Report on the Connection Between the Identification of Minority and At-Risk Students as Students with Behavioral or Emotional Disabilities and the Gap in Student Achievement

Submitted to:

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Achievement of Minority and At-Risk Students
and
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The Identification and Delivery of Services to Youth with Behavioral and Emotional Disabilities in North Carolina: Implications for Understanding and Improving the Achievement Gap

A Report to the North Carolina Department of Public Instruction

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Executive Summary

This project examines the delivery of special education services for youth with behavioral and emotional disabilities (B/ED) with a focus on issues in the identification, education, and treatment of African American youth. A multi-method design was used to evaluate assessment and identification practices, academic instruction, emotional and behavioral interventions, and service delivery in randomly selected school systems. Also, a panel of experts was convened in Chapel Hill in January to discuss the definition and identification procedures and to review the preliminary findings. Thirty-five school systems participated in this portion of the study. This sample was representative of the different types of schools and communities across the state. A second sample of 15 school systems was randomly identified and used for conducting phone interviews with parents. This sample was also representative of the state.

Research Aim #1: Identification Criteria

Overall, assessment and identification practices were viewed as being objective, and the procedures and methods for assessing students tended to reflect those that are used across the nation and that are accepted by the professional community as adequate. However, the actual criteria that placement decisions are based on are fairly subjective, and the identification of students as B/ED may be impacted by the cultural background of the assessment team members. In twenty-seven districts, African American students were disproportionately over-represented. In four districts, European American students were over-represented. And, in nine districts both African American and European American students were proportionately represented. Findings suggest that for students identified with B/ED, general education teachers perceive African American students as being more aggressive and defiant than their European American counterparts. Furthermore, parents/legal guardians of African American students were less likely to attend assessment meetings. The expert panel made several recommendations to improve identification and assessment practices. Foremost among them is a need to ensure that the assessment and identification process involves individuals from a student's own culture.

Research Aim #2: Curricula for Students with B/ED

Overall, observations and reviews of the IEPs indicate that there is a concerted effort to make sure that the standard curriculum is involved to the fullest extent possible in academic activities and education plans. Classroom observations and teacher surveys converge to suggest that there is a strong focus on adapting the standard curriculum to students' individual needs. Teachers reported that they teach the standard curriculum without modification 30% of the time and with modification 70% of the time. Based on reviews of IEPs and conversations with administrators and teachers, there appeared to be a fairly strong emphasis on involving students with B/ED in general education classrooms for at least part of the day. However, this seemed to vary greatly across districts. Some districts included almost all of their B/ED students in general education classrooms and had strong service delivery structures to support such efforts while others seemed more focused on providing services in self-contained settings.

Research Aim #3: Utilization of other Services

The provision of related services to students with B/ED was assessed in two ways: teacher reports and parent reports. There were differences between the related service contacts reported for African American and

European American students. Teachers reported significantly higher contacts with mental health professionals and counselors for European American students. Teachers also reported significantly higher levels of no contact with related service providers for African American students. Parents of African American students reported a significantly higher level of contact with juvenile justice than did the parents of European American students. There is a need to develop systems of care, service structures, and procedures to facilitate collaboration and communication between special educators and related services providers. Also, there is a need to develop safeguards to ensure African American students get appropriate treatment by mental health and related service providers.

Research Aim #4: Qualifications of B/ED Teachers

For those teachers who reported that they taught in self-contained classes (149), 62% reported they were certified as B/ED. In our observations, we found that most teachers appeared to be skillful in working with students with B/ED. They tended to have an appropriate professional manner, they structured academic activities in ways that promoted students' attention to task and their motivation to learn, and they created a climate that seemed to help students feel that learning is important. In a very small portion of the 25 classes we observed, there was not much going on in the way of academics. Teachers seemed disinterested in building students' motivation to learn or in promoting their social and behavioral development, and they did not appear to be particularly adept in working with behavioral difficulties. Parent reports reflected this, as most indicated that their child was receiving adequate services, but between 10 - 20% may be in classrooms or settings that are not addressing their academic and related service needs. Effort towards expanding teacher training programs could address the shortage in licensed B/ED teachers, along with a concerted effort to recruit and retain African American B/ED teachers.

Research Aim #5: Connection between B/ED and the Achievement Gap

The overarching concern of this project was to determine the connection between B/ED services and the academic achievement gap. For both African American and European American students, there is nearly a 40 point gap between students with B/ED and students without B/ED. For example, we found that the achievement gap between African American and European American students was reduced by only 0.2% when the achievement scores for youth with B/ED were removed from the total state scores in reading for students in grade 3-8. That is, with B/ED students removed from the scores, the difference between African American and European American students is 25%, when B/ED students are included the difference is 25.2%. There was a high correlation between behavior problems and low academic achievement. Rather than reflecting inferior teaching or inappropriate curricula, these findings are in line with a large body of research that indicates that youth with behavior problems have corresponding academic problems. This suggests that in order to address concerns about student achievement, it is necessary to focus on reducing behavior problems while simultaneously providing more effective instruction.

Understanding the Role of B/ED Services in the Achievement Gap

Overview

To understand how services for youth with Behavioral and Emotional Disabilities (B/ED) impact the academic achievement gap, it is necessary to consider four distinct issues: problems in the definition and identification; the development of B/ED; problems in service delivery; and the relationship between academic achievement and problem behavior. These four issues are briefly described in the sections below, and they provide a point of focus for understanding and interpreting the results of this research.

The Definition of B/ED and the Identification of Students for B/ED Services

In the past two decades, many states across the nation have struggled with the definition and identification of behavioral and emotional disabilities (B/ED) (Forness & Knitzer, 1992). Although numerous difficulties with the federal definition of serious emotional disturbance have been identified (Kaufman, 1997; McConaughy, Mattison, & Peterson, 1994), they can be reduced to two broad categories: (1) ambiguity with regards to how the definition should be operationalized and applied in the assessment and identification process; and (2) issues related to the distinction between serious emotional disturbance and social maladjustment.

The Federal regulations (The Individuals with Disabilities Education Act: PL 105-17) that govern the delivery of special education and related services do not require that states use the federal definition of serious emotional disturbance. However, the definition that a state adopts must identify the same types of students for special education services that would be identified if the federal definition were applied (Paul & Epanchin, 1991). Ambiguity in the application of the federal definition centers on the characteristics that constitute serious emotional disturbance. The federal definition provides five distinct characteristics, any one of which would qualify a child for special education services:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors;

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

3. Inappropriate types of behaviors or feelings under normal circumstances;

4. A general, pervasive mood of unhappiness or depression;

5. A tendency to develop physical symptoms or fears associated with personal or school problems.

While these characteristics are clearly indicative of emotional and behavioral problems, they may also be evident in normally developing children. Therefore, as indicated in the federal definition, the issue in identifying children for B/ED services is not whether one or more of these characteristics is present in the child, but whether they are exhibited over a long period of time and to a marked degree, which adversely affect educational performance. Considerable subjectivity enters into the identification process as professionals consider the frequency, intensity, and duration of the problem and its impact on educational performance. In addition, such qualifiers as "maintains satisfactory interpersonal relationships" and "inappropriate...under normal circumstances" are open to interpretation and can be strongly impacted by individuals' personal and cultural backgrounds. Therefore, ambiguity in these characteristics can open the door for the misidentification of youth from minority cultures or backgrounds that are not represented by professionals in the assessment and identification process.

The federal definition ends with the following qualifier: "the term does not include children who are socially maladjusted unless it is determined that they are seriously emotionally disturbed." Known as the social maladjustment clause, this statement has been hotly debated for two decades by special educators and policy makers. This clause has been interpreted by many to mean that youth with externalizing behavior problems (e.g., aggressive, disruptive, defiant, conduct disordered) are not eligible for B/ED services unless they have an emotional problem as well. At issue here is that school systems have used this clause to deny special education services to youth with externalizing problems for three related reasons (Cheney & Sampson, 1990; Skiba & Grizzle, 1991). First, because externalizing behavior problems are the most prevalent form of emotional and behavioral disturbances in children, denying services to youth with conduct problems significantly reduces the number of children who are served in special education programs. Second, children with conduct problems are often difficult to intervene with and appropriate treatment often requires expensive services in terms of staff commitment. Therefore, denying services to these students can significantly reduce the financial burden to the school. Third, within specific limits and guidelines, students with disabilities cannot be expelled for behavior that is related to their disability. By not identifying students with conduct problems, schools are reserving the right to expel them for their behavior.

The Development of Behavioral/Emotional Disabilities

Recent advances in developmental psychopathology have identified several factors that contribute to the establishment and maintenance of B/ED in children and youth. The development of disorder tends to involve multiple correlated risk factors (Cairns & Cairns, 1994; Dishion, French, & Patterson, 1995; Farmer, Farmer, & Gut, 1999; Farmer, Quinn, Hussey, & Holohan, 2001). Longitudinal investigations employing person-oriented procedures have identified sub-types of children who go on to experience severe adjustment problems in adolescence and adulthood. Typically, these subtypes include the combination of four or more of the following difficulties: low academic performance, low academic motivation, high activity levels, high reactivity levels, aggression, social difficulties, associations with problem peers, social withdrawal, inactivity, coercive interactions with parents and adults, low adult supervision in the community, speech and language problems, attention problems, and learning problems (Bergman & Magnusson, 1997; Cairns & Cairns, 1994; Dishion, Eddy, Haas, Li, & Spracklin, 1997; Farmer, 1993; Kupersmidt, Coie, & Dodge, 1990).

These developmental findings have been mirrored in several investigations that examine the characteristics of youth who are identified for B/ED services (Cullinan, Epstein, & Kauffman, 1984; Mattison, Lynch, Kales, & Gamble, 1994; McConaughy, Mattison, & Peterson, 1994; Sabornie, Cullinan, & Epstein, 1993). Students who are placed in special education programs for B/ED tend to have several difficulties in a broad range of domains that reflect the correlated risk factors described above. In addition, their problems tend to be much more severe than youth who are not identified for B/ED services.

This concept of correlated risks has important implications for the longterm outcomes of youth. In an ongoing longitudinal investigation (The Carolina Longitudinal Study) of 695 individuals in North Carolina who have been tracked for twenty years, we have found that a package of correlated risks in childhood predicts later problems in adolescence and adulthood. Children who experience the combination of academic problems, aggressive behavior, and social difficulties are significantly more likely to have problematic outcomes than are children who experience only one of these problems in isolation. Such outcomes include school drop out, teen parenthood, low rates of post-secondary educational attendance, and high rates of adult criminality (Cairns & Cairns, 1994; Gest, Mahoney, & Cairns, 1999; Farmer, Leung, Cairns, & Cadwallader, 2001; Xie, Cairns, & Cairns, in press).

Problems in Service Delivery

Knitzer, Steinberg, and Fleisch (1990) conducted a national study of the programs and services for students with B/ED. They identified several problems in the delivery of special education services. These problems included: very little academic instruction, the over use of highly restrictive and segregated placements, an over emphasis on controlling behavior, very little contact with the general education context, little opportunity for students to interact and develop the social and behavioral skills they need, no social skill goals on students' individualized education plans, and an abundance of teachers who lack the credentials and training to work with youth with B/ED. In addition to these problems, youth with B/ED often do not receive the mental health and related services that can help to support their educational performance, and when they do receive such services they tend to be poorly coordinated across service sectors (Burns, Costello, Angold, Tweed, Stangl, Farmer, & Erkanli, 1995; Farmer & Farmer, 1999; Knitzer, 1993).

Beyond these broad difficulties with delivery of special education and related services, there are concerns of racial and ethnic differences in the services that are provided to students. Such concern include the possible over-identification of African American students as a means of removing them from the general education classroom, the under-use of treatment oriented interventions for minority youth, and the over-use of punitive and highly restrictive placements for African American youth.

Academic Achievement and Problem Behavior

There is an association between academic difficulties and emotional and behavioral problems (Hinshaw 1992; Maguin & Loeber, 1996). As suggested above in the discussion of the development of B/ED, youth who experience academic difficulties also tend to experience other correlated risks that are associated with the development of serious emotional and behavioral problems. These include attention and hyperactivity problems (Fergusson & Horwood,1998; Maughan, Pickles, Hagell, Rutter, & Yule, 1996), school attendance and disciplinary problems (Cairns & Cairns, 1994; Maughan et al., 1996), and parental and family background difficulties (Farmer, 1993; Fergusson & Horwood, 1998). Therefore, when a child is having academic difficulties it is often the case that he or she is experiencing additional problems that contribute to the development of B/ED.

In addition to being linked by common associated problems, academic and behavioral difficulties can bidirectionally influence each other. That is, academic problems can support the development of behavior problems and behavior problems can support the development of academic problems. For example, academic problems can result in low motivation, high emotional stress, poor relationships with conventional peers, affiliations with antisocial peers, stressed relations with school adults and parents, and a general disengagement from productive school activities (Cairns & Cairns, 1994; Farmer, et al., 2001; Coie & Dodge, 1998). All of these problems can lead to significant behavioral difficulties. Likewise, behavior problems can contribute to low academic achievement in several ways including time off task, discipline problems that interrupt instructional time, reduction in achievement motivation, support from antisocial peers who do not value academic achievement, and frustration and low academic expectations and support from teachers and parents.

Beyond the immediate impact on academic performance, problem behavior in childhood contributes to decreased levels of educational and occupational attainment across the lifecourse. Externalizing behavior problems significantly increase the risk of leaving school early without credentials, decreased levels of post-secondary attendance, and unemployment in adulthood (Caspi, Elder, & Bem, 1987; Farmer, 1993; Farmer, et. al, 2001, Fergusson & Horwood 1998). Although a substantial component of the risk for poor educational outcomes reflect the correlated contributions of several risk factors including less educated parents, poorer SES background, single parent family, high residential mobility, parental change and conflict, and attentional problems, externalizing behavior problems independently contribute to later negative outcomes.

Recent work indicates that success or failure of youth from high-risk backgrounds depends on the ability of general education teachers to manage behavior problems, to provide academic expectations that promote success, and to build meaningful relationships with high-risk youth (Baker, 1999; Eccles, 1999; Seidman, Allen, Aber, Mitchell, & Feinman, 1994). For example, Kellam, Ling, Merisca, Brown, and Ialongo (1998) found that first grade teachers' ability to effectively manage aggression and to prevent chaotic classroom climates influenced aggressive students' behavioral and academic adjustment in middle school. Aggressive students who were placed with effective behavior manager showed positive adjustment in the sixth grade, whereas students who were placed with ineffective first grade classroom managers had significant academic and behavioral problems in the sixth grade. In addition, research on

academic and behavioral interventions indicate that improvement in one domain tend to have a positive impact on the other (Hinshaw, 1992; Maguin & Loeber, 1996). That is, when an academic intervention results in improved academic performance in aggressive youth, there is often postive change in their behavior as well; and when a behavioral intervention reduces a child's problem behavior, there also tends to be an associated improvement in academic performance. Such results demonstrate the correlated nature of academic and behavioral problems, and they indicate that carefully coordinated interventions that address both are most likely to result in sustained positive adaptation in high-risk youth.

There is a need to provide training and consultative support to general education teachers to help them address the academic and behavioral needs of at-risk students and to assist them in developing effective collaborations with related service providers to meet the needs of such students prior to special education identification (Farmer, et al., 2001). Such support needs to be available at all grade levels, but they are particularly needed at major developmental transition points such as school entry, the transition to middle school, and the transition to high school.

Summary

Youth with behavior problems are likely to have academic difficulties regardless of whether they receive special education. When youth do experience a combination of academic, behavioral, and associated social and interpersonal difficulties, they are at high risk for long-term problems and need to receive well-coordinated interventions to realign their developmental trajectories towards positive outcomes. When youth are evaluated for special education services, considerable subjectivity enters into the decision process, and there is a possibility that children from minority backgrounds are over-identified. Also, there appear to be ample incentives beyond students' needs that may impact the decision process (i.e., desire to remove the student from the school or classroom, reserve the right to expel, avoid the mandate of providing costly services). Perhaps most importantly, there appears to be a need to develop supports to general education teachers that prevent students from developing the types of academic, behavioral, and social difficulties that lead to special education placement and problematic outcomes.

Research Aims, Design, and Methods

Research Aims

The aims of this projected were guided by the four specific areas of inquiry provided by the North Carolina Department of Public Instruction:

1) *This study will investigate the criteria used to identify whether a student has a behavioral or emotional disability and requires special education. Specifically, the aim is to determine whether identification and placement decisions of these students are based primarily on valid and objective criteria;*

2) *This study will determine whether the curricula for students with B-ED are sufficiently rigorous and the teaching methodologies are sound and appropriate;*

3) *This study will determine whether appropriate related services (e.g., mental health, mentoring, consultation) are being utilized to improve the academic and social success of students with B-ED; and*

4) *This study will examine the qualifications and training of teachers and related services personnel who work with students with B-ED in school settings.*

Design

A multi-method design was used to evaluate assessment and identification practices, academic instruction, emotional and behavioral interventions, and service delivery in randomly selected school systems. Thirty-five school systems participated in this portion of the study. This sample was representative of the different types of schools and communities across the state. A second sample of 15 school systems was randomly identified and used for conducting phone interviews with parents. This sample was also representative of the state.

In the design, we specifically focused on using multiple methods to assess the same concepts from different perspectives. In so doing, we triangulated information from surveys and observations with information collected from official records and documents as well as from interviews with individuals and small groups. While the materials and focal individuals (i.e., student files, classrooms to observe, teachers and administrators to talk with) were randomly selected, there was an active effort to ensure that we had adequate sample sizes to make comparisons between African American and European American youth, and that we gained the perspectives of individuals from diverse backgrounds. In most districts that we sampled, there were relatively few students from ethnic minorities other than African American. When such

students were identified, we made an active effort to collect information regarding their identification and services. We also made an effort to include girls as well as boys in the sample. Because we were using different sources to collect data including available records, there is variability in the sample size and who was included in the sample depending on the data and measures that we used. Therefore, information on the sample is provided with each of the questions that are addressed.

Methods

Record reviews. Record reviews were used as a source of data on the assessment and identification process. They were also used as a source of data on instructional strategies and related services.

We copied the following assessment and identification information from students' files:

- referral data (usually the DEC-1)
- assessment procedures (DEC-3; psychological evaluation & diagnostic summary)
- assessment data (DEC-3)
- participation in the placement decision (DEC-5)

(Note – DEC refers to Division of Exceptional Children. These are forms.)

We copied and examined students' Individualized Education Plans to evaluate the following:

- involvement with the standard curriculum
- individualized instructional programs to address student's specific academic needs
- involvement with related service professionals

Observations. Semi-structured observations were conducted in a variety of contexts in which students with B/ED were served (e.g., self-contained class, general education class, resource room, mental health day treatment program, alternative schools). When possible, 4 target students were randomly identified within each setting and their activities were coded in 5-minute intervals.

The target activities included:

- academic activity / instructional approach (content & nature)
- interactions with teachers / peers (content & nature)
- praise / reprimand received from teachers
- behavior problems / intervention response
- general activities of the class
- routines and structures

- class transitions

In addition to recording information on the activities of target students and the class in general, the following information was collected on the classroom environment:

- posted rules
- daily schedule
- presence of standard curriculum materials
- availability of reading materials and strategies to promote reading
- organization of the classroom with regards to students' learning and behavior needs
- area to manage problem behavior / (e.g., time out room)
- the general appearance of the classroom
- the general mood of the classroom

Teacher surveys. Lists of all B/ED teachers (including self-contained teachers, resource teachers, team-teachers in general education, B/ED consultants, B/ED case-managers, and any other educational professionals whose primary responsibility was direct care services with students with B/ED) were obtained from each participating school district. Surveys were mailed to all listed teachers. A total of 259 surveys were returned (a 60% response rate). These surveys assessed the following areas (see copy of the survey in appendix B):

- academic strategies in specific content areas for each student
- contact with related services professional for each student
- time use and collaboration
- views about current definition, assessment, and identification practices
- professional training and certification
- years as a B/ED teacher
- views about training for classroom teaching assistants

Informal interviews. When possible, we conducted informal interviews regarding professionals' perceptions of the services available to students with B/ED, their views on the assessment and identification process, and suggestions for improving service delivery. Active efforts were made to get the views of both African American and European American professionals. The professionals we talked with included:

- special education teachers
- teacher assistants
- special education administrators
- general education teachers
- principals and other building administrators
- school counselors

- mental health professionals

Parent surveys. As discussed above, a random sample of 15 school districts was selected for this portion of the study. The districts provided parent/guardian contact information for a random subset of students who had received B/ED services during the 1999-2001 school years. These parents/guardian (n=101) were contacted by phone to assess the following areas:

- types of services received in school
- whether child is getting the school services he/she needs
- types of services received outside of schools
- whether child is getting the related services he/she needs

Expert panel. A panel of experts was convened in Chapel Hill in January to discuss the definition and identification procedures and to review the preliminary findings. In addition to Diann Irwin from the North Carolina Department of Public Instruction, this meeting involved local experts in B/ED teacher training, the early identification of African American youth, mental health services research, educational and behavioral consultation services to North Carolina schools, and the development, prevention, and treatment of B/ED. Also, three national experts in special education services for youth with B/ED were brought in from out of state to review our findings, to meet with assessment and instructional personnel from a North Carolina school system, and to attend this meeting. The expert panel meeting also included research staff from the Center for Developmental Science who were involved in this project. The experts on the panel are listed below with a brief description of their credentials and expertise.

Ellen Bacon, Ph.D. – Dr. Bacon is Chair of Special Education at North Carolina Central University. She teaches instructional and behavior management courses to preservice students in the B/ED certification program and she is principal investigator of a training grant funded by the United States Department of Education to prepare teachers for careers in B/ED services.

Oscar Barbarin, Ph.D. – Dr. Barbarin is the L. Richardson and Emily Preyer Bicentennial Distinguished Professor for Strengthening Families in the School of Social Work at the University of North Carolina at Chapel Hill. He is nationally recognized for his work on the development of culturally sensitive methods for the early detection and prevention of emotional and behavioral problems in minority youth.

Gwendolyn Cartledge, Ph.D. – Dr. Cartledge is a Professor of Special Education at Ohio State University. She specializes in issues of cultural diversity, social skills training for youth with disabilities, and the delivery of special education services to African American youth. She is nationally recognized for her work on the development of culturally competent social skills training and early intervention programs.

Elizabeth Farmer, Ph.D. – Dr. Farmer is an Assistant Professor in the Mental Health Services Effectiveness Program in the Department of Psychiatry at Duke University. Her research focuses on linkages between mental health and educational services for children. She is principal investigator of two federally funded projects examining services for Willie M. youth.

Thomas Farmer, Ph.D. – Dr. Farmer is Interim Director of the Center for Developmental Science, University of North Carolina at Chapel Hill. He is a former B/ED teacher in North Carolina and has also been a therapeutic foster parent for a Willie M. youth. He is currently principal investigator of several projects that examine the development and prevention of B/ED.

William Hussey, M.ED. – Mr. Hussey is an Educational and Mental Health Consultant for Strength-Based Systems. He has worked in North Carolina for nearly twenty years in programs that provide services for youth with B/ED. He was formerly a principal of an alternative school and Chief of the Willie M. Section in the Department of Public Instruction.

Brenda Townsend, Ph.D. – Dr. Townsend is an Associate Professor of Special Education at the University of South Florida. She is nationally known for her work on promoting cultural competence in teacher training programs and she gives numerous workshops across the country on preventing the over-identification of African American youth for B/ED services.

Richard Van Acker, Ed.D. – Dr. Van Acker is a Professor of Special Education at the University of Illinois at Chicago and president elect of The Council for Children with Behavioral Disorders. Dr. Van Acker is nationally recognized for his research on the development of academic and behavioral interventions aimed at preventing at-risk youth from developing B/ED.

Overview

Because this report focuses on four distinct aims, the results will be presented in individual sections that address each of the research questions provided by the North Carolina Department of Public Instruction. In addition, a fifth section has been included to specifically respond to the question about the impact of B/ED services on the academic achievement gap.

Research Aim #1: Identification Criteria

The criteria used to identify whether a student has a behavioral or emotional disability and requires special education. Specifically, the aim is to determine whether identification and placement decisions of these students are based primarily on valid and objective criteria.

The primary method of examining identification practices was the review of student record information for 395 students. Information was incomplete in some files therefore the sample size varies slightly across specific analysis. We took the information from the DPI database to determine proportionality in the districts involved in this study. We also talked to teachers and administrators about the assessment process, and teachers completed a section about assessment and identification practices in the surveys.

Record review information

As stated above, the record reviews involved the DEC-1, DEC-3, DEC-5, and the psychological evaluation reports. The DEC-1 information was used to determine the referral characteristics of students who were identified.

On the DEC-1, students are assessed on 73 items relating to academic and communication skills, including 32 items indicating strength in these areas and 41 items suggesting weaknesses in these areas (physical disabilities were not included in these analyses). Factor analysis was employed to identify the underlying latent structure of these 72 items, that is, to determine associations (positive or negative) among these descriptors. Seven factors were identified, as follows:

1. Aggressiveness. This factor includes items such as "fights or bites," "irritable or moody," and "poor social skills," "temper tantrums," and so on. 20 items.
2. Low academic ability. Items related to this factor include "difficulty with written expression," "poor reading skills," "poor memory for facts and details," etc. 19 items.

3. High academic ability. The items on this factor include "reads at or above grade level," "highly developed vocabulary," "achieves at or above grade level in content areas," and similar descriptors. 16 items.
4. Likeable. This factor includes items such as "attentive," "cooperative," and "courteous." 12 items.
5. High internalizing. This factor is associated with "fearful," "excessive daydreaming," "poor self-concept," and so on. 8 items.
6. Low verbal skills. This factor is described by items such as "voice problems," "nonverbal," "cannot understand spoken language," and "difficulty in oral expression." 10 items.
7. Defiant. This factor includes " defiant/hostile," "lies/steals," and "overactive." 3 items.

Tables 1a through 1g show the breakdown by grade and ethnicity for each of the seven factors. The mean is the average number of times the sample population (by race and grade) receives an endorsement for that characteristic. The number of possible endorsements is stable within factors, but varies across factors. For example, there are 20 possible items related to Aggressiveness, but only 3 items related to Defiant. Accordingly, Table 1a indicates that raters gave the 24 European-American students an average of 8.83 endorsements per student for items related to the Aggressiveness factor, and Table 1g indicates that raters gave an average of .67 endorsements per student on the Defiant factor.

Figure 1 indicates that, on average, African American students had a significantly higher number of items endorsed for aggression and defiance than did European American students. European American students received a marginally significant higher number of endorsements for "high academic" . Overall, these findings suggest that for students identified with B/ED general education teachers perceive African American students as being more aggressive and defiant than their European American counterparts.

The DEC-3 provided information on the criteria that were endorsed in the decision to identify students as B/ED. The only significant difference found between African American and European American students was with regards to internalizing problems. European American students were more likely to have "a tendency to develop physical symptoms, pains, or fears associated with personal or school problems" (51% vs. 36% : see Table 1h).

Table 1a

Mean DEC 1 Ratings for Seven Factors Based on Race/Ethnicity and Grade.

Item 1: Aggressiveness

	European-American	African-American Mean (N)	Other Race/Ethnicity
Grade 1	8.83 (24)	9.67 (27)	11.67 (6)
Grade 2	9.32 (22)	9.38 (16)	4.67 (3)
Grade 3	8.88 (17)	10.41 (29)	10.00 (1)
Grade 4	7.31 (16)	10.57 (14)	8.20 (5)
Grade 5	5.17 (6)	7.83 (12)	7.00 (3)
Grade 6	7.89 (9)	7.26 (19)	11.29 (7)
Grade 7	9.00 (14)	8.56 (9)	9.00 (1)
Grade 8	5.43 (7)	7.43 (7)	-- (0)
Grade 9	7.00 (6)	9.00 (2)	-- (0)
Grade 10	3.00 (3)	6.50 (2)	3.00 (1)

Table 1b

Item 2: Low Academic

	European-American	African-American Mean (N)	Other Race/Ethnicity
Grade 1	7.83 (24)	9.33 (27)	9.33 (6)
Grade 2	8.09 (22)	7.25 (16)	6.33 (3)
Grade 3	6.59 (17)	7.41 (29)	11.00 (1)
Grade 4	8.00 (16)	7.79 (14)	9.00 (5)
Grade 5	6.50 (6)	7.00 (12)	3.67 (3)
Grade 6	8.00 (9)	5.74 (19)	7.86 (7)
Grade 7	7.79 (14)	7.67 (9)	5.00 (1)
Grade 8	6.14 (7)	6.43 (7)	-- (0)
Grade 9	3.83 (6)	8.00 (2)	-- (0)
Grade 10	2.33 (3)	9.00 (2)	8.00 (1)

Table 1c

Item 3: High Academic

	European-American	African-American Mean (N)	Other Race/Ethnicity
Grade 1	3.33 (24)	1.63 (27)	1.83 (6)
Grade 2	3.86 (22)	2.75 (16)	2.33 (3)
Grade 3	3.94 (17)	2.59 (29)	2.00 (1)
Grade 4	3.81 (16)	3.43 (14)	2.40 (5)
Grade 5	3.50 (6)	2.33 (12)	3.00 (3)
Grade 6	3.67 (9)	2.79 (19)	3.57 (7)
Grade 7	2.93 (14)	3.00 (9)	2.00 (1)
Grade 8	2.29 (7)	4.71 (7)	-- (0)
Grade 9	2.67 (6)	5.00 (2)	-- (0)
Grade 10	4.00 (3)	2.00 (2)	2.00 (1)

Table 1d

Item 4: Likeable

	European-American	African-American Mean (N)	Other Race/Ethnicity
Grade 1	.67 (24)	.33 (27)	.33 (6)
Grade 2	.95 (22)	.63 (16)	1.00 (3)
Grade 3	1.47 (17)	.69 (29)	.00 (1)
Grade 4	1.25 (16)	1.79 (14)	1.20 (5)
Grade 5	2.83 (6)	.50 (12)	2.33 (3)
Grade 6	.56 (9)	.68 (19)	1.57 (7)
Grade 7	.93 (14)	2.11 (9)	1.00 (1)
Grade 8	.86 (7)	2.57 (7)	-- (0)
Grade 9	1.83 (6)	.50 (2)	-- (0)
Grade 10	3.33 (3)	1.00 (2)	2.00 (1)

Table 1e

Item 5: High Internalizing

	European-American	African-American Mean (N)	Other Race/Ethnicity
Grade 1	8.83 (24)	9.67 (27)	11.67 (6)
Grade 2	9.32 (22)	9.38 (16)	4.67 (3)
Grade 3	8.88 (17)	10.41 (29)	10.00 (1)
Grade 4	7.31 (16)	10.57 (14)	8.20 (5)
Grade 5	5.17 (6)	7.83 (12)	7.00 (3)
Grade 6	7.89 (9)	7.26 (19)	11.29 (7)
Grade 7	9.00 (14)	8.56 (9)	9.00 (1)
Grade 8	5.43 (7)	7.43 (7)	-- (0)
Grade 9	2.00 (6)	1.00 (7)	-- (0)
Grade 10	2.00 (3)	1.00 (2)	6.00 (1)

Table 1f

Item 6: Low Verbal Skills

	European-American	African-American	Other Race/Ethnicity
		Mean (N)	
Grade 1	.50 (24)	1.26 (27)	1.50 (6)
Grade 2	.86 (22)	1.19 (16)	.33 (3)
Grade 3	.59 (17)	.97(29)	3.00 (1)
Grade 4	.94 (16)	.79 (14)	3.00 (5)
Grade 5	.50 (6)	.42 (12)	1.00 (3)
Grade 6	.44 (9)	.53 (19)	1.29 (7)
Grade 7	.93 (14)	.78 (9)	.00 (1)
Grade 8	.71 (7)	.71 (7)	-- (0)
Grade 9	.33 (6)	.00 (7)	-- (0)
Grade 10	2.67 (3)	.50 (2)	1.00 (1)

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Table 1g

Item 7: Defiant

	European-American	African-American Mean (N)	Other Race/Ethnicity
Grade 1	.67 (24)	1.07 (27)	.33 (6)
Grade 2	.64 (22)	1.13 (16)	.00 (3)
Grade 3	.47 (17)	.59 (29)	.00 (1)
Grade 4	.44 (16)	.57 (14)	.60 (5)
Grade 5	.00 (6)	.75 (12)	.00 (3)
Grade 6	.22 (9)	.53 (19)	1.00 (7)
Grade 7	.64 (14)	.56 (9)	.00 (1)
Grade 8	.00 (7)	.57 (7)	-- (0)
Grade 9	.50 (6)	1.00 (7)	-- (0)
Grade 10	.00 (3)	.00 (2)	.00 (1)

Figure 1
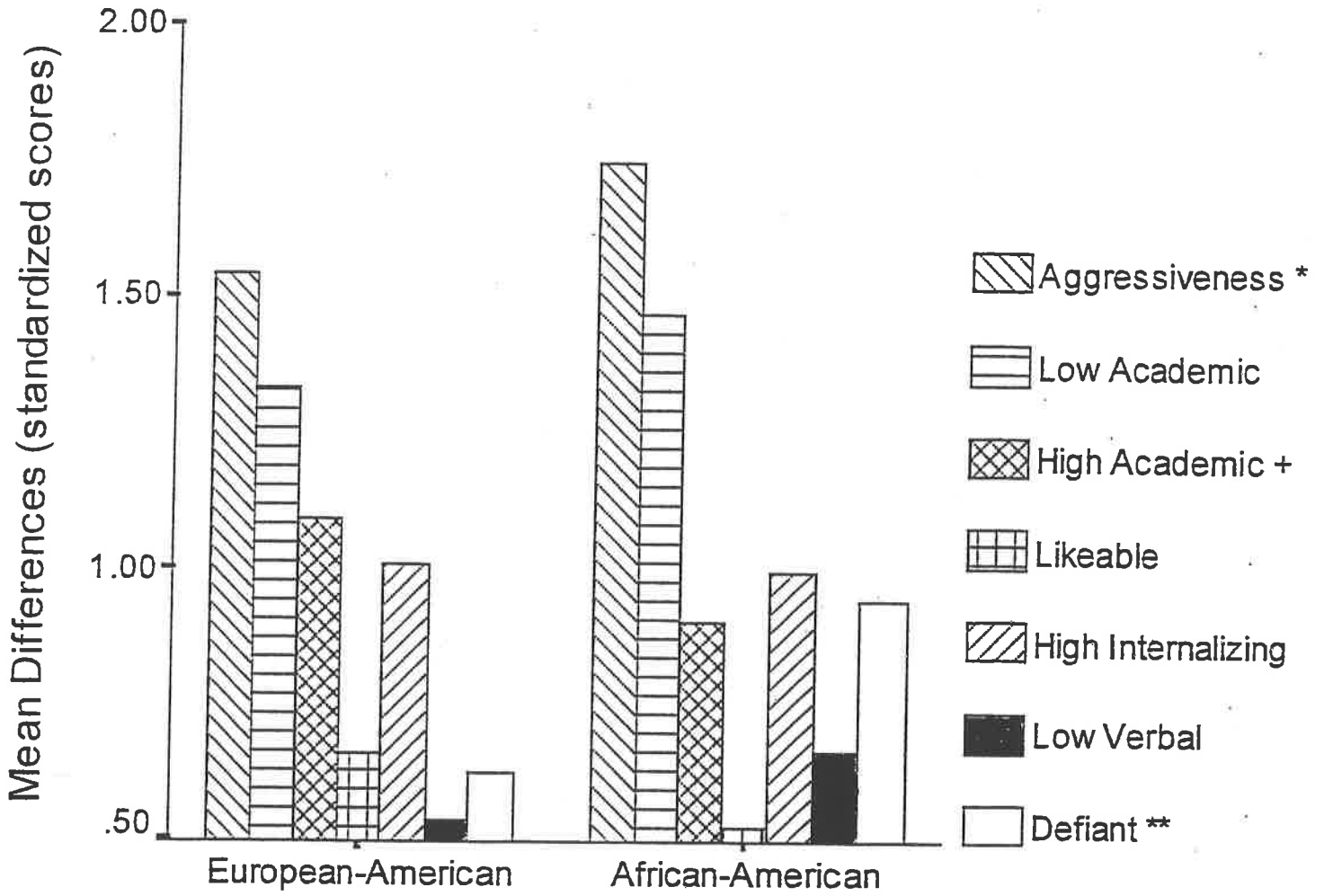
+ p<.1; * p<.05; ** p<.01

Table 1h
DEC 3: Student Characteristics of BED

Characteristic	%African American (n = 147)	% European Americans (n = 143)
Inability to achieve adequate academic progress	78.2	77.8
Inappropriate or immature behavior or feelings under normal conditions	96.5	98.6
A general pervasive mood of unhappiness or depression	70.9	62.2
A tendency to develop physical symptoms, pains, or fears associated with personal or school problems	36.1*	51.1*
Inability to maintain satisfactory interpersonal and/or intrapersonal relationships	94.4	97.9

* x (1, N = 286) = 6.57, p < .05

The DEC-5 provided information on the individuals who signed off on the decision to identify the student as B/ED. There was a significant difference between African American (77%) and European American (90%) students with regards to parent signatures. The parents/legal guardians of African American students were less likely to sign. See Table 1i for a breakdown.

Proportionality

In twenty-seven of the districts, African American students were disproportionately over-represented. In four districts, European American students were over-represented. And, in nine districts both African American and European American students were proportionately represented. See Table 1j for a breakdown.

Teacher and Administrators' Perspective

Overall, teachers and administrators indicated that there were problems with the definition, but most suggested that the real issue centers around being aware of cultural differences and how such differences can impact the identification process. Table 1k provides a summary of teachers views of how the identification process could be improved.

Table 1i

DEC 5 Summary   Percentage of Parent Signatures by Ethnicity

Signature	% 1 or More Signed (n = 361)	%European American (n = 156)	%African American ((n = 153)
Regular Ed. Teacher	93.4	94.2	92.2
Special Ed. Teacher	84.0	85.9	84.3
Parent/Legal Guard.	83.1	89.7 *	77.1 *
LEA Representative	77.6	77.6	79.7
Other	51.1	50.6	51.0
School Psychologist	41.2	42.3	39.2
School Counselor	18.8	22.4	13.7
Principal	18.0	19.2	16.3
Case Manager	6.9	4.5	8.5
APC Representative	2.5	3.2	2.0

* t = 2.28 (256) p<.05

Tabl
Prop... ual Representation by Race

District	Total Number Students	Total Number of BED students	% of BED Students in Total Population	# African American Students	% African American	%African American BED	#European American Students	%European American	%European American BED
10	20037	145	0.72%	5391	27%	43%	13061	65%	55%
13	7444	83	1.11%	3207	43%	78%	4031	54%	20%
15	10150	58	0.57%	2539	25%	40%	7317	72%	59%
16	14313	114	0.80%	1139	8%	23%	11374	80%	75%
18	3592	13	0.36%	1601	45%	54%	1947	54%	46%
19	9370	33	0.35%	2172	23%	30%	7073	76%	67%
20	2775	23	0.83%	1264	46%	70%	1442	52%	26%
21	51300	614	1.20%	24479	48%	59%	22422	44%	35%
22	3157	20	0.63%	367	12%	25%	2730	87%	75%
24	29093	419	1.44%	17126	59%	84%	9928	34%	13%
25	7805	31	0.39%	4587	59%	68%	2967	38%	32%
26	43434	272	0.63%	16570	38%	71%	23876	55%	25%
27	7508	94	1.25%	3144	42%	57%	4041	54%	41%
28	7951	65	0.82%	3154	40%	60%	4487	56%	40%
29	2925	55	1.88%	1555	53%	62%	1102	38%	35%
30	15992	104	0.65%	5115	32%	65%	9837	62%	33%
31	727	6	0.83%	333	46%	83%	382	53%	17%
32	16623	311	1.87%	3331	20%	41%	12413	75%	59%
34	1523	20	1.31%	838	55%	75%	650	45%	25%
36	10986	71	0.65%	2818	26%	49%	7571	69%	45%
37	6218	50	0.80%	1495	24%	46%	4491	72%	48%
38	8943	65	0.73%	1675	19%	74%	6198	69%	23%
41	1789	24	1.34%	706	40%	54%	1070	60%	46%
42	5881	72	1.22%	2200	37%	47%	3548	60%	49%
46	776	22	2.84%	357	46%	57%	398	51%	43%
47	95018	698	0.73%	26132	28%	66%	61442	65%	31%
49	12181	93	0.76%	6525	54%	71%	4967	41%	27%
14	3689	9	0.24%	3022	82%	56%	642	17%	44%
17	1295	7	0.54%	249	19%	14%	1033	80%	86%
23	2310	10	0.43%	1179	51%	40%	928	40%	60%
33	3531	39	1.10%	61	2%	0%	3070	87%	92%
11	3198	20	0.63%	30	1%	5%	3117	98%	95%
12	2399	14	0.58%	21	1%	0%	2358	98%	100%
35	2537	13	0.51%	6	0%	0%	2516	99%	100%
39	1833	19	1.04%	645	35%	37%	1160	63%	58%
40	6457	46	0.71%	2104	33%	37%	4141	64%	59%
43	16702	93	0.56%	961	6%	8%	14872	89%	88%
44	14570	75	0.51%	3839	26%	27%	10257	70%	68%
45	7815	18	0.23%	2593	33%	33%	4206	54%	56%
48	2427	9	0.37%	1717	71%	67%	676	28%	33%

27

Table 1k

How Assessment and Identification Practices Could be Improved

General Response	Frequency ($\underline{N}$ = 256)
Better Ways to Identify Children with different Disabilities	27
Better Understanding of Family/Home Environment	19
Better Utilization of Clinical Evaluations	17
Increases Family/Parent Involvement	14
Definition that Reflects Different Levels of BED	13
Other Services/Agencies Involved	13
More Objective Individuals Involved	11
Observations of Student	10
Definition that is more culturally sensitive	10
No Biased Decision Making	7
No Improvement Needed	6
Reg. Ed. Teachers more involved with BED students	4
Other	13
No Response	129

<u>Research Aim #2: Curricula for Students with B/ED</u>

The curricula for these students, to determine whether they are sufficiently rigorous and the teaching methodologies are sound and appropriate.

The curricula for students with B/ED were assessed in four ways. First, observations focused on the degree to which teachers were using the standard curricula and the degree to which students were getting the individualized services they needed. Second, Individualized Education Plans (IEPs) were reviewed to determine the degree that the standard curricula were infused into students' individualized academic objectives. Third, the adequacy and appropriateness of teaching strategies was considered in the observations. Fourth, teachers reported on the types of instructional strategies they used.

Overall, the observations and reviews of the IEPs indicate that there is a concerted effort to make sure that the standard curriculum is involved to the fullest extent possible in academic activities and education plans. It was not possible to quantify this impression, but there were several strong indicators of this, such as using the same books as the general education classes, collaboration across general education and special education, the degree to which activities in special education classrooms mirrored those in general education, and the degree to which the education plans were developed with a focus on ensuring that students maintain contact with the educational content that their peers are receiving in general education. In comparison to the PI's experiences in observing in B/ED classes throughout the state in the late 1980's and early 90's, there was a marked difference in what is going on in B/ED classrooms today. There is clearly a greater focus on academics while instruction is being adapted to individual needs, the content and focus appears to strongly parallel general education. This was reflected in the teacher surveys where reported that, on average, they teach the standard curriculum without modification 30% of the time and with modification 70% of the time.

A range of instructional strategies were observed in self-contained classrooms. These were reflected in teacher reports of the strategies that they use. The most frequently endorsed strategies were small group, one on one, direct instruction, textbooks, whole class, and worksheets (see figures 2a - 2g). This range reflects the fact that instruction was highly individualized in self contained classes. In the general education classrooms we observed, most of the instruction involved whole class activities or individual seatwork. There appeared to be very little individualized instruction in these classrooms.

Instructional Strategies by Subject Used in

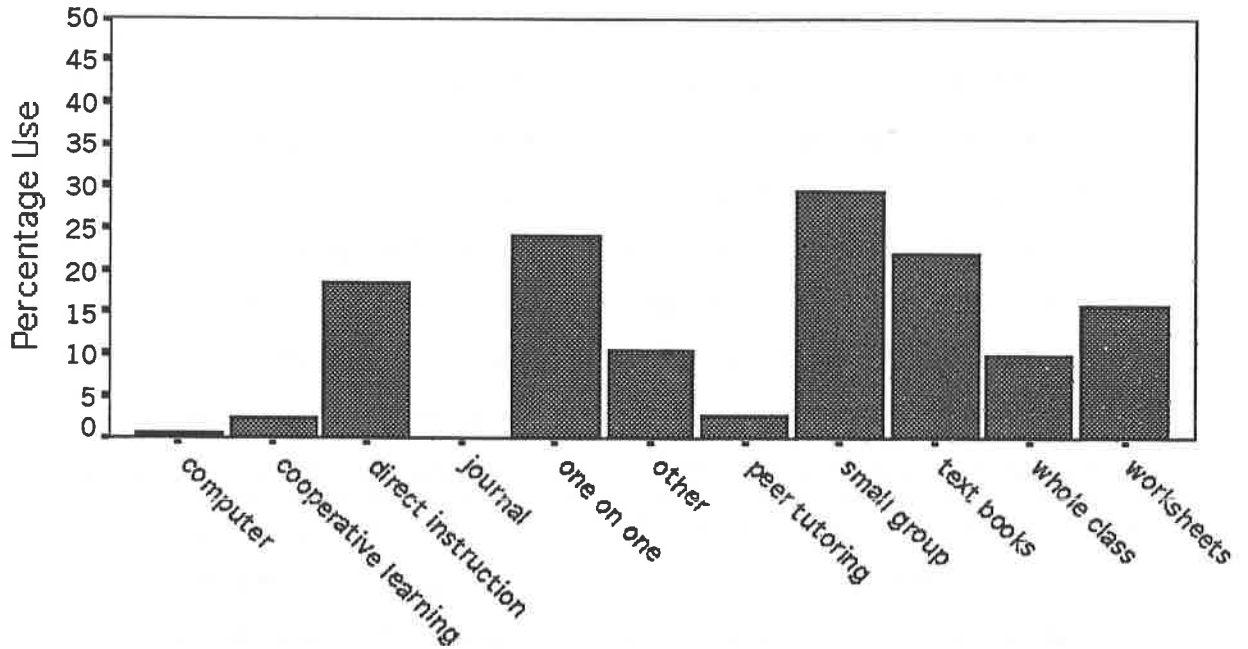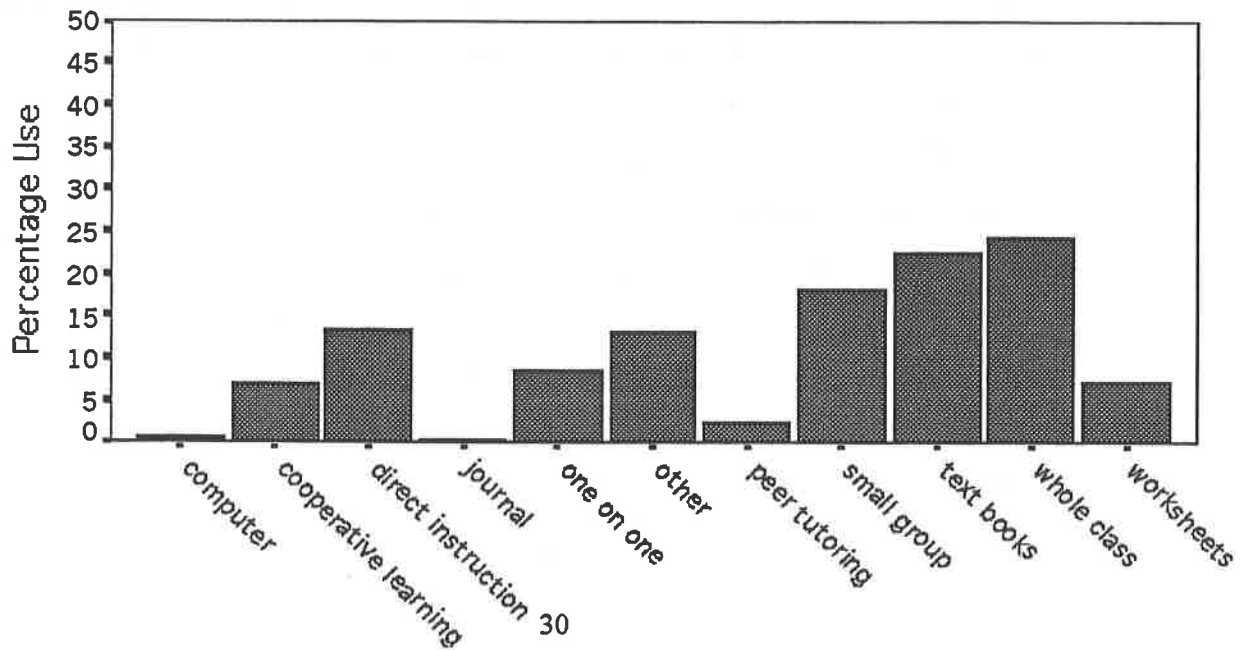**Self-Contained Classrooms From Teacher Surveys**

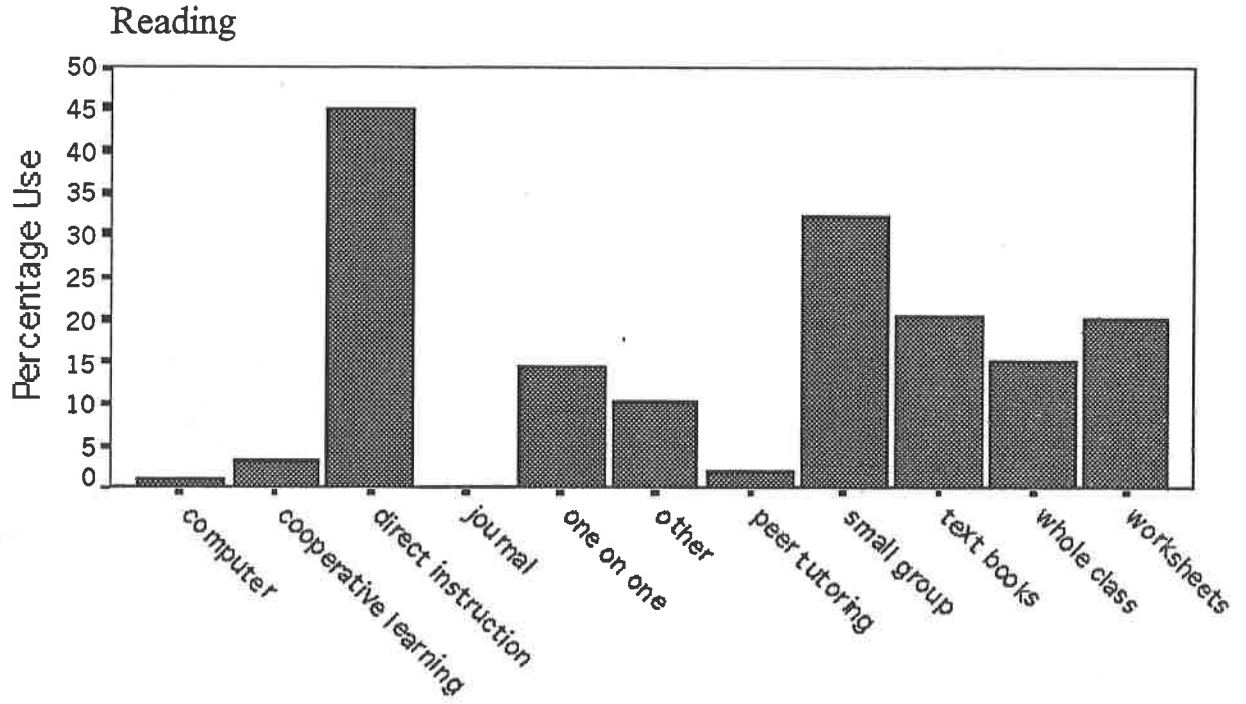Figure 2a

Math

Figure 2b

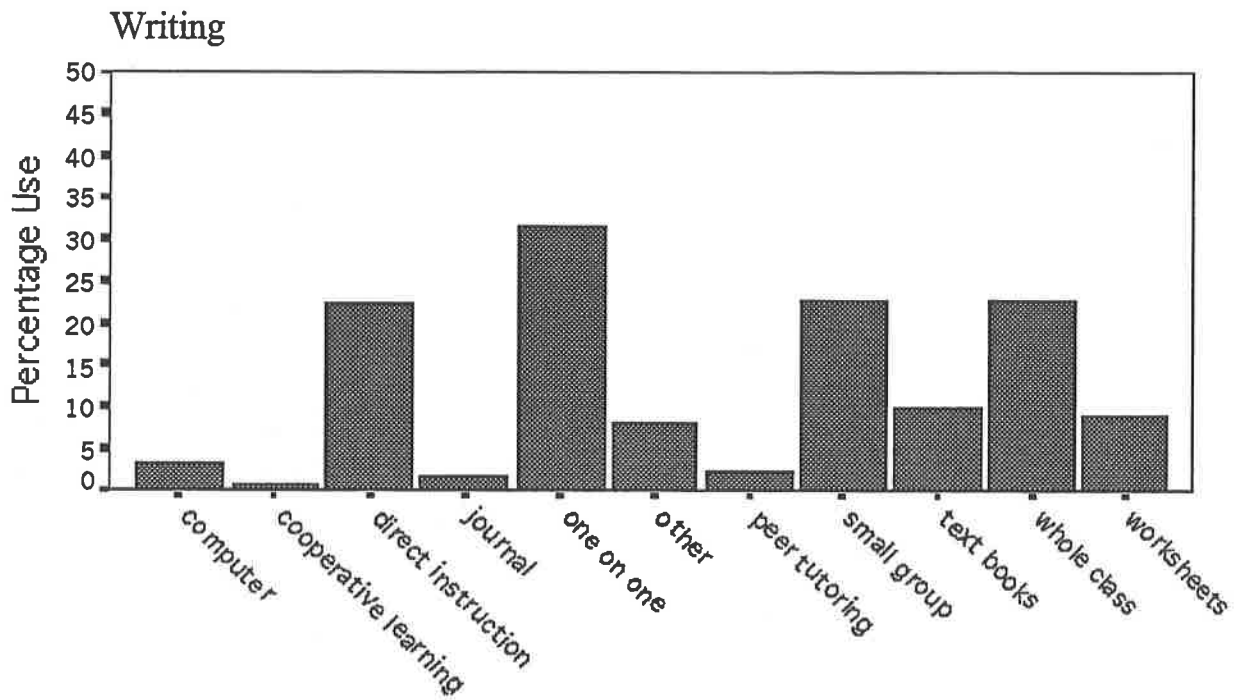Science

Figure 2c

Reading

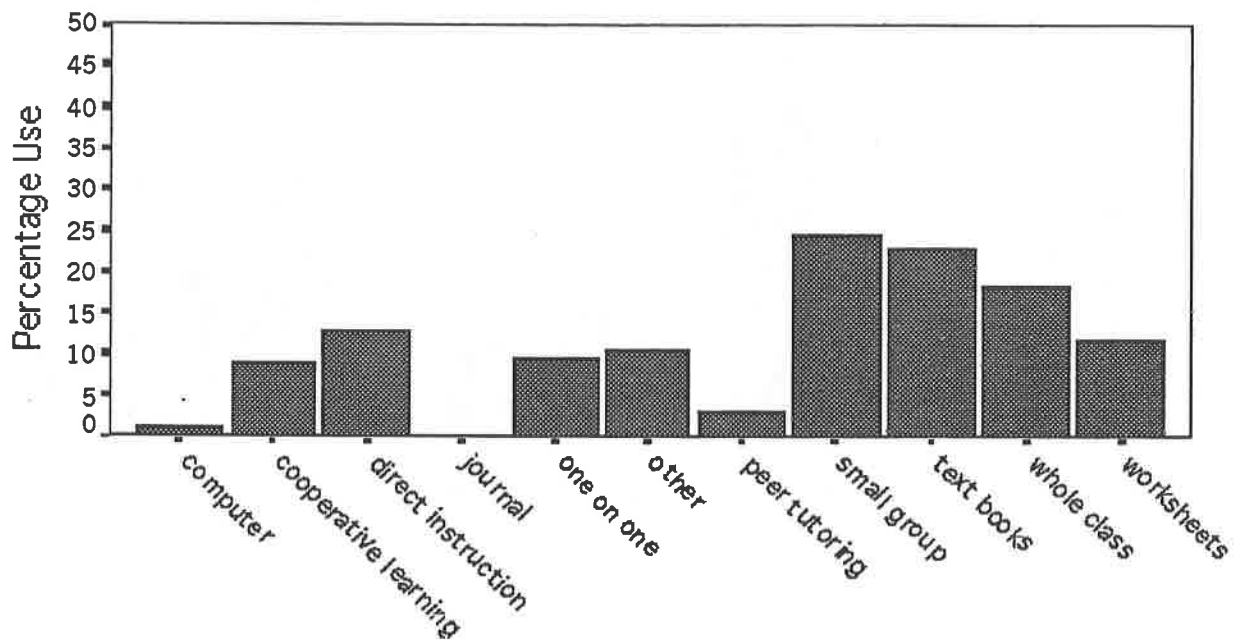
Figure 2d

Writing

Figure 2e
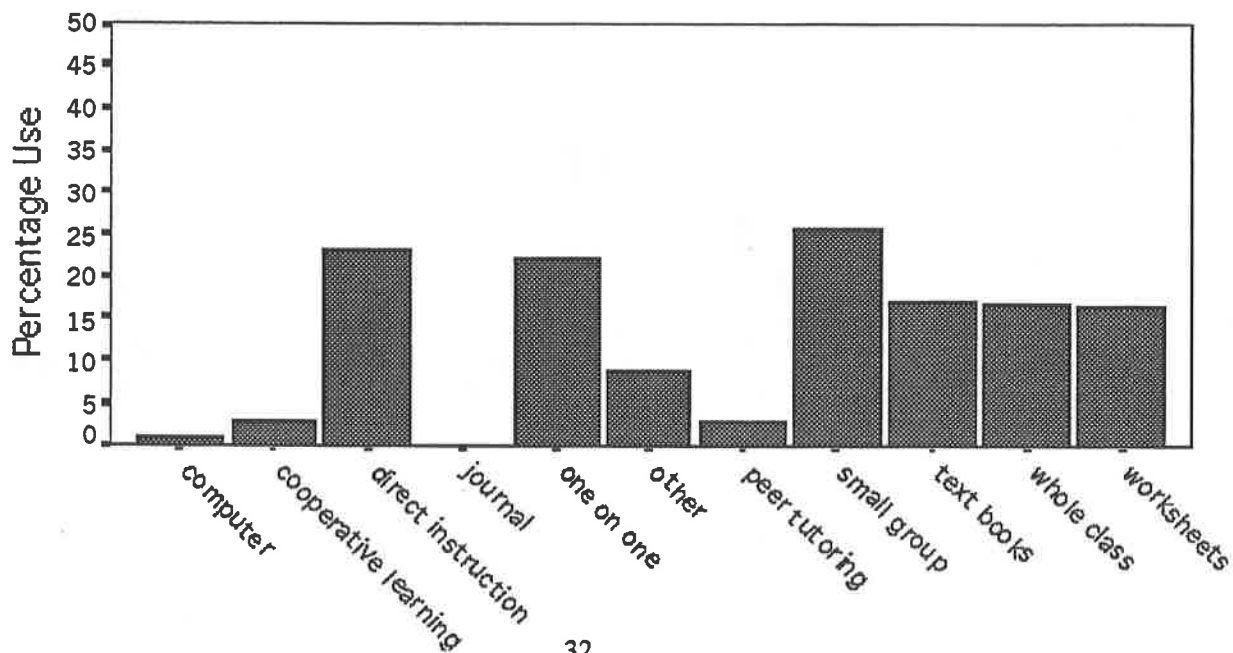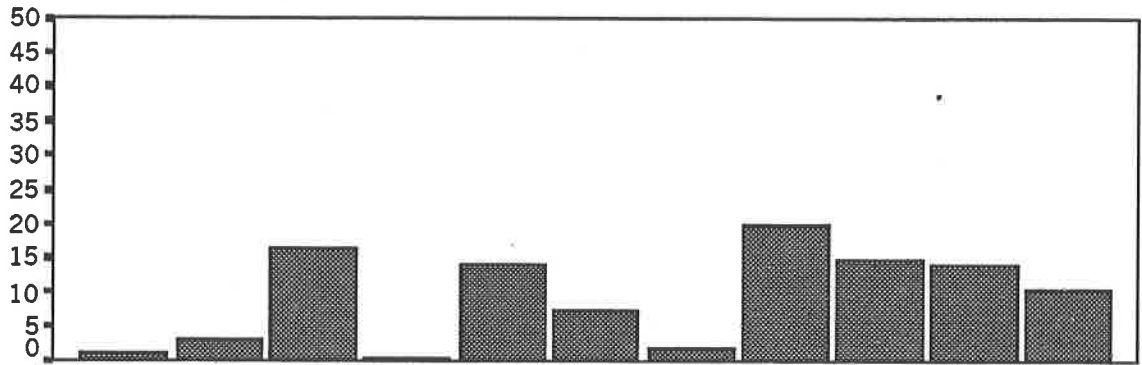
Social Science

Figure 2f

Language Arts

Figure 2g

Across All Subjects

Academic Strategy

Research Aim #3: Utilization of other Services

Utilization of other services, such as mental health, mentoring, and consultation, to improve academic and social success for these students.

The provision of related services to students with B/ED was assessed in two ways: teacher reports and parent reports. It should be noted that the teacher and parent reports are not on the same children. Therefore, no direct correspondence should be expected between the two.

Teachers were asked to indicate for each student they served whether they had collaborated with related service providers, and if so the type of provider. For both African American and European American students, mental health was the most frequent related service contact reported (see Table 3a for a complete breakdown). There were differences between the related service contacts reported for African American and European American students.

- Teachers reported significantly higher contacts with mental health professionals for European American students (31% vs. 23%)
- Teachers reported significantly higher contacts with counselors for European American students (18% vs. 8%)
- Teachers reported significantly higher levels of no contact with related service providers for African American students (38% vs. 29%)

Parents were asked to indicate the related services their child was receiving outside of school. Parents of African American students reported a significantly higher level of contact with juvenile justice than did the parents of European American students (21% vs. 5%). For a complete breakdown see Table 3b. Parents were also asked to indicate whether their child was receiving the related services that he or she needed outside of school. Parents' responses were:

36%	Yes, pretty much
33%	Yes, definitely
14%	No, not really
14%	No, not at all
2%	Not applicable
1%	Don't know
now	

Parents were also asked to indicate what they would change about their child's services outside of school. Parents' responses were:

29%	Lack of available services
11%	Nothing
11%	Better communication between services and parents

8%   Not aware of services
6%   Other
4%   Flexibility to see other providers
2%   Don't Know

Table 3a

Teacher Reported Contact with Student Related Services

Related Service	% European American (n = 322)	% African American (n = 484)
Mental Health	31.1*	22.7*
Counselor	18.0*	7.6*
Social Services	16.5	12.2
Juvenile Justice	12.7	15.3
Speech Pathology	8.7	7.4
Pediatrician	5.6	3.1
Vocational Counselor	4.7	3.1
None	28.9*	37.6*
Other	16.1	13.0

Note. Teacher Reported Contact with
Service in Current Year

* $t = 2.57$ (804) $p < .05$

* $t = 4.52$ (804) $p < .05$

* $t = 2.65$ (804) $p < .05$

Table 3b

Services in Community As Reported by Parents From August Until Now

Category	%African American (N=101)	%European American (N=101)
Outpatient Treatment	37.6	19.8
Other Adults in Family or Community	20.8	7.9
Medical Doctor	15.8	12.8
Police/ Court Counselor/ Probation Officer	20.8*	5.0*
Case Management / Care Coordination	8.9	7.9
Minister/ Rabbi/ Priest	12.9	4.0
Residential Facility	6.9	4.0
Detention Center/ Training School/ Prison/ Jail	7.9	0
Services from Social Services	5.0	2.0
Hospital	15.8	12.9
Anywhere Else Not Mentioned	5.0	1.0
Hospital Emergency Room	0	1.0
Self-Help Groups	1.0	0

$* t = 2.80 , * p < .05$

<u>Research Aim #4: Qualifications of B/ED Teachers</u>

Qualifications of teachers who are assigned to teach these students.

On the teacher surveys, we asked respondents to indicate their training and certification. Of 256 respondents:

- 56 (22%) completed an undergraduate program in B/ED
- 72 (28%) completed a graduate program in B/ED
- 140 (55%) indicated they were certified in B/ED
- 73 (29%) teachers indicated that they did not have certification in B/ED

For those teachers who reported that they taught in self-contained classes (149), 62% reported they were certified as B/ED. It should be noted that the return rate on the teacher surveys was 60%. It is possible that teachers who did not have adequate credentials chose not to complete the survey. See Table 4a for a complete breakdown of the certifications of teachers who are working with B/ED students.

In addition to the self-reports on certification, we asked teachers to indicate the number of years that they had been a special education for students with B/ED. Of 231 respondents, the following percentages provide a breakdown of the number of years they reported teaching B/ED students:

- 65 (28%) had taught students with B/ED for 10 years or more
- 42 (18%) had taught students with B/ED between 6 and 10 years
- 64 (28%) had taught students with B/ED between 3 and 5 years
- 76 (33%) had taught students with B/ED for less than 3 years

In our observations, we found that most teachers appeared to be skillful in working with students with B/ED. They tended to have an appropriate professional manner, they structured academic activities in ways that promoted students' attention to task and their motivation to learn, and they created a climate that seemed to help students feel that learning is important. In addition, the classrooms were well organized and pleasant in appearance, there were clear structures and routines that helped to promote students' behavioral success without much overt control, and when behavioral difficulties did arise, in most cases they were handled professionally and effectively.

Table 4a

Teacher reported degrees and areas of certification

Degree / Certification	Frequency (N = 256)	%
Undergraduate Program in BED	56	21.9
Graduate Program in BED	72	28.9
Behavioral/Emotional Disabilities	140	54.7
General Education	87	34.0
Learning Disabilities	85	33.2
Educable/Mental Disability	48	18.8
Cross Category	33	12.9
Special Education	29	11.3
Speech/Language Disability	5	2.0
Social Work	1	0.4
Other	30	11.7

Note. 73 (28.5%) Did not report any degree or certification in BED

In a very small portion of the 25 classes we observed, there was not much going on in the way of academics, teachers seemed disinterested in building students' motivation to learn or in promoting their social and behavioral development, and they didn't appear to be particularly adept in working with behavioral difficulties. However, this was clearly the exception. On the other side of the coin, we observed in several classrooms that were truly models of how effective special education programs can be. Such classrooms were structured to address students' individualized educational and behavioral needs, the teachers and teacher assistants were very supportive of students with many firm and structured limits, problems were turned into learning experiences, there was a strong sense that learning was important, and students were highly motivated by their successes. In such classrooms, it seemed obvious to the observers that the teachers were making a positive impact on the lives of high-risk youth.

On the parent surveys, parents were asked to indicate their satisfaction whether their child was getting the services that he or she needed at school. 32% indicated yes definitely, 44% indicated yes, pretty much, and less than 25% indicated not really or not at all. When asked if they were satisfied with their child's services 51% indicated they were very satisfied, 34% indicated they were somewhat satisfied, and less than 15% indicated that they were not at all satisfied. In addition, when parents were asked what needs to be changed about their child's school services, 18% indicated a need for more academic instruction, 16% indicated a need to improve behavior management, 13% indicated that there was no need for changes, and 11% indicated that there was a need for better trained teachers.

Overall, these ratings correspond fairly well with our observation. Most students with B/ED appear to be receiving adequate services, but between 10 - 20% may be in classrooms or settings that are not addressing their academic and behavioral needs.

Research Aim #5: Connection between B/ED and the Achievement Gap

The State Board of Education (Board) shall study the connection between the identification of minority and at-risk students as students with behavioral and emotional disabilities and the gap between student achievement.

The overarching concern of this project was to determine the connection between B/ED services and the academic achievement gap. It must be noted that until the current school year,

many students identified as B/ED have been excluded from achievement tests. However, due to changes in the Federal guidelines regarding achievement testing in the 1997 Individuals with Disabilities Education Act and corresponding changes in the state guidelines, most students with disabilities including those with B/ED are now expected to take achievement tests. Therefore, to this point in time, very small numbers of B/ED students have been included in state achievement test scores (students with B/ED makeup less than 1% of the scores reflected in the 1999-2000 test scores). To assess the connection between B/ED services and the achievement gap, we recalculated the 1999-2000 test scores in reading and math for students in grades 3 through 8. Table 5a shows the scores in reading and Table 5b shows the scores in math. As both tables indicate, the inclusion of students with B/ED actually reduces the achievement between African American and European American students by 0.2%. This small decrease is due to the fact that European American students with B/ED are slightly more discrepant from the scores of their non-B/ED European American peers, while African American students with B/ED are slightly less discrepant from their non-B/ED African American peers. This is illustrated by the slight differences in the slopes in Figure 5a and Figure 5b.

Figures 5a & 5b provide a strong illustration of the high correlation between behavior problems and low academic achievement. For both African American and European American students, there is nearly a 40 point gap between students with B/ED and students without B/ED. Rather than reflecting inferior teaching or inappropriate curricula, these findings are in line with the large body of research (see reviews by Hinshaw 1992; Maguin & Loeber, 1996) that indicates that youth with behavior problems have corresponding academic problems. This suggests that in order to address concerns about student achievement, it is necessary to focus on reducing behavior problems while simultaneously providing more effective instruction.

Table 5a

Percent of students at or above grade level in Reading, 3rd to 8th grades combined.

	BED	State without BED	State
Black	24.4%	59.5%	59.0%
White	45.6%	84.5%	84.2%

Table 5b

Percent of students at or above grade level in Mathematics, 3rd to 8th grades combined.

	BED	State without BED	State
Black	26.9%	64.8%	64.3%
White	46.8%	88.4%	88.1%

Figure 5a

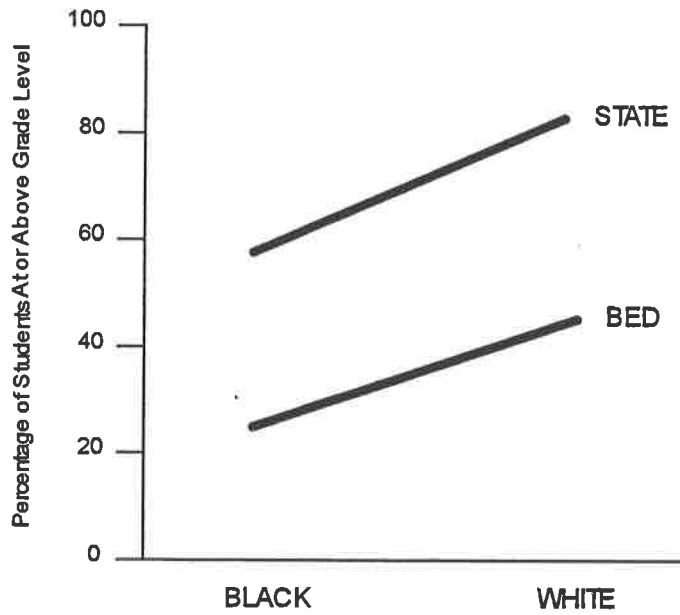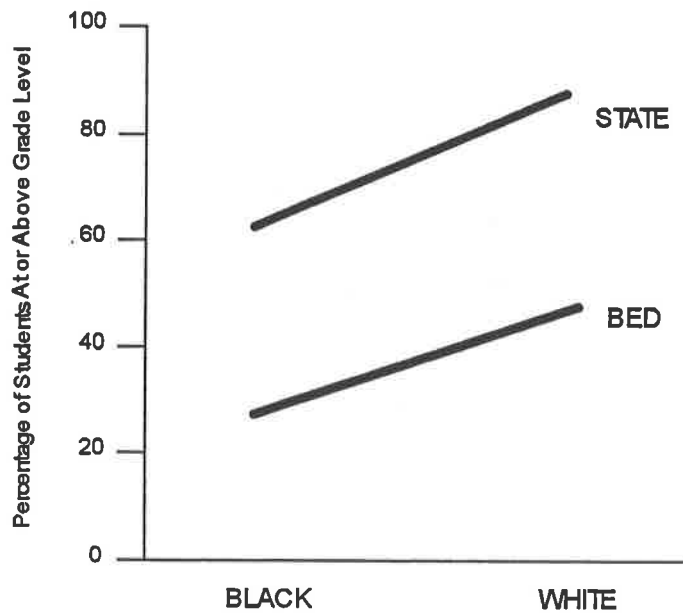Reading Performance as a Function of Ethnicity and Disability

Figure 5b

Mathematics Performance as a Function of Ethnicity and Disability

Implications for Understanding and Improving the Achievement Gap

While the results of this study indicate that African American students are over-represented in B/ED classrooms and that students in B/ED classrooms perform significantly below the expected scores, they do not suggest that B/ED services are contributing directly to the academic achievement gap. However, the results do indicate that the connection between behavior problems and academic problems may play a role in the achievement gap. Specifically, the results from the referral data suggest that general education teachers are more likely to perceive African American students as having externalizing behavior problems and academic difficulties. Presumably, such students are then referred for special education services because the teachers believe that these students' needs are beyond what they can address in the general education classroom.

As discussed by the expert panel and described by Dr. Cartledge in her report (see appendix A), such circumstances are likely to reflect a combination of factors. Many African American students enter school with different sets of skills than students from the majority culture. The instructional strategies and expectations of teachers, as well as the curricula mandated by the state, may create a set of circumstances that promotes a growing mismatch between the educational needs of minority students and the educational activities provided. This mismatch may provide a context that promotes behavioral difficulties. The child is likely to be become both bored and frustrated by the activities that do not correspond with his or her skills. This can lead to the child being off-task and engaging in behavior the teacher views as disruptive. In addition, the child may become defiant or uncooperative because he or she is being asked to do something they don't understand. In such situations the teacher should reframe the content of the educational activity to scaffold to the child's academic needs and redirect the child's behavior in a firm but positive manner that helps him or her learn to handle the frustration in a more productive way. However, many teachers view this situation as a discipline problem and respond in a harsh and punitive manner. The child, in turn, may respond in a way that is perceived by the teacher as a challenge or a threat. Such interactions can escalate to problem behavior that requires outside intervention (e.g., involvement of principal or parent) and can set into action a pattern of behaviors and expectations on the part of both the teacher and the child that lead to repeated problems and eventual referral for special education.

Such a scenario illustrates the need to better prepare general education teachers in how to work with students from diverse backgrounds. Teachers need to be adept in managing problem behavior at both the individual and classroom level, and they need to be able to adapt the curriculum and their instructional strategies to correspond to the child's learning style and background. In addition, teachers need the flexibility and support to get assistance that is not centered around reacting to a problem but instead focuses on acting proactively to prevent problems and to promote the student's academic, behavioral, and social success.

Recommendations

Overview

Several recommendations can be made from this research. The expert panel considered the implications of these findings for the identification and delivery of services to students with B/ED. The reports by Drs. Cartledge and Van Acker reflect the recommendations that were discussed by the expert panel (see Appendix A). The primary recommendations are outlined below. It should be noted that the panel repeatedly concluded that to adequately address the achievement gap, much of the effort should be oriented toward prevention services that support at-risk students and their teachers in the general education classroom and to reduce the need for special education placements for minority youth.

Improving Identification and Assessment

The current state definition of B/ED fairly strongly reflects the federal definition which has been critized since it was first adopted in 1975. For nearly a decade there have been strong efforts to change the definition, but they have not been fruitful. Although the definition could probably be improved, the expert panel did not view it as being a direct source for the over-representation of minority youth in B/ED programs. Also, the assessment and identification practices were viewed, overall, as being objective, and the procedures and methods for assessing students tended to reflect those that are used across the nation and that are accepted by the professional community as adequate. However, the panel did make several recommendations to improve identification and assessment practices:

- Ensure that professionals from the child's culture or background are involved in the assessment and identification process
- Develop local norms for assessment instruments that reflect the child's culture

- Provide training for professional staff on cultural differences in behavior
- Utilize student support teams in a proactive manner that reduces referrals
- Ensure that a parent, guardian, or child advocate is involved in the decision

Improving Service Delivery

Overall, the delivery of special education services was considered to be adequate. Most special classes appear to be well managed with a strong focus on academics. There are clear efforts to keep the student abreast of the standard curriculum while simultaneously providing individualized instruction that addresses the child's learning needs and that builds from her or his strengths. In addition, most school systems and schools that we visited have a strong focus on keeping the student in contact with the general education environment, and most teachers had well-articulated plans for involving and supporting their students in general education classrooms. There appeared to be fairly good cooperation and collaboration between special education and general education teachers, and many special education teachers reported that they had considerable contact with related service professionals. Recommendations for improving service delivery included:

- Expand teacher training programs to address the shortage in licensed B/ED teachers
- Make a concerted effort to recruit and retain African American B/ED teachers
- Support continuation of efforts to promote special/general education collaboration
- Develop systems of care service structures and procedures to facilitate collaboration and communication between special educators and related services providers
- Develop special educators to serve as prevention specialists to provide consultation services and support to general educators particularly in the areas of behavior management and adapting instruction to students' needs
- Utilize special educators as intervention specialists who work with students who experience behavioral difficulties in the general education setting regardless of whether they are identified for special education services
- Provide a stronger focus on early intervention and prevention services
- Develop safeguards to ensure African American students get appropriate treatment by mental health and related services providers
- Monitor reliance on punitive and restrictive placements for African American youth

Future Research Needs

Some of the issues explored in this project require additional research. This project was limited by the fact that there was no way to accurately examine the referral process for youth who were referred for B/ED services, but who were not identified. Therefore, we could not determine the factors associated with being placed in a B/ED program, some other special

education category, or not being identified for services. In addition, it was not possible to consider how factors such as SES, family background, neighborhood context, and other factors contribute to whether a child is placed in a B/ED program. While it is likely not feasible to have a statewide database, there is a need for more comprehensive information about the referral process and the backgrounds of students who are identified for B/ED services. As pointed out by the expert panel, there is a need for carefully controlled research to develop prevention programs that support general education teachers. While prevention programs can be very productive, they can also be very ineffective if they are not developed and applied in a systematic structure. Research is needed to identify a service delivery structure to promote prevention efforts that are effective at improving the academic, behavioral, and social growth of high-risk youth. Specific recommendations for future research include:

- Collect referral data in representative school systems to identify the factors that result in the placement of students in specific special education categories
- Collect sociocultural background data on students from representative school systems to determine how these factors impact the referral and identification process
- Conduct controlled preventive intervention projects in a few representative school systems to identify a service delivery structure that can effectively increase the academic achievement by addressing both academic and behavioral issues in the general education classroom.

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February 16, 2001

Dear Dr. Farmer,

Thank you for the opportunity to participate on the Expert Panel related to the Assessment of E/BD Services in North Carolina. I was most impressed with the data collected and analyses that were completed by your staff and presented at the meeting. I had reviewed the materials you sent prior to the meeting and have since reviewed the information provided at the meeting. It is my understanding that you would like panel members to comment upon these materials in light of the recent Legislative Mandate:

The State Board of Education (Board) shall study the connection between the identification of minority and at-risk students as students with behavioral and emotional disabilities and the gap between student achievement. As part of this study, the Board shall examine the following :

1. The criteria used to identify whether a student has a behavioral or emotional disability and requires special education. The study shall determine whether identification and placement decisions of these students are based primarily on valid and objective criteria.
2. The curricula for these students, to determine whether they are sufficiently rigorous and the teaching methodologies are sound and appropriate.
3. Utilization of other services, such as mental health, mentoring, and consultation, to improve academic and social success for these students.
4. Qualifications of teachers who are assigned to teach these students.

As you are well aware, questions related to differences in educational attainment and special education placement based on ethnicity are not easy to explore. A variety of factors impact eligibility for special education services - many of which may place minority students at an increased level of risk (e.g., poverty, proper pre- and post-natal care, nutrition, exposure to toxins such as lead). Thus, a disproportionate number of students might be identified from any given ethnic group and not necessarily indicate the

inappropriate or biased identification of students. Relevant data sources that might allow researchers to explore these issues (e.g., poverty vs. ethnicity) are not readily available. Nevertheless, in the pages that follow, I will attempt to comment and share my impressions of the data presented as it relates to the questions posed in the legislative mandate.

Identification

A review of the *Screening, Multidisciplinary Evaluations, Identification and Service Delivery Configuration :Screening for Behavioral-Emotional Disabilities* found your procedures to be very similar to those employed by most states. I was impressed with the clarity of the procedures required prior to referral (pages 3-8). I also found your requirement that at least one IEP Team member should be of the same gender and race as the child insightful. I wonder if this should be a statement of ethnicity rather than race however. Individuals can be of the same race and yet have very little understanding of ethnic variations that can often impact educational performance. For example, an individual of color raised in central Africa who has immigrated to the United States may have very little insight to a child of color raised in the inner-city in the United States.

These guidelines make an effort to 'operationalize' many of the criteria that often prove troublesome for professionals charged with making eligibility decisions. The challenge of differentiating a child with an emotional or behavioral disability from a child who is only socially maladjusted remains problematic.

I will now discuss my impressions of the data presented at our meeting. In general the data appear to support a view that minority students (African American students at least) are frequently over represented in the population of students identified as displaying a behavioral or emotional disability. For example, the chart of the proportional representation indicates that 67.5% of the school districts listed identify a significantly greater number of African American students as emotionally or behaviorally disabled than one would anticipate given their proportion in the school population. For these schools an African American student is between 2 and 3.8 times more likely to be identified as B/ED than a student of European descent. Only 1% of the districts listed demonstrated a trend in which a significantly larger proportion European American students were identified as E/BD than would be anticipated by their proportion in the student population.

One must use care when attempting to interpret these data as the number of E/BD students identified in each school district was not delineated. A district might have a very small number of students identified as E/BD and an examination based upon percentages may be very misleading. Say a school district has only a small number of students identified as B/ED, the percentage of students from any given ethnic group might appear significantly skewed, yet represent only a three or four student difference. The chart would be greatly improved and the implications more identifiable if additional columns could be added. One column should identify the number of students identified as B/ED in each of the districts listed. Subsequently, two additional columns would identify the

number of African American and the number of European American students who were identified as B/ED.

The graph identified as DEC 1: Referral Data suggests some rather startling differences between the European American and African American students on a variety of factors related to referral. These data would suggest that African American students are referred for services on the basis of very different behavioral profiles (more disruptive, aggressive, and defiant) than are European American students. There is evidence to suggest, however, that significant cultural differences in the acceptability and interpretation of behavior exist between groups (e.g., cultural differences related to when a person is seen as 'out of control'). Perhaps, these cultural differences are leading to a misinterpretation of behavior and a subsequent referral for B/ED services. Interestingly, when one examines the data presented on DEC 3: Student Characteristics of B/ED, no significant differences exist between the two groups of students identified as B/ED on the five identifying characteristics. This might suggest that while students are differentially referred, eligibility determinations do not reflect these differences. Unfortunately, the data presented on the two charts are sufficiently disparate as to make such a conclusion impossible to render without considerable caution.

When one examines the data related to the nature of the assessments used in the identification of students with B/ED, it appears as if a handful of common assessment tools are used by most districts for the vast majority of students. The measures employed are generally appropriate for the purposes used and most have good reliability and validity. Most are normed in such a way as to allow adequate interpretation for students from various ethnic backgrounds. No data exist to identify possible differences in the use of a given assessment tool on the basis of ethnicity or gender. If such data were to exist, it might be possible to determine if culturally appropriate tests were employed in assessment.

Data related to the participation in the eligibility IEP meeting found only one significant difference between those held for African American vs. European American students. Significantly fewer African American parents participated in the IEP meetings. Schools are required to make 3 attempts to involve parents with adequate notice. Differences in parental participation could indicate a feeling of disillusionment or agency on the part the African American parents. On the other hand, lack of transportation or the inability to attend due to work schedule, etc. could explain this difference. No matter what the cause, however, parent participation is important in safeguarding student rights. Parents often serve as the best advocates for their children and can often help school personnel understand the child's behavior. Efforts to better understand and to remedy this differential in parental participation should become a priority for the school districts involved.

Placement
No data were provided on the placement of students. One could anticipate that the majority of students identified as B/ED are placed in self-contained classrooms, as most

of the teachers included in the *Teacher Survey Summary* identified this as the setting in which they worked. It would be interesting to see if there is any differential placement in a more restrictive placement on the basis of gender or ethnicity.

Academic Performance

Figures 1 and 2 provided reading and math performance, respectively, as a function of ethnicity and disability. In both subject areas, African American students displayed significantly poorer performance. Students identified as B/ED also performed significantly poorer. Interestingly, African American students identified as B/ED tended to display somewhat higher (though not significantly higher) performance in both areas. Thus there appears to be a very significant achievement gap between students on the basis of ethnicity. The performance of students identified as B/ED is lower than that of their non-disabled peers but the general slope for ethnic difference is quite similar. Thus, the issues of academic achievement based upon ethnicity and disability appear to be significant for both variables and the effect is additive. An African American student who is B/ED has a very poor academic prognosis.

Teacher Survey Data

Teacher Preparation and Certification: The majority of respondents were teachers from self-contained B/ED classrooms (58.2%). The remainder were teachers from other types of special education settings (e.g., cross-categorical classrooms), resource teachers, team-teachers, case managers, or consultants. Only slightly more than half of the staff had attended an undergraduate or graduate program to obtain certification in B/ED. Thus, a significant portion of the teaching staff are not properly certified to provide services to the students in their care. Many of these teachers are working on emergency or provisional certificates. This is a trend that appears to be escalating across the country. One might anticipate that there is little hope of stemming the academic gap when instruction is being directed by individuals inadequately prepared for the task at hand.

Teacher Beliefs and Attitudes Related to the Identification of B/ED Students: A majority of the teachers surveyed felt the current definition and identification procedures for students with B/ED were adequate. The staff were split on the cultural responsiveness of the identification procedures. Teachers indicated the identification process would be aided by greater clarity in the definition (21%), an increased understanding of home and family situations (14.7%), and a better utilization of clinical evaluations (13%).

Interventions employed: The data presented from the survey related to the most frequently utilized interventions for students with B/ED indicated some interesting findings. There appeared to be a greater use of points and level systems with African American students (45.6% vs. 36.4%) and less use of procedures such as individual counseling (21.1% vs. 25.7%) than for European American students. This might suggest some bias as to the selection of instructional and disciplinary strategies. There was also a very significant difference in the reported contact between the teachers and related services personnel. Teachers reported a significantly greater likelihood to have no contact with related services personnel of African American students. They were significantly

more likely to contact the counselor or mental health worker of European American students. Contact with other service providers (e.g., speech pathologists, pediatrician) were greater for European American students than African American students, but these differences were not significant. The only deviation from this trend was reported for contact with juvenile justice workers. Here more contact (though not statistically significant) was made for African American students.

Needed Training: When asked what kind of training might prove beneficial for assistants working with students with B/ED, issues related to behavior management and crisis intervention topped the list. More information related to the characteristics of these students and effective instructional techniques also were identified.

Summary and Recommendations

The data reviewed appears to indicate that North Carolina has made significant efforts to provide the teachers and school administrative staff clear policies and procedures with which to identify students who are eligible for services under the label of behaviorally or emotionally disabled. Despite these efforts, there appears to be a disproportionate number of students of color (primarily African American students) who are identified as B/ED. This may result from a misinterpretation of their behavior by teachers and school administrators (e.g., cultural differences related to displays of insubordination, disrespect, etc.). It to could be the direct result of an increasingly large number of teachers who have little of no pre-service instruction related to behavior management. The fact that students of color are shown to perform less well academically than their European American peers may place them at greater risk to display challenging behaviors (as they attempt to escape the work or mask their inability to perform). Teachers who are ill-prepared to identify this behavior as a need to modify and accommodate the instruction for these students are likely to react to the behavior in a punitive manner. This initiates a cycle of interactions that often leaves the student feeling incompetent and disenfranchised from the school setting.
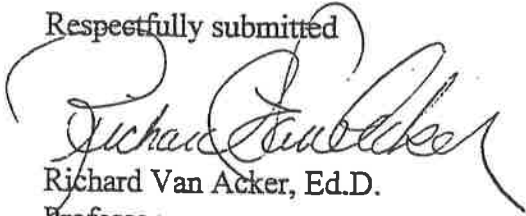
I would recommend increased efforts to provide intensive education and training to school personnel related to cultural sensitivity and the development of a greater understanding of cultural differences in behavior. Moreover, further instruction in the development of culturally sensitive and proactive disciplinary strategies that employ positive behavioral supports and that provide instructive consequences for problem behavior rather than aversive sanctions are sorely needed. The policies and procedures specified call for a number of pre-referral efforts prior to the identification of students as B/ED. A significant level of training appears needed to allow these efforts to have their intended effect. Pre-service and in-service training efforts that would allow teachers to identify and practice instructional strategies that allow students to meet with greater academic success must be provided.

Increased efforts to include parents of students from minority groups seems in order. The timing of these meetings might need to be established to increase the likelihood of attendance of working parents (especially those who might find it difficult to miss work).

Another possibility, might involve the identification of a "parent surrogate" that could be identified to serve as an advocate for the child in lieu of the parents if they are unable to attend.

Once again, I want to thank you for the opportunity to serve on the expert panel. I hope these observations and impressions prove helpful. I would be pleased to provide a listing of resources and research articles that would support the recommendations made if that would prove helpful. If you would like further information or need clarification on any of the points made, please do not hesitate to call.

Respectfully submitted

Richard Van Acker, Ed.D.
Professor

DATE: February 9, 2001

TO: Thomas W. Farmer, Associate Director
        Center for Developmental Science
        University of North Carolina

FROM: Gwendolyn Cartledge
        The Ohio State University

RE: Assessment of B-ED Services: North Carolina Department of Public Instruction

I hope the attached report will be useful for your purpose. In the absence of a specific structure for writing this report, I took some liberties in its content. Specifically, I limited my comments to the psychological that you provided on the 7-year-old male I chose to call "D" and to the site visit we made to the one school district. Although the psychological report does not constitute the entire assessment for D, it is the most comprehensive information that I had available and I use it principally as a means to make points that I feel are critical to the assessment and instruction of all special needs children in general and to African American youngsters in particular. Although I approached the psychological in terms of assessment limitations, in no way are these issues specific to North Carolina or to this district or to this examiner.

The State of North Carolina deserves to be complimented for raising this issue and for trying to address it in some scientific way. If I may be so bold, I must say, however, that I feel the question is not so much whether the definition of SED inherently discriminates against African American children but that the status of African American children in this society and the way the schools respond to this status invariably results in their disproportionality for the poorest outcomes. In other words, poor African American children enter formal schooling encumbered with tremendous risk factors, yet the public schools insist on acting in ways as if these factors did not exist. They persist in using assessment criteria, behavior management styles, and instructional models that are insensitive to the backgrounds and needs of these students. The report that follows is intended to illustrate briefly this thesis.

Again, I hope what I have elected to highlight will in some small way benefit your study and the quest by the State. Needless to say, I find this search to be extremely worthwhile and I sincerely appreciate the opportunity to participate.

Assessment of B-ED Services North Carolina Department of Public Instruction

The psychological consisted of an assessment of cognitive (WISC-III) and academic (WAIT) behaviors, behavior disorders (The Behavior Disorders Identification Scale), visual-motor development (Bender Gestalt Test), emotional adjustment (Incomplete Sentence Test for Children – projective), and the teacher's and examiner's perceptions. A subsequent test was given two months later by a school psychology intern on written language (The Woodcock-Johnson Tests of Achievement- Revised). D's cognitive scores put him at or above approximately 34% of his peer group on that assessment and his academic assessment in reading and math put him at or above 13% and 19%, respectively of his peer group in these areas. Interestingly, the examiner concludes that D's "attained achievement scores appear commensurate with his overall level of cognitive ability and frequent disruptive behavior.

As D nears the end of the first grade he is already severely behind his age mates in the basic skills of reading and moderately behind in math. A profile of disruptive/aggressive behaviors coupled with first-grade academic failure is highly predictive of behavior disorders and overall school failure. Assessments that suggest that D is making expected progress would undoubtedly lead educators to continue with current teaching strategies and to maintain relatively low expectations for school success. *Low expectations* is one of the factors that severely plague minority children, especially African American males. If teachers and others assume that a student is performing according to his ability, what, if any, additional efforts will be made to try to get the student to perform on grade level? Interventions for students like D tend to center on behavior control rather than academic development. Although the former is important, some would argue (e.g., Delpit, 1988), and I concur that what D need is more, not less instruction. If there is any hope that D will overcome his behavior problems, he must become academically competent.

The profile presented by D is one that is too common for African American males. the demographic data show that within the African American student population males in particular are most likely to be assigned to special education programs (Harry, 1994). The African American male is the most failure prone segment within America's schools (Townsend, Smith, & Lee, 1995), and some authorities argue that the emotional consequences of failure impact African American males more severely than females, and in the face of harsher economic and social realities, confront their families with the added challenge of socializing boys in ways that reduce vulnerabilities to school failure and various forms of self-destructive behavior. From infancy on, males are socialized to be aggressive, dominant, competitive, and assertive. In the classroom, where the teacher is likely to be female and of a different culture, these behaviors may be viewed as threatening if not pathological.

When male status and minority group membership (i.e., African American) are combined, poor school outcomes are even more predictive. Kehrberg (1994) cites data from the Office of Civil Rights indicating that males are placed in programs for SED at a rate that is three and one half times that for females. Students who express themselves in externalizing ways are likely to experience punishing consequences, especially if the students are minority males.

Particularly puzzling in the psychological is the absence of any evidence that D's social behaviors were assessed according to his subgroup (i.e., 7-year-old African American males from low (?) socioeconomic backgrounds). Direct observations of D's social behavior in various settings within the school (classroom, lunchroom, unified arts, etc.) would give a profile of D's anti-social and socially appropriate behaviors but also could provide a social validity assessment of how he compares to his specific peer group. Significant deviation from his peer group would provide more useful and valid information than the examiner's statement that his observation of D in the regular class "suggested behaviors, which were problematic to his relationships with his peers and educational staff." Or that the interview with the teacher suggested that his "aggressive and defiant behaviors are purposeful and controlled and appear not to be symptomatic of an individual who is emotionally handicapped." These are highly subjective evaluations that appear to be slanted largely toward the teacher's perceptions. The subjectivity continues with the Incomplete Sentence Test for Children, a projective test where the examiner speculates about the learner's thought patterns or internal states. In this case the psychologist reports that D's responses "exhibited aggressive thought content." No examples of D's responses were given in the report so the school psychologist's interpretation can not be legitimately questioned but one wonders the extent to which this assessment is based on preconceived notions about this child and if D's responses were viewed within a cultural context. Based on the teacher's perception that D's aggressive behaviors were purposeful, the school psychologist determines that D has a conduct disorder, a category that would render him ineligible for mental health services. Instead, D would be viewed as deliberate in his wrong doing and thus punished constantly and possibly severely, conditions more likely to increase rather than to ameliorate academic and social failure.

Learners from culturally diverse backgrounds need to be assessed according to the norms of their subgroup. There is also a need to *conduct multidimensional assessments* so that in addition to teacher ratings there should be peer ratings, self-reports, direct observations, parent ratings/reports, and an assessment of the learner's behavior in the community. Feng and Cartledge (1996), for example, found that although African American students received the lowest social skills ratings from their teachers, they received considerably more favorable ratings from their peers and the African American students were more positive in their peer ratings than either their European or Asian American peers. These latter measures present a more humane and socially competent perspective of the African American students.

The psychological report indicates a set of pre-referral interventions such as behavioral strategies and medication to manage D's problem behaviors were employed without much success. The school and teachers were wise to pursue positive behavioral procedures before proceeding with the referral for more specialized services. It is not clear, however, the degree to and skill with which these strategies were applied and how closely they were monitored. It is not likely that D's problems are a recent occurrence, but rather they are most likely long standing and can be traced to early childhood. If D's behavior problems are specific to the school, then more emphasis needs to be placed on classroom and behavior management skills by the teacher and other educators. *Full-time behavior management consultants* can be extremely valuable to classroom teachers such as D's. Competent specialists, assigned to schools with large numbers of at-risk students can make the difference between school failure and success for such students. This also points to the need for *general education teachers to be trained effectively in the principles of*

behavior management. In one recent informal survey by this author of 16 elementary school teachers, only two indicated that they had received formal coursework on classroom behavior management. Few general education classroom teachers receive preservice training in this area, and fewer still receive inservice assistance on the application of these procedures. One of the major factors that either contribute to or aggravate the behavior problems of African American students is that these students, especially those from low socioeconomic homes, often are taught by inexperienced or ineffective teachers who do not know how to create disciplined classrooms that foster academic and social growth. Children in these classrooms fail to develop critical basic skills or social skills needed for successful performance in subsequent grades. Eighty-eight percent of students who have not mastered basic skills by the fourth grade will never achieve grade level skill in these areas (Patton, 2001).

Another important issue is the cultural competence of the teacher. Teachers whose culture or class differ from that of their students are likely to misinterpret the students' behaviors, often attributing to the student more pathology or punishing consequences than warranted. There is a need for *cross-cultural training*, especially for female teachers who are likely to overreact to the externalizing behaviors of boys and inadvertently "empower" these youngsters in the very behaviors they wish to extinguish.

It is also imperative that African American students be recipients of *effective instruction*, that is, empirically validated approaches to developing basic skills such as *Direct Instruction*. This rapid paced, high response rate of instruction repeatedly has been shown to be effective in helping low socioeconomic African American students acquire grade level skills. In order to accomplish this, teachers need to be trained in the principles of effective instruction and the students need to come to school equipped with the prerequisite readiness skills. The latter condition points to the need for quality early intervention/education programs. *Early intervention, birth to 3*, involves servicing families of high-risk infants, i.e., risk factors such as family criminality, homelessness, premature/single parenting, family pathology. Parents and/or other caretakers would be educated on ways to nurture the cognitive and social development of children. At the age of three these children would be enrolled in *preschool programs* that would continue nurturing the social, cognitive, emotional and intellectual development of these children and their families. The work by Campbell, Pungello, Miller-Johnson, Burchinal, & Ramey (in press) is instructive for this purpose. These authors found high quality early childhood child-care to have a lasting effect on cognitive and academic development even into adulthood.

Visit to local school system

During this visit we met with administrators and professional assessment/teaching staff within special education. Special education professionals reported taking excellent steps to improve the academic performance (e.g., training in Direct Instruction) and the social development (e.g., inservice training in behavior management for all teachers) of their students. They also are providing diversity training for their staff. My observation about this is the even greater need to provide similar training for teachers and other professionals in general education. Children with learning and behavior disorders often languish in general education classes before receiving any specialized intervention. If general educators are prepared to manage more effectively aberrant

behaviors and to provide effective academic instruction, much of the need for special or intensive intervention can be minimized.

Training in cultural diversity can be most beneficial if it is made specific to the services being rendered. That is, if teachers, for example, are making judgements about the behaviors of children from culturally diverse backgrounds, they should be helped to differentiate behavior differences from behavior disorders. Similarly, examiners would learn to assess students from cultural and linguistically diverse backgrounds according to subgroup norms. "Enlightenment" does not necessarily translate into skills needed to assess and teach students from culturally diverse backgrounds.

The extent to which cultural misperceptions contribute to the disproportionality of African Americans in B-ED programs in North Carolina is not entirely clear. There is no question that this is a complicated issue, compounded by many other factors, not the least of which is poverty. Over identification becomes a major concern if we label incorrectly and further stigmatize these students by placing them in programs where the curriculum is one of control rather than academic and social growth. A point of critical focus right now, however, is prevention: How do we provide within the general education curriculum the effective instruction and management procedures that lead to school success and greatly reduce the numbers of African American students who need specialized services?

The following bulleted recommendations are a means to summarizing the above:

Prevention

- Provide high quality early childhood care, starting at birth. Identify families according to high-risk indicators.
- Provide early childhood programs that ensure academic and social readiness skills by the time the student enters kindergarten and first grade.
- Staff primary classes with well-prepared and experienced teachers.
- Infuse curriculum for general education preservice and inservice teachers with content on effective instruction (principles of direct instruction) and positive behavioral interventions.
- Provide behavior management consultation on full-time basis to teachers within schools with large numbers of African American students who evidence behavior problems. Interventions should emphasize positive behavior supports rather than principally punitive measures.
- Systematically teach social skills from preschool throughout the grades.
- Train all general and special education professionals in cross-cultural competence, particularly as it relates to the specific services they are to administer.
- Set grade level expectations for all students.

Assessment

- Use local norms, based on the learner's subgroup

- Conduct multidimensional assessments (teacher ratings, peer assessments, self-reports, direct observations, parent reports, etc)
- Train evaluators in cross cultural competence
- Utilize evaluators knowledgeable about the child's culture and background.
- Assess the child's strengths within own community

Specialized Services

- Provide intensive instruction in academic skills, avoid curriculum of control.
- Instruct in critical social skills.
- Place in least restrictive environment.
- Closely and accurately monitor student academic and social progress
- Return to mainstreamed classroom as soon as possible with supports.
- Provide support and other resources on extended basis.

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Survey for Professionals who Provide BED Services in North Carolina Schools

In response to a legislative mandate, the North Carolina Department of Public Instruction is sponsoring a project to examine BED services across the state. This project is being conducted by the Center for Developmental Science at the University of North Carolina at Chapel Hill under the direction of Dr. Thomas W. Farmer. The aim is to examine current services and to consider possible ways for supporting teachers and school systems in meeting the needs of youth with BED. Your complete cooperation is requested to ensure that we successfully complete this project.

We ask that you complete the attached survey. This survey is being distributed to BED professionals at 40 randomly selected school systems across North Carolina. Every teacher or caseworker in your school system whose primary responsibility is to promote the delivery of services to youth with BED is being asked to complete the survey. This includes self-contained BED classroom teachers, BED resource teachers, BED teachers who team-teach in general education classrooms, BED casemanagers, and BED consultants. The survey takes 10-20 minutes to complete.

All information from this survey will be kept confidential. Your survey is coded to conceal your identity. Only the principal investigator and the project director know the identity of the code numbers. After data are collected and entered, the list of names and codes will be destroyed. All information released to the Department of Public Instruction and the school system will be summary statistics that conceal the identity of individual students, teachers, schools, and school systems.

If you have any questions regarding this project, please contact Tom Farmer at the Center for Developmental Science (919-962-0333) or Diann Irwin at the Department of Public Instruction (919-807-3298).

General Instructions:

BED teachers who provide direct academic and behavioral services to students are asked to complete sections I and II. In these sections, please complete only for those students who are identified as BED. When you are asked to list a student's name, please write only the first name. If two or more students in your class have the same first name, please also write the first initial of their last name.

All BED teachers (including casemanagers and consultants) are asked to complete sections III and IV. For any questions that are not relevant, please indicate with N/A. Please answer all questions as accurately as possible.

Thank you! We greatly appreciate your help.

Please indicate your current position:

____ Self-contained BED classroom teacher (complete all 4 sections)

____ Resource BED teacher (complete all 4 sections)

____ BED teacher team-teaching in general education classroom (complete all 4 sections)

____ BED casemanager

____ BED consultant

____ (Other) _____

Survey number: _____

Section 1. Academic Strategies

In the student column list the name, age, and race of each BED student that you teach (do not list students in other categories). In each academic column, list the two instructional strategies (e.g., assignments from textbooks, whole class, small group, direct instruction, worksheets, one-on-one instruction, peer tutoring, cooperative learning) that you use most frequently with this student for that particular subject area. If the student is out of your class for any of the subjects, please write where the student is receiving this instruction (i.e., general education class, resource room).

Student	Reading	Math	Science	Language Arts	Social Science	Writing
Name: Age: ____ Race: ____						
Name: Age: ____ Race: ____						
Name: Age: ____ Race: ____						
Name: Age: ____ Race: ____						
Name: Age: ____ Race: ____						
Name: Age: ____ Race: ____						
Name: Age: ____ Race: ____						
Name: Age: ____						

11. Academic Strategies (continued)

In the student column list the name, age, and race of each BED student that you teach (do not list students in other categories). In each academic column, list the two instructional strategies (e.g., assignments from textbooks, whole class, small group, direct instruction, worksheets, one-on-one instruction, peer tutoring, cooperative learning) that you use most frequently with this student for that particular subject area. If the student is out of your class for any of the subjects, please write where the student is receiving this instruction (i.e., general education class, resource room).

Student	Reading	Math	Science	Language Arts	Social Science	Writing
Name: Age: Race:						
Name: Age: Race:						
Name: Age: Race:						
Name: Age: Race:						
Name: Age: Race:						
Name: Age: Race:						
Name: Age: Race:						
Name: Age: Race:						

Section II. Related Services and Interventions

In the student column write the name of the student (list BED students only). In the related services column list each type of agency/professional (e.g., mental health, social services, pediatrician, juvenile justice, speech language pathologist, vocational counselor) that you have had contact with for each student. In the parentheses put the approximate number of times during the current year that you have had contact with that agency/professional. In the intervention column list the three interventions (e.g., behavioral contracts, exclusionary time-out, group process, inclusionary time-out, individual counseling with school psychologist or guidance counselor, life-space interviews, office referrals, social skills training, verbal praise, physical restraint, token economy, points and level, student self-monitoring) that you use most frequently with this student.

Student	Related Services	Emotional/Behavioral Interventions
Name:	( ) ( )	
Name:	( ) ( )	
Name:	( ) ( )	
Name:	( ) ( )	
Name:	( ) ( )	
Name:	( ) ( )	
Name:	( ) ( )	
Name:	( ) ( )	

II. Related Services and Interventions (continued)

In the student column write the name of the student (list BED students only). In the related services column list each type of agency/professional (e.g., mental health, social services, pediatrician, juvenile justice, speech language pathologist, vocational counselor) that you have had contact with for each student. In the parentheses put the approximate number of times during the current year that you have had contact with that agency/professional. In the intervention column list the three interventions (e.g., behavioral contracts, exclusionary time-out, group process, inclusionary time-out, individual counseling with school psychologist or guidance counselor, life-space interviews, office referrals, social skills training, verbal praise, physical restraint, token economy, points and level, student self-monitoring) that you use most frequently with this student.

Student	Related Services		Emotional/Behavioral Interventions
Name:	( )	( )	
Name:	( )	( )	
Name:	( )	( )	
Name:	( )	( )	
Name:	( )	( )	
Name:	( )	( )	
Name:	( )	( )	
Name:	( )	( )	

Section III: Instruction, Intervention, and Assessment

Please answer each question. If a particular question is not relevant for your role please indicate with N/A.

Time use

1) On average, I spend about _____ % of each week teaching academic subjects.

2) On average, I spend about _____ % of each week addressing students' emotional and behavioral needs.

3) On average, I spend about _____ % of each week planning and completing paperwork.

4) On average, I spend about _____ % of each week collaborating with other teachers and related services professionals.

Curriculum (should add to 100%)

1) _____ % of the time, I teach the standard curriculum without any modifications.

2) _____ % of the time, I teach the standard curriculum with adaptations.

3) _____ % of the time, I teach subjects that are not offered in the standard curriculum. What are they? _____ Yes _____ No

Collaboration

1) Most of my students receive some instruction from general education teachers _____ Yes _____ No

2) I collaborate at least once a week with general educators regarding the standard curriculum _____ Yes _____ No

3) I collaborate at least once a week with school-based related service providers to meet students' academic and behavioral needs _____ Yes _____ No

4) I collaborate at least twice a month with community agency service providers to meet students' emotional and behavioral needs _____ Yes _____ No

Assessment and Identification

Indicate your beliefs on the first three questions by checking True or False

1) The current definition and decision criteria for BED facilitate the accurate identification of students who need BED services _____ True _____ False

2) Students with conduct disorder should not receive services in BED classrooms _____ True _____ False

3) Current assessment and identification practices for BED are responsive to cultural differences _____ True _____ False

I believe that assessment and identification practices could be improved by:

_____

_____

Section 1 Training and Licensure

1) I have completed an undergraduate program in B/ED _____ Yes _____ No _____ Yes _____ No In North Carolina?

2) I have completed a graduate program in B/ED _____ Yes _____ No _____ Yes _____ No In North Carolina?

3) I am licensed or certified in the following areas:

_____

_____

4) For the following, indicate which topics you think would be most useful for inservice workshops. Put a "1" in the blank for each inservice that is very needed; put a "2" in the blank for each inservice that is somewhat needed; put a "3" in the blank for each inservice that is needed.

_____ Adapting the standard curriculum   _____ Cultural issues in assessment

_____ Collaboration with general educators   _____ Preventing gang involvement

_____ Instructional practices for minority youth   _____ Intervention strategies for minority youth

_____ Collaboration with outside agencies

_____ Schoolwide discipline practices

_____ Working with parents

5) In terms of meeting the needs of students, please indicate which individuals are important in helping you provide effective services to BED students. Put a "1" in the blank to indicate each person who is very important; put a "2" in the blank to indicate each person who is somewhat important; put a "3" in the blank to indicate each person who is not important; put "NA" in the blank to indicate that such a professional is not available in your school.

_____ School psychologist   _____ District or state BED consultant   _____ Guidance counselor

_____ School social worker   _____ Building administrator   _____ Teacher assistant

_____ Another special educator in the school _____ General educator   _____ Parent/school liaison

_____ Speech language pathologist   _____ Vocational counselor/teacher   _____ School safety/prevention specialist

6) How long have you been a special educator for students with BED? _____ years

7) What sorts of training do you think would be helpful for classroom teaching assistants?

_____

_____

ID	Parent's ID	_____
SCHOOL	School district	_____
DATE	Date of call	___ ___ / ___ ___ / ___ ___
INT	Interviewer's initials	___ ___ ___

Hi, I'm trying to reach a parent or guardian of "child's name." Would that be you? I'm "name," I'm calling you because the North Carolina Department of Public Instruction has asked the University of North Carolina to conduct a survey to find out what kinds of services students are getting to address emotional and behavioral problems and how satisfied parents are with those services. The questions will take just about 10 minutes and will be really helpful to the state to learn how to provide the best possible services for students.

Let me tell you a little bit more about what we're doing. We drew a random sample of 300 students across the state who are receiving special services in schools, and we're now calling each student's parents to ask them about services. Everything you tell me will be completely confidential. The report will never identify individual children or families. Can we go ahead and do them now? (If not, schedule a time to call back – "when would be a good time for me to call you? What about some time tomorrow?")

RESP   Respondent's relationship to child

<div align="right">

Mother.........................1
Father..........................2
Other adult relative.........3
Non-relative.................4
Other_____5
* DK.............................6

</div>

SEX   Child's sex (ask only if unclear)

<div align="right">

Female........................0
Male...........................1
DK.............................2

</div>

*   DK stands for "Don't Know" throughout the survey.

We have that "child" attends school in the "school district." Is that still correct?

No.........................0
Yes........................1
DK.........................9

If "no," ask:
Where is "child" now attending school? _____
(write name of school district, homebound, long-term suspension, etc.)

GRADE. What grade is "child" currently in?

_____

I'd like for you to think about this whole school year – so from August until now. I'm going to read you a list of services children might receive. I'd like for you to tell me if "child" has received any of these services during this school year.

First, services he/she might have gotten at school....

Number	Question	Coding 0=no 1=yes 8=NA 9=DK
DPICASA1	Has he/she been in an alternative school or other special school?	
DPICASA2	...been in a special class at school for at least half the day on most school days?	
DPICASA3	... received help in a resource room?	
DPICASA4	Has he/she been on homebound instruction?	
DPICASA5	Has he/she had a classroom aide or shadow?	
DPICASA6	Has he/she seen a school counselor, school psychologist, or school social worker because of any behavior or emotional problems?	
DPICASA7	Has he/she been in any special before or after school program for such problems?	
DPICASA8	Has he/she received any vocational services	
DPICASA9	Has he/she received any other types of services in school? If yes, what?_____	

SCH1. Now thinking JUST about what happens at school, would you say that "child" is currently getting the services he/she needs? Would you say "yes, definitely," "yes, pretty much," "no, not really," or "no, not at all?"

Yes, definitely...................3
Yes, pretty much...............2
No, not really...................1
No, not at all....................0
NA.....................................8
DK....................................9

If anything other than "yes, definitely," ask
SCH1a. What do you think needs to be changed about "child's" school services? (record verbatim or key ideas)

_____

_____

_____

SCH2. During the current school year, have you attended any IEP meetings?

No.......................0
Yes.....................1
NA.......................8
DK.......................9

SCH3. How satisfied are you with the way you've been involved in planning "child's" services at school? Would you say, very satisfied, somewhat satisfied, not at all satisfied?

Very satisfied...................2
Somewhat satisfied...........1
Not at all satisfied............0
DK....................................9

If "somewhat" or "not at all," ask:
SCH3a. What things have you not been satisfied about?

_____

_____

SCH4. Overall, how satisfied are you with the services "child" is getting at school? Would you say, very satisfied, somewhat satisfied, not at all satisfied?

Very satisfied...................2
Somewhat satisfied...........1
Not at all satisfied............0
DK....................................9

If "somewhat" or "not at all," ask:
SCH3a. What things have you not been satisfied about?

_____

_____

Now, thinking about services *beyond* what he/she gets in school. I'd like for you to think about the same time period, that's since the school year started in August.

Number	Question	Coding 0=no 1=yes 8=NA 9=DK
DPICASA10	Has he/she gotten any outpatient treatment from a therapist, psychiatrist, psychologist, or social worker? This could be at a mental health center or a private practice.	
DPICASA11	Has he/she been in any type of residential facility, like a group home, therapeutic foster care, a residential treatment center, or a wilderness camp?	
DPICASA12	Has he/she been in a hospital because of any behavioral, emotional, or substance use problems?	
DPICASA13	Has he/she had contact with the police, a court counselor, or probation officer because of anything he/she did?	
DPICASA14	..or been in a detention center, training school, prison, or jail?	
DPICASA15	Has he/she received any services from social services because of emotional, behavioral, or substance use problems?	
DPICASA16	Has he/she received any case management or care coordination services?	
DPICASA17	Has he/she seen a medical doctor for any emotional, behavioral, or substance use problems?	
DPICASA18	… or been to a hospital emergency room for those types of problems?	
DPICASA19	Has he/she seen a minister, rabbi, or priest for emotional, behavioral, or substance use problems?	
DPICASA20	Has he/she gotten help from any self-help groups, like AA?	
DPICASA21	Or gotten help from other adults in your family, neighborhood, or community for emotional, behavioral, or substance use problems?	
DPICASA22	Has he/she gotten help from anywhere else that I haven't mentioned for such problems? If yes, what/where?_____	

COMM1. Now thinking about services beyond school, would you say that "child" is getting the services he/she needs? Would you say "yes, definitely," "yes, pretty much," "no, not really," or "no, not at all?"

Yes, definitely.....................3
Yes, pretty much...............2
No, not really....................1
No, not at all.....................0
NA.....................................8
DK.....................................9

If anything other than "yes, definitely," ask:
COMM1a. What do you think needs to be changed about "child's" services beyond school? (record verbatim or key ideas)

_____

_____

COMM2. Overall, how satisfied are you with the services "child" is getting outside of school? Would you say, very satisfied, somewhat satisfied, not at all satisfied?

Very satisfied..................2
Somewhat satisfied.........1
Not at all satisfied............0
DK..................................9

If "somewhat" or "not at all," ask:
SCH3a. What things have you not been satisfied about?

_____

Q1. Is there anything else you'd like to tell me about "child's" services?

_____

_____

And just two final questions:
AGE. What is "child's" current age?   _____

RACE. And what is "child's" race?

African American........................1
European American.....................2
Hispanic...................................3
Asian.......................................4
Mixed.......................................5
Other..6
Refused....................................8
DK...9

Thanks very much. Everything you've told me will be kept confidential. Your answers are really helpful for making the state aware of what types of services students are using and how those services are working. Do you have any other questions or comments at this time? Great, thanks again. If you should think of any questions after we hang up, I'm "name" and our toll-free number is 1-888-869-2310.