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STUDENTS: A COMPARISON OF SCREENING METHODS  
AND TEACHER PERCEPTIONS

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by

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## ABSTRACT

The purpose of the proposed study was twofold. First, three methods used for screening students for emotional and behavioral difficulties were compared. These three methods consisted of two methods currently in use in the schools and one systematic universal screening process utilizing a standardized rating scale that was introduced for this research. Second, teacher perceptions about and acceptability of the systematic universal screening process were explored. The sample included 13 teachers from a rural school district in the Midwest who assessed the students in their respective classrooms in addition to completing surveys and participating in focus group interviews at the end of the screening data collection process. The Behavioral Assessment System for Children, Second Edition (BASC-2) Behavioral and Emotional Screening System was completed by teachers regarding the students in their classroom. Students were randomly selected to be further assessed by their teachers using the BASC-2. The BASC-2 rating scales provided information identifying specific types of concerns. Reading achievement data, office discipline referrals, and teacher referral information were collected through record review. The results of this study provide a better understanding of how schools may effectively and accurately screen for students who experience emotional and behavioral problems. Additionally, this study provides information about classroom teachers' perceptions of using a standardized rating scale for screening purposes that will inform researchers and school practice.

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## CHAPTER 1

### INTRODUCTION

Students who display competence in academic, social, and behavioral areas are more likely to develop positive relationships and outcomes with peers and teachers (H. M. Walker, Irvin, Noell, & Singer, 1992). Yet many students enter school with different academic, social, and behavioral needs that schools are expected to address (Lane & Menzies, 2005). Children with emotional and behavioral concerns demonstrate achievement and behavior problems that get in the way of their academic performance (Severson & Walker, 2002). Compared to all students, with and without disabilities, those identified with emotional and behavioral disorders experience less academic success (Landrum, Tankersley, & Kauffman, 2003). Strong evidence exists that behavioral and emotional problems are childhood risk factors for poor school outcomes, including academic underachievement, absenteeism, special education placement, suspensions and expulsions, and school dropout (Bradley, Doolittle, & Bartolotta, 2008).

Nelson, Benner, Lane, and Smith (2004) concluded that children with emotional and behavioral disorders generally experience significant academic deficits in areas of reading, writing, and mathematics. Additionally, Nelson et al. reported that boys and girls with emotional and behavioral difficulty, but not necessarily disorders, still experience academic weaknesses. Further, behaviors commonly associated with low academic achievement are often externalizing in nature, including attention problems, aggression, and delinquency. An alarming statistic

reveals that 43% to 56% of students with emotional and behavioral concerns will not graduate from high school, which is almost double that of students without disabilities (Marder, 1992). Unfortunately, the presence of problem behaviors early in a child's life is predictive of a range of negative outcomes, such as drug abuse, juvenile delinquency, violence, and school dropout in the later years of schooling (Webster-Stratton, 2000). Young children who lack social, emotional, and behavioral competence receive less mental health service and, when coupled with the potential for serious negative outcomes, are at a significant disadvantage in classroom settings (Sutherland, Conroy, Abrams, & Vo, 2010).

Educators today must be able to provide interventions and supports for students with significant learning and behavioral problems (Lewis & Sugai, 1999). Given the substantial costs associated with addressing significant behavior and social needs, models of prevention and early intervention are overwhelmingly preferred (Lewis & Sugai, 1999). It is essential for children to be identified as early as possible in their schooling so that targeted interventions and prevention programs can be offered to deter the potential development of behavioral and emotional difficulties, which contribute to subsequent learning problems (Gresham, Lane, & Lambros, 2002). Such early identification requires effective school-based methods and processes that school staff can utilize efficiently and meaningfully.

Using universal screening measures in schools allows school staff to better understand the skill levels of their students. Typically, universal screening instruments are used at the beginning, middle, and end of the year and give school staff a snapshot of students' abilities. Most universal screening measures provide outcomes that inform teachers of the risk level each student possesses. These outcomes classify students as at risk or not at risk based on their ability to perform certain skills and behaviors. Knowing the risk level of a child allows teachers and

school staff to provide early interventions to help improve the skill and to decrease the chance of skills and performance worsening.

### **School Success for Students with Emotional and Behavioral Disorders**

When emotional and behavioral difficulties are not identified and addressed early, either in the student's life or the manifestation of the difficulties, then these difficulties lead to more debilitating disorders. Students with emotional and behavioral disorders have been and continue to be characteristically unsuccessful in acquiring the necessary skills needed to achieve and, thus, suffer negative school and life outcomes (Kauffman & Landrum, 2009; Patterson, DeBaryshe, & Ramsey, 1989). Students with emotional and behavioral disorders consistently earn lower grades, struggle academically, lack sufficient skills to perform at or above age or grade level, face retention more often, experience an increased likelihood of dropping out, and struggle adjusting to adulthood (Frank, Sitlington, & Carson, 1995; Wagner & Davis, 2006).

Ongoing research investigates high school dropouts and how schools can identify and intervene with students who are at risk to withdraw from school before graduating (Hickman, Bartholomew, Mathwig, & Heinrich, 2008). From this research, emerging evidence suggests that student's academic performance in high school is founded on the educational fundamentals developed during the elementary years and, over time, is complicated by behavioral, demographic, and familial factors (Campbell & Ramey, 1994). Lehr, Sinclair, and Christenson (2004) reported that the precursors of early withdrawal from high school begin to appear in the beginning years of a student's academic career. Students identified with emotional and behavioral disorders tend to experience greater academic difficulty earlier in the areas of reading, writing, and mathematics compared to their peers in general education (Trout, Nordness, Pierce, & Epstein, 2003). More specifically, research indicates that the reading level in third grade is a

strong predictor of students who are likely to drop out of high school (Lehr et al., 2004).

Adolescents identified as experiencing significant behavior problems are often identified early by parents, teachers, and peers as being prone to drop out of school (Kazdin, 1995). Students who drop out of high school have fewer opportunities for employment with very little potential for advancement; rather, they often wind up working in positions requiring minimal skills and getting paid low wages (Christle, Jolivette, & Nelson, 2007). Furthermore, Martin, Tobin, and Sugai (2002) reported that students who leave school early are more likely to incur health problems, engage in delinquent acts, and become reliant on government programs.

### **Theoretical Underpinnings**

A useful framework for examining the development of problem behavior is the ecological model of child development (Bronfenbrenner, 1979). From this perspective, Bronfenbrenner (1979) described human development as a set of nested systems that influence human development, including but not limited to biological factors, family processes, socioeconomic status, and neighborhood characteristics (Sutherland et al., 2010). Unfortunately, children who exhibit problem behavior are more likely to develop negative relationships with their teachers, and poor teacher–child relationships tend to remain stable over time (Henricsson & Rydell, 2004). Developing negative relationships with teachers early in school can be harmful, as difficult relationships as early as kindergarten are associated with academic and behavioral problems through eighth grade (Hamre & Pianta, 2001).

From an ecological perspective, children and youth grow and develop within a social system that includes their families, schools, neighborhoods, and communities (Hobbs, 1982). A central tenet of the ecological framework is that emotional and behavioral problems do not rest within the child or the ecology but rather reflect problems in the interaction between the child

and the ecology (Hobbs, 1982). These various subsystems are linked bi-directionally and operate as an integrated developmental system with each subsystem influencing the others (Sameroff, 1995). When a child's developmental system is organized around strengths (e.g., competent functioning, supportive relationships, sufficient resources), he or she is likely to display patterns of positive behavior, and the system of correlated strengths is likely to protect against the development of emotional and behavioral disorders (Farmer, Farmer, Estell, & Hutchins, 2007). In contrast, when the system is organized around multiple risk factors (e.g., deficient functioning, problematic relationships, inadequate resources), maladaptive patterns of behavior are likely to become stronger, and the child is at risk of developing emotional and behavioral disorders (Farmer et al., 2007).

When a biological cause is not present in children who experience social and emotional problems, the discomfort they experience is often linked to their world of home and/or school (Handy, 2004). They may be contending with verbal, emotional, or physical abuse as well as maladaptive relationships with parents, teachers, and/or peers. When children's needs are not met, they often begin to exhibit acting-out behaviors that include being oppositional, non-compliant, addictive, violent, and/or aggressive (Handy, 2004). Although internalizing difficulties, such as anxiety, depression, and somatic complaints, are risk factors for later maladjustment in later childhood and adolescence, they tend not to be as stable over time and teachers do not perceive shyness and child anxiety to be as disturbing as externalizing behaviors (Stacks, 2005).

Bronfenbrenner (1993) conceptualized the environment in four levels of interdependent structures that he called the microsystem, the mesosystem, the exosystem, and the macrosystem. The microsystem is the "pattern of activities, roles, and interpersonal relations experienced by

the developing person . . . with particular physical, social, and symbolic features that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment” (Bronfenbrenner, 1993, p. 15). According to Stacks (2005), research has consistently examined and found support for various factors in the child’s environment that contribute to the development of externalizing behavior, such as initial problem severity, quality of the home and school environment, quality of childcare environment, parenting behavior, attachment, divorce, and parental psychopathology. The microsystem incorporates the child’s interactions with his or her home and school environment as well as his or her interactions with adults, peers, and siblings. The mesosystem comprises the relationships that exist between two or more settings (Bronfenbrenner, 1993). An example of a mesosystem variable that impacts child behavior is the strength of the home–school relationship. The exosystem is made of linkages between at least two settings, one of which the developing person is not a part. The events in the setting that does not contain the developing person, however, indirectly influence the process in that person’s immediate environment (Bronfenbrenner, 1993). For example, stress at a parent’s place of employment may indirectly affect his or her child’s behavior through parenting behavior. The macrosystem is made up of belief systems, resources, and patterns of social exchange that are part of the culture of systems (Bronfenbrenner, 1993). Macrosystem factors, which may contribute to the development and maintenance of problem behavior, include poverty and a family history of stressful life events. According to Deater-Deckard, Dodge, Bates, and Pettit (1998), poverty is correlated with childhood externalizing problems.

### **Statement of the Problem**

Nearly all children and youth are, at some point, at risk for developing significant emotional and behavioral problems. Currently, many schools rely on teachers to identify students presenting with emotional and behavior concerns. This is problematic for two reasons—one is that students are not typically provided support and interventions until the difficulties have progressed to problematic levels and the other is that teachers typically identify students with specific types of difficulties. Schools underutilize systematic processes and methods to address these emotional and behavioral difficulties. Typically, teachers identify students who are disrupting others, struggling to pay attention, and being overactive and aggressive. Such challenges are often described as externalizing or behavioral in nature because the student acting out is displaying behavior that is disruptive to others and causes school staff to raise concern. However, there are additional students who experience sadness, withdrawal, and nervousness but may not exhibit behaviors that are recognized as concerning by school staff. Such behaviors are often referred to as internalizing or emotional in nature. Students who are rarely a behavior problem in the classroom and tend to present as ideal students, who are non-disruptive, follow the rules, and are academically successful, are less likely to be identified by teachers.

Teachers and schools underutilize a valid or reliable way for early recognition or identification of students with internalizing difficulties who need interventions as much as or more than their peers with externalizing concerns. Schools utilizing teacher referral methods and office discipline referrals face a challenge of identifying students with internalizing behaviors because the basis of these referral methods is a student's observable behavior; thus, this criterion of observable behavior makes it more likely that externalizing concerns would be included. As

previously noted, students with internalizing behaviors will continue to be overlooked due to the absence or low frequency of externalizing behaviors. Thus, incorporating a systematic screening process to assess students for emotional and behavioral risk is critical for schools to identify accurately students in need of additional support.

### **Purpose of the Study**

There were two purposes of this study. First, three methods utilized for screening elementary students for emotional and behavioral difficulties were compared. These three methods consisted of two methods currently in use in the schools and one systematic universal screening process utilizing a standardized rating scale that was introduced for this research. Second, teacher perceptions about the use of a standardized rating scale to systematically screen students were explored.

### **Research Questions**

To compare the effectiveness and acceptability of a systematic universal screening process to two commonly used methods for identifying elementary students at risk for externalizing and internalizing behavior difficulties, the following research questions were investigated:

1. Do the three screening methods (standardized rating scale, teacher referral, and office discipline referral) identify more, fewer, or an equal number of elementary students at risk for developing emotional or behavioral problems?
2. Of the students identified at risk, what is the relationship between the screening methods (standardized rating scale, teacher referral, and office discipline referral) and the types of identified difficulties (emotional, behavioral, both, or neither)?

3. What are the differences in the types of identified difficulties (emotional, behavioral, both, or neither) identified by the office discipline referral method?
4. What are the differences in the types of identified difficulties (emotional, behavioral, both, or neither) on reading achievement?
5. Is there a relationship between the teacher referral method and types of identified difficulties (emotional, behavioral, both, or neither)?
6. To what extent do teachers value data collected from the standardized rating scale screening method?

### **Research Hypotheses**

Based on prior research, the following research hypotheses were investigated:

1. The standardized rating scale method will identify more students at risk compared to the teacher nomination and office discipline referral methods.
2. The standardized rating scale method will identify a unique group of at-risk students presenting with emotional difficulties in comparison to those identified through teacher and office discipline referrals, which will identify students with more behavioral concerns.
3. Students identified with behavioral difficulties will have more office discipline referrals than other students.
4. Students identified at risk for emotional and/or behavioral difficulties by the standardized rating scale, office discipline referrals, and teacher referrals will demonstrate lower skills on reading achievement measures.
5. Students with behavioral difficulties are referred by teachers to teacher assistance teams more than other students.

### **Significance of Study**

The significance of the current study is two-fold. Most important is the potential impact on students with emotional concerns who would benefit from early identification and intervention practices. Teachers are usually accurate when they identify students with behavioral difficulties due to the disruptive nature of the behaviors; however, students with emotional problems are also in need of early identification so that teachers and schools can provide appropriate interventions. The current early identification practices of teacher referral and office discipline referral (ODR) often enable teachers to overlook these equally troubling, emotional concerns.

Secondly, the current study contributes to the research literature related to teacher acceptability of using a systematic screening process to identify students at risk for developing serious emotional and behavioral problems. Not only in the literature but also in schools, classrooms, and with individual students, there is a significant need to examine early identification procedures for students who may be at risk for developing serious emotional and behavioral problems. Identifying students earlier allows teachers and school staff to intervene and teach appropriate adaptive and coping behaviors as well as social skills to prevent students from experiencing academic failure as a result of their emotional or behavioral issues. Therefore, introducing a method to teachers for systematically screening students is a major step toward developing a school-wide model of prevention and early intervention for identifying emotional and behavioral problems. The use of a systematic screening process and standardized rating scales assists in creating and implementing interventions to address emotional and behavioral concerns in addition to barriers to learning so that academic skill development and success can be achieved.

Understanding how to screen students for emotional and behavioral problems effectively and accurately in a way that is meaningful and helpful to teachers is critical. Thus, Severson, Walker, Hope-Doolittle, Kratochwill, and Gresham (2007) urged researchers to explore teachers' values and opinions about such a screening process because the resultant data and information may have relatively limited value for them. No current research examines how the systematic universal screening process impacts teachers or how valuable or useful they perceive the data to be for informing instructional practices within the classroom. Therefore, this study contributes to this research gap by exploring the outcomes of a systematic universal screening process and subsequent teacher feedback about the value and usefulness of different screening methods, the impact of identification outcomes, and types of concerns identified. Given the relatively new introduction of the research on various screening and identification methods, it would be helpful to obtain more empirical data to support its use to identify students at risk for emotional difficulties, because most screening measures primarily focus on behavioral concerns. If teachers are aware of students in their classrooms who are at risk to develop serious emotional problems, then this process of early detection allows them to intervene early enough to prevent any further negative developments.

### **Definition of Key Terms**

#### **At Risk**

According to the National At-Risk Education Network (2011), students are considered at risk when they

experience a significant mismatch between their circumstances and needs, and the capacity or willingness of the school to accept, accommodate, and respond to them in a

manner that supports and enables their maximum social, emotional and intellectual growth and development. (p. 1)

### **Externalizing**

Externalizing refers to behavioral excesses that are usually maladaptive and dysfunctional. These problems include aggressive behavior, hyperactivity, conduct disorders, antisocial behavior patterns, and non-compliance/teacher defiance (Gresham, Lane, MacMillan, & Bocian, 1999).

### **Internalizing**

Internalizing refers to a reserved style that could be described as lonely, withdrawn, anxious, and depressed (Gresham et al., 1999). Internalizing also refers to emotionally based concerns. Children with internalizing concerns often do not participate in peer-controlled activities and are unresponsive to social initiations by others (Gresham et al., 1999).

### **Office Discipline Referral**

An office discipline referral (ODR) represents an event in which a student engaged in a behavior that violated a rule or social norm in the school, the problem behavior was observed or identified by a member of the school staff, and the event resulted in a consequence delivered by administrative staff (Sugai, Sprague, Horner, & Walker, 2000).

### **Standardized Rating Scale**

According to McConaughy and Ritter (2008), a standardized rating scale is a method of collecting data pertaining to a particular topic. Standardized rating scales provide efficient methods for obtaining parent, teacher, and self-reports of children's problems and competencies (McConaughy & Ritter, 2008).

**Systematic Screening Process**

Systematic screening process refers to the assessment of all children within a given class, grade, school building, or district on academic, behavioral, and/or social-emotional indicators that school personnel have agreed are important (Ikeda, Neessen, & Witt, 2008). It provides global indicators of the overall academic or social-emotional well-being of a system and the individuals within the system.

**Teacher Referral**

Teacher referral refers to a teacher contacting the chairperson of the school's intervention team to request a meeting to discuss academic or behavioral concerns for a particular student (VanDerHeyden, Witt, & Naquin, 2003).

## CHAPTER 2

### LITERATURE REVIEW

The literature review includes six components: (a) emotional and behavioral concerns, (b) emotional and behavioral concerns related to academic achievement, (c) school-based prevention and intervention, (d) early identification and screening in elementary schools, (e) screening for emotional and behavioral concerns, and (f) teacher acceptability of universal screening procedures. The present review examines the growing support for early identification and prevention efforts to address emotional and behavioral concerns for elementary school students.

#### **Emotional and Behavioral Concerns**

According to the World Health Organization (2004), prevalence estimates have indicated that 20% of children younger than 18 years of age have mental health concerns and this percentage increases to 25% for those in adverse environments. Students with emotional and behavioral concerns display a variety of difficulties, including those that are externalizing or behavioral and internalizing or emotional in nature (H. M. Walker, Ramsey, & Gresham, 2004). In some instances, children may experience emotional and behavioral difficulties simultaneously. According to Nelson et al. (2004), students with emotional and behavioral disorders experience academic deficits across all content areas. According to Lane and Menzies (2005), students identified via teacher referral for behavior concerns had attended significantly more elementary schools than other students studied. Such high levels of instability and inconsistency are

trademark characteristics of students with behavioral problems (H. M. Walker, Colvin, & Ramsey, 1995). Although typically known for behavioral and social deficits, students with emotional and behavioral problems also struggle academically with broad-based academic deficits in reading, mathematics, and written expression (Chafouleas, Volpe, Gresham, & Cook, 2010; Landrum et al., 2003; Severson & Walker, 2002). Students identified with emotional and behavioral disorders tend to experience “less school success than any other subgroup of students with or without disabilities” (Landrum et al., 2003, p. 148). Specifically, this group of students has higher course failure rates and earns lower grades than any other high incidence group of students with disabilities (Landrum et al., 2003).

There are diverse characteristics that make up a larger category of emotional and behavioral concerns, such as problems with attention, withdrawing from others, and hyperactivity. Two subtypes are commonly used to classify emotional and behavioral concerns, either as internalizing or externalizing in nature. Externalizing behavioral concerns are often demonstrated through inattentive, hyperactive, disruptive, aggressive, or defiant actions. For example, attention problems have been linked to academic underachievement in students with externalizing behavior patterns (Frick et al., 1991). In a study conducted by Barriga et al. (2002), it was found that externalizing and aggressive behaviors were linked to academic underachievement. Conversely, internalizing concerns are more difficult to detect due to the subtle, emotional nature of related characteristics, such as shyness, withdrawal, somatization issues, and nervousness. For instance, anxiety disorders are the most prevalent mental disorder in childhood and adolescence, affecting about 13% of children (Kendziora, 2004). Further, between 10% and 15% of children and adolescents have some symptoms of depression, and 5% have full-fledged major depression (Kendziora, 2004). Students with internalizing problems

such as depression, anxiety, social withdrawal, and somatic symptoms continue to be an overlooked, neglected, and underserved population (Merrell, Blade, Lund, & Kempf, 2003). Internalizing problems have been associated with a history of having a lower-quality physical home environment, maternal emotional unresponsiveness, and fewer stimulating experiences (Eamon, 2000). Characteristic symptoms of internalizing problems and disorders are often very difficult to observe through external means and they are notoriously challenging to assess in an adequate manner (Merrell et al., 2003).

Lane (2007) discussed that students with internalizing problems are less likely to get their teachers' attention because they are not typically recognized as students who interrupt instruction or challenge authority. McIntosh, Campbell, Carter, and Zumbo (2009) further supported this claim based on their findings, which indicated the difficulty in observing internalizing problems because they tend to go unnoticed by school staff.

Additionally, Merrell et al. (2003) stated that students with internalizing problems may not pose the same threats to school order and classroom discipline as students with severe externalizing disorders and, thus, are not likely to be singled out to receive evaluation and supportive services. Thus, it is vital that universal screening efforts be implemented for identification of students who may be at risk for emotional concerns and negative outcomes, such as impaired social relationships and social isolation (Lane & Menzies, 2005). In general, teachers' lack of familiarity with emotional difficulties is unfortunate because of the serious long-term outcomes for students facing internalizing problems.

According to Kendziora (2004), research focusing on internalizing concerns, such as anxiety and depression, has not been a priority because these disorders tend not to be distressing to others. Another social reason for lack of research on interventions for internalizing behavior

is that they are more prevalent among girls than boys. Prevention or early intervention for internalizing problems may not be regarded as a high priority because some emotional disorders, such as depression and simple phobias, are regarded as very easy to treat when they first emerge. Internalizing concerns may be harder to detect in early stages, as they are more weakly predicted from risk factors than are externalizing disorders (Kendziora, 2004).

Recognizing the predictors that precede both weak and positive academic, social, emotional, and behavioral outcomes is critical when developing optimal programs and services for students who are generally at risk for poor academic performances (Montague, Enders, & Castro, 2005). Schools provide excellent settings for targeting children's mental health, their academic performance, and the important connection between them (Greenwood, Kratochwill, & Clements, 2008). Children who struggle socially or emotionally are less likely to benefit from academic instruction (McClelland, Morrison, & Holmes, 2000). Having clear insight into the relationship between academic achievement and emotional and behavioral challenges will help create appropriate assessment, prevention, and intervention approaches for students who are at risk (Barriga et al., 2002).

Barriga et al. (2002) discussed that students demonstrating internalizing difficulties have shown links to academic underachievement, although less consistently than those with externalizing concerns. Most often, anxiety and negativity have been categorized as significant characteristics related to academic struggles. According to Barriga et al., the results of their study became more complicated when connecting internalizing problems to academic underachievement. More specifically, anxiety and depression were not found to be correlated with academic underachievement ( $r = -.07$ ); however, withdrawal and somatic complaints were correlated ( $r = -.35$  and  $r = -.30$ , respectively).

Students with emotional and behavioral concerns commonly experience simultaneous reading difficulties (Rock, Fessler, & Church, 1997). Struggles in the area of reading have received the most attention in the literature pertaining to academic difficulties demonstrated by students with emotional and behavioral concerns (Wehby, Lane, & Falk, 2005). Specifically, early deficits in reading, shown by school-age children with emotional and behavioral concerns as compared to peers without disabilities, increase as these students continue through school. Students exhibiting poor reading ability by the end of first grade are likely to remain deficient in their reading skills for the remainder of their school careers (Snow, 1991). Therefore, students who show early deficits, both in reading and social behavior, are at the greatest risk for school failure (H. M. Walker et al., 1995; H. M. Walker & Severson, 2002).

The demand for effective reading instruction for all students has grown to incorporate those with and at risk for high-incidence disabilities, including students with emotional and behavioral difficulties (Lane, Gresham, & O'Shaughnessy, 2002). According to Barton-Arwood, Wehby, and Falk (2005), there is some evidence suggesting that students at the elementary level who display emotional or behavioral concerns might improve in both reading achievement and social or behavioral skills following reading intervention. For example, Cochran, Feng, Cartledge, and Hamilton (1993) found gains in sight word identification for fifth-grade tutors and second-grade students with emotional and behavior difficulties as well as improved social skill ratings for the students being tutored and increased cooperative statements for tutoring pairs. In another study, the use of a direct instruction program yielded increased reading fluency performances for students with emotional and behavior difficulties; however no significant improvements in behavior were noted (Strong, Wehby, Falk, & Lane, 2004).

### **School-Based Prevention and Intervention**

Language in the Individuals with Disabilities Education Act of 2004, which is the guiding federal special education law, calls for

providing incentives for whole-school approaches, scientifically-based early reading programs, positive behavior interventions and supports, and early intervening services to reduce the need to label children as disabled in order to address the learning and behavioral needs of such children. (p. 4)

Special education is designed to serve students with disabilities, which refers to academic and functional performances that are significantly different from the general population (Kauffman & Landrum, 2009). Traditionally, special education services are provided for students who have significant emotional and behavioral challenges; however, these services are often implemented following limited early intervention support. In a traditional model, special education needs are not addressed until the behavior is significant, and thus, opportunities for prevention and intervention have been missed. Students educationally identified with emotional or behavioral disorders are not typically identified until school entrance when poor performance in learning, behavior, or both results in teacher referral, determination of disability status, and need for special education (Reschly, 2008). Shifting the paradigm to focus on the incorporation of prevention and early identification methods into general education can help with addressing emotional and behavioral concerns before they manifest into significant challenges. In addition, this shift will allow for more prevention and intervention opportunities for students to develop skills and strategies to cope with their emotional or behavioral issues.

Findings of prevention research have indicated that early approaches are more successful for reducing risk factors while concurrently building protective factors in children and youth than

back-loaded remediation strategies (Lane et al., 2002; Nelson, Benner, Reid, Epstein, & Currin, 2002). Most school administrators and programs use reactive approaches for addressing students' needs, generally at advanced stages of maladjustment (Marchant et al., 2009). As a result, the majority of students receive treatment in their late elementary or secondary school years or when the magnitude of the behavioral problem has developed to a severe state. When the approach is reactive, more intense services are needed than if students were identified earlier through proactive screening methods (Lane & Wehby, 2002). Negative attitudes toward students with emotional and behavioral disorders also contribute to the failure to identify and assist such children (Kauffman & Landrum, 2009). Additionally, the prevention of emotional and behavioral disorders encompasses intervening in the early years and as soon as possible with older students who repeatedly engage in patterns of misconduct (Kauffman & Landrum, 2009). Without support, students with emotional and behavioral concerns are apt to have academic deficits prolong throughout their schooling, thus making service delivery at the secondary level more difficult for teachers (Nelson et al., 2004).

Addressing emotional and behavioral concerns within schools is best explained utilizing a four-tiered conceptual framework that includes school-wide systems, specific-setting (non-classroom) systems, classroom systems, and individual student systems of support (Lewis & Sugai, 1999). It is important to use data throughout this framework to identify students in need of additional supports. When emotional and behavioral concerns are addressed at the individual student level, the impact will be experienced at the classroom level. Once the emotional-behavioral needs are met for students at the classroom level, the non-classroom settings will be affected and ultimately the entire school will function with more cohesion and consistency.

In this framework, the first level of prevention occurs at the school-wide level and consists of approaches that proactively address the behavior of all students by defining, teaching, and acknowledging through reinforcement the expected behaviors in tandem with employing clear consequences for inappropriate behavior (George, Harrower, & Knoster, 2003). Schools need to develop procedures to identify students before their problem behaviors become chronic and interfere with their academic performance. Systematically screening for high-risk students is a suggested strategy for accomplishing early identification of students in need of further intervention (Lewis & Sugai, 1999). This positive, prevention-based emphasis teaches behavioral expectations within real school settings or contexts where the behaviors are required (Lewis & Sugai, 1999).

Second, prevention at the specific-setting (non-classroom) level targets the unique characteristics of settings in which high rates of problem behavior occur, such as cafeteria, playground, and bus lines (George et al., 2003). According to Lewis and Sugai (1999), non-classroom setting interventions are extensions of larger school-wide behavior support systems with the major difference being that procedures must be modified to accommodate the unique features of specific settings. Such modifications focus on planning and developing lesson plans, instructional strategies, and support structures specific to the setting (Lewis & Sugai, 1999).

Third, prevention at the classroom level highlights the structures and procedures that the teachers use to support student interactions and instructional activities in their classrooms (George et al., 2003). Classroom management systems tend to reflect individual teacher preferences and approaches, curriculum and subject area, and level of teacher autonomy (Lewis & Sugai, 1999). Lewis and Sugai (1999) explained that when establishing classroom systems, the goal is not to create uniform classrooms; rather, the intent is to extend the school-wide

system so students can be successful given variations in instructional style and classroom routines. Additionally, classroom management systems should overlap with school-wide behavior support systems to facilitate communications among students, staff, and parents; increase the consistency with which behavior is handled by staff in classroom, non-classroom, and office situations; and ease transitions when students move within and across different school settings (Lewis & Sugai, 1999). Ultimately, the goal is to increase predictability for students, staff, and visitors.

Fourth, intervention at the individual student level focuses on the designed implementation of student-centered behavior support plans developed by a team of people familiar with the student in need of such personalized intervention and support (George et al., 2003). The individual student level of intervention focuses on the practices and procedures for educating a relatively small proportion of students whose individual behaviors have a disproportionately high impact on the functioning of school-wide, non-classroom, and classroom systems.

Positive behavioral interventions and support (PBIS) programs are data-driven paradigms embracing proactive and reactive elements focusing on prevention and intervention, respectively (Lane, 2007). School-wide data are used to identify students for each level of prevention. Advocates of school-based prevention believe that utilizing a PBIS model addresses issues of concern across a broad range of contexts that can increase the likelihood of all students being able to develop protective factors (H. M. Walker & Sprague, 1999). Nelson et al. (2002) suggested a three-tiered approach to school-wide PBIS in order to support appropriately the development of social competence, particularly emphasizing universal interventions, ensuring that all students receive the services they need. Primary prevention services focus upon

enhancing protective factors on a school-wide basis so that students do not become at risk for developing maladaptive behavior patterns (Nelson et al., 2002). The PBIS model also puts emphasis on forms of secondary prevention designed to reduce the severity of emerging problem behavior and correct the maladaptive behavior of students who are at increased risk for developing serious emotional and behavior disorders (Nelson et al., 2002). These secondary prevention programs provide behavioral, social, or academic support; mentoring; skill development; and assistance to students identified as being at risk for developing maladaptive behavior patterns (Nelson et al., 2002). Tertiary prevention is described as being more intensive than the other two levels and involves services for students with established emotional or behavioral concerns to reduce any negative effects on their circumstances and outcomes (Kauffman & Landrum, 2009). Successful programs for students needing tertiary prevention support are likely to be comprehensive, intensive, and long-term (Nelson et al., 2002). For students with emotional and behavioral concerns, PBIS models offer increased support as needed to prevent the development of serious behavioral problems in addition to implementing targeted interventions to support students with emotional and behavioral disorders (Lane, 2007).

Successful implementation of a school-wide PBIS prevention model requires the following three key components: screening, identification, and treatment and intervention (Nelson et al., 2002). Screening that is proactive and focused on the early detection of emotional and behavioral concerns is important because it contributes to a reduced likelihood that emotional and behavioral problems will develop and become more pronounced (Marchant et al., 2009). Successful prevention is more likely when methodical screening efforts are implemented to inform the selection of interventions (Marchant et al., 2009).

### **Early Identification and Screening in Elementary School**

Between 2% and 20% of the school-age population demonstrates behavior patterns indicative of emotional and behavioral disorders; however, only 1% of the school-age population is educationally served under the category of Emotional Disturbance (H. M. Walker et al., 2004). Therefore, early identification and screening is one way that schools can better prepare themselves and their services, programs, and practices (Lane, 2007). For students at risk for academic, behavioral or emotional difficulties, universal screening is an essential component to provide schools early prevention and intervention services (Glover & Albers, 2007). Educators and policy makers are progressing from the “wait-to-fail” model and moving toward a more prevention-based direction that includes school-based screening methods coupled with intervention practices (Glover & Albers, 2007).

There is emerging evidence that early identification, combined with early and comprehensive prevention and intervention in the school setting, can decrease the likelihood of academic failure and future life difficulties (Lane & Menzies, 2003). Schools have the capacity to implement all three components of effective prevention: universal screening to identify risk, accurate early identification of problems for targeted intervention, and progress monitoring of student performance (Vannest, 2012). Therefore, as schools strive to serve all students regardless of risk level, through general and special education supports, early identification via screening is a means for increasing the likelihood that more students are healthy, thriving, and progressing toward optimal development (Eklund et al., 2009). A key feature of early identification is a focus on assessments that are useful for identifying progressive levels of risk among all students, not only among those with profound difficulties or problems (Glover & Albers, 2007). Current methods of early identification vary widely, with many still focused

solely on identifying students at the highest level of need. Such early identification methods include ODRs, teacher referral, parent referral for assessment and services at school or through primary care settings, youth self-referral, and universal screening (Eklund et al., 2009).

Severson et al. (2007) contended that although schools typically screen for academic, vision, and hearing problems, school systems regard behavioral problems as a low priority and thus do not conduct universal screenings. More specifically, behavior problems and poor social-emotional adjustment are not considered by teachers to be their responsibility, and thus, they are inclined to display poor ownership of such problems (Severson et al., 2007).

Schools and teachers have been informed of a need to take responsibility for behavioral issues within the learning environment (Severson et al., 2007). Due to the trauma experienced by society amidst the shooting tragedies in schools during the late 1990s, schools face pressures from parents and administrators to identify at-risk students who were likely to commit violent acts in the future (Severson et al., 2007). Furthermore, the No Child Left Behind Act of 2001 and the President's Commission on Excellence in Special Education (2002) have both justified the need for early identification and intervention with children who experience academic behavioral difficulties and called for increased usage of school-wide programs.

Additionally, there is pressure from society to generate a large return on the research designed to tackle mental health concerns of children and adolescents (Severson et al., 2007). As a result, the *Report of the Alliance for School Mental Health* (2005) suggested there has been a stronger emphasis in research upon prevention and proactive screening and early identification. Another influence for early screening and detection is the increasingly accepted focus among school staff on the prevention of academic, behavioral and social-emotional issues in children and adolescents (Kratochwill, Albers, & Shernoff, 2004). Severson et al. (2007) suggested that

schools are gradually more accepting of these prevention models to address the multitude of students who need additional services. According to Severson et al., teachers and school psychologists can help endorse early screenings in schools if they are devoted to the incorporation of early intervention practices and the relationship between screening and effective interventions for emotional and behavioral problems. School administrators across the nation are facing specific challenges related to an increasing number of discipline referrals, suspensions, and expulsions (Marchant et al., 2009). Lane et al. (2009) reported that general education teachers, school administrators, and parents must be prepared to participate in early screening, identification, and intervention efforts to support students who may show signs of emotional and behavioral difficulties. It is important for early detection screenings to be implemented in schools to identify students with internalizing and externalizing behavior concerns so that targeted interventions can be provided (Severson & Walker, 2002).

Students identified with emotional and behavior concerns are not identified in the same proportion across all ethnic groups (Kauffman & Landrum, 2009). Osher et al. (2004) reported that African American students are 1.5 times more likely to be identified for emotional or behavioral concerns than are Caucasian students. On the other hand, students of Hispanic or Asian-Pacific Island descent are considerably less likely than are Caucasian students to be identified as having an emotional or behavioral disorder. Furthermore, boys are identified with emotional and behavioral disorders more often than girls (Oswald, Best, Coutinho, & Nagle, 2003). Disproportionality in identification is a serious issue, which could be the result of numerous factors, including bias in assessment or disciplinary actions (Kauffman & Landrum, 2009). Kauffman (2007) suggested that false negatives are more of an issue than false positives

among all ethnic groups; however, false negatives are a greater concern among students who are not African Americans.

### **Screening for Emotional and Behavioral Concerns**

A school-based universal screening process involves all students in a given school in an effort to identify those at risk for academic failure or emotional or behavioral difficulties who may benefit from intervention (Glover & Albers, 2007; Sevenson & Walker, 2002). The universal screening approach toward early identification allows for the provision of evidence-based prevention and early intervention services delivered through a multi-tiered intervention approach (Kratochwill et al., 2004). Interventions using a model with multiple tiers often refer to universal, targeted, and intensive services. It is recommended that the multi-tiered approach be accomplished via a multi-gated screening strategy (Dowdy & Kim, 2012; Eklund et al., 2009). However, according to Eklund et al. (2009), what remains to be resolved is whether the information obtained at each step, or gate, adds significantly to the prediction equation, justifying the additional time and resources required. Additional key concerns have been raised regarding universal screening, including the over-identification of students in need of school-based and community mental health services as well as the potential need for multi-informant assessments of students' emotional and behavioral difficulties (Levitt, Saka, Romanelli, & Hoagwood, 2007).

School-wide screening allows administrators, teachers, and support staff to identify predictable patterns in student performance before selecting universal interventions (Marchant et al., 2009). Sevenson and Walker (2002) contended that systematic screening tools allow teachers to nominate and evaluate students on the basis of their behavior in relation to “objective behavioral criteria that define at-risk status” (p. 37). Teacher judgment becomes vital to the screening and identification process when screening instruments are used. This approach allows

for more accurate identification of high-risk children and youth than does the use of the reactive teacher referral (Severson & Walker, 2002).

An obvious function of systematic screening is to determine which students would benefit from targeted interventions at the secondary and tertiary levels of the PBIS model (Nelson et al., 2002; Severson & Walker, 2002). When students are accurately identified through proactive screening methods, the likelihood of matching interventions to individual needs increases, thus suggesting that proactive screenings can significantly contribute to prevention efforts (Severson & Walker, 2002). According to Adelman (1982), universal screening measures can identify difficulties that a student currently experiences or aspects predicting future difficulties.

Although targeted interventions are important for students at risk for developing serious emotional and behavioral problems at all ages, they are predominantly imperative at the early elementary stage (Lane, 2007). The most opportune time for such efforts to be successful in preventing the development of emotional and behavioral disorders is during this time frame (Lane, 2007). By incorporating screening processes at the elementary level, teachers and administrators can ensure that the need for supports and services for all students is systematically assessed and considered (Lane, 2007). Along with these screening processes, school staff may review other sources of information to identify students with common deficits, such as social skills, performance anxiety, and organizational skills. This process allows schools to expand upon current practices that often utilize teacher judgment and nomination to identify students for strategic, secondary supports (Lane, 2007). Utilization of a service delivery model that includes the systematic screening of all students, using teachers as primary informants, has the potential to transform school-based mental health services (Dowdy, Ritchey, & Kamphaus, 2010).

There are multiple ways to assess students who may be experiencing emotional and behavioral concerns, including direct observation, review of permanent product data, teacher interview, and rating scales. Although a complete behavioral assessment might include a number of methods, the effort involved in such a thorough assessment makes its use at a school-wide level cumbersome (McIntosh, Frank, & Spaulding, 2010). More complete assessments would be necessary and required for diagnosis and special education eligibility determination. When the purpose for assessment is diagnosis or special education eligibility, detailed information from the parents and child is obtained through interviews and rating scales before determining whether a significant emotional or behavioral problem exists. Although these two purposes require comprehensive evaluations and exist in a tiered system of prevention and intervention, they differ qualitatively from the purpose of universal screening.

### **Screening Methods for Emotional and Behavioral Difficulties**

In the subsequent sections, key methods for collecting behavior data are described in more detail. Specifically, these methods include ODRs, standardized rating scales, and teacher referrals. The discussion will emphasize the utility of these three methods in a tiered process and for the specific purpose of universal screening.

**Office discipline referral.** A multitude of permanent product and extant data sources are available for assessing and intervening with social behaviors at the school-wide, class-wide, and individual student levels. Data from ODRs provide a useful source of information for social behavior and will be discussed in greater detail in the following section. According to Sugai et al. (2000), an ODR represents an event in which a student engaged in a behavior that violated a rule or social norm in the school, the problem behavior was observed or identified by a member of the school staff, and the event resulted in a consequence delivered by administrative staff.

ODRs are forms that document serious behavioral incidents in a systematic way and are a common component of PBIS (Sugai et al., 2000). Irvin et al. (2006) recommended using information from ODRs to assess and determine the condition of the general school climate. Additionally, Irvin et al. (2006) suggested that examining ODRs enables school administrators to determine behavioral patterns at the school-wide and individual levels. Nelson et al. (2002) contended that ODRs have provided information in three areas

as a guide in the development and selection of primary, secondary, and tertiary programs; as an outcome measure with which to assess the effectiveness of those programs; and as an early screening procedure for identifying children who may benefit from secondary and tertiary programs. (p. 182)

Although most schools have some form of incident-reporting tool, the use of ODRs typically occurs within an organized structure with the following features: a common form for school-wide use that details important information regarding the alleged incident, explicit definitions of what behaviors constitute a referral, clear definitions of what behaviors are expected to be handled without a referral, regular training on discriminating between reportable and non-reportable behaviors, and a system for gathering and examining ODR data (McIntosh et al., 2009). Nelson et al. (2002) proposed that ODRs provide an economical and readily available early screening device for identifying children who exhibit an externalizing type of social-emotional or behavioral profile, while providing little information on internalizing social-emotional or behavioral profiles.

A significant advantage of using ODR data for decision-making at individual student and school-wide levels is that many schools already collect these data (Tobin, Sugai, & Colvin, 2000). Thus, they potentially represent an efficient and time-saving method for assessing,

evaluating, and planning behavioral support (Irvin et al., 2006). Using ODRs in conjunction with suspension and expulsion data can allow for a method of gathering information on low-frequency, high-intensity behaviors that are more realistic in school settings than conducting direct observation and waiting for these behaviors to occur (McIntosh et al., 2009). Lastly, ODR data can be used to respond to a broad range of central questions for school behavior support teams (Irvin et al., 2006). At the school-wide level, ODR data are used to indicate the behavioral climate of schools in addition to being able to identify and track school-wide patterns of problem behavior (Tobin et al., 2000). These uses allow schools to prevent problem behavior in specific areas and identify students who require targeted and individualized support as soon as problems emerge.

McIntosh et al. (2009) conducted a study with two elementary schools (K-8) to explore the usefulness of ODR data and standardized rating scales, such as the Behavioral Assessment System for Children, Second Edition (BASC-2), for identifying students with emotional and behavioral issues. These researchers also addressed the issue of validating ODR cut scores to assign students to groups with different levels of problem behavior (McIntosh et al., 2009). Strong correlations between ODRs and suspensions ( $r = .76$ ) as well as between the BASC-2 Externalizing Composite and ODRs ( $r = .51$ ) were reported. Correlations between ODRs and the Internalizing Composite of the BASC-2 were considerably weaker ( $r = -.05$ ). Consequently, McIntosh et al. concluded that ODR is a valid measure for identifying externalizing difficulties among elementary students, but not for internalizing problems. Further, McIntosh et al. suggested that students with internalizing problems are rarely referred or suspended for problematic behaviors. ODR measures seem to produce helpful data for school administrators to

identify school-wide patterns of problem behaviors in addition to monitoring student interventions (Irvin et al., 2006).

In a study comparing ODR data to integrated screening approaches, such as the Systematic Screening for Behavior Disorders (SSBD; H. M. Walker & Severson, 1990) and the Social Skills Rating System (Gresham & Elliott, 1990), B. Walker, Cheney, Stage, and Blum (2005) found that when students were identified on the basis of ODR alone, those with at-risk internalizing behavior were more likely to be overlooked than were those with problematic externalizing behaviors. Such students are often referred to as “invisible,” with teachers frequently viewing these students as merely shy, thus failing to recognize the potential seriousness of internalizing symptoms (Marchant et al., 2009, p. 133).

**Behavior rating scales.** Behavior rating scales are a common, indirect method of collecting universal screening data for all students. One reason for using behavior rating scales is that the rater, typically the parent or teacher, is familiar with the student. Chafouleas, Riley-Tillman, and Sugai (2007) pointed out that information gained from behavior rating scales are impacted by rater perception, meaning that the rater responds to the items based on his or her perception of the student’s behavior. The raw scores obtained from the behavior rating scales are converted to standard scores ( $M = 50$ ;  $SD = 10$ ) to make a comparison with a normative group (Chafouleas et al., 2007). This normative group includes a representative sample of the population to which one hopes to generalize the findings. Specific comparisons can be made based on characteristics such as age, grade, gender, and ethnicity. Behavioral rating scales used for the purpose of universal screening are often brief and require less than five minutes per child to complete, which is substantially less time than required for comprehensive behavior rating measures.

Assessing the behavioral and emotional functioning of children and adolescents through universal screening measures can be an effective means to promote student success (Kamphaus & Reynolds, 2007). According to Kamphaus, DiStefano, Dowdy, Eklund, and Dunn (2010), when screening in schools for problem identification, items on rating scales should assess multiple domains of behavior. Academic difficulties in addition to problem behaviors correlated to the development and maintenance of positive relationships with others can be the result of latent behavioral and emotional deficits that can be resolved before adversely affecting a child or adolescent (Kamphaus & Reynolds, 2007). One example of this type of rating scale is the Behavioral and Emotional Systematic Screener (BESS). It is designed to assist in the process of school-wide screening of students at risk for developing emotional and behavioral problems (Kamphaus & Reynolds, 2007).

**Teacher referral.** Given that children spend many hours at school, teachers are an invaluable resource for referring students in need of behavioral, emotional, and academic intervention (Eklund et al., 2009). Student nominations generated by general education classroom teachers are the most common method for students to be referred to school intervention teams and often eventually identified with emotional and behavioral disorders. Such students may also be recipients of interventions to address emotional and behavioral concerns. However, this method is susceptible to bias due to the conflicting expectations of behavior and academic performance that exist among teachers (Lloyd, Kauffman, Landrum, & Roe, 1991). Additionally, contemporary research indicates that teachers do not refer students based on behavior problems at the same rate as other academic concerns (H. M. Walker, Nishioka, Zeller, Severson, & Feil, 2000). Many teachers also perceive children's emotional and behavioral problems as someone else's responsibility and, thus, refer at lower rates in

comparison to academic-focused referrals (Severson et al., 2007). Lloyd et al. (1991) reported in their study that the peak referrals occur during Grades 2 and 3 in regard to academic problems; however, contrasting research conducted by H. M. Walker et al. (2000) suggested that referrals peak for behavioral issues seven years later, when students are in Grade 9.

Lane and Menzies (2005) found that teachers were extremely accurate in discerning between students with and without academic, emotional, and behavioral concerns. The literature suggests that students frequently identified through teacher nomination methods display externalizing difficulties as opposed to internalizing, emotional concerns, given the increased likelihood for interference with instruction (Gresham et al., 1999). Such findings may suggest that teacher nomination may not be the most effective method of early identification of internalizing behavior disorders and, thus, alternative early identification procedures are needed.

**Benefits and limitations of screening methods.** Two of the aforementioned screening methods, ODRs and behavior rating scales, offer specific benefits and limitations for utilization in a tiered system for emotional and behavioral domains. Chafouleas et al. (2007) compared and contrasted the methods to assist schools in selecting approaches that are efficient, meaningful, and valid. The benefits and limitations of each method are discussed below.

***Office discipline referrals.*** Most schools already collect data on disciplinary infractions because the information is needed at the district and state levels to track disciplinary activity. Given that they are already collected, these data are highly feasible and minimally intrusive for use in assessment. Assuming that school-wide disciplinary practices and procedures have been standardized and are consistently applied to all students, enforced by all staff, and considered for all school settings, these data provide a descriptive measure of whole-school safety and social climate (Chafouleas et al., 2007). School-wide discipline data give each faculty member a

means of participating in whole-school improvement efforts. Schools that use data to guide their leadership team planning can develop interventions that are relevant to the unique features of their school.

Clearly, schools pay attention to problem behavior because it intrudes on the functioning of instructional and non-classroom activities and because districts and states typically require reporting of discipline incidents and dispositions (Chafouleas et al., 2007). Challenges in collecting ODR data might be linked to poor definitions, lack of skill fluency, absence of agreement about what constitutes a referral, or lack of effective classroom and behavior management techniques. Continual ODR data collection will be difficult to achieve if the data assessment and management process is cumbersome and unmanageable. The greater the extent to which a school leadership team can establish agreements about common definitions, policies, and procedures, the more useful the data can be in facilitating whole-school decisions (Chafouleas et al., 2007).

***Behavior rating scales.*** Benefits of behavior rating scales range from adequate psychometric properties to useful and informative data (Chafouleas et al., 2007). Behavior rating scales provide evidence of good technical psychometric properties, which makes such scales valuable for use in identifying the severity and prevalence of externalizing and internalizing behaviors. Reliable information about an individual's behavior can be useful in determining the next steps in assessment or intervention. Behavior rating scales for the purpose of screening require very little time for the rater to complete and, thus, can be an efficient tool for screening all students within a classroom. Additionally, the information collected provides a structured overview of the challenging behavior, which can be used to develop appropriate behavioral interventions. Another benefit of using behavior rating scales is the minimal training required to

complete the instrument; however, the person interpreting the data should have sufficient training and experience with the measure (Chafouleas et al., 2007). One of the most noteworthy weaknesses of this method is that data are influenced by the perception of the rater rather than solely dependent on what is actually observed.

### **Multi-Method Approaches to Emotional and Behavioral Assessment**

Utilizing more than one approach to assess risk for emotional and behavioral difficulties provides school staff with more comprehensive data about the identified students. These identification methods provide a better indication of risk for emotional or behavioral concerns. The literature provides various multi-method approaches, which are discussed below.

**Systematic screening and ODRs.** Nelson et al. (2002) recommended the use of well-validated screening procedures to identify students at risk for emotional and behavioral problems. Nelson et al. (2002) conducted a study examining the convergent validity of ODR data with the Achenbach Child Behavior Checklist-Teacher Rating form (CBCL-TRF; Achenbach, 1991), a commonly used behavior rating scale, for elementary students. The researchers utilized a two-gate system based on the SSBD (H. M. Walker & Severson, 1990), an assessment process used to identify students at risk or with emotional and behavioral disorders. Once teachers identified students on their class rosters who best demonstrated externalizing or internalizing behavior patterns, they completed the CBCL-TRF on the three students who best demonstrated internalizing behavior patterns and repeated this procedure for students presenting with externalizing behavior patterns (Nelson et al., 2002). Findings from this study suggested that there is a low-to-moderate degree of correspondence between children identified via a systematic gating procedure that included the CBCL-TRF and ODRs and methods (i.e., universal screening) should be examined (Nelson et al., 2002). Additionally, the degree of correspondence

was especially low in the case of internalizing social-emotional or behavioral profiles (Nelson et al., 2002).

Furthermore, H. M. Walker et al. (2005) suggested integrating the school-wide rating scale screening process with a systematic monitoring of ODRs to increase the number of identified students and expand needed supports for all students with emotional and behavioral disorders, including those with internalizing symptoms. The combination of behavior rating scales and ODR data provides support for the notion that these measures can serve a dual purpose in schools: (a) to identify students who are at risk for emotional and behavioral disorders and (b) to provide data on which to base universal interventions, with the intent of preventing the emergence of serious problem behavior (Marchant et al., 2009).

**Teacher referral and behavior rating scales.** Eklund et al. (2009) conducted a study to evaluate the ability of a behavior rating scale to identify students who might otherwise go undetected through a traditional identification paradigm (i.e., teacher referral). The study explored the differences between students identified at risk for behavioral and emotional difficulties by a universal screening measure (BESS) compared to those identified via teacher referral. The results of the study indicated that 23% of students were identified via both methods, 27% of students identified at risk by the BESS (T-score  $\geq 61$ ) were not concurrently identified via teacher referral as needing additional services, 8% of students were only identified at risk by teachers but not by the BESS (T-score  $\leq 60$ ), and the remaining 42% of students represented a group that appeared to be relatively free of behavioral and emotional concerns—not being identified via the BESS or teacher referral (Eklund et al., 2009). These results provide initial evidence that universal screening with behavior rating scales may identify students not previously detected or identified earlier than typically demonstrated by current teacher referral

practices. According to Eklund et al. (2009), the BESS seems to have enhanced early identification potential and possibly increased sensitivity over teacher referral methods. Therefore, the results suggest that behavioral rating scales, when compared to traditional teacher referral methods, may serve as a more comprehensive method for a first-gate assessment (Eklund et al., 2009).

### **Teacher Acceptability of Universal Screening Procedures**

Severson et al. (2007) discussed the need for research on teacher acceptability and perceptions of various screening approaches for identification of emotional and behavioral concerns. According to Severson et al., educators are more accepting of generic approaches that are cost efficient, solve a high priority problem, do not require excessive effort, and are central to the core mission of schooling. Understanding how teachers perceive the efficiency of behavior rating scale procedures and usefulness of the data they produce can inform researchers who are working to develop screening tools for use in the schools and those who are working to understand and support school-wide models of prevention and intervention for behavior or mental health. The proactive screening and early identification of students exhibiting at-risk behavior patterns could have many positive outcomes for improved instruction, supports, and intervention (Severson et al., 2007).

Classroom teachers play a key role in understand the gap regarding school-based mental health (Reinke, Stormont, Herman, Puri, & Goel, 2011). Therefore, understanding the perspective of teachers can be useful for researchers and school psychologists advocating for increased implementation of universal screening for emotional and behavioral concerns. Teachers have the greatest ability to impact emotional and behavioral needs in children on a daily basis; however, they may not have the resources or knowledge to do so (Kratowill et al.,

2004). If the universal screening process is to be effective in the classroom, teachers must accept their role in this process.

Reinke et al. (2011) conducted a study examining teacher perceptions of mental health concerns for children in their school and their role in supporting children's mental health. Teachers reported their top five student mental health concerns, in order from most to least concerning: (a) behavior problems, including disruptive, defiant, aggressive, and conduct problems; (b) hyperactivity and inattention problems; (c) students with significant family stressors; (d) social skills deficits; and (e) depression. An overwhelming majority of teachers (89%) indicated that they felt schools should be involved in addressing mental health issues of students. Teachers also indicated that more knowledge or additional skills training was needed for recognizing and understanding mental health issues in children. Specific barriers, which teachers felt contributed to students falling through the cracks, included the lack of prevention programs for students with externalizing or internalizing behavior concerns. When addressing teachers' roles in addressing school-based mental health concerns, teachers felt that school psychologists should play a greater role in screening, conducting assessments, and teaching social emotional lessons in the classroom (Reinke et al., 2011). However, teachers indicated that implementing emotional and behavioral interventions in the classroom was their role.

### **Conclusion**

Society, including the educational community, has predominantly focused on social, emotional, and behavioral issues by attempting to correct or reverse problems when they reach advanced stages (Kauffman & Landrum, 2009). Regarding prevention, there appears to be a tendency to emphasize externalizing symptoms and neglect internalizing symptoms (Lloyd et al., 1991). To date, there is limited research on prevention and early intervention issues related to

students demonstrating internalizing symptoms (Kendziora, 2004). Early intervention requires schools to have a process in place for identifying those students who may be at risk of developing greater problems. Methods for following through with this process have to be valid, comprehensive (identifying both internalizing and externalizing issues), and applicable to educators who will use the information.

## CHAPTER 3

### METHODOLOGY

Schools and teachers do not have reliable methods for identifying students early who may be at risk for developing serious emotional and behavioral problems whether externalizing or internalizing. Thus, schools need to develop a systematic screening process to assess accurately students in need of extra support. This study is a between-subjects design investigating the effectiveness and acceptability of a systematic, standardized approach for early identification of elementary students demonstrating both externalizing and internalizing behaviors. In addition, the study compared existing methods for early recognition and identification of students with emotional and behavioral difficulties as well as examined teacher perceptions and their acceptance of utilizing a systematic universal screening process.

Based on Bronfenbrenner's (1979) ecological theory, it is important for students to develop and maintain strong positive relationships (e.g., parent-child or teacher-child) within the microsystem. These relationships are bi-directional and have an impact on the child at this level. Fostering positive relationships in the microsystem will help build protective factors that, in turn, will minimize the risk of students developing serious emotional and behavioral issues. This study addressed variables within the microsystem, especially the interaction between the student and the school environment.

### **Population and Sample**

The study included 13 teacher respondents from two elementary schools in a rural Indiana school district. Among these 13 teachers, each grade level, from kindergarten to sixth grade, was represented in the study. There were two kindergarten teachers, two first-grade teachers, two second-grade teachers, one third-grade teacher, three fourth-grade teachers, two fifth-grade teachers, and one sixth-grade teacher who participated in the study. Teachers were asked to complete standardized rating scales for students in their classrooms, or homerooms, for whom parental consent was provided. The combined school enrollment at these two schools was approximately 500 students; however, only 109 students' parents consented to participate. Teachers were also asked to complete a survey and participate in focus group interviews.

### **Recruitment and Informed Consent**

The district superintendent provided written approval for the proposed study prior to teacher or student recruitment. In addition, verbal permission from both building principals was secured. Teacher participants were recruited during a weekly teacher's meeting. I presented the details of the study to the teachers and disseminated the teacher consent form (Appendix A). Although teachers were able to provide written consent at the meeting, they were also given the option to give or refuse consent in private as to avoid any coercive influences that may arise in a group setting. Teachers were notified of the ability to withdraw voluntarily at any point during the study. Subsequent to obtaining consent from teachers for their participation, parental consent forms were sent home twice to every student whose teacher had consented to participate in the proposed study (Appendix B). Children whose parents did not give permission were not included in the study. Once parental consent forms were received, a training session was scheduled with the teachers who agreed to participate in the study. The training session included

a brief explanation about the rating forms teachers were responsible for completing as well as what to do with completed surveys.

### **Instrumentation**

Data collection for the study was comprised of multiple instruments. In the following section, detailed information is presented about two standardized rating scales, ODRs, teacher referrals, Dynamic Indicators of Basic Early Literacy Skills (DIBELS; Good & Kaminski, 2002) reading performance data, a teacher survey, and focus group interviews.

#### **Standardized Rating Scales**

This section describes the behavior rating scale measures used to assess children at risk for emotional and behavioral disorders. The BESS identifies a population of students at risk for developing significant emotional and behavioral problems (Kamphaus & Reynolds, 2007). The BESS is a part of the BASC-2 instrument group (Reynolds & Kamphaus, 2004). The BASC-2 was utilized to identify the type (emotional, behavioral, both, or neither) of difficulties being exhibited by a student identified as at risk by the BESS.

**BESS.** The BESS is a brief, universal screening method to measure behavioral and emotional strengths and weaknesses in children and adolescents (Kamphaus & Reynolds, 2007). This screening system provides opportunities to obtain information using brief forms that can be completed by teachers, parents, or students. The BESS is designed for use by schools to screen for behavioral and emotional symptoms that indicate future adjustment problems (Kamphaus & Reynolds, 2007). For this study, only the Teacher Rating forms were used.

The BESS provided a measurement that evaluates a variety of behaviors that represent both behavioral strengths and weaknesses (Kamphaus & Reynolds, 2007). The BESS yields a total score, which is reportedly reliable and an accurate predictor of a wide array of behavioral,

emotional and academic problems. Additionally, the BESS incorporates validity indexes, which recognize overly negative or inconsistent responses. The BESS forms were scored using a computer program using ASSIST™ software. It provided both individual- and group-level reports.

The BESS Teacher Rating scales (TRS) instrument was normed using a nationally representative sample of 12,350 students based on recent U. S. Census population characteristics. The instrument has consistently yielded reliable scores: test-retest reliability ranging from 0.80 to 0.91, internal consistency ranging from .90 to .96, and inter-rater reliability ranging from 0.71 to 0.83 (Kamphaus & Reynolds, 2007).

**BASC-2.** The BASC-2 is a comprehensive set of rating scales that gather information from multiple sources including the parent, teacher, and child (Reynolds & Kamphaus, 2004). Collectively, the information helps one understand the behaviors and emotions of children and adolescents. The BASC-2 utilizes a multi-dimensional approach for conducting a complete assessment.

The BASC-2 was built on the idea of using multiple perspectives to measure behavior. BASC-2 utilizes a triangulation method for collecting information, specifically evaluating each student's behavior from three views: parent, teacher, and self. Thus, the examiner should obtain a more complete and balanced idea of the child's behavior style. For the purposes of this study, only the TRS were used. The Parent Rating scales and the Self-Report of Personality forms were not used and, thus, are not described any further in this section.

The TRS are used to measure adaptive and problem behaviors in the school setting. Generally, these forms can be completed in approximately 10-20 minutes (Reynolds & Kamphaus, 2004). The rating scales describe specific behaviors that are rated on a four-point

scale of frequency, ranging from *never* to *almost always*. The TRS contains 100 to 139 items depending on the age level of the students. Additionally, BASC-2 has validity and response set indices integrated into the scale to help determine the quality of completed rating scales. The BASC-2 TRS yields 15 clinical and adaptive scales organized into five composites, two of which were used for this study: internalizing and externalizing (Reynolds & Kamphaus, 2004). The Internalizing Problems Composite factor is composed of the anxiety, depression, and somatization clinical scales and the Externalizing Problems Composite reflects the clinical scales measuring hyperactive and aggressive behaviors along with conduct problems (Reynolds & Kamphaus, 2004).

To score the TRS forms, the BASC-2 computer-based ASSIST™ Plus program was utilized. The program provided comprehensive scoring and reporting to share with teachers. Scores were reported as T scores and percentiles, with the option of comparing the scores to norms based on a general or clinical population (Reynolds & Kamphaus, 2004). The information also identified strengths and weaknesses for children and adolescents as well as presented target behaviors for interventions.

The BASC-2 instrument was normed using a nationally representative sample of more than 13,000 raters (parents, teachers, and children/adolescents) based on current Census population characteristics (Reynolds & Kamphaus, 2004). The instrument produces high levels of reliability: test-retest reliability ranging from the mid- 0.80s to the low 0.90s, internal consistency ranging from 0.87 to 0.97, and inter-rater reliability ranging from 0.84 to 0.90 (Reynolds & Kamphaus, 2004). Specifically on the Internalizing Problems Composite, internal consistency ranges from 0.87 to 0.92, test-retest reliability ranges from 0.81 to 0.85, and the inter-rater reliability ranges from 0.48 to 0.61 (Reynolds & Kamphaus, 2004). On the

Externalizing Problems Composite, internal consistency ranges from 0.92 to 0.97, test-retest reliability ranges from 0.85 to 0.90, and inter-rater reliability ranges from 0.53 to 0.67 (Reynolds & Kamphaus, 2004).

### **ODRs**

ODR data were collected from both schools involved in the study. Each school collected discipline data on students referred to the office as well as data on students disciplined within the classroom and not sent to the office. Because the teachers and principals within each school handled student behavior differently, only discipline data for students whose behavior resulted in an office referral were collected. Discipline data collected for each student referred to the office included the student's name, date, referral source, location of incident, nature of the incident, and the consequence received. Additionally, these data provided an opportunity to assess the types of behaviors that eventually result in an ODR. For the purpose of this study, data were only reviewed for the previous and current school year (2011-2012 and 2012-2013, respectively). Once the ODR data were collected, the number of times a particular student had been reported to have discipline issues was counted along with the type of incidents that warranted the office referral. Based on research by McIntosh et al. (2009), ODR cut-off scores were determined using multiple univariate analyses of variance, with ODR level as the independent variable and BASC-2 levels as the dependent variables. For this study, ODR levels were set at 0 to 1, 2 to 5, and 6 and above.

### **Teacher Referral Data**

Teacher referral data were collected based on data already gathered at both schools. Both schools were involved in problem-solving and collaborative-intervention teams where they discussed students who were having problems functioning academically or behaviorally. The

schools maintained student records that contained information discussed each time the team met. These records were reviewed to determine whether a student had been referred by his or her teacher and, if so, to identify the types of difficulties that were addressed through the functional behavior assessments and behavior intervention plans.

### **Dynamic Indicators of Basic Early Literacy Skills**

As an indicator of reading performance levels of students screened in the proposed study, previously collected data from the DIBELS assessment were used. DIBELS are a series of measures for assessing early literacy skills from kindergarten through sixth grade (Good & Kaminski, 2002). These measures are intended to be quick and efficient indicators of how well a student is doing in learning a particular early reading skill. According to Good and Kaminski (2002), each measure was researched extensively to provide reliable and valid indicators of early literacy development and predictors of later reading proficiency.

DIBELS comprise five measures to function as indicators of phonemic awareness, alphabetic principle, accuracy and fluency with connected text, reading comprehension, and vocabulary. DIBELS were designed for use in identifying students experiencing difficulty in acquisition of basic early literacy skills in order to provide early support and prevent the occurrence of later reading difficulties. Together, the measures portray an assessment system of early literacy growth that allows teachers and school administrators to verify student progress quickly and reliably (Good & Kaminski, 2002). Benchmark data were collected three times a year (fall, winter, and spring) for universal academic screening purposes. Benchmark scores used for each assessment measure to assess risk level were readily available online.

The study used two of the seven DIBELS measures. For students in Grades 2-6, the Oral Reading Fluency (ORF) measure was used. This measure assessed the student's ability to read

connected text accurately and fluently. Because data collection procedures varied between the two schools involved in the study, ORF scores were only obtained for Grade 2 at one school and for Grades 2, 4, and 5 at the other school. For students in first grade, the Phoneme Segmentation Fluency (PSF) measure was used. This measure assessed the student's phonological awareness skills. These measures were selected based upon the administration sequence of the DIBELS measures and appropriateness at a given grade level. The two measures are described more fully below. DIBELS scores were not collected for kindergarten, third-, and sixth-grade students who participated in the study because the school did not collect the data.

To assess accuracy and fluency with connected text, DIBELS researchers developed the ORF task, which assesses a student's ability to read connected text in grade-level materials (Good & Kaminski, 2002). The passages are standardized so that teachers and administrators can identify students who may need additional instructional support and monitor progress toward instructional goals. Student performance on the ORF test is measured by having students read a passage aloud for one minute while the administrator records errors, which may include words misread, omitted, or substituted, and hesitations of more than three seconds. The number of words read correctly per minute is recorded for three passages read by the student with the median score reported as the ORF score for benchmarking purposes. A series of studies on the ORF measure has confirmed the technical adequacy of curriculum-based reading measures (Good & Kaminski, 2002). Test-retest reliability on the DIBELS ORF measures for elementary students ranged from 0.92 to 0.97 (Good & Kaminski, 2002). Alternate form reliability of different reading passages drawn from the same level ranged from 0.89 to 0.94 (Tindal, Marston, & Deno, 1983). Criterion-related validity studied in eight separate studies in the 1980s reported coefficients ranging from 0.52 to 0.91 (Good & Jefferson, 1998).

To assess phonological awareness for students in kindergarten and Grade 1, DIBELS researchers developed the PSF task. During the PSF task, students are asked to segment three- and four-phoneme words into their individual phonemes fluently. The PSF measure has been found to be a good predictor of later reading achievement (Good & Kaminski, 2002). Students are allowed one minute to produce as many individual phonemes as they can and the score is the number of phonemes produced correctly in that one minute. The two-week, alternate-form reliability for the PSF measure is 0.88 (Kaminski & Good, 1996), and the one-month, alternate-form reliability is 0.79 in May of kindergarten (Good et al., 2004). Predictive validity of spring-of-kindergarten PSF with spring-of-first-grade ORF is 0.62 (Good et al., 2004).

### **Teacher Survey**

A teacher survey (Appendix C) was utilized to assess teacher perceptions about the use of the BESS standardized rating scale for screening purposes. Questions were based upon prior research findings and recommendations regarding the importance of teachers' perceptions about the process of completing screening rating scales and the usefulness of the data and associated feedback for instructional strategies. Thus, seven questions were developed to assess teachers' ratings of efficiency about the time spent completing the survey and the usefulness of the data collected regarding additional support for students in need, informing instructional practices, and engaging in conversation with parents about their children. Survey items were in Likert-style format where teachers rated each of the seven statements from *strongly disagree* to *strongly agree*. The survey also asked each teacher to complete demographic information, including sex, years of teaching experience, level of academic education, and current grade level he or she was teaching.

## **Focus Group Interviews**

Trying to understand teachers' perceptions of internalizing and externalizing behaviors was more easily accomplished through a discussion format. Furthermore, it was easier to facilitate a discussion through a focus group interview about the role teachers wanted to play in collecting and managing screening data for emotional and behavioral issues rather than asking through a survey. A script was created and used to structure the focus group interview for the participants (Appendix D). The discussion for the focus group interview was built on four preliminary questions (Appendix E) as well as responses from the teacher surveys. The first four questions were developed as opening questions due to the open-ended nature of responses. These questions were aimed at exploring teacher perceptions of how emotional and behavioral difficulties are presented in the classroom and how they felt about addressing such concerns. As previously mentioned, subsequent questions were added to the focus group interviews based on teacher responses to the survey. These questions were framed from the survey questions about the usefulness of the universal screening data and the efficiency of using this method in comparison to the teacher referral method. Potential questions were developed prior to the focus group interviews using a semi-structured format. These questions were based on responses (positive and negative) from the teachers and are indicated with an asterisk in Appendix E.

## **Research Questions**

To compare the effectiveness and acceptability of a systematic universal screening process to two commonly used methods for identifying elementary students at risk for externalizing and internalizing behavior patterns, the following research questions were investigated:

1. Do the three screening methods (standardized rating scale, teacher referral, and ODR) identify more, fewer, or an equal number of elementary students at risk for developing emotional or behavioral problems?
2. Of the students identified at risk, what is the relationship between the screening methods (standardized rating scale, teacher referral, and ODR) and the types of identified difficulties (emotional, behavioral, both, or neither)?
3. What are the differences in the types of difficulties (emotional, behavioral, both, or neither) identified by the ODR method?
4. What are the differences in the types of difficulties (emotional, behavioral, both, or neither) on reading achievement?
5. Is there a relationship between teacher referrals and types of difficulties (emotional, behavioral, both, or neither)?
6. To what extent do teachers value data collected from the standardized rating scale screening method?

### **Research Hypotheses**

Based on prior research, the following research hypotheses were investigated:

1. The standardized rating scale method will identify more students at risk compared to the teacher nomination and ODR methods.
2. The standardized rating scale method will identify a unique group of at-risk students presenting with emotional difficulties in comparison to those identified through teacher and ODRs, which will identify students with more behavioral concerns.

3. Students identified with behavioral difficulties will have more ODRs than other students.
4. Students identified at risk for emotional and/or behavioral difficulties by the standardized rating scale, ODRs, and teacher referrals will demonstrate lower skills on reading achievement measures.
5. Students with behavioral difficulties are referred by teachers to teacher assistance teams more than other students.

### **Data Collection**

Teachers were asked to complete the BESS rating scale for all students whose parents signed consent for their children to be assessed as part of this study. Additionally, teachers completed the BASC-2 rating form for five students who were selected randomly using Microsoft Excel software. Teacher participants had one week to complete the rating forms for the students in their classrooms. Teachers placed their completed forms in a sealable envelope that was provided for them, which was picked up at a later date. Forms were scored using the BESS ASSIST and BASC-2 ASSIST computer scoring software programs. A letter was also sent to parents of students who were assessed indicating any level of risk noted during the study as well as recommendations if concerns were identified (Appendix F). Additionally, this letter included whether the child had been randomly selected for further assessment using the BASC-2 rating scale. Parents were asked to indicate if the results could be shared with the child's teacher and then sign and return the form. Once feedback from the parents was returned, feedback was compiled for teachers based on parents' responses.

ODR data were also collected from each school for the previous and current academic school years. The principals provided a print-out report of students referred to the office during

the course of the current academic school year. How many times students were referred to the office was examined as well as the reasons for the referrals. For the purpose of the study, ODR Levels 2 and above were considered *at risk*.

Data from the teacher assistance teams were collected at both elementary schools. Each school kept records of students referred by classroom teachers for academic or behavioral problems. Due to different referral processes utilized by the teachers at both elementary schools, two procedures were used to review files. At one elementary school, cumulative records from the teacher assistance team files were reviewed. The other school maintained separate teacher assistance team files for each school year; thus, files from the previous and current school years were reviewed. These files were reviewed for information collected during student assistance team meetings. To determine if students were referred for behavioral concerns, students who were referred for emotional or behavioral reasons were documented as at risk according to the teacher referral process.

Reading achievement data were collected from the designated reading intervention teachers within each school. Both participating schools utilized DIBELS to measure basic early literacy skills for all grade levels. PSF data were requested for students in first grade and ORF data for students in second, fourth, and fifth grades. Because benchmark data were being collected three times a year (fall, winter, and spring), a report of reading achievement data collected in the fall of the current year was used for this study. This report included student names and scores from the DIBELS ORF and PSF assessments. During the data collection of ODRs, teacher referrals, and reading achievement, students whose parents did not give consent for participation in the study were not included.

Demographic data of students, including name, date of birth, grade, and gender, were collected from the teachers completing the BESS and BASC-2 rating scales as well as during the collection of ODR, teacher referral, and reading achievement data. Based on the nature of the procedures, student names were necessary to identify students to provide feedback to their parents and to provide follow-up support if severe concerns needing immediate attention were identified. All data were securely maintained. Although the data file included identifying information temporarily, it was secured in a locked filing cabinet in a locked office. Identifying information was only accessed during the data collection process. Once parent and teacher feedback was completed, student identification numbers were assigned for further analysis of the data and identifying information was removed.

Once the data were collected and scored, summary reports were developed to outline the results of the screening measures for each respective classroom teacher. After receiving this feedback, teachers were invited to complete a brief survey (Appendix C) about the systematic screening process and the feedback received after completing the rating scales. Teachers who did not receive feedback due to lack of parental consent were also invited to complete the survey and skip questions related to feedback from the rating scales. Teachers had one week to complete the surveys. Upon completion of the surveys, teachers were asked to seal their surveys in envelopes to maintain privacy. The sealed envelopes were collected from teachers who completed the surveys. Upon reviewing the responses from the teacher survey, teachers were invited to meet for focus group interviews, which were held at the end of the school day. The focus group interviews were recorded, with participant permission, and teachers were asked questions related to answers given on the survey.

Following the recommendation of Glesne (2006), focus groups consisted of six and seven teachers at one time to make facilitating and recording the interview manageable. Focus group interviews were conducted after school during 30-minute sessions. A script introducing the focus group discussion was utilized (Appendix D). Focus group interviews were used to explore the range of teachers' views about systematically screening students for emotional and behavioral issues (Bogdan & Biklen, 2007). Another individual transcribed the interviews into separate interview logs for each focus group. Questions were developed based on the teachers' survey answers from both schools collectively in addition to the preliminary interview questions (Appendix E) to further discuss the teachers' opinions and perspectives about using the systematic screening instrument and process to identify students at risk for emotional and behavioral problems. As with completing the survey, participation in the focus group interview was voluntary.

### **Research Question 1**

The first research question—Do the three screening methods (standardized rating scale, teacher referral, and ODR) identify more, fewer, or an equal number of elementary students at risk for developing emotional/behavioral problems?—was addressed using a quantitative approach.

**Variables.** The independent variable for this question was the type of identification method: standardized rating scale screening, teacher referral, or ODR. The dependent variable was risk level of students assessed by each identification method: at risk or not at risk.

**Data analysis.** Data analysis was conducted using SPSS for Windows, Version 20. To address the issue of whether more, fewer, or equal numbers of students are identified through the three identification methods, descriptive statistics were utilized.

### **Research Question 2**

The second research question—What is the relationship between the screening methods (standardized rating scale, teacher referral, and ODR) and the types of identified difficulties (emotional, behavioral, both, or neither)?—was addressed using a quantitative approach.

**Variables.** The independent variable for this question was the type of identification method: standardized screening, teacher referral, or ODR. The dependent variable was the type of difficulty displayed by the students who were screened by the BASC-2 and were identified as externalizing, internalizing, both, or neither.

**Data analysis.** Data analysis was conducted using SPSS for Windows, Version 20. To investigate how the three identification methods related to the types of identified difficulties, I used descriptive statistics.

### **Research Question 3**

A quantitative approach was used to analyze the third research question—Is there a relationship between the types of difficulties (externalizing, internalizing, both, or neither) and ODRs?

**Variables.** For this research question, the independent variable was the type of difficulty (emotional, behavioral, both, or neither) that describes each student. The dependent variable was whether or not the student was referred to the office for disciplinary issues.

**Data analysis.** To investigate the number of ODRs among the types of difficulties identified through the BESS and the BASC-2, I conducted a 2 x 4 Pearson's chi-square test. This test allowed me to examine the likelihood of students identified as one of the following types of difficulties: emotional, behavioral, both, or neither. The null hypothesis for this research

question was that the ODR process is equally likely to identify students as emotional, behavioral, both, or neither.

#### **Research Question 4**

The fourth research question—Is there a relationship between the types of difficulties (externalizing, internalizing, both, or neither) and reading achievement?—was quantitatively analyzed.

**Variables.** For the analysis of this research question, the independent variable was the type of difficulty (emotional, behavioral, both, or neither) and the dependent variable was the score each student received on the DIBELS reading measure.

**Data analysis.** To understand how students identified as having difficulties that are emotional, behavioral, both, or neither compared to each other based on reading achievement scores, a 3 x 4 Pearson's chi-square test was conducted using SPSS for Windows, Version 20. Due to the use of two reading achievement measures, one for first grade and another for second through sixth grades, scores obtained on each measure were converted to the same qualitative descriptors (at risk, some risk, low risk) before further analyzing the data for this research question. The authors of the DIBELS measure used normative data to develop three ranges of scores to indicate degree of risk status (Good & Kaminski, 2002). For first-grade students who were assessed using the PSF measure, fall benchmark scores ranging from 0 to 9 sounds were described as *deficit*, 10 to 34 sounds were identified as *emerging*, and 35 or more sounds were labeled *established* (University of Oregon Center on Teaching and Learning, 2012). For students in Grades 2, 4, and 5, the scores on the ORF measure were labeled *at risk*, *some risk*, and *low risk*. The cut-off scores for second grade were as follows: students reading 0 to 25 words were marked *at risk*, 26 to 43 words were identified with *some risk*, and 45 or more words resulted in

a *low risk* label (University of Oregon Center on Teaching and Learning, 2012). Fourth grade students used the following cut-off scores: 0 to 70 words were *at risk*, 71 to 92 words were *some risk*, and 93 or more words were *low risk*. For fifth grade students, the cut-off scores were as follows: 0 to 80 words were *at risk*, 81 to 103 words were *some risk*, and 104 or more words were labeled *low risk* (University of Oregon Center on Teaching and Learning, 2012). Once the scores were converted to qualitative descriptors, I examined the mean scores for reading achievement among the types of difficulties. The null hypothesis for this research question was that each qualitative descriptor would have an equal number of students with emotional, behavior, both, or no concerns.

### **Research Question 5**

The next research question—Is there a relationship between teacher referrals and types of difficulties (emotional, behavioral, both, or neither)?—was investigated with a quantitative analysis.

**Variables.** The independent variable in this research question was the type of difficulty (emotional, behavioral, both, or neither). The dependent variable was whether a teacher referred each student for an emotional or a behavioral concern.

**Data analysis.** To assess if there was a relationship between the type of difficulties exhibited by each student and the likelihood of being referred by a teacher, a 2 x 4 Pearson's chi-square test was conducted using SPSS for Windows, Version 20. Using this test allowed me to examine the likelihood of students identified as one of the following types of difficulties—emotional, behavioral, both, or neither—to be acknowledged through the teacher referral process. The null hypothesis for this research question is the teacher referral process is equally likely to identify students as emotional, behavioral, both, or neither.

### Research Question 6

The sixth research question—To what extent do teachers value data collected from the standardized rating scale screening method?—was addressed using a mixed-methods approach.

**Data analysis.** To analyze the value teachers placed on the standardized rating scale and the systematic screening process used in this study, a survey was distributed to teachers after they attended their feedback session (Appendix C). Survey items were rated on the scale of 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*. Each teacher's survey responses were entered into a Microsoft Excel spreadsheet to calculate the mean and standard deviation for each item. Mean scores were then used to guide the selection of questions for subsequent focus group interviews (Appendix E). If the mean for a question was greater than 3, indicating a positive response, then a subsequent question exploring the positive perception was used. If the mean for a question was less than 3, indicating a negative response, then a subsequent question exploring the negative perception was used. Once the focus group interview transcripts were reviewed, then a set of codes was developed from the data. Once coding was completed, I began looking for themes, patterns, and relationships that arose from the data. These codes and themes helped me evaluate how teachers valued and perceived the outcomes of the standardized rating scale for identifying students who may be at risk for social-emotional behavioral difficulties.

## CHAPTER 4

### RESULTS

The purpose of this study was to investigate methods used in a school setting to identify children who may be in need of services to address behavioral and emotional challenges and classroom teachers' perceptions about these methods. This study examined the relationship between three methods for screening students (ODRs, teacher referrals, and systematic universal screening) and identifying students who may be at risk for emotional and behavioral concerns. Quantitative analysis examined these relationships as well as the relationship between these screening methods and reading achievement. A qualitative analysis was also conducted to explore teachers' perceptions about and acceptability of the systematic universal screening.

Results and discussion are presented for each research question.

#### **Participants**

There were 13 teacher respondents who agreed to participate in the study: 12 women (92%) and one man (8%). Twelve teachers reported the master's degree as their highest degree obtained and one teacher reported currently taking courses toward a master's degree. Years of teaching experience ranged from 2 to 29 ( $M = 15.08$ ,  $SD = 8.34$ ). Table 1 displays the range of years spent teaching prior to participating in this study.

Table 1

*Teachers' (n = 13) Range of Years Spent Teaching*

Years of Experience	<i>n</i>	%
0-5	3	23
6-10	1	8
11-15	2	15
16-20	4	31
21-25	2	15
26-30	1	8

Across the two schools, a total of 109 students were screened during this study. Sixty-one students (56%) were from one school and 48 students (44%) were from the other school. Among this sample of students, nearly 47% were girls ( $n = 51$ ) and approximately 53% were boys ( $n = 58$ ). Of the students included in the study, 15 (14%) were in kindergarten, 22 (20%) were in first grade, 19 (17%) were in second grade, 10 (9%) were in third grade, 23 (21%) were in fourth grade, 14 (13%) were in fifth grade, and six (6%) were in sixth grade.

### **Research Questions**

#### **Research Question 1**

The first research question—Do the three screening methods (standardized rating scale, teacher referral, and ODR) identify more, fewer, or an equal number of elementary students at risk for developing emotional/behavioral problems?—was analyzed using descriptive statistics.

The BESS screening tool identified 23 students (21%) at risk but teachers referred 27 students (25%) to the student assistance team for emotional and behavioral concerns. The last screening method, ODRs, yielded results indicating five students (5%) were identified at risk. Further analysis was conducted to examine the BESS-identified at-risk students across grade levels. The frequency of being identified at risk by the BESS according to grade level is detailed in Table 2.

Table 2

*Prevalence of Being Identified At Risk (n = 23) Using the BESS Across Grade Levels*

Grade Level	<i>n</i>	%
Kindergarten	3	13
Grade 1	2	9
Grade 2	3	13
Grade 3	2	9
Grade 4	10	43
Grade 5	0	0
Grade 6	3	13

**Research Question 2**

The second research question—What is the relationship between the screening methods (standardized rating scale, teacher referral, and ODR) and the types of identified difficulties (emotional, behavioral, both, or neither)?—was addressed using a quantitative approach.

Overall, 64 students were rated with the BASC-2 rating scale. Of those students, 30 (47%) were at risk on at least one of the three screening methods. No risk was indicated on any of the three screening methods for 34 (53%) students who were included in the study. There were five (8%) students with externalizing concerns, six (9%) with internalizing concerns, three (5%) with both externalizing and internalizing behaviors, and 16 (25%) with no indication of either internalizing or externalizing issues on the BASC-2. Of the students identified at risk using the BESS rating scale, only two (3%) demonstrated externalizing behaviors, four (6%) displayed internalizing behaviors, one (2%) exhibited both behaviors, and three (5%) did not show either form of behavior. The three students who were not identified for internalizing or externalizing behaviors may have been identified at risk on the BESS due to other concerns with adaptive skills, learning problems, or attention problems. Further examination of the students who were identified through only the teacher referral process indicated that only one (2%) was identified at risk for internalizing behaviors on the BASC-2 rating scale and 10 (16%) did not

show risk in either internalizing or externalizing domains. One student (2%) was identified at risk by ODRs only, but the BASC-2 rating scale did not indicate the student demonstrated externalizing or internalizing behaviors. When examining students who were identified using two methods, such as teacher referral and the BESS rating scale, five students met this particular criterion. Of these five students, one (2%) was rated as externalizing behaviors, two (4%) exhibited both externalizing and internalizing behaviors, and two (4%) showed neither behavior. Only one student (2%) was identified through teacher referral and ODR with externalizing concerns and one student (2%) was identified by the BESS rating scale and ODR with internalizing concerns. There was one student (2%) who was identified across all three screening methods. BASC ratings indicated externalizing behaviors. Last, when examining the remainder of students who were assessed with the BASC-2 rating scale, there was one (2%) student who demonstrated externalizing behavior, four (6%) exhibiting internalizing behaviors, and 29 (45%) who showed no externalizing or internalizing behaviors. Table 3 displays the frequency of being identified at risk by one of the three screening methods separately and by a combination of two or more methods.

Table 3

*Prevalence of Students Identified At Risk (n = 64) According to Screening Method*

Screening Method(s)	BASC-2 Behavior Patterns									
	Externalizing		Internalizing		Both		Neither		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No Risk Indicated	1	2	4	6	0	0	29	45	34	53
TR Only	0	0	1	2	0	0	10	16	11	17
BESS Only	2	3	4	6	1	2	3	5	10	16
ODR Only	0	0	0	0	0	0	1	2	1	2
TR + BESS	1	2	0	0	2	3	2	3	5	8
TR + ODR	1	2	0	0	0	0	0	0	1	2
BESS + ODR	0	0	1	2	0	0	0	0	1	2
TR + BESS + ODR	1	2	0	0	0	0	0	0	1	2

*Note.* TR = Teacher Referral; BESS = Behavioral & Emotional Systematic Screener; ODR = Office Discipline Referral

### Research Question 3

A 4 (internalizing, externalizing, both, neither) x 2 (referred to the office, not referred to the office) Pearson's chi-square test was used to analyze the third research question—Is there a relationship between the types of difficulties (externalizing, internalizing, both, or neither) and ODRs?

**Assumptions.** With Pearson's chi-square test, it is important to review the assumptions associated with this particular analysis. One assumption addresses independence in that variables must be independent of one another. Second, each participant must be classified within only one category. ODR is a dichotomous variable: students were either referred at least twice to the office for disciplinary reasons or not. Last, it is assumed that expected frequencies will be large. No expected frequency should be less than one and no more than 20% of the expected frequencies should be less than five. All assumptions of the chi-square test with the exception of large expected frequencies were met. Due to the small sample of students ( $n = 64$ ) who were assessed by the BASC-2, five cells have expected counts less than five.

**Results.** The 4 x 2 chi-square test revealed a significant association between the types of difficulties present in students who are at risk based on ODRs,  $\chi^2(3, n = 64) = 9.197, p = .027$ , two-tailed. Odds ratio was then calculated as an effect size. In these data, the odds of a student with externalizing concerns being referred to the office two or more times for disciplinary reasons were  $2(2 \text{ or more ODRs}) / 4(\text{fewer than } 2 \text{ ODRs}) = 0.50$ . The odds of a student with internalizing difficulties being referred to the office two or more times for disciplinary reasons were  $1(2 \text{ or more ODRs}) / 9(\text{fewer than } 2 \text{ ODRs}) = 0.11$ . Overall, the odds of a student with externalizing concerns being referred to the office two or more times for disciplinary issues were greater than the odds of a student with internalizing concerns being referred to the office two or more times: 0.50 versus 0.11, respectively. Odds ratio was calculated as the odds of a student with externalizing concerns being referred to the office two or more times for discipline reasons  $(0.50) /$  the odds of a student with internalizing difficulties being referred to the office two or more times for discipline reasons  $(0.11) = 4.55$ . Examination of the odds ratio revealed that students with externalizing difficulties were 4.55 times more likely to be referred to the office two or more times for disciplinary reasons. The significance of this analysis was driven by students with externalizing concerns being more likely to have been referred to the office two or more times for disciplinary reasons than would be expected by chance. These findings are described in Table 4.

Table 4

*Type of Behavior Difficulties in Students At Risk Based on Office Discipline Referrals*

Types of Difficulties	2 or more ODR	Less than 2 ODR	$\chi^2(3)$	<i>p</i>
	<i>n</i>	<i>n</i>		
Internalizing	1	9	9.197	0.027
Externalizing	2	4		
Both	0	3		
Neither	1	44		

*Note.* Test of significance was two-tailed.

**Research Question 4**

The fourth research question—Is there a relationship between the types of difficulties (externalizing, internalizing, both, or neither) and reading achievement?—was quantitatively analyzed using 4 (externalizing, internalizing, both, neither) x 3 (at risk, some risk, low risk) Pearson’s chi-square tests.

**Assumptions.** All assumptions for this Pearson’s chi-square test analysis were met except for large expected frequencies. Ten cells had expected counts less than five.

**Results.** The 4 x 3 Pearson’s chi-square test analysis indicated a significant relationship between the types of behavior difficulties and reading risk in second grade only,  $\chi^2(2, n = 10) = 10.000, p = .007$ , two-tailed. Despite the lack of statistical significance with the other grade levels, internalizing behaviors are greater in students at risk and with some level of risk than those with low risk in reading. Upon inspection of the standardized residual values for each group in this analysis, none of the values was higher than the critical value of 1.96 ( $p < 0.05$ ), indicating that the values of all the groups combined were driving the significant chi-square test. Therefore, second-grade students in this sample with some risk or at risk in reading were more likely to have internalizing difficulties than what would be expected by chance. Additionally, second-grade students with low reading risk were more likely not to be identified at risk for

emotional or behavioral concerns than would be expected by chance. The results of this analysis are in Table 5.

Table 5

*Types of Behavior Difficulties By Students' Levels of Reading Achievement*

Grade Level: Reading DIBELS Measure	Reading Risk Level												$\chi^2$	df	p
	At Risk				Some Risk				Low Risk						
	E	I	B	N	E	I	B	N	E	I	B	N			
Grade 1: PSF	0	0	0	0	0	0	0	3	2	0	0	5	1.071	1	0.301
Grade 2: ORF	0	1	0	0	0	1	0	0	0	0	0	8	10.000	2	0.007
Grade 4: ORF	0	1	0	1	0	1	1	1	0	1	0	4	3.500	4	0.478
Grade 5: ORF	1	0	0	2	0	1	0	1	0	0	0	4	6.000	4	0.199

*Note.* E = Externalizing; I = Internalizing; B = Both; N = Neither; All tests of significance were two-tailed.

### Research Question 5

The fifth research question—Is there a relationship between teacher referrals and types of difficulties (emotional, behavioral, both, or neither)?—was investigated with 4 x 2 Pearson's chi-square test analysis.

**Assumptions.** All assumptions for this Pearson's chi-square test analysis were met except for large expected frequencies. Five cells had expected counts less than five.

**Results.** The 4 x 2 chi-square test did not reveal any significant relationship between teacher referrals and the type of difficulties displayed by students,  $\chi^2(3, n = 64) = 5.297, p = .151$ , two-tailed. Although there was no statistically significant finding, the number of students not referred by their teachers who were rated as exhibiting internalizing behaviors was three times greater than the number of students not referred and rated as exhibiting externalizing behaviors. These findings are displayed in Table 6.

Table 6

*Prevalence of Types of Behavior Difficulty by Status of the Teacher Referral Process*

Type of Difficulties	Referred by Teacher	Not Referred by Teacher	$\chi^2(3)$	<i>p</i>
	<i>n</i>	<i>n</i>		
Externalizing	3	3	5.297	.151
Internalizing	1	9		
Both	2	1		
Neither	12	33		

*Note.* Test of significance was two-tailed.

**Research Question 6**

The sixth research question—To what extent do teachers value data collected from the standardized rating scale screening method?—was addressed through quantitative analysis of teacher survey responses and qualitative analysis of focus group interviews.

**Results.** Based on the answers given by teachers, they felt the time spent completing the rating scales was useful ( $M = 3.54$ ,  $SD = 1.13$ ). Most teachers also felt that completing the rating scales was a more efficient way of identifying students who may be at risk for emotional and behavioral problems ( $M = 3.62$ ,  $SD = 1.19$ ). Teachers indicated on the survey that the feedback they received after completing the rating scales was useful ( $M = 3.92$ ,  $SD = 1.26$ ). Teachers varied in their opinions about whether the information they received about the rating scale results helped to identify students whom they were not aware of needing additional support ( $M = 2.73$ ,  $SD = 1.25$ ). Teachers rated the information they received following the BESS rating scale completion as informative for instructional practices ( $M = 3.42$ ,  $SD = 1.21$ ). Additionally, the teachers felt the information they received after completing the rating scales may be useful for gaining a better understanding of their students and their needs ( $M = 3.42$ ,  $SD = 1.21$ ). Teachers

also indicated that the information they received was useful for engaging in discussion with their students' parents ( $M = 3.73$ ,  $SD = 1.52$ ). The details of these responses can be found in Table 7.

**Focus group interview results.** The findings from the two focus group interviews with six and seven teachers, respectively, are detailed below. The focus group interviews began with four preliminary questions followed by questions addressing statements from the teacher survey, which are located in Appendix E. The first focus group interview occurred at School 1 in a conference room and consisted of five female teachers and one male teacher. This particular group consisted of one first-grade teacher, one second-grade teacher, two fourth-grade teachers, and two fifth-grade teachers with years of experience ranging from 2 to 29. The second focus group interview occurred at School 2 in the media center during an after-school session held before a holiday party. This group consisted of seven female teachers including two kindergarten teachers and one teacher each from first, second, third, fourth, and sixth grades. Teaching experience ranged from 2 to 29 years.

A review of the transcript from the focus group interviews identified four distinct themes. Although the teachers represented two different schools, they shared common perceptions about students' emotional and behavioral difficulties and use of a screening tool to identify students with these issues. Emerging themes were (a) perceptions of emotional and behavioral issues, (b) benefits of the universal screening process, (c) limitations of the universal screening process, and (d) willingness to address emotional and behavioral issues in the classroom.

***Perceptions of emotional and behavioral issues.*** Teachers described emotional difficulties as including behaviors such as name calling, yelling, and screaming at other adults and children. Some teachers defined emotional concerns as physically aggressive acts, including throwing desks, throwing objects, and physically aggressive behavior. A few teachers perceived

emotional concerns to include moments of distress when a student displays “uncontrollable emotional behavior” or crying at inappropriate times. One teacher identified a student as having emotional issues because he or she did not get along well with others. Another teacher included students who could not accept negative feedback or criticism and were “unable to rebound once they’ve had any kind of verbal reprimand.” Teachers discussed students who seek attention as having emotional problems. Teachers agreed that there are students across grade levels who constantly seek attention whether it is positive or negative in nature. A common theme throughout both focus group interviews was the control that some students display. Specifically, teachers noted students who thrive on being in charge and those who will refuse to comply with teacher requests. Behaviors denoting refusal included falling down or lying on the ground, refusing to work, and refusing to move from one area to another when the class transitioned between classrooms. Some miscellaneous behaviors discussed by kindergarten teachers that were described as atypical include sucking and chewing on objects. There was also a teacher who noted students who have a tendency to be quiet and introverted who could also be experiencing emotional stress. Throughout the discussion about emotional difficulties, I noted indications of frequency with which these behaviors occurred. Frequencies of these behaviors varied among the teachers but were described as happening daily, hourly, weekly, “always,” “constantly,” and in a “continuous pattern.”

In contrast, teachers’ perceptions of behavioral difficulties included defiance, physical aggression, and social skill deficits. Specific defiant behaviors discussed included refusal to complete classwork, refusal to comply with teacher commands after multiple requests, not following classroom procedures once the routines were established, and refusing to leave the classroom when transitioning between classes. Physically aggressive behaviors included

throwing objects and temper tantrums. Lastly, teachers discussed students who distracted or “bothered” others by talking to them, those who talked back or argued to teachers or peers, and those who left their assigned area without permission.

***Benefits of using a universal screening process to identify at-risk students.*** Two themes emerged from the focus group interviews pertaining to benefits of using a systematic rating scale: immediate feedback and reassurance. One teacher noted, “It was done. You did it and you could see it immediately rather than wait to see what happens.” In addition to the immediate feedback, teachers appreciated the behaviors being described specifically. One teacher stated,

Having that criteria spelled out so we know exactly what emotional difficulties are. It was nice to have those things spelled out and to think “Ok, if this happens, then this could be an issue we need to look at.”

Some teachers expressed that it would be helpful to have information about any behavior and emotional concerns from the student’s previous teacher. Other teachers felt reassured they were monitoring students who were found to be at risk based on rating scale results. One teacher expressed that it “gave us a good sense that these were kids we were thinking were going to lean this way, and they did.” Another teacher shared that the feedback “was good reassurance that you know there is a problem.” Another teacher commented that the rating scale validated that they “have some abilities to pick out kids; that’s from being with them every day.” One teacher followed up a statement about reassurance with the remark, “But, I’m not sure what to do differently for those kids.”

Teachers agreed that filling out rating forms would be more appealing if they did not have to obtain consent first. One teacher said, “If we were able to do that without consent, to fill

those out without consent that would be awesome! I would have no problem doing that.” At one school, teachers added that as part of the data collection process, they would like to collect rating forms from other teachers from related areas, such as art, music, and physical education. One teacher said, “I think you have to look at the whole picture and even home.” Other teachers agreed that having “honest” input from parents on the same screener would be helpful.

Teachers indicated that the time spent filling out the rating forms allowed for reflection about their students as well as reassurance in regard to their perceptions that some students may have greater emotional or behavioral needs. One teacher expressed,

Sometimes it’s so current—it’s always right in front of you. You’re doing it so often that you don’t even catch the pattern; then, if you stop and think, you know some of those behaviors you haven’t listed, then you begin to make a better trail in your own mind about that child.

***Limitations of using a universal screening process to identify at-risk students.*** During the focus group interviews, teachers implied there were limitations with using this process to identify students due to not receiving consent from every parent. Although this particular limitation pertains more to the design of the study, perhaps it is indicative of future issues if a student’s parents opted out of the process in a school-wide screening. One teacher felt completing these scales and not receiving feedback, due to lack of parent consent, resulted in a waste of time on her part. She said,

I felt like those scales took a lot of time, a lot of time, and then the ones I already knew had severe problems. Um, I don’t know, for me and I didn’t get a lot. I didn’t get any feedback. . . . It just took a lot of time and I’m swamped with everything else, and it just wasn’t that useful, but I did it.

Additionally, this teacher noted the amount of time it took her to complete the rating forms for the study; however, in an authentic school-based screening process, forms would be limited to the BESS and would not include both the BESS and the BASC-2 as used in this study. Some teachers also discussed the need for input from additional sources to supplement screening information. Specifically, one teacher noted the benefit of incorporating peer observations to get feedback by noting, “It’s nice when one of the other teachers can come in and observe and kind of get a second opinion or see for themselves what’s going on.”

***Willingness to address emotional and behavioral issues in the classroom.*** Mixed feelings were expressed when discussion arose about teachers addressing emotional and behavioral issues in the classroom. Initial responses appeared positive followed by hesitation with addressing such needs. One teacher expressed willingness to contact parents as needed when there was concern with emotional or behavioral issues. Specifically, this teacher indicated her use of phone calls and letters sent home to parents. At one school, teachers indicated their willingness to use classroom-wide behavior management systems. The teachers for fifth-grade students at this school shared their willingness to create behavior plans or behavior contracts when a more targeted intervention was needed to address specific concerns. One teacher shared,

I think being honest with the kids and say, “Hey, you are not getting along with anybody.” Not being mean about it, but being able to point out those then say, “We’re going to work on this being better.”

This same teacher further described how she feels when addressing emotional problems. She said, “Well, it upsets me that I have to spend so much time on that one person when there are a lot of other people who need attention too. So it frustrates me . . . a lot, a lot.” Another teacher spoke up and shared a similar sentiment that addressing emotional and behavioral needs can be

“overwhelming at times because they can take up such a big chunk of your time. By the time you document all of their behaviors, that takes time away from all the other kids who are doing what they are supposed to be doing.”

Other teachers in the room agreed. There was some indication that teachers were already addressing issues intuitively by adjusting their instructional plans and strategies within the classroom. Comments from teachers expressed,

I think we all do it intuitively anyways, but it definitely validated what I am doing. I'm on the right path and watching the way I speak to this child because of the way they are going to react. . . . It is emotionally draining to deal with these children all day long every day.

and

Our kids that showed up were the ones we were kind of already doing the same things. We were already watching how we respond to them, and how much of a work load we put on them, and so on.

Other teachers indicated their desire to have someone else collect the data and information rather than do it all themselves. One teacher described a situation she seemed to prefer of having someone else observe the classroom and then give feedback about how her interactions may be impacting student behavior, saying something such as, “So, you realize that you're doing this and it just feeds that, you're enabling them to be that way.”

Similar responses were noted at the other school in regard to having assistance from someone else to help with addressing emotional and behavioral issues. When teachers were asked about their ability to address issues, the consensus was that teachers were not properly trained to address emotional and behavioral issues. One teacher stated, “I don't feel like I'm

properly trained maybe like I should be.” Teachers at this school felt having a teacher in the building who was licensed to address these issues would be helpful. These teachers also expressed a lack of ease or comfort in addressing emotional or behavioral issues with parents. Teachers noted that they needed additional information with regard to strategies to try in the classroom as well as input from parents as to what works at home that could be incorporated at school. Specific comments by two teachers included,

I think it would have been nice to have some sort of advice on maybe what to do with them in the classroom. Like, we’re already doing some things, but you know from an outsider—not really knowing the kids.

and, “Some general things to try with them that I may not have thought of on my own. That would have been very nice.”

Lastly, teachers expressed that it would be helpful to have the parents’ input on a rating scale to review similarities and discrepancies between home and school, which might ultimately spark discussion about how to further help students. Teachers noted having strategies available to share with parents would be helpful when discussing the results with them. One teacher shared, “It would be nice if you had a kid who had an issue to be able to talk with their parents and say, ‘Here’s what came out and here’s some suggestions.’” Another teacher said it would be nice to talk with parents and say, “Here’s what we’re doing in class and what you could do at home.” Some teachers noted that parents need to be educated too about the expectations within the classroom as well as the importance of why education about addressing emotional or behavioral issues is needed. One teacher went on to say, “It doesn’t mean they are going to be that way for life. They need the help now to be successful.”

## CHAPTER 5

### DISCUSSION

There is a significant number of students who are in need of assistance for emotional and behavioral issues. Many of these students only have access to such help through the school setting. When emotional and behavioral difficulties are not identified and addressed early, either in the student's life or when difficulties begin to appear, more severe and debilitating symptoms may develop. A critical component of early identification is screening students to identify those who may be at risk for developing later difficulties. It is important that screening for emotional and behavioral risk status is conducted accurately, effectively, and efficiently. Most schools currently rely on teachers to refer students if there are concerns about behavior or emotional well-being; however, this approach may exclude students who internalize their emotions and do not draw teacher attention.

This study introduced to two elementary schools a standardized rating scale method of screening to identify students who may be at risk for emotional and behavioral concerns. This method was compared to the schools' teacher referral process and office disciplinary data to explore the effectiveness and accuracy of the three methods. In addition to comparing these methods, this study examined teacher perceptions about the standardized rating scale screening method, which Severson et al. (2007) identified as a primary research need. The aim for this part of the study was to understand teachers' views about using a standardized method of screening

students in their classroom as well their perceptions about the value they place on early identification and intervention for students with emotional and behavioral concerns.

### **Findings**

Overall, there were more students identified by the teacher referral process than the standardized rating scale method, which utilized the BESS, or office discipline data. The data suggest that teachers were concerned about students who were not identified as at risk by either the BESS ratings or office disciplinary events. The largest group of students who were only identified through teacher referral was male, fourth-grade students. The highest number of teacher referrals was for fourth-grade students. This finding is also supported by the BESS outcomes, which indicated that the highest number of at-risk students was in fourth grade. It is evident from these findings that support for students transitioning into fourth grade is needed. Across all three screening methods, the frequency of at-risk students peaked in fourth grade, especially among male students. Transitioning from third grade to fourth grade could be difficult for students due to the change in teacher expectations as they transition from the focus of instruction being “learning to read” to “reading to learn.” With this change, there can be an increase in stress and anxiety if the pace of instruction moves at a faster rate. Because data collection occurred in the fall semester shortly after this transition took place, it may explain some of these findings. The school counselor at both schools currently facilitates stress management lessons for fourth graders due to such concerns being identified by staff. Stress and pressure from high-stakes standardized state achievement testing could impact the level of stress and anxiety in these students. High-stakes testing begins in third grade. Segool, Carlson, Goforth, Von Der Embse, and Barterian (2013) conducted research focusing on perceived test anxiety for students in Grades 3 through 5. In their study, students reported significantly more

test anxiety in relation to the high-stakes standardized state achievement assessment than to classroom tests. Furthermore, these results supported that students perceive high-stakes testing situations as more stressful and anxiety-provoking than typical testing situations that occur as part of the curriculum (Segool et al., 2013). Teacher perceptions of student test anxiety were also examined. Segool et al. found teachers reported that students experienced significantly more anticipatory anxiety, heightened anxiety, stress, pressure, and worry due to the high-stakes assessment.

The standardized BESS rating scale identified 20% or fewer of students in the kindergarten, first-, second-, third-, and fifth-grade levels as at risk. This aligns with the estimates in response to intervention (RTI) models, which estimate that 20 to 25% of a school's student population will be at risk for difficulties and in need of supplemental interventions (Shapiro, 2008). As previously noted, at-risk status was more prevalent at the fourth- and sixth-grade levels with 43% and 50% being identified at risk, respectively. Although hypotheses regarding the number of fourth-grade students were previously discussed, two of the three sixth-grade students who were identified at risk on the BESS were previously identified special education students who needed additional social and emotional support. This suggests that teacher referral and ODR methods were supported by the BESS as being able to identify accurately students who need additional emotional support beyond school-wide interventions.

Although the teacher referral method identified the most students as at risk for emotional or behavioral issues, the BESS identified a unique population of students who were overlooked by teacher referral and ODR methods. In this particular group, the BESS identified the largest number of students with externalizing-only concerns and the largest number with internalizing-only concerns. These distinctive groups represent students who would have otherwise gone

unnoticed by more subjective methods (i.e., teacher referral and ODR) and may miss opportunities for emotional and behavioral support.

Another important finding from this study revealed relationships between the method of teacher referral to an intervention team and the four behavior profiles. Three out of six students identified with externalizing problems had been referred to the intervention team by their teachers whereas only one of ten students identified with internalizing problems was referred by his or her teacher. Similar to ODRs, a considerable number of students with internalizing problems were not referred by teachers for assistance with interventions in the classroom. These findings are consistent with those of Gresham et al. (1999), who reported that students identified through the teacher referral process are more likely to display externalizing than internalizing problems. However, in the current study, there was only one student that was exclusively identified through the teacher referral method as at risk for internalizing concerns. Additionally, two of the three students with both internalizing and externalizing issues were referred by their teachers. A noteworthy finding includes the 12 students who were referred by their teachers but were not identified as having any concerns based on the BASC-2 rating scale. Of those 12 students, two were identified at risk using the BESS rating scale. Thirty-three students were not referred by their teachers and were not rated as having internalizing or externalizing difficulties; however, of these 33 students, three were identified at risk on the BESS rating scale. Although this finding may suggest teachers are not over-referring students, they do not appear to be referring students with internalizing difficulties who are not identified by either ODR or teacher referral. Schools may need to utilize more than their teacher referral processes to identify accurately students with both internalizing and externalizing risk. One such approach is the use of a standardized rating scale like the BESS.

Findings from this study support McIntosh et al.'s (2009) finding that strong correlations exist between BASC-2 Externalizing Composite scores and ODRs, and weak correlations exist between the Internalizing Composite scores and ODRs. Nine of the 10 students identified with internalizing concerns had no history of referrals to the office for disciplinary reasons. This finding is similar to that reported by B. Walker et al. (2005), who noted that students with at-risk internalizing behavior are more likely to be overlooked than those with problematic externalizing behaviors. Thus, utilizing ODR as a method to screen for those at risk for emotional difficulties may fail to identify the internalizing subgroup of students. The potential impact of this failure could result in students not receiving needed services until their needs become more severe. The offenses of students with externalizing concerns who were referred to the office included disruptive behavior, defiance, aggression, and refusal to complete work. The student identified as having internalizing concerns was referred to the office for tardiness. None of the students rated as exhibiting both internalizing and externalizing concerns was referred to the office.

Four students who were identified with internalizing concerns on the BASC-2 were not flagged through any of the three screening methods. These four students were all girls with one being from each of Grades 2, 3, 5, and 6. Each student had BESS scores ranging from 50 to 56. All four students had at-risk or clinically significant concerns in two of the three internalizing scales: anxiety, depression, and somatization. The two combinations noted were anxiety coupled with depression and anxiety paired with somatization concerns. Each of these students had anxiety concerns indicated on the rating scale completed by their teachers. These findings are consistent with research findings that report that girls with internalizing problems are not receiving interventions (Kendziora, 2004).

Based on qualitative analysis, teachers' perceptions of emotional and behavioral issues varied. Teachers from both schools described different behaviors that they felt represented emotional and behavioral problems. Although there were similarities between some of the descriptors, it is clear that more concrete, objective definitions are needed to describe emotional and behavioral issues. When teachers describe concerns in general and subjective terms, it is difficult for others to understand when the frequency and intensity of these behaviors constitute an emerging problem. Teachers indicated a sense of reassurance about their own perceptions after receiving feedback from the BESS ratings. Knowing that the BESS provided useful data, the teachers were open to incorporating a universal screening measure into their referral processes especially if someone else would collect the data for them. Additionally, there was also discussion about the benefits of the universal screening process particularly if the whole school would participate. Several teachers indicated that there were students for whom they would have appreciated having BESS ratings but those students did not participate in the study. In school-wide screenings, there would likely be elevated rating results that would be unexpected by teachers. In such situations, this would provide an opportunity to discuss why and which students may have a tendency to go unnoticed but may be candidates for immediate interventions. Additional conversation may include sharing with teachers those students who are potentially at risk but who should be monitored further before doing any formal referral for intervention support. Additionally, there may be students who are identified as at risk by the BESS who teachers do not see as such. The universal screening process opens the door for communication between intervention teams and teachers about which students need assistance and how best to deliver it. The teachers who participated in this study were willing to address

emotional and behavioral concerns within their classrooms, especially if given proper training on what behaviors to look for and what to do to address concerns.

### **Implications**

Based on the findings from this study, there are implications associated with the referral process and interventions for students with internalizing difficulties, the difference in referral methods for at-risk students, and teacher perceptions about using a universal screening measure. Students with internalizing concerns who are not referred for intervention assistance may develop more serious emotional problems, including anxiety and depression. Based on findings in this study, teachers reported that they need more training on how to address such issues. The lack of awareness of mental health issues in the school tends to yield limited referral and services for students. Lack of treatment for such issues may lead to poor academic performance, low self-esteem, low self-confidence, and more severe emotional issues (Barriga et al., 2002). Within special education, students identified with an Emotional Disability often have underlying internalizing concerns that are adversely affecting their educational performance. Not only could the number of students referred for an Emotional Disability decrease, but also interventions could teach students strategies and coping mechanisms to address their emotional and behavioral issues, which could result in fewer negative school and life outcomes.

Results from this study also indicated that the teacher referral method identified the most at-risk students with primarily externalizing concerns; however, when compared to the students who were identified using a systematic rating scale, there was a unique group of students with internalizing concerns. Few students were actually identified at risk through both methods. Additionally, the BESS compares the respondent's ratings to nationally normative data, which provide objective and quantitative indicators of functioning level and risk status. The other two

screening methods, teacher referral and ODR data, are more subjective in nature and are influenced by local expectations and judgment regarding when colleague support is needed to provide interventions for a student and when a behavior necessitates an office disciplinary action. This may suggest that the time and energy that goes into the teacher referral process is not the best distribution of resources. Perhaps having a method that more accurately identifies students will allow the school to utilize more appropriately their existing resources and meet student needs at the optimal times.

Last, teachers perceive that the information from the systematic rating scale was helpful but only under certain circumstances. There was indication that assistance with managing data and understanding the implications of the findings would be welcome. Teachers also would benefit from information that identifies ways that other school staff can assist with screening and creating intervention plans for students with emotional and behavioral needs. Not only would it be helpful to provide opportunities for teachers to incorporate lessons within their curriculum to teach positive social skills, but also it would be beneficial to involve custodians, bus drivers, and cafeteria staff in teaching school-wide positive behavior supports. If all school personnel could learn positive behavior supports this would encourage students to practice appropriate behavior throughout all settings in the school, not only in the classroom.

### **Limitations**

Limitations in this study include sample, research design, instrumentation, and statistical problems. The sample consisted of teachers who represented all grades from kindergarten to sixth but varied in the extent to which they represented each grade level across buildings. This sampling difficulty limits the generalizability of the study and the statistical power of the chi-square analyses. Second, parental consent rates varied across grade levels, which impacted

statistical analyses. For example, a larger number of teacher participants might have increased the number of families notified of the study, which might have resulted in larger groups for analyzing chi-square tests for the relationships with teacher referrals, ODRs, and reading risk. The sample consisted of 12 female Caucasian teachers and one male Caucasian teacher. Additionally, the students who were screened were primarily of Caucasian ethnicity. The demographic background of teachers and students also limits the ability to generalize the outcomes of this study to entire elementary school populations.

The design of this research study required parents to give consent for me to share BESS rating scale results with their child's teachers. A low number of parents provided consent for teacher feedback, which limited the information that could be shared with teachers. For example, one teacher did not receive any feedback about her ratings because no parents consented. This likely impacted the teachers' perceptions about the value of the systematic rating scale results, which in turn influenced the information collected during the focus group interviews. In an actual school setting where all students were being screened, this step would not be included in the process. Similarly, the reading achievement data were not available for all students involved in the study. The two schools collected these data differently, depending on the students' grade levels. Data were missing for students in Grades 3 to 6 in one building, which affected the analysis of the relationship between reading risk and emotional or behavioral at-risk status. Thus, the obtained results have limited generalizability. Another design limitation includes the use of focus group interviews. Including a group interview format for data collection provided some discussion; however, not every teacher responded to every question. In the small group setting, some teachers were quiet while others led the conversations. Not having

oral responses from each teacher may have resulted in a restricted range of perceptions and preferences identified in this study.

Only the teacher form of the BESS was utilized in this study, which limited the rating of the student's behavior to the school setting. The collection of additional data from the self-report form for students in third grade and above as well as from the parent form may provide a better-rounded and more comprehensive rating of the child's behavioral and emotional functioning.

With the small sample size in this study, any subgroups representing specific populations for further analysis were too small to reveal significant findings. The small sample sizes affected the power of significant findings using the chi-square test because of its assumption that each cell should contain more than five students. This limitation affects the ability to generalize findings.

### **Future Research**

The purpose of this research was to compare the efficiency and efficacy of three screening methods for identifying students who may be at risk for emotional and behavioral problems and to understand teacher perceptions about screening students for such issues. The review of the related literature confirmed that research related to the latter topic is limited. More research is needed in this area because teachers in this study raised important issues about needing guidance in accurately identifying emotional and behavioral concerns and how to address them effectively. Because so few research studies have been completed on teacher perceptions and how teachers wish to be involved in the early identification process, further investigations into teacher perceptions about universally screening students for emotional and behavioral issues should be completed.

For this particular study, the population was limited to two rural schools. Data from multiple schools with differing demographics could be analyzed to determine what, if any, significant findings continue to exist. The data may be further analyzed by ethnicity, socioeconomic status, school size, geographic location, structure for support services, and family structure. Having data specific to these different populations could provide insight into more effective and efficient ways to design prevention efforts as well as more accurate ways to identify and address students' emotional and behavioral needs.

Although the DIBELS assessment provided adequate data for the purpose of this study, it may be beneficial to collect data from additional achievement measures. For example, different academic areas and skills, such as numerical computation, reasoning, or reading comprehension could be investigated. Changing the assessments and continuing to find significant relationships with emotional or behavioral risk status may provide additional evidence of the connection between academic performance and mental health. This study indicated that fourth grade may be a time when students exhibit increased behaviors signaling the potential need for social-emotional support. Future studies could include longitudinal data as students transition into and out of fourth grade. Understanding why there is a large difference in the number of at-risk students identified by the BESS between fourth and fifth grades as well as boys versus girls could potentially be an area for future research.

Future research focused on this age group may indicate either that students with mild difficulties up to that point develop more concerning behaviors without support or that such concerns just appear at that age with no prior indication. Also, future research may indicate that there is some relationship with other screening methods, such as students of this age or grade show more risk when no prior intervention efforts or supports are provided or available.

For this study, data were collected during the first semester of the school. Additional research might include longitudinal data to show change in students' risk levels as they progress through elementary school into middle and high school. Furthermore, assessing the longitudinal relationship between academic achievement and emotional well-being may provide valuable information. For example, research that addresses the effectiveness of interventions for students with internalizing concerns and the impact on long-term academic success would be beneficial to school-based practitioners who design and provide such intervention programs.

Further research could also expand upon teacher perceptions about their role in understanding externalizing and internalizing concerns as well as in addressing them through individual interviews, possibly over time or throughout the course of the year. Additional information could come from observing classrooms and teaching styles. Relating characteristics of teaching styles to student risk level could provide new insight into how the environment impacts one's emotional well-being.

### **Conclusion**

In conclusion, research was completed to determine how three screening methods for emotional and behavioral issues compared to one another in accuracy and efficiency. In addition, the research study focused on how elementary teachers viewed the use of a standardized rating scale for screening of student emotional and behavioral concerns. Overall, teachers referred more students for intervention support due to emotional or behavioral difficulties than were identified by either the BESS standardized rating scale or the number of ODRs. However, the BESS rating scale identified a significant and unique group of students as being at risk. Importantly, this group of students was indicated to have internalizing, or emotional, difficulties. Teacher referrals and ODRs primarily focus on students with

externalizing behaviors, and thus, those with internalizing issues may be overlooked by these two methods.

Focus group interviews with participating teachers indicated that they appreciated the rating scale results because they supported the perceptions teachers already held about particular students. Implications of this study suggest the need for increased awareness of mental health issues and how to address concerns as well as support teachers in collecting, managing, and understanding data with the universal systematic screening method. The findings from this study also propose that researchers continue to focus on teacher perceptions because teachers are the main source in implementing early identification, intervention, and prevention efforts.

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**APPENDIX A: INFORMED CONSENT TEACHER FORM****CONSENT TO PARTICIPATE IN RESEARCH****Early Identification of Elementary Students At Risk for Emotional or Behavioral Difficulties and Teacher Perceptions about the Universal Screening Process**

You are invited to participate in a research study conducted by Megan Kirk, who is a doctoral student from the Communication Disorders, and Counseling, School, and Educational Psychology Department at Indiana State University. Mrs. Kirk is conducting this study for her doctoral dissertation. Dr. Leah Nellis is her faculty sponsor for the project. Your participation in this study is entirely voluntary, and you may discontinue your participation at any time. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate. You are being asked to participate in this study because you are an elementary school teacher.

**PURPOSE OF THE STUDY**

This study is designed to investigate the use of a universal screening process to identify students at risk for emotional and behavioral difficulties. In addition, this study will compare a systematic screening process using teacher rating scales with the existing methods (e.g., referral to student assistance team and collection of office discipline referral data) in the school. This study will also explore teacher perspectives about the systematic screening process.

**PROCEDURES**

If you volunteer to participate in this study, you will be asked to do the following things:

1. Complete brief rating forms for each student, whose parent has provided consent, in your homeroom class. These forms will take approximately 3-5 minutes per student to complete.
2. Complete comprehensive rating forms for select students, based upon results on the brief rating forms. These rating forms will take approximately 10 minutes per student to complete.
3. Attend a feedback session with Mrs. Kirk where rating scale results and recommendations will be shared.
4. Complete a brief survey about your perceptions of the systematic screening process.
5. Participate in a focus group interview to further discuss your thoughts and perceptions about the usefulness of the information obtained through the universal screening process. Interviews will be audio recorded to allow for transcription.

These tasks will occur over the course of approximately 12 weeks.

### **POTENTIAL RISKS AND DISCOMFORTS**

We expect that any risks, discomforts, or inconveniences will be minor and we believe that they are not likely to happen. If discomforts become a problem, you may discontinue your participation.

### **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

It is likely that the feedback and recommendations you receive based on your ratings will benefit you and your students. Gaining an understanding of your students' emotional and behavioral well-being can inform instructional practices and help guide decision-making within the classroom. It is likely that information gained from the survey and focus group interviews

will help inform school practices regarding the identification and intervention process for students for behavioral and/or emotional disabilities.

### **CONFIDENTIALITY**

Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of a code number to let Mrs. Kirk and Dr. Nellis know who you are. We will not use your name in any of the information we get from this study or in any of the research reports. When the study is finished, we will destroy the list that shows which code number goes with your name.

Mrs. Kirk will use the information collected in her dissertation in other publications. We also may use any information that we get from this study in any way we think is best for publication or education. Any information we use for publication will not identify you individually. Information that can identify you individually will not be released to anyone outside the study.

Other than being reviewed for transcription purposes, the recorded interviews will not be examined by anyone outside the study unless we have you sign a separate permission form allowing us to use them. The recordings will be destroyed after the study is finished.

### **PARTICIPATION AND WITHDRAWAL**

You may choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer.

### **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about this research, please feel free to contact

Mrs. Megan Kirk  
Principal Investigator  
Department of Communication Disorders and  
Counseling, School, & Educational Psychology  
226 University Hall  
Indiana State University  
Terre Haute, IN 47809  
812-249-9558  
mkirk7@sycamores.indstate.edu

Dr. Leah Nellis  
Associate Professor  
Department of Communication Disorders and  
Counseling, School, & Educational Psychology  
226 University Hall  
Indiana State University  
Terre Haute, IN 47809  
812-237-2830  
leah.nellis@indstate.edu

**RIGHTS OF RESEARCH SUBJECTS**

If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or e-mail the IRB at irb@indstate.edu. You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with ISU. The IRB has reviewed and approved this study.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

\_\_\_\_\_

Printed Name of Subject

\_\_\_\_\_

Signature of Subject

\_\_\_\_\_

Date

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## APPENDIX B: INFORMED CONSENT PARENT FORM

Dear Parent or Guardian:

I am Megan Kirk, a doctoral student in the Communication Disorders and Counseling, School, and Educational Psychology Department at Indiana State University. I am conducting a research project on how to identify students effectively and accurately at risk for emotional and behavioral concerns. I am writing to ask for your permission for your child's teacher to complete rating scales about your child's performance and behavior in the classroom.

If you give permission, your child's teacher would complete a brief rating scale about his or her social, emotional, behavioral, and adaptive functioning in the classroom. Depending on the score on this brief rating scale, an additional follow-up rating scale may also be completed by your child's teacher. Your child will not be asked to do anything as a part of this study.

At the conclusion of the study, your child's teacher will receive information about your child's behavioral, social, emotional, and adaptive skills. Additionally, the principal and school counselor will receive rating scale results so that they may follow-up with students and parents as needed.

I will also send a letter to you with your child's rating scale results for your records. If you have any questions or concerns about your child's behavioral, emotional, social, or adaptive skills, please feel free to contact the school principal, school counselor, or myself for further discussion.

Participation in this study is voluntary. Your decision whether or not to allow your child to participate will not affect the school services normally provided to your child. You and your child are not waiving any legal claims, rights, or remedies because of your child's participation in this research study.

Should you have any questions or desire further information, please contact

Mrs. Megan Kirk  
Principal Investigator  
Department of Communication Disorders and  
Counseling, School, & Educational Psychology  
226 University Hall  
Indiana State University  
Terre Haute, IN 47809  
812-249-9558  
mkirk7@sycamores.indstate.edu

Dr. Leah Nellis  
Associate Professor  
Department of Communication Disorders and  
Counseling, School, & Educational Psychology  
226 University Hall  
Indiana State University  
Terre Haute, IN 47809  
812-237-2830  
leah.nellis@indstate.edu

Keep this letter after completing and returning the signature page to your child's teacher.

If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or e-mail the IRB at [irb@indstate.edu](mailto:irb@indstate.edu). You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with ISU. The IRB has reviewed and approved this study.

Sincerely,

*Megan Kirk*

Department of Communication Disorders and Counseling, School, and Educational Psychology

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Please indicate whether or not you wish to allow your child to participate in this project by checking one of the statements below, signing your name and returning this form to your child's teacher. Sign both copies and keep one for your records.

\_\_\_\_\_ I grant permission for my child to participate in Megan Kirk's study about early identification of emotional or behavioral concerns through a screening process.

\_\_\_\_\_ I do not grant permission for my child to participate in Megan Kirk's study about early identification of emotional or behavioral concerns through a screening process.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

APPENDIX C: TEACHER SURVEY FORM

School: \_\_\_\_\_ What grade do you teach? \_\_\_\_\_

Highest Level of Education Received (circle one): Bachelor’s    Master’s    Doctorate

Years of Experience Teaching: \_\_\_\_\_ Sex:  Male     Female

Please read each item and mark the response that best describes what you think. If you have any additional comments or feedback, please include them on the back of this survey. Thank you!

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The time spent completing the rating scales for my students was useful.	1	2	3	4	5
Completing the rating scales was more efficient in identifying students who may be at risk for emotional and/or behavioral concerns than referring students to the student assistance team.	1	2	3	4	5
In general, the feedback I received after completing the rating scales was useful.	1	2	3	4	5
Receiving feedback about the rating scales helped identify students I was not aware of needing additional support.	1	2	3	4	5
The information I received after completing the rating scales was useful for informing instructional practice in the classroom.	1	2	3	4	5
The information I received after completing the rating scales was useful for gaining a better understanding of your students and their needs.	1	2	3	4	5
The information I received after completing the rating scales was useful for engaging in discussion with students’ parents.	1	2	3	4	5

## APPENDIX D: FOCUS GROUP INTERVIEW SCRIPT

Script for Focus Group Interviews adapted from Bogdan and Biklen (2007)

1. First, I want to thank you for taking the time to meet with me. Before we get started, I want to let you know that there are no right or wrong answers. I am interested in understanding perspectives about systematically screening students for emotional and behavioral concerns and the process for identifying students who may need additional support.
2. Second, you should not feel you have to agree with everyone else in this room if that is not how you really feel. There are \_\_\_\_\_ people in this room, so I expect that people will have different views. And it's important that I learn about all of the views that are represented here. But if you find yourself feeling upset about the talk, you may leave at any time.
3. Third, I want you to feel comfortable saying good things as well as critical things. I am not here to promote a particular way of thinking about screening students for emotional and behavioral issues. I just want to understand how teachers view the methods and process to identify these students for additional support.
4. Fourth, I ask that you talk one at a time so that I can be sure to hear everyone's views and get them on tape.

5. Fifth, when you say something, please say your name first so that the person transcribing the tape will know who is talking. You could say, “This is Elizabeth.” Or, “This is Sarah speaking.”

## APPENDIX E: FOCUS GROUP INTERVIEW QUESTIONS

## Questions for Teacher Focus Group Interviews

1. What do emotional difficulties look like in the classroom setting?
2. What do behavioral difficulties look like in the classroom setting?
3. How do you feel about addressing emotional and behavioral difficulties?
4. What role would you want in collecting and managing universal screening data?

## Questions for Teacher Focus Group Interviews Based on Survey Responses

Questions for the focus group interviews will be guided by the responses given by teachers who completed the brief survey.

**The time spent completing the rating scales for my students was useful.**

- If the overall perception of this statement is positive (mostly Agree and Strongly Agree responses), then the following question will be asked during the focus group interview:
  - \* What was the most helpful?
- If the overall perception of this statement is negative (mostly Disagree and Strongly Disagree responses), then the following question will be asked during the focus group interview:
  - What would have made it more useful?

**Completing the rating scales was more efficient in identifying students who may be at-risk for emotional or behavioral concerns than referring students to the student assistance team.**

- If the overall perception of this statement is positive (mostly Agree and Strongly Agree responses), then the following question will be asked during the focus group interview:
  - \* What specifically made this method more efficient?
- If the overall perception of this statement is negative (mostly Disagree and Strongly Disagree responses), then the following question will be asked during the focus group interview:
  - What would make it more efficient?

**The information I received after completing the rating scales was useful for informing instructional practice in the classroom.**

- If the overall perception of this statement is positive (mostly Agree and Strongly Agree responses), then the following question will be asked during the focus group interview:
  - \* How was the information you received after completing the rating scales useful for informing instructional practice?
- If the overall perception of this statement is negative (mostly Disagree and Strongly Disagree responses), then the following question will be asked during the focus group interview:

- Could the information you received after completing the rating scales have been useful for informing instructional practice? If so, how?

**The information I received after completing the rating scales was useful for gaining a better understanding of your students and their needs.**

- If the overall perception of this statement is positive (mostly Agree and Strongly Agree responses), then the following question will be asked during the focus group interview:
  - \* What specific information was useful in better understanding your students and their needs for additional support?
- If the overall perception of this statement is negative (mostly Disagree and Strongly Disagree responses), then the following question will be asked during the focus group interview:
  - What information would have been useful for understanding your students and their needs?

**The information I received after completing the rating scales was useful for engaging in discussion with students' parents.**

- If the overall perception of this statement is positive (mostly Agree and Strongly Agree responses), then the following question will be asked during the focus group interview:
  - \* What specific information was useful for engaging in discussion with students' parents?

- If the overall perception of this statement is negative (mostly Disagree and Strongly Disagree responses), then the following question will be asked during the focus group interview:
  - What information would have been useful for engaging in discussion with students' parents?

*Note:* Questions denoted with an asterisk were included in the focus group interview.

## APPENDIX F: PARENT FEEDBACK FORM

Dear Parent or Guardian:

Thank you for allowing your child to be involved in the research project about screening for emotional and behavioral difficulties among elementary students within the classroom. I want to share with you the results of the ratings your child's teacher completed. Below I have listed the score your child received along with the classification describing what his or her score means. Results reported in this letter are confidential and will only be shared with your child's teacher, school counselor, and principal.

Child's name: \_\_\_\_\_

Score: \_\_\_\_\_

Classifications:

Normal: 10-60

This score indicates low risk for developing emotional or behavioral problems.

Elevated: 61-70

This score indicates elevated risk for developing emotional or behavioral problems. You may wish to contact your child's teacher or school counselor for further assistance in addressing these concerns.

Extremely Elevated: 71 and higher

This score indicates extremely elevated risk for developing emotional or behavioral problems. You may wish to contact your child's teacher or school counselor for further assistance in addressing these concerns.

Should you have any questions or desire further information, please contact me at 812-249-9558 or [mkirk7@sycamores.indstate.edu](mailto:mkirk7@sycamores.indstate.edu) or my faculty sponsor, Dr. Leah Nellis at 812-237-2830 or [leah.nellis@indstate.edu](mailto:leah.nellis@indstate.edu).

Sincerely,

Megan Kirk