized model relatively well, but suggested that some error was present. All factor loadings were statistically significant, indicating a good measure of association between items and latent variables. However, modification indices indicated that correlated error and complex loadings contributed a source of misfit to the model.

#### **Chair**

**Kathleen Hague Armstrong**

#### **Discussant**

**Oliver T. Massey**

#### **Authors**

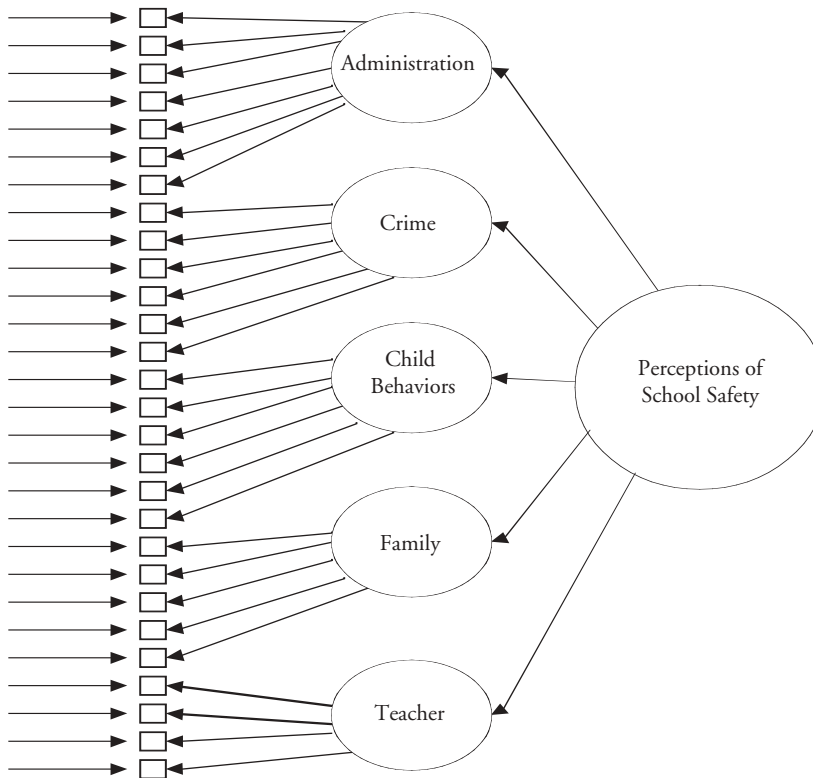
**Gina Santoro et al.**

**Kelli Henson**

**Michael Boroughs et al.**

**Linda McCash**

**Figure 1**  
**Proposed Factor Model of the School Safety Survey**



Hierarchical Linear Modeling was conducted to investigate within-school and among-school relationships among variables. The Level One HLM analyses indicated that non-instructional personnel reported more positive perceptions of school safety than general or special education teachers. Males reported more positive perceptions of safety than females. Personnel who reported making greater numbers of referrals for violence reported more negative perceptions of safety than personnel who reported making fewer referrals for violence. Individuals who reported being the victim of a violent crime at school reported more negative perceptions of safety than those who did not report being the victim of a violent crime at school.

The Level Two analyses indicated that middle school staff perceived school safety factors more positively than high school staff and that staff from smaller schools perceived school safety factors more positively than staff from larger schools. Staff from schools with fewer numbers of students receiving free or reduced lunch (i.e., higher SES) had more positive ratings of school safety than staff from schools of lower SES.

## **The Omnibus Survey: Student Perceptions of Safety in the Schools**

### **Introduction**

#### **Kelli Henson**

Pinellas County, Florida began the Omnibus project in 1989 with 8,268 children to collect data on students from kindergarten to graduation. Data were collected each year until 2002 with the exception of 2000. Information was collected about the students from various sources including parents, teachers, and the students themselves.

A Pinellas County Schools committee determined survey questions each year. Information obtained from Omnibus surveys has been used for several purposes including early identification of educational failure, tracking high-risk student progress, nutrition and school performance, and child health practices.

The Pinellas County Safe Schools, Healthy Students Initiative evaluation team submitted questions about student perceptions of school safety and school-based protective factors to the Omnibus committee for addition to the survey. Three sections of school safety questions were added to the 2001 Omnibus survey. One section of school safety items and one section of items relating to school-based protective factors were added to the 2002 instrument. Results of the 2001 Omnibus data and preliminary results from 2002 are reported herein.

In section one of the school safety questions, students reported the frequency with which they witnessed or experienced violent or aggressive events in school. Students were asked to record how often they witnessed or experienced 11 items on a five-point scale from *never* to *daily*. Section one included items such as *verbal threats in school* and *students bringing weapons to school*. These items were developed through a process of brainstorming and identification of important issues about safety in schools from prominent research in the area. In section two, students were asked to rate the effectiveness of violence prevention strategies in their schools. Students rated 13 strategies on a five-point scale from *very effective* to *very ineffective*. Sample items included: *suspending/expelling students who commit acts of violence* and *training teachers to resolve conflicts*.

In section three, students were asked to rate their level of agreement with the application of school rules. Students rated their level of agreement with five statements including *principals apply rules fairly* and *some students are getting away with too much*. Students rated their level of agreement on a five-point scale ranging from *strongly agree* to *strongly disagree*.

The 2002 instrument contained items identical to section one of the 2001 Omnibus. However, sections two and three were replaced with a section in which students reported their level of agreement with statements related to school-based protective factors. There were 17 items on a five-point scale ranging from *strongly agree* to *strongly disagree*. Items in this section included: *Most teachers expect good work from me* and *I can go to an adult at my school for advice or help with non-school related problems*. These items were derived from research on resiliency related to factors that help an individual deal with challenges more effectively and successfully adapt to adversity.

### **Method**

**Participants.** In 2001, all eleventh grade students and students from the original cohort who had been retained or promoted early were given the Omnibus survey to complete on a voluntary basis. Of the 2413 participants in 2001 from fifteen Pinellas county high schools, 51% were female. Seventy-seven percent of the participants were White, 14% were Black, 4% Hispanic, 4% Asian, and American Indian and Multi-Ethnic participants comprised the remaining percent. Eighty-six percent of participants were eleventh grade students, and tenth grade students made up 12.5% of the sample. Less than one percent of participants were in the ninth or twelfth grades.

In 2002, 53% of the 1171 participants were female, with almost identical percentages of students from various ethnicities as in 2001. Ninety-five percent of the 2002 participants were in twelfth grade.

## Results

**Section 1 (2001, 2002).** In section one, students reported the frequency with which they witnessed or experienced events in school in both 2001 and 2002 (Table 1). Bullying and teasing was reported most often with over 30% of students witnessing or experiencing teasing or bullying on a daily basis and 73% of students witnessing or experiencing teasing and bullying at least once a month. Verbal threats and discrimination in school were the next most frequently reported acts in both 2001 and 2002. Weapons at school and gang activity in school were reported with the lowest frequency for both years.

**Table 1**  
**Frequency of Witnessing or Experiencing Violent or Aggressive Acts**

Items	% Two times per year or less		% Once per month or more	
	2001	2002	2001	2002
Verbal threats in school	43.3	46.6	56.6	53.4
Physical violence in school	49.8	56.8	50.2	43.3
Students bringing weapons to school	88.0	83.1	11.9	16.9
Students using drugs or alcohol in school	52.5	55.8	47.5	44.2
Drugs being sold at school	67.9	67.4	32.1	32.6
Teasing or bullying in school	26.7	26.9	73.3	73.0
Gang activity in school	80.7	81.7	19.3	18.3
Personal property stolen or destroyed in school	51.4	59.0	48.7	41.1
Vandalism of school property	54.2	57.5	45.8	42.4
Discrimination at school	46.4	50.4	53.7	49.6
Violence in the community where your school is located	63.8	66.7	36.2	33.2

A chi-square analysis was used to identify the significance of association between two variables. For purposes of analysis, students were split into two groups for each question in section one: (1) students that reported seeing or experiencing an item frequently (once a month or more) and (2) students who saw or experienced an item rarely or never (2 times a year or less).

A chi square analysis of the section one items in 2001 and sex revealed that males reported seeing or experiencing acts of violence or aggression significantly more often than females. For example, significantly more male students reported seeing or experiencing physical violence, weapons being brought to school, gang activity in school, and verbal threats in school than female students. Only three of the items were not significant at the .01 level.

A chi square analysis of the items and ethnicity revealed that White students reported witnessing or experiencing acts of violence or aggression significantly more often than other students. Differences were significant for nine of the eleven items. In particular, White students reported witnessing or experiencing significantly higher numbers of verbal threats, incidents of teasing and bullying, and physically violent acts in school than other students.

**Section 2 (2001).** Section two was designed to assess student opinion of the effectiveness of school violence prevention strategies. Students reported that controlling guns in school, having counselors to help students in school, and keeping drugs out of school would be the most effective strategies to help keep their school safe. According to students, putting more security devices in schools and training students in conflict resolution and anger management are the least effective violence prevention strategies in schools.



**Section 3 (2001).** In section three, students reported their level of agreement with the application school discipline as it related to safety. Answers were normally distributed with a nearly equal number of students agreeing and disagreeing with each item. The Pinellas County Safe schools, Healthy Students Initiative evaluation team will conduct focus groups with high school students emphasizing experiences of school safety in the spring. These focus groups may be able to tease out more detailed information about student opinions of the application of school discipline measures dealing with school safety.

**Protective Factor Section (2002).** The results of the school-based protective factor items on the 2002 survey have yet to be analyzed. The items included in this section focused on relationships with teachers and other adults at school, how safe students felt at school, and student opportunities to participate in school activities. Factor analyses and comparisons with school safety data are planned.

## **Longitudinal Analysis of Suspensions in an Urban School District**

**Michael Boroughs, Kathleen Armstrong & Oliver T. Massey**

### **Introduction**

Media reports imply an increase in violence and the proliferation of weapons in our nations schools. An unrelated series of school shootings and other acts of violence have made headlines over the past few years. This has led many to conclude that violence in the schools is growing and that schools are unsafe places. Just as media outlets report these heinous crimes, they also report contradictory government statistics that refute the idea that school violence is on the rise. For example, the associated press reported in November of 2000 that a U.S. government report showed a decrease in the number of school children who reported being victims of crime at school by 2% in the four-year period from 1995-1999 (CNN, 2000).

Beyond what makes the news, everyday disciplinary problems are reported in the schools and tracked to measure trends. These problems vary greatly in severity, ranging from tardiness to serious assault and battery. Disposition of these infractions range from conferences with school staff to suspensions or expulsions from school. A review of disciplinary records undertaken as part of an evaluation of programs funded under the Safe Schools/Healthy Students Initiative (SS/HSI) is offered as a way to gain insight into the nature and severity of student behavioral problems.

Unacceptable behaviors are accounted for via a disciplinary referral in the Pinellas County Schools. The most severe of these referrals result in suspension from school; the two major suspension types are either the traditional out of school suspension, or an in-school suspension. The purpose of this study was to examine the longitudinal data set for trends and relationships in the disciplinary records. Analyses of these data provide a comprehensive glimpse into the problems surrounding suspensions in an urban school system.

Two categories of disciplinary referrals where greater suspension activity might be expected include those related to the “zero tolerance policies” which include: (1) bringing a weapon to school, (2) possession or use of alcohol in school, (3) possession or use of drugs in school or, (4) possession or use of tobacco in school. These referral types are grounds for mandatory suspension from school in this district. The other category includes violent acts such as fighting, sexual battery, sexual harassment and threats and intimidation. We will examine how these types of referrals translate into disciplinary actions, such as suspension.

This complex relationship between disciplinary referrals and disciplinary actions undertaken by school districts to respond to unwanted behaviors via suspension and other methods demonstrate how different areas of concern are integrated into one large set of data that must be deconstructed and analyzed.

## **Method**

**Participants.** Suspensions and referrals for the entire school district were analyzed over the three-year grant period. The district census during the 1999-2000 school year (year one) was 109,628. That increased to 127,039 during the 2000-2001 school year (year two) and then rose again to 127,545 during the 2001-2002 school year (year three). Other demographics remained essentially constant over the granting period. Males (51.8%) outnumber females slightly (48.2%). Euro-Americans (69.7%) comprise the largest racial/ethnic group, followed by African Americans (19.1%), Hispanics (5.9%), Asians (3.1%), Multi-ethnic (2%) and Native American (.3%).

**Procedure.** Data from both master and disciplinary files were mined and analyzed for trends. Previous analyses have shown that changes have occurred over the past three years with relation to trends in the mandatory suspension category. For example, great decreases have occurred in tobacco related referrals while slight increases have occurred for substances (Boroughs, Massey & Armstrong, 2001). Data were further analyzed to verify or disprove a congruent course for suspension trends with the findings with referral trends.

Because referrals for violent behaviors are of great concern, we examined these referrals by level to learn whether suspensions were differentially applied in middle schools vs. high schools, etc. And finally, we created a mini-study to compare three different school levels (elementary, middle and high) with two different socioeconomic (SES) levels (high and low) to investigate differences in disciplinary referrals and disciplinary actions.

## **Results**

Disciplinary referrals decreased after the first year of the grant but increased from the second to the third year. In year one, total referrals were 172,076 but then they dropped to 148,227 in year two, however they again nudged up to 157,469 in year three. The suspension trend mirrored the referral trend with a great drop after the first year followed by an increase in the final year. For year one, suspensions were at a rate of 64,175, dropped to 56,977 for year two, but increased in year three to 59,697. In-school suspensions were about double the rate of out-of-school suspensions. Expulsions over the three-year period were very low. There were 21 expulsions in year one, 34 in year two and 30 in year three.

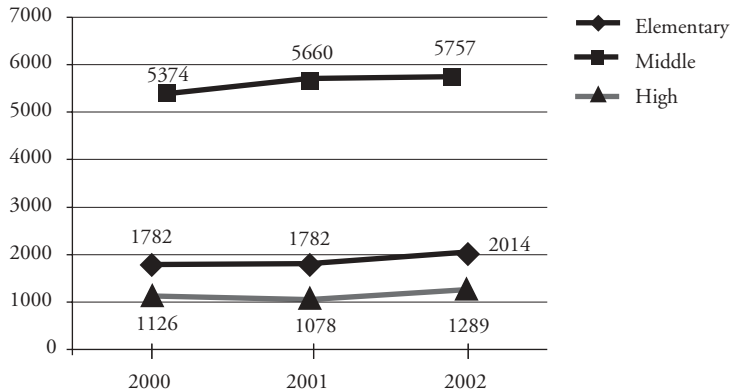
When examining referrals for violent behavior in isolation, we found that the trend for this category of referral increased steadily over the three-year period and the same upward trend was found for the suspension rate. Referrals for violent behavior numbered 9007 in year one, 9245 in year two, and 9638 in year three. Likewise, suspensions in response to these referrals numbered 6394 during year one, 6512 during year two and finally 6589 in year three.

Analyses of referrals for violent behavior and suspensions by level showed an alarming problem with middle schools. Middle schools contribute about 26,000 students to the total district census, with high schools slightly larger at 31,000 and elementary schools at about 51,000. So although middle school students comprise the smallest group of the three, their disciplinary referral rate for violence is well above that of elementary or high school students (see Figure 1). Indeed, for the most part, suspensions are commensurate with the number of violent referrals.

Middle schools had the highest frequency of suspensions for violence related referrals with 4100 in year one, 4246 in year two and 4128 in year three. There was an uncorrelated inversion of the figures for high school and elementary school suspensions for violent referrals. Though elementary schools had a higher number of violent referrals for all three years, the suspensions rate was lower than that of high schools. Elementary school suspensions for violence were 771 for year one, 779 for year two and 892 for year three. High schools had 1022 suspensions for year one, 922 for year two and 1109 for year three.

Finally, analyses were conducted to compare disciplinary rates in terms of socioeconomic differences. Six low and high SES schools were compared (two schools at each level) to measure the effect of poverty

**Figure 1**  
**Longitudinal Violent Referrals by School Level**



on disciplinary referrals and disciplinary actions overtime. Table 1 contains demographic information for this study. Highlights include the marked difference in affluence: only 9.1% of students in high SES schools are on a free or reduced lunch plan while 50.7% of students in low SES schools participated. Whites represent over 90% of the population in high SES schools while composing 62.5% in low SES schools. African Americans represent over 25% of the population of low SES schools while accounting for 4.4% of high SES schools (see Table 1).

**Table 1**  
**Socioeconomic Study Demographics**

	<i>High SES</i>		<i>Low SES</i>	
	<i>9.1% free/reduced lunch rate</i>		<i>50.7% free/reduced lunch rate</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Male	3796	49.3	3613	50.2
Female	3905	50.7	3591	49.8
Asian	173	2.2	391	5.4
African American	342	4.4	1855	25.7
Hispanic	184	2.4	387	5.4
White	6949	90.2	4503	62.5
Other	53	.7	68	.9
Elementary School Census	1293		1287	
Middle School Census	2529		2362	
High School Census	3879		3555	

As hypothesized, poverty was a potential risk factor for high levels of violence in low SES schools. Over the three-year period, low SES schools had 947 violent referrals in year one, 1014 in year two and 999 in year three. High SES schools, while having a higher census in all three school levels, had a fraction of the number of violent referrals with 238 in year one, 230 in year two and 288 in year three (see Table 2). The most glaring differences were accounted for by the “fighting” and “battery” categories where the referral rate was five times higher in low SES schools when compared with high SES schools. This relationship was pervasive and even held through different school levels. For example, in year three, low SES elementary schools had 195 violent referrals with a student population of 1287, while high SES elementary schools had just 12 violent referrals with a student population of 1293.

**Table 2**  
**Socioeconomic Study: Violent Referrals Frequency**

	1999-2000	2000-2001	2001-2002
Low SES	947	1014	999
High SES	238	230	288

## Discussion

In conclusion, an examination of the trends in suspension coupled with how disciplinary referrals are related to them were the central points of this research. Even in the absence of dramatic events, figures show great numbers of behavioral problems in the schools (Armstrong, Massey & Boroughs, in press; Boroughs, et al., 2002). For example, while 33,781 students were referred during year one of the grant, they collectively accumulated 172,076 referrals (Boroughs & Massey, 2002). Therefore, about 31% of the student body produces an exponentially larger number of disciplinary incidences.

With relation to the inverse relationship between violent referrals and suspensions in high and elementary schools, this might indicate that the preferred disciplinary response in elementary school is less often suspension and more often another method, such as parental conference. Another possible hypothesis is that the severity of violence is much greater with the older high school students, mandating a suspension.

Middle Schools are clearly a source of great concern. With violence related referrals more than double that of elementary and high schools combined, and a population less than a third of both elementary and high schools, better interventions and transitional preparations must emerge. Whether these violent referrals stem from developmental, organization or structural issues, a timely response to middle schools' needs would be helpful.

The difference in the number of violent referrals between high and low SES schools is noteworthy. This study demonstrated that SES is indeed a salient factor when measuring violence in the schools. This finding was despite the size of the schools, which were commensurate, albeit richer schools did have a slightly higher population than poorer schools.

Expansion of the data analyses is in progress because results suggest that significant insights might be gained from an in-depth analyses of the pattern of disciplinary problems recorded in the schools.

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## **Adolescent's Perceptions of School Violence and School Protective Factors**

Linda M. McCash

### **Introduction**

School violence, teasing and bullying have been identified as serious problems affecting a significant proportion of American youth (Stevens, Lynn, & Glass, 2001). This study is part of the National Evaluation Project of the Safe Schools/Healthy Students Initiative (SS/HSI). The Pinellas County School District recently completed its third year of implementation of the SS/HSI in July 2002. The intent of this study was to supplement earlier studies conducted by the SS/HSI evaluation research team in Pinellas County schools. Focus group discussions were conducted with elementary and middle school students over the 2000-2001 school year. Differences were found in perceptions of school safety according to school level and the age of students. Thus, the evaluation team intended to examine high school students' experiences of school violence and safety to provide different perspectives across all age groups.

Adolescents who have been exposed to various forms of aggression are at-risk for poor academic performance, increased behavioral problems, substance abuse and depression and suicide (Resnick, et al. 1997). However, many adolescents who seem to be at high risk nevertheless do not develop problem behavior and indeed do well in school. Protective factors have been conceptualized as countering adolescent exposure to risk and enhancing the experience of protection (Jessor, 1991).

### **Method**

*Participants.* Seven focus groups were conducted in Pinellas County high schools during the 2002 school year, and included a total of 66 participants. Adolescent subjects were 17 to 19 years old who volunteered to participate in this study. The sample included 34 females and 32 males, and the majority of the sample was Caucasian (67%), with 20% African-American, 6% Hispanic, 3% Asian and 3% of other ethnicities.

*Procedure.* Potential student participants were identified by assistant principals. Parental consent was secured in advance for participating students under the age of 18, and individual consent was granted by students 18 years and older. Each focus group consisted of eight to twelve participants from seven different high schools. A semi-structured interview guide developed by the research team was used to generate ideas about school safety. Adolescents were asked to think back over their school career and reflect on experiences of personal safety, teasing and bullying, more serious threats to safety, support from adults and peers in their school, and influences of school safety on their school success. Focus group discussions with students lasted 1 to 1.5 hours and were moderated by two research team members. The focus group data were recorded using two audio recording devices, in plain sight of students, and an interview guide was provided to students before the focus group began. Interview sessions were transcribed and transcripts were coded and analyzed using Ethnograph software (Qualis Research, 2000). Data were clustered into groups based on concept similarity or theme. The frequency of each concept was counted and analyzed using the qualitative software program to identify major themes in the data set.

### **Results**

Several themes emerged in the interviews with adolescents. The most frequently reported themes related to school violence, teasing and bullying were awareness of school violence, desensitization to school violence and resignation to teasing and bullying. One of the goals of the focus group discussions was to identify adolescents' perceptions of what makes them feel safe in school, and to identify who they turn to when they unsafe. The most frequently reported themes related to school protective factors were identification with peer group, relating to adults at school, individual student characteristics, school alliance and involvement in school organizations, and campus security (see Table 1).

**Table 1**  
**Frequencies of Adolescent Responses**  
**(Total Responses = 1376)**

Theme	Responses	% Total Responses
<b>Awareness of School Violence</b>		
Desensitization	71	18%
Awareness	68	17%
<b>Teasing &amp; Bullying</b>		
Inevitable	61	15%
Hurtful	34	8%
<b>School Fights</b>		
Indifference	41	10%
Fear	17	4%
<b>Exclusionary Behavior</b>		
Group Differences	82	20%
Misperceptions	28	7%
<b>Protective School Factors</b>		
<b>Identification with Peer Group</b>		
Fitting In	61	21%
Feeling Supported	24	8%
<b>Relating to Adults at School</b>		
School Administrators	43	15%
Teachers	26	9%
SRO*	24	8%
<b>Individual Characteristics</b>		
School Alliance	17	6%
<b>Campus Security</b>		
Surveillance	20	7%
Safety Drills	15	5%
Drug Dogs	13	5%
Police Response	11	4%

*School Violence, Teasing and Bullying.* Seventeen percent of total responses in this sample ( $n = 66$ ) acknowledged awareness of school violence on a national level, however 18% of student responses referred to lack of concern about potential threats to safety, such as students carrying weapons, and bomb threats. In contrast, some students were unaware of threats to safety and denied that they had witnessed school fights on their campus. Eighteen percent of total responses made by participants in focus groups were related to desensitization to school violence. Often adolescents downplayed the seriousness of peer conflict and reported either no interest in changing campus climate or felt what they had to say about school policy would not be heard or respected.

Adolescents in this sample perceived verbal threats, rumors, teasing and bullying as more common than physical fights between students on their campuses. Fifteen percent of total student responses reflected perceptions of teasing as inevitable and 10% of total responses made by students implied disinterest in school fights. Some adolescents reported indifference or avoidance behavior when questioned if they would intervene when witnessing teasing or bullying or physical fights on their campus. Most students reported not wanting to get involved because they did not want to get in trouble or be written up by school administrators.

**School Protective Factors**

*Identification with Peer Group.* Students frequently reported identification with peers and feeling accepted as one of the most important themes; peer support and close friendships were perceived as protective. Twenty-nine percent of total responses made by students in this study perceived identification with peer groups, turning to friends for help, accepting differences among peers, and talking out problems as protective in the school setting.

*Relating to Adults at School.* Several themes emerged from the interviews with adolescents related to adults at school. In total, 24 % of student responses reflected perceptions of teachers’ and school administrators’ availability and response to school violence as protective. However, some students were ambivalent about their relationships with teachers. Most students reported *some good teachers and some bad teachers*. Some teachers were perceived as not caring, not doing their jobs, disrespecting students, and being overly punitive with students. Adults who were perceived as helpful were identified by name and often one adult on campus was identified as caring by multiple adolescents.

“I’ve seen teachers that will look at a fight and keep on walking.”

“Sometimes you’ll have a teacher like two or three times by your senior year and then, you know, you’ll get to be on a one on one basis with them.”

Students from the seven different high schools participating in focus group discussions perceived school administrators differently across schools. As expected, 15% of total students responses perceived their high schools as safer when principals or assistant principals were actively involved with students.



In addition, the visible presence of school administrators on the school campus, such as between classes and during campus activities, had an impact on adolescents' overall perception of their school being safer than other schools.

"All the administrators, and resource officers and all them pretty much know everybody around here. So if they know someone's here, they'll get them."

"I mean our principal, she's probably a little too involved sometimes, like, kinda gets annoying, hearing her all the time, but she's out there...that's for someone to talk to."

In contrast, 41% percent of total responses perceived problems with school safety policies and 10% of statements related to unfair or ineffective school disciplinary policies. Seven percent of total responses made by students were in reference to limited resources and inconsistent enforcement of school regulations. Adolescents reported that a small group of students were repeatedly reprimanded or punished compared to the larger group of students. Often students reported that an administrator's first response was disciplinary action.

"There so focused on dealing with it after it happens that they miss how to prevent it."

"I think these assistant principals are just here for their paychecks, they're fed up."

***Individual Student Characteristics and School Alliance.*** Twelve percent of total student responses identified individual student characteristics as protective, including one's age, maturity, versatility, and being perceived as easy to get along with. The bonds that students form to school through peer and teacher relationships appear to be especially important. Students who are committed to school, active in clubs or sports, feel that they belong, and trust school administration are less likely to fight, tease and bully other students than those who are uninvolved, alienated, or distrustful (Mulvey & Cauffman, 2001). Six percent of students who participated in focus group discussions identified school alliance and involvement in school activities as protective.

"Any sport or athletic activity, you've got to keep your GPA up. Our football coach, he be like encouraging us to stay on top of our grades."

***Campus Security.*** Seventeen percent of total student responses in this sample identified security and surveillance as protective on school campus. Campus security measures included surveillance cameras, mock and real emergency lock-down drills, and random search of lockers by drug dogs. In contrast, some students who participated in focus group discussions joked about security measures, such unlocked fences, student identification and hall passes, and code red drills.

Twelve percent of total student responses perceived Security Resource Officers (SROs) and campus monitors as protective. In addition, 4% of responses referred to enhancement of school safety by prompt police response time and location of the school campus in a safe neighborhood. Eleven percent of total student responses in this sample reported trespassing, vandalism and destruction of personal property on their school campus as dangerous. The layout of the school campus was perceived as protective if it was closed or gated in order to keep strangers or other students from coming on school grounds.

The seven focus group discussions provided a rich source of qualitative data as adolescents responded to open-ended questions about school violence, school safety, and school protective factors. The findings from this study identified relevant themes related to school violence, and school protective factors first-hand from adolescents in 11<sup>th</sup>- and 12<sup>th</sup>- grade in Pinellas county school district. Information provided by adolescents themselves about social relationships with peer groups, friends, teachers and school administrators, and campus security measures are invaluable to linking risk and protection in US schools.

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## Discussion

### Oliver T. Massey

In recent years, much has been made of the needs of our nation's students. Educators, mental health and juvenile justice professionals, social workers and school psychologists, researchers and concerned members of the public have stressed the need for mental health services for populations at risk, expressed their concern for violence in schools, and described the daunting task of identifying and fulfilling the needs of special school-aged populations. The SS/HSI, predicated by events such as Columbine, brought these concerned specialists together in an attempt to identify and implement services for students.

The presentations included in this symposium are part of a larger effort to evaluate the effectiveness and impact of these programs in one Florida school district. These four studies were brought together to characterize the experience of school safety from the perspectives of staff and students in the district and speak to both the risks and the potential protective factors that confront schools in a district implementing the SS/HSI.

The longitudinal analysis of referral and suspension data indicate the severity of behavioral problems confronting schools. In each year of the three-year study there were over 150,000 disciplinary referrals, over 9,000 referrals for violence and nearly 60,000 suspensions. Many students had multiple referrals and multiple suspensions with some students accumulating 40 or more behavioral referrals in a single year. Middle school years are particularly troubling, with this 25% of the student population contributing 66% of the referrals.

Students responding in surveys and focus groups and teachers provide further insight into the daily experience of schools. Thirty percent of the students reported experiencing bullying or teasing on a daily basis, and 73% report experiencing it on at least a monthly basis. Nearly 50% experienced verbal threats, discrimination, drug or alcohol use, and physical violence on at least a monthly basis. In focus groups, students expressed both concern for the effects of bullying, as well as resignation and indifference. Some see fights as entertainment, while others felt helpless and saw no support from teachers and staff. Teachers and other staff are also affected by school violence. Staff with less positive perceptions of the school and students and those who had been victims of school violence made more referrals. Staff in small schools with higher SES populations had more positive perceptions of school safety.



The results of these four studies serve to emphasize the problems confronting schools. While the concern for more serious assaults is legitimate, the daily experience of students makes evident the need for behavioral and mental health services. Teachers respond to violence with decreased feelings of safety and less tolerance for the needs of students, while students accept teasing and bullying as an inevitable part of the school experience. Clearly, one of the challenges to effective interventions in schools is to engage both student and staff, and identify and implement services that address the common behavioral problems confronting students in our nation's schools.

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