THE BLACK AND WHITE WORLD OF EMOTIONAL DISTURBANCE

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A Dissertation

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DEDICATION

I dedicate this to my family. First and foremost to my supportive wife who made this whole thing possible. To my parents, sorry it took so long. And finally to my son @, this is so you know what is possible.
ACKNOWLEDGEMENTS

I would like to acknowledge and the California Association of Private Special Education Schools (CAPSES). The Wayne Kaleolani Miyamoto Public Policy Fellowship helped me cover the costs of this project and allowed me to finish in a timely fashion. Thank you CAPSES.
A big thank you goes to Dr. Ed Arndt for his help in writing the psychologist report.
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- Community Day Schools  
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Mental health and behavior problems occur at high rates among Latino students in California; however, Latino children are less likely than African American and white children to receive special education services for these problems. Efforts to understand and address these disparities should include research to understand how school psychologists perceive and respond to student behaviors based on the student’s ethnicity. To this end, this study conducted an Internet-based experiment with a sample of 43 school psychologists from across California. The primary aims for the study were: (1) to determine how being Latino impacts students’ eligibility for service when they have emotional challenges; and (2) to determine if school psychologists identify mental health needs in Latino students at the same rate as white or African American students.

All participants were given a demographic survey, a clinical case vignette, and a clinical questionnaire. The ethnicity of the student in the vignette was randomly assigned and represented the only manipulation in the study. When asked if the student qualified for special education, participants assigned the non-Latino vignettes qualified the student at a greater rate than subjects receiving the Latino vignette and the difference was significant. Most other comparisons did not yield statistically significant results.
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Chapter 1

INTRODUCTION

Studies suggest that a significant proportion of all students with emotional problems are not receiving needed mental health services (Burns et al., 1995; Realmuto, Bernstein, Maglothin, & Pandey, 1992; Tuma, 1989). Several researchers have claimed that nonwhite students who suffer from emotional problems may be further underserved (Burns, 1991; Cross, Bazron, Dennis, & Isaacs, 1989). Unfortunately, little is known about the actual rates of minority child mental health service use (Cheung & Snowden, 1990; Sue, 1977) but it has been estimated that as many as 10% to 20% of school-age children have emotional challenges (Mash & Dozois, 2002) and 5% of all children have an emotional disturbance that significantly impacts their daily school and home functioning (Coutinho & Oswald, 2005).

Presently there are more than 27,000 students classified as emotionally disturbed (ED) in California (California Department of Education, 2009). African American and White students represent a significantly larger percentage of children identified as ED while there tends to be fewer Latino children identified as ED than is found in the general population (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). Figure 1 shows that Latino’s make up 50.37% of the all students in California, but fewer than 29% of the students who receive services under the category of ED (California Department of Education for 2009-2010 school year).
Information about minority students is acutely important given the increase of this population. The U.S. Bureau of the Census (2009) estimates that by the year 2025, today’s Latino minority will be tomorrow’s majority, representing over 51% of the population of the Western United States. As California’s population continues to diversify ethnically and racially, it is important to provide services to the growing groups of minorities. Research has shown that outcomes for students with ED are poor (Landrum, Tankersley, & Kauffman 2003), but with services their chances for success greatly improve.
Defining Emotional Disturbed

From state to state, among all the disability categories, the prevalence of ED varies the most (Hallahan, Keller, & Ball, 1986). It has been claimed this wide variability is due, at least partly, to confusion, ambiguity, and the differences in definitions and interpretations of the meaning of emotional disturbance (Gresham, 2005).

Despite these different definitions, the Individuals with Disabilities Education Act Section 1912(c)of 2004 (IDEA) does clearly define ED as a condition characterized by one or more of the following characteristics:

1. An inability to learn that 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 behavior 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.

These characteristics must be present over an extended period of time and to a marked degree that adversely affects educational performance in order to qualify as ED. In addition to these characteristics outlined above, emotional disturbance also includes schizophrenia. The term emotionally disturbed does not apply to children who are only socially maladjusted, unless it is determined that they also meet one of the other criteria (IDEA, 2004, Regulations 300.8). Kauffman (2005) define emotional disturbance as
significant behavioral and social problems that negatively impact a student’s academic success.

Although IDEA does provide guidelines, the process of identifying students as ED and thus qualifying them for services can nevertheless be a very subjective process. This qualitative study looks at how student ethnicity impacts the qualification process. School psychologists will be asked to make a determination about a student’s eligibility based on a psychological report that controls for student ethnicity. Three ethnicities will be used—African American, White, and Latino. If the number of students found eligible for services varies for any of the groups, then we can say there is a bias in the qualifying process. This bias can then be addressed by policy or a call to school leadership.

Statement of the Problem

The issue of school segregation in American public schools predates *Brown v. Board of Education* (1954). The argument against segregation is that separate is never equal. This same idea was later applied to students with disabilities in the 1960s and early 1970s (Yell, Rodgers, & Rodgers, 1998). Congress passed and the president signed Public Law 94-142, or the Education for All Handicapped Children Act (EAHCA), to include students with disabilities in public education. The EAHCA delineated the educational rights of students with disabilities and promised that all students could be educated at their local school. This promise was imbedded in the phrase “least restrictive environment” or LRE (Kauffman, Bantz, & Mccullough, 2002). The idea of LRE is to keep students in their home schools and with their normally developing peers. However, this goal is not always appropriate to meeting the needs of students (Morse, 2001).
addition to this problem, despite the fact that schools have attempted to include disabled students in public education, the persistent problem of disproportionality of students qualifying as ED shows that problems with inequality in the school system still exist. The next section defines the term disproportionality and examines it more closely.

In regards to disproportionality, this can be through two lenses. The first is that schools are excluding African-Americans (Hosp & Reschly, 2003, 2004) from general education settings. The second is that they are underserving Latinos and Asians students (Burns et al. 1995; Realmuto, Bernstein, Maglothin, & Pandey, 1992; Tuma, 1989). The question is how do we identify which is the case, or if we are doing both (Coutinho, & Oswald, 2000, Losen & Orfield, 2002, MacMillan & Reschly 1998)? This study assumes students are being underserved, based on the work of others in the field (see Kaufman 2006).

**Disproportionality Defined**

In the field of special education, “disproportionality” is a persistent challenge. It is “the over-representation of specific groups in special education programs in relation to their representation in the overall enrollment, and/or the under-representation of specific groups in accessing intervention services, resources, programs, rigorous curriculum and instruction” (Metropolitan Center for Urban Education, 2007, slide 16).

Typically, the term “disproportionality” describes the situation in which more students of specific racial and ethnic groups are identified with disabilities and placed in special education programs than would be expected. Statistically, the term disproportionality indicates a proportion of students in special education that is
inconsistent with the proportionate representation that a specific racial or ethnic group holds in the overall population (Morrow, 2009).

African American and American Indian students are clearly overrepresented in certain disability categories in the national data (USDE, 2010). In California, 10.8% of all students are classified as special education. In the overall student population, 7.43% are identified as African American and 0.76% are identified as American Indian. In special education however, 11.14% are identified as African American and 0.86% are identified as American Indian; both groups are significantly overrepresented in special education (California Department of Education, 2010).

Specific groups tend to be underrepresented which is also considered an issue of disproportionality (Gamm, 2007). Asian/Pacific Islander students are underrepresented. They account for 11.53% of all students but make up less than 6.67% of students in special education (California Department of Education, year).

Data have been inconsistent for Hispanic students (Skiba, Poloni-Staudinger, Simmons, Feggins-Azziz & Chung, 2005). Some districts show an overrepresentation of Hispanic students in special education programs, but most do not (Gamm, 2007; Metropolitan Center for Urban Education, 2007).

Disproportionality can be seen through two lenses. The first is that schools are excluding African Americans (Hosp & Reschly, 2003, 2004) from general education settings. The second is that they are underserving Latino and Asian students (Burns et al. 1995; Realmuto, Bernstein, Maglothin, & Pandey, 1992; Tuma, 1989). The challenge is to identify which is the case or if schools are doing both (Coutinho & Oswald, 2005;
Losen & Orfield, 2002; MacMillan & Reschly 1998). This study assumes students are being underserved, based on the work of others in the field (Kaufman, 2006). In this study, disproportionality refers to the disturbing situation in which many Latino students are not identified as having disabilities. They are given access to special education services at disproportionately lower rates when compared to their white peers.

**How Eligibility Is Determined**

In the special education system, a student is found eligible for services under one or more of the federally determined disability classification categories. There are 13 federal eligibility categories: Autism; Deaf-Blindness; Deafness; Emotional Disturbance; Hearing Impairment; Mental Retardation; Multiple Disabilities; Orthopedic Impairment; Other Health Impairment; Specific Learning Disability; Speech or Language Impairment; Traumatic Brain Injury; and Visual Impairment.

Most of these categories are straightforward in terms of eligibility requirements. For example, Gamm (2007) points out that the categories of hearing impairment, visual impairment, and traumatic brain injury are categories with specific medical requirements and a medical professional is involved when students are classified in these categories. Eligibility for other categories is determined in a more subjective manner. The categories of mental retardation, emotional disturbance, and specific learning disability all require judgments by the school professionals in order to classify students in these eligibility categories. O’Connor and Fernandez (2006) describe this process as an art as opposed to a scientific or medical decision. While students who are classified in more objective categories usually come to school with a clear disability determination, those classified in
the more subjective categories are typically identified by school personnel after they have failed academically, socially, or both (Carter, 2004; O’Connor & Fernandez, 2006). Disproportionality is not a concern for categories that require less professional judgment or judgments from medical professionals, such as orthopedic impairment, hearing impairment, and vision impairment. However, disproportionality becomes problematic in the more subjective categories that require the judgment of school professionals, including mental retardation, learning disability, and emotional disturbance (Carter, 2004; O’Connor & Fernandez, 2006; Harry & Anderson, 1994).

**Nature of the Study**

This study was designed to collect data on the perceptions and practices of school psychologists. The data for this study was collected in two phases, an online survey of current psychologists from several districts, followed by interviews of selected psychologists from the survey. The survey and interview protocol were designed to collect data on the following research questions:

1. How does being Latino impact students’ eligibility for service when they have emotional challenges?

2. Do school psychologists identify mental health needs in Latino students at the same rate as white or African-American students?

The data that was collected was analyzed to determine the influence ethnicity had in determining eligibility. The data were analyzed by an ANOVA.

**Theoretical Framework**
States have a widely different percentage of students receiving services for ED. The category of ED shows the greatest variability in prevalence among states of any disability category (Hallahan, Keller, & Ball, 1986). Arkansas reports the national low at 0.1% while Minnesota reports the national high at 2.0% (Reschly, 2002). Large states like California have similar fluctuations by geographic region. It has been claimed this wide variability is due, at least partly, to confusion, ambiguity, and the differences in definitions and interpretations of the meaning of emotional disturbance (Gresham, 2005).

The Individuals with Disabilities Act of 2004 (IDEA) defines ED as a condition characterized by one or more of the following characteristics over an extended period of time and to a marked degree that adversely affects educational performance: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers or teachers; (c) inappropriate types of behaviors or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems. It includes children who are schizophrenic but excludes children who are socially maladjusted, unless they also meet one of the other criteria for ED.

The first criterion (a) mirrors the category of specific learning disabilities. Criterion b implies that ED could primarily involve a social skills deficit. Whereas, criteria c and d seem to suggest that ED primarily involves internalizing disorders. Criterion e covers somatic and phobia conditions. ED cannot include externalizing behavior problems (e.g., aggression, oppositional behavior, conduct disorder) (Gresham
2005). To qualify as ED, a student must meet one or more of the above criteria as well as all three limiting criteria of severity, duration, and impact on school performance.

Kauffman (2005) offers a simpler definition of emotional disturbance: significant behavior and social problems that impact academic success negatively. Unfortunately, this definition would include students excluded by the legal definition.

States define ED and the eligibility criteria used by local school districts in the identification of children for service. States must specify criteria that are consistent with the federal definition; however they interpret that definition based on their own standards, programs, and requirements (McInerney, Kane, & Pelavin, 1992). Many states have adopted their own specific terminology and criteria (Gonzalez, 1991; Swartz, Mosley, & Koenig-Jerz, 1987; Tallmadge, Gund, Munson, & Hanley, 1985). According to McInerney et al. (1992), “The resulting differences in definition and eligibility criteria make it difficult to evaluate the identification rates of children with serious emotional disturbance” (p. 46).

The nebulous definition presents a major challenge in the identification of students as having ED. School psychologists must make decisions regarding whether emotional and/or behavioral difficulties constitute a disability based on a somewhat vague definition. Gresham (2005) asked when a behavior problem becomes an “emotional disturbance.” He then used great examples to illustrate the subjective nature of the question, but failed to mention how there could be a racial or ethnic component to the answer. Given there are excluded categories, this determination will lead to the inclusion or exclusion of students.
The category of ED describes a group of students whose behavior differs from their peers more in terms of degree rather than in kind. When a student is hearing impaired there is an objective measure (e.g., hearing loss >100 decibels, bilaterally) but that is not the case for students with ED (Gresham 2005). No objective tests or criteria exist for determining which students are ED and which are not.

Assumptions

This study focuses on the perceptions of psychologists in public high schools. Specifically, the study will examine the decision making process of school psychologists when the ethnicity of the student is the only variable. The study will examine issues of access but will be limited to current school psychologists in three school districts. Several assumptions underlie the study:

1. Latinos can be studied as a single group.
2. Students with emotional challenges benefit from school services.
3. Participants will respond in good faith, honestly, and in a timely manner.
4. Participants will understand the survey questions.
5. The psychologist report presented in the study is ambiguous.

Additionally, the perceptions and practices of the psychologists in the study may not be applicable to other geographic areas.

Significance of the Study

This research is significant to the domain of mental health support in schools as it extends the knowledge base that currently exists in that field. This research study
could provide information on the issues of underserved youth with mental health needs, particularly Latino students, who historically have received less mental health support than other racial groups (Gudiño et al., 2009) and have had less school success (Burney & Beilke, 2008).

This research is also significant to the domain of overrepresentation of African American males in special education as it extends the knowledge base that currently exists in that field (Hosp & Reschly, 2003, 2004). The concept of overrepresentation has been a constant challenge to educational institutions since integration in the 1950s. School districts who have attempted to fix the problem and implemented correction plans understand the cost of overrepresentation (Hernandez, Harr, & Socias, 2008). Therefore, research that explores the continued practice will help to raise awareness among those who are unacquainted with its potential for harm to the educational setting of their students.

**Definition of Terms**

*Emotional disturbance* – The exhibition of one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: inability to learn that cannot be explained by intellectual, sensory, or health factors; inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; general pervasive mood of unhappiness or depression; and a tendency to develop physical symptoms or fears associated with personal or school problems.
FAPE – Free Appropriate Public Education as defined by IDEA and various court rulings.

IDEA – Current version of the Education for All Handicapped Children Act of 1975, the law that created a nationwide definition of special education and required that all children, without regard for ability, are entitled to attend public schools. It also defines the purpose of special education. IDEA 2004 clarifies Congress’ intended outcome for each child with a disability: students must be provided a Free Appropriate Public Education (FAPE) that prepares them for further education, employment, and independent living.

Mental retardation – Significantly below average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's education performance.

Latino – A term used to describe a person of Hispanic, especially Latin American, descent.

Low-income student – A student who is eligible for free or reduced-price lunches under the National School Lunch Act.

Conclusion

James Kaufman put it best when he said, “When we hear that all education should be special education or that general education should be so flexible and inclusionary that it meets the needs of all learners, we know that we are in the world of make-believe, not the world of realities” (p. 246). Mental health classroom schools
create a more flexible and inclusive setting for students who cannot be served in the general education setting. This does not happen if students are underserved. Kaufman argues that general education, no matter how good it is, cannot meet the needs of learners with disabilities.

Chapter 2 provides a detailed review of the literature on student representation in special education programs. The chapter provides a review of the background and history of overrepresentation and the literature discussing the under service of students of color in special education.

A brief overview of how disproportionality is measured is covered. It begins with descriptive measures that have been used (Artiles et al., 2005; Chinn & Hughes, 1986; Donovan & Cross, 2002; Oswald et al., 1999, 2001, 2002) to discuss disproportionality. These measures typically compare general and special education enrollment data. The chapter then discusses the composition index (Gibb & Skibba, 2008) which provides the percentage of students in a given disability category that are from a specific racial group. The composition is obtained by dividing the number of students in a given racial group within a category by the total number of students within that category. The risk index is discussed next. It represents the percentage of students in a particular group that are identified under a specific category. Westat (2003) suggests that the index for each group be compared to the risk of identification for all students whereas others prefer to refer to white students as the standard (Klinger et al., 2005). Finally, the relative risk ratio, the one used in this study, is presented. It is the risk index of group divided by the risk index of a comparison
group (i.e., Latinos’ risk index to Whites’ risk index). It is the method preferred by many (Artiles et al., 2005; de Valenzuela et al., 2006; Sullivan, 2007).

Theoretical explanations are reviewed in the subsequent section. These include the deficit perspectives and within-child deficits, poverty as the cause of disproportionality, historic structural inequities, and systemic bias as the cause of disproportionality. Structural inequity is a social artifact and should be addressed in the broader context of society (Artiles, 1998; Osher et al., 2004). Educator bias research has provided evidence that the race or ethnicity of students is associated with diagnoses (Lopez, 1989; Neighbors, Trierweiler, Ford, & Muroff, 2003), rates of service use (Snowden, 2003), and the identification of emotional disturbance among students (Coutinho, Oswald, Best, & Forness, 2002).

Chapter 3 explains the methods used in conducting quantitative analysis to determine the decision-making processes of psychologists in determining eligibility of students. This chapter also explains how the data will be collected and how the methods used for analysis.

Chapter 4 provides an account of the research tools used for data collection, the findings from the online survey and follow-up interviews, and an overall analysis of the data.

Chapter 5 examines and discusses the themes that emerged from the data regarding student ethnicity and eligibility. This chapter includes an interpretation of the findings as well as recommendations for action and for further study.
Chapter 2

REVIEW OF RELATED LITERATURE

The problem of disproportionality was introduced in the scholarly literature over 40 years ago. Copious numbers of empirical and theoretical articles have addressed the issue. This literature review begins with a description of the special education referral process. Subsequently, an overview of the disproportionality literature to provide a framework for understanding the perspectives and methodologies employed is discussed. That is followed by the literature discussing the under service of some students of color in special education. Together, these topics provide a foundation for understanding the need and purpose of the present study.

Special Education Referral Process

Just seven years after the passing of the Education for All Handicapped Children Act (1975), researchers Algozzine, Christenson, and Ysseldyke (1982) identified the referral process as the single most important factor in the eligibility determination for special education services. They found that 73% of students referred for an evaluation qualified for services. This study was later replicated by Ysseldyke, Vanderwood, and Shriner (1997), who found that 74% of evaluated students receive some type of services. Because referrals for evaluations are key to students eventually receiving services, it is important to understand the process used to refer a student for psycho-educational testing.
To understand the testing process, it is important to understand the referral process overall.

The referral process starts when a student exhibits behavior problems that interfere with his or her academic progress. This student is referred for help by a teacher, parent, administrator, or other stakeholder in the child’s life. A pre-referral meeting is scheduled. In California, this meeting is called a Student Success Team (SST) meeting. The team of the SST meeting includes general education teachers who are most familiar with the general education classroom and curriculum, administrators, and the guardians. The team may also include a school psychologist, a counselor, special education teachers, and related service personnel, such as speech and language pathologists. Each school selects team members depending on what works best for them.

The purpose of the SST process is to ensure that reasonable accommodations and modifications have been tried before the child is referred for special education assessment (Stamp, 2006). The team tries to work together to identify the child's learning strengths and needs to put strategies into action for the child to succeed in the general education classroom. This includes referring the child to assessment for special education. Figure 1 is a flow chart of the process.

Although the steps may vary by school, Stamp (2006) identified the following steps as most common in the SST process:

1. Review of child's strengths, interests, and talents.
2. Discuss reasons for referral, overall performance level, and behavior in the classroom.
3. List interventions previously tried and their rate of success. School interventions may include accommodations, modifications, and behavior plans. Home interventions may include follow up with health concerns, behavior plans, and therapy.

4. Brainstorm interventions that address concerns.

5. Select interventions to try. This could include a referral for special education assessment.

6. Develop a plan for carrying the interventions out.

7. Agree on a time to meet again to discuss progress.

8. Put the intervention into action and evaluate it over time. The timeline can vary greatly—from a couple of weeks to a school quarter or trimester, depending on the type of program set up.

The team meets again to discuss the success of the intervention—whether the child’s performance improved, remained the same, or decreased. If the interventions are effective and the child seems to be back on track, schools generally continue with the plan and hold future meetings as needed. This suggests the child does not need a special education evaluation.

If the interventions do not bring about desired change, the team may decide to try another intervention or alter the current one, starting the process again, or refer the child for special education evaluation to find out if the child is eligible for special education services as a student with a disability.
If the team decides to have a student assessed for special education, an assessment plan is developed and signed. The process moves from a general education process (SST) to a special education process (IEP). The assessment plan is a contract that states both the assessments to be administered and the timeline for the assessment; California\(^1\) requires the assessment to be completed within 60 calendar days (excluding school holidays longer than five days). The tests usually cover areas of academic achievement, intellectual ability, and social-emotional development. The school psychologist and special education teacher administer the assessments and develop reports for the team.

When the testing is complete, an IEP meeting is convened. Under Federal Law (IDEA 2004), the team is supposed to determine if the student is eligible for special education. The team’s decision is based on an expert’s evaluation and opinion. For example, a student would be found eligible for special education if the student qualified under speech impairment based on the testing and report of a speech pathologist. The same is true of a student with behavioral and emotional challenges. If the school psychologist’s tests shows the student to meet the criteria of a particular mental health issue (depression or anxiety for example) then that student would be found eligible for services under IDEA. If the school psychologist identifies the student as having a social maladjustment (conduct disorder), then that student would not be found eligible for service. Given the ambiguity of mental health diagnoses, it is this discussion by the psychologist that this study is examining.

\(^{1}\) Federal requires the same time line [34 CFR 300.301(c)] [20 U.S.C. 1414(a)(1)(C)].
**Figure 2. Special Education Referral Flow Chart.** This chart outlines the referral process from the beginning when a student exhibits behavioral problems that interfere with his or her academic progress, all the way through to the point where the student is found eligible for special education services and receives them or is found ineligible and does not receive services.

**Understanding Disproportionality**

Oswald et al. (1999) state that disproportionality refers to “the extent to which membership in a given [...] group affects the probability of being placed in a specific
disability category” (p. 198). While other definitions have been offered, few address both under- and overrepresentation, both of which must be recognized as problematic.

Disproportionality can be seen as an issue of equity or access in both general and special education. Even before the creation of the formal special education system by the Education for All Handicapped Children Act (Public Law 94-142) in 1975, there were concerns about the disproportionate representation of culturally and linguistically diverse students in special education programs (Dunn, 1967).

Since then, the literature has steadily documented the overrepresentation of African American and Native American students among those identified at both the national and state levels as having a high incidence of disabilities such as specific learning disabilities (SLD), emotional disturbances (ED), or mild to moderate mental retardation (MIMR) (Donovan & Cross, 2002; U.S. Department of Education, 2006). Conversely, Latino students tend to be underrepresented nationally and in many states, though LEA-level analyses show that they are overrepresented in some regions, particularly as SLD (Artiles et al., 2002, 2005). Finn (1982) hypothesized that the overrepresentation of Latino students in small LEAs may be due to the limited availability of English learners programs in small LEAs relative to larger ones that may have greater resources to provide language support. This was later supported by a policy report developed by Zehler et al. in 2003.

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2 SLD, MIMR, and ED, together they constitute more than 89% of all students receiving special education (U.S. Department of Education, 2006).
Many studies regard these disability categories, in particular the category of ED, as highly judgmental because of the ambiguity of their definitions and the subjectivity inherent in the evaluation process, including reliance on normative assessments. These studies claim that the inappropriate identification of ED can result in stigmatization, lowered expectations, reduced instruction, and exclusion from the general education process (Artiles et al., 2002; Ferri & Connor, 2005a; Patton, 1998). Likewise, these students experience more long-term negative outcomes including lack of enrollment in post-secondary education, employment, and independent living, and increased incarceration relative to their white peers who are similarly identified (Affleck, Edgar, Levine, & Kortering, 1990; Losen & Welner, 2002; Osher et al., 2002; Oswald, Best, & Coutinho, 2006).

Measuring Disproportionality

Within the disproportionality literature, a variety of methods have been employed to ascertain the level of disproportionate representation in a given sample. The techniques include descriptive and statistical approaches applied to all levels (national, state, district, and individual schools) with each measure answering a different question about the data (Bollmer et al. 2006). There is no established consensus as to which method is the most suitable because each provides only partial information about the extent of any disproportionality that is observed. Therefore, Artiles et al. (2005) suggested that multiple measures be utilized. The five most commonly used are described below.
Descriptive methods. Generally, descriptive measures have been used (Artiles et al., 2005; Chinn & Hughes, 1986; Donovan & Cross, 2002; Oswald et al., 1999, 2001, 2002) to discuss disproportionality. These measures typically compare general and special education enrollment data.

Composition index. The composition index provides the percentage of students in a given disability category that are from a specific racial group. The composition is obtained by dividing the number of students in a given racial group within a category by the total number of students within that category. Composite indexes are best interpreted in relation to the total population composition (Gibb & Skibba, 2008). Chinn and Hughes (1987) used the composition index to define the acceptable range of representation (plus or minus ten percent) of the percentage of representation expected given a group’s total enrollment. The U.S. Department of Education Office of Special Education Programs (OSEP) provided a range for states to use that specifies plus or minus twenty percent (Coutinho & Oswald, 2005). This index has been criticized as it can vary depending on the racial distribution of the population (Westat, 2003) and is overly sensitive to low enrollment of the target group or disability category (Skiba et al., 2000).

Risk index. The Risk index represents the percentage of students in a particular group that are identified under a specific category. It is obtained by dividing the number of students of a given group served within a specific category by the total enrollment of that group within the school population (see Figure 1). Westat (2003) suggested that the index for each group be compared to the risk of identification for all students whereas others prefer to use white students as the standard to refer to (Klinger et al., 2005). The
major limitation of this index is that it is sensitive to the overall special education rates
(Westat, 2003). Like the composition index, the risk index has been criticized for being
unclear and arbitrary (Coutinho & Oswald, 2000; Skiba et al., 2000). Finn (1982)
pointed out that the differences between racial groups tend to be small albeit they indicate
substantial relative differences.

Relative risk ratio. The relative risk ratio is the risk index of group divided by the
risk index of a comparison group (i.e., Latinos’ risk index to Whites’ risk index). It is the
method preferred by many (Artiles et al., 2005; de Valenzuela et al., 2006; Sullivan,
2007). A relative risk ratio of 1.0 indicates an equal representation, while a ratio greater
than 1.0 indicates a greater relative risk, and a value below 1.0 indicates less risk relative
to the comparison group. The particular values at which risk ratios constitute
disproportionality vary in the literature, typically ranging between 0.5 and 0.75 for
underrepresentation and 1.5 to 2.0 for overrepresentation (Parrish, 2002; Skiba et al.,
2004).

To use the relative risk ratio, the comparison group must first be defined. Some
choose to use all other students as the comparison group (Westat, 2003), but when doing
so, the comparison group is different for each group being examined, making it difficult
to compare the obtained values. The OSEP suggested that states use white students as the
comparison group (Klingner et al., 2005). Artiles and colleagues (2005) also argue that
white students should be used as the comparison group when examining the
representation of minority students, and provide the following rationale:
1. White students have been traditionally used as a comparison group in equity analyses because they are the dominant group in society who have not had systematic problems with access and opportunity issues,

2. White students have been used historically as a contrast group in this literature that facilitates trend analyses,

3. White students can be used as a stable contrast group because various cultural and linguistic groups are compared to the same group (p. 289).

As with the previously mentioned indices, the criteria for the risk ratio are arbitrary. Nevertheless, it is a preferred measure of disproportionality because it is not as sensitive to percentages of enrollment or overall identification rates (Westat, 2003), the information it provides is more accessible to a wide range of consumers (Coutinho & Oswald, 2005), and is easy to interpret in isolation (Bollmer et al., 2007).

**Statistical analyses.** Statistical approaches have also been used to measure disproportionality. Methods like Chi-Square allow for conclusions about statistical significance (Skiba et al., 2000). Sullivan et al. (2008) contend that statistical methods provide less accessible information that is less explanatory to the general audiences than the other more descriptive methods.

As illustrated in this section, there is an assortment of procedures used by researchers measuring disproportionality. Each method has its uses and limits. As each method provides part of the story about disproportionality, it is prudent to consider the uniqueness of the data and the purpose of the analysis before choosing a method and to
use multiple indicators to provide the most comprehensive understanding of the data
(Artiles & Rueda, 2002; Artiles, 2005).

**Theoretical Explanations**

Much of the research in the disproportionality literature focuses on the attempts to
explain it. The theories that have been proposed fall along a continuum ranging from
deficit perspectives to theories of social and systemic bias. In this section, the variables
related to investigating disproportionality are reviewed. The final variable, educator bias,
is the variable addressed by this study. It is addressed within the confines of this section
and then expanded on in its own section that includes a discussion of the methodology of
this study.

*Deficit perspectives.* Historically, within-child deficits regarding intelligence,
academic competence, and pathological behaviors have been used to account for the
misrepresentation of minority students in special education. Similarly, cultural deficit
models that assume dysfunctional values, social structures, and behaviors among
members of particular cultural groups (Solorzano & Yosso, 2001) have been used for the
same purposes. Both models have been criticized for failing to account for the
environmental factors that impact development and learning and ignoring the histories of
marginalization and disenfranchisement that continue to contribute to the current context
of unequal performance and outcomes in schools (Carter & Goodwin, 1995).

*Poverty.* McLoyd (1998) argued that disproportionality, specifically
overrepresentation, is due to the overrepresentation of children of color among the
nation’s poor, as they are three times more likely to live in poverty than white children
That is, special education placement is result of the negative impact of poverty on children's physical and cognitive development (O'Connor & Fernandez, 2006). From this perspective, some scholars have suggested that ethnicity is simply a proxy for poverty status in studies of disproportionality, therefore the focus on race is misplaced (MacMillan & Reschly, 1998). Others posited that minorities are more susceptible to disability, because they are differentially affected by economic, demographic, educational, and health factors (Coutinho & Oswald, 2005). The current literature does not support these perspectives. Hosp and Reschly’s (2004) analysis of the 1998 National Center for Educational Statistics (NCES) Common Core Data for ethnic minority students identified as MIMR, ED, and SLD looked at the relationship between demographic, economic, and academic factors and disproportionality. The authors argued for the importance of academic variables in studies of disproportionality, but found that these were consistently weak predictors of high identification rates for minority students. Skiba et al. (2005) argued that in order for the poverty model to be accurate, it would need to account for all variance due to race in special education representation. However, the trends in disproportionate representation they looked at showed that the influence of race exceeded the other child factors, including social economic status. Disproportionality has not been seen in the medically-diagnosed categories. If disabilities were due to the effects of poverty, increased identification would be expected in all categories. Additionally, Latino students are generally underrepresented across disability categories despite having similar poverty rates to African Americans.
Skiba et al. (2005) also found that economic variables to be poor and unreliable predictors of disproportionality. Their logistical regressions showed poverty was inversely related to the identification of African-American students having an SLD, whereas race significantly predicted overrepresentation, even when poverty was held constant. Ladner & Hammonds (1999) found that race contributed to identification rates even when poverty was controlled for in a similar analysis of several states.

Additional research has also contradicted the poverty hypothesis. Utilizing logistic regression with data from the 1992 Office of Civil Rights Elementary and Secondary School Survey and NCES Common Core Data, Oswald and colleagues (1999) found evidence for poverty having only a modest impact on African American students identified as ED. Instead, overrepresentation was most likely in high school districts with a high socio economic status. They found that only MIMR was positively related to poverty. Conversely, other studies found that disproportionality of Native American and African American students in mental retardation categories was actually lowest in high poverty districts (Coutinho et al., 2002; Oswald et al., 2001; Oswald et al., 2002). In these studies, only African American and Latino students in high poverty areas were at greater risk of being identified as having an SLD. Taking the results as a whole into consideration, the authors concluded that the data supported the theory that disproportionality is due to racial differences, or systemic bias, as opposed to differential susceptibility or the effects of poverty (Oswald et al., 2001; 2002).

*Structural inequities.* Some scholars argue that disproportionality is due to historic structural inequities and systemic bias. These are social artifacts and should be
addressed in the broader context of society (Artiles, 1998; Osher et al., 2004). Blanchett (2006) claimed that disproportionality cannot be separated from broader experiences that have shaped the impacted student. Therefore, disproportionality, a single aspect of the systemic disparities in the treatment and outcomes of minority students in American’s educational system, should be addressed from the context of institutional racism and discrimination, ethnocentrism, segregation, deficit thinking, and mental health stigma (Osher et al., 2004). Education is a culturally based practice and schools reproduce what has happened and what is happening in society’s current power structure (Harry, 1994; Nieto, 1995; Patton, 1998). Inequities such as poverty, poor health care, and high incarceration rates, are reflected in academic domains like achievement, school discipline, and special education identification (Daniels, 1998; Meier, Stewart & England, 1989).

Researchers (de Valenzuela et al., 2006) posit that the long-term effects of overt and covert inequities in access, quality instruction and curriculum, teaching force, and school climate affect student achievement and facilitate disproportionality. This is in contrast to others (Donovan & Cross, 2002; Hosp & Reschly, 2002) who claim that disproportionality is due to the higher incidence of academic and behavioral problems among minority students.

Research has repeatedly shown that minority students are more likely to attend poorly-funded schools with poor quality facilities and materials (Skiba et al., 2008), be taught by less experienced and/or less qualified teachers (Donovan & Cross, 2002), and be exposed to poorer quality curriculum and reduced instruction than are students who
are identified as White (Nieto, 1995). These inequities have been shown to have demonstrable effects on the achievement of students as they lead to reductions in time engaged in instruction, which has been linked to gaps in achievement (Skiba et al., 2008).

**Educator Bias.** It has been suggested that the special education referral process is biased and that it leads to disproportionality (Oswald & Coutino, 1998). Research has shown that the bias comes from the assessor and not the psycho-educational testing instruments, as they have been normed across cultures (Reynolds, Lowe & Saenz, 1999; Skiba, Knestling & Bush, 2002). Nieto (1995) showed that the problem begins in the teacher referral process, where intrapersonal bias and cultural dissonance can explain overrepresentation. That is, white educators, who constitute the vast majority of the assessors (teachers and psychologists), are likely to interpret the behavior of minority students as inappropriate or pathological. This has been attributed to ethnocentric norms and expectations and/or general lack of awareness and valuation of cultural differences (Cartledge, 2005; Chamberlain, 2005; Ferri & Connor; 2005).

The categories in which disproportionality typically occurs (i.e., SLD, MIMR, and ED) can be seen as socially constructed. That idea is supported by definitions, identification processes, and outcomes varying widely across schools, districts, and states (Bodgan & Knoll, 1995; Kalyanpur & Harry, 2004; Smith, 2001). This idea of social construction is related to the theory of difference (Sullivan, Kozleski & Smith, 2008) or the idea that difference is based on the normative assumption. Difference is then determined by the conceptualizations of what is considered normal in a given setting in terms of ability, culture, or behavior (Minow, 1985).
The subjective categories (ED, MIMR, SLD) contrast with the objective
disabilities (e.g., deafness, blindness, orthopedic impairment, etc.). The subjective
categories are based on comparisons of cognitive, academic, and behavioral functioning
to some established norm whereas the other categories are medically based. This
subjectivity allows for considerable variance from one context to another and from one
professional to another (Arnold & Lassman, 2003; Klingner et al., 2005). Behaviors that
are considered pathological in one setting may be regarded neutrally, or even favorably,
in another (Sullivan et al., 2008) and may or may not be associated with an actual
disability. Scholars then argue that this subjectivity contributes to the misidentification
of students from diverse backgrounds in these categories (Artiles & Trent, 1994;
Blanchett, 2006; Dyson & Kozleski, 2008; Reschly, 1997). A study done by MacMillan
& Reschly (1998) found that half of students identified as learning disabled did not truly
meet the criteria for eligibility.

**Educator Bias**

The 2001 Surgeon General’s Report on Mental Health and its supplement, Mental
Health: Culture, Race, and Ethnicity (USDHHS, 2001) documented that Latino children
experience systemic barriers in access to mental health resources. The report concluded
that given similar prevalence rates of mental health disorders reported among racial and
ethnic groups, Latinos had lower utilization rates and poorer quality of care and service
delivery than white children (Zahner & Daskalakis, 1997). Batson (1975) claimed that
diagnostic decisions shape treatment choices, bias or inconsistency in assessment poses a
potentially serious problem for access to services. The assessment process generally
involves an early decision about whether an individual is suffering from a mental
disorder and what type of disorder is present (Pottick el al., 2007). Research has
provided evidence that the race or ethnicity of student is associated with diagnoses
(Lopez, 1989; Neighbors, Trierweiler, Ford, & Muroff, 2003), rates of service use
(Snowden, 2003) and the identification of emotional disturbance among students
(Coutinho, Oswald, Best, & Forness, 2002). These findings have contributed to the
growing question of whether the disproportionate numbers of minority students are due to
biased judgments as opposed to prevalence rates (Alegria & McGuire, 2003; Kataoka,
Zhang, & Wells, 2002; Schulman & Hammer, 1988).

Pottick, Tian, and Warner (2004) found that minority youths with serious illness
profiles were more likely to receive fewer or less expensive services, such as outpatient
care; by contrast, white students with similar profiles tended to be hospitalized. In a
follow up study, Pottick el al. (2007) found that when they controlled for context and
clinicians’ characteristics, clinicians were less likely to judge a disorder present in youths
who were Blacks or Hispanics than those who were white. They postulated that when
clinicians are faced with antisocial behavior, they may judge white youths as having a
mental disorder (and direct them to treatment) and judge minority youths to be delinquent
(and direct them to the juvenile justice system). Similar conclusions were reached by
Cohen et al. (1990), who found that race was the only variable that predicted site
placement, with black youths more likely to be in a correctional placement and white
youths in a psychiatric hospital, when controlled for illness.
The follow up study by Pottick et al. in 2007 serves as a model for this paper. They used a between-subjects design with experimentally manipulated case vignettes. To test whether a youth’s race/ethnicity affects judgments of disorder, their vignettes varied in describing a white, black, or Latino youth. Each participant was randomly assigned to receive one vignette.

Service

Researchers (Kerr & Nelson, 2006; Kauffman, Mock, & Simpson, 2007) contend that students with emotional problems are underserved. They base this premise on figures from mental health services, which estimate the need for services ranging from 2% to 20% of the school-age population (Kauffman, 2005; U.S. Public Health Service, 2001). They compare these rates to Government publications (e.g., Donovan & Cross, 2002; U.S. Department of Education, 2005) that indicate that 1% of the public school population were identified as having emotional disorders for special education purposes. Others (Harry et al., 2008; Cartledge et al., 2008) contend that this is fallacious because the prevalence rates are highly variable and measure different needs. This paper looks first at the arguments that contend that students with ED are underserved.

Over Service

Much research has been done on the over representation of African-Americans in ED programs (Donovan & Cross, 2002; Hosp & Reschly, 2002). However, this research does not examine that over service in relation to the service of the other racial groups. No mention is made of the overrepresentation of white students. Nor does this research
address why the factors that contribute to black overrepresentation do not also impact Latinos.

**Under Service**

Researchers have reported a disproportionately large number of Latinos and other minorities in special education classes (Artiles & Trent, 1994; Chinn & Hughes, 1987; U.S. Department of Education, 2000; Zhang & Katsiyannis, 2002). Latino overrepresentation has been reported in numerous special education programs, like those for learning disabilities (Chinn & Hughes, 1987; Figueroa, 2005; Finn, 1982; Harry, 1992; Wright & Santa Cruz, 1983), mental retardation (Artiles & Trent, 1994; Figueroa, 2005; U.S. Department of Education, 1992; Wright & Santa Cruz, 1983), speech and language disabilities (Aaroe, 2003; Artiles & Trent, 1994; Figueroa, 2005; Finn, 1982; Harry, 1992; U.S. Department of Education, 1992; Wright & Santa Cruz, 1983), and emotional disturbances (Aaroe, 2003; Zhang & Katsiyannis, 2002). However, the under service of Latinos in special education does not have the volume of research that has been conducted on the overrepresentation of minority students (Gamm, 2007; Perez, Skiba & Chung, 2008). Those early studies referenced above focused on the overrepresentation of Latino students in special education, but current data provides a different picture. Analysis by Perez, Skiba and Chung (2008) of national data revealed consistent regional patterns of Latino underrepresentation. In California, disability category data yield a similar picture of Latino underrepresentation (California Department of Education, 2010).
Gibb (et al 2006) looked at the likelihood of Latino students receiving special education services. They created a risk index for students of various ethnicities\(^3\). Risk index is the risk of a particular group being represented at a stage of the referral to eligibility process. By themselves, risk indices can demonstrate the likelihood of any group member in the population being represented at a particular stage. The real value in risk indices is when they are compared, which is done with the relative risk ratio. The chart below (Figure 3) shows that Latinos are less likely to be referred for service, assessed, and found eligible than white or black students. Latinos are referred for assessment half as frequently as students in general, whereas African American students 1.7 times as likely to be referred for assessment. Of those students referred for assessment, Latinos are about one third as likely to be assessed as white students (Latinos have a 0.43 risk ratio compared to a 1.12 risk ratio for white students). The overall chance of a Latino student being found eligible for service is one third that of students overall (risk ratio of 0.36) and approximately one fourth that of African Americans (risk

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\(^3\) Relative risk compares the risk for one group of students to another group or to all other students. For the purposes of their analysis, they looked at each individual group’s risk compared to all other groups. For instance, if African American students have a relative risk ratio of 2.0 at the referral stage, then one can make the claim that African American students are two times as likely to be referred for assistance.
ratio of 1.3) and white students (1.21 risk ratio).

![Relative Risk Ratios](image)

**Figure 1 Relative Risk Ratios (Skiba, 2005)**

Why Identify?

Given the extensive research on overrepresentation of Africana American students in special education programs (Hosp & Reschly, 2002), why is it important to identify more Latino students? The literature does not offer a single clear answer to this question. Danforth and Morris (2006) addressed the parallel issue of inclusion of students with ED in general education classes by dividing the argument into two
ideologies: positivists versus post-modernists. They assert that positivists argue for the exclusion of students with ED from GE classes because they will perform better in special day classes, whereas the post-modernists advocate for inclusion in their home school classrooms. The argument against identification (Hosp & Reschly, 2002) is based on the idea that it is exclusionary. That is, by labeling students as having an ED, they will be segregated from the GE population.

To pick one side of the argument would fail to address the needs of the students. As noted earlier, this research assumes students benefit from service. The fact that students with ED have extremely poor outcomes not only during, but long after their school years (Wagner et al., 2005) is the driving principal for this research. This section looks at the arguments for and against identification and why they are moot.

Argument for Identification

The assumption that students benefit from being identified can be justified in two ways. Although the primary benefit is for the student with the emotional challenge, by addressing the student with ED needs, other students benefit as well. Research shows that when an ED student is not identified as such, he or she negatively impacts other students.

Primary Benefit

It has been argued for a very long time that the education of children with special needs must be differentiated from that of general education students (e.g., Horn, 1924). There are good reasons to believe that general education instruction can be appropriately

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4 The researcher leans positivist, but does see the two sides as opposite points on a spectrum.
differentiated for the needs of some children within the general education classroom. Nevertheless, the claim that all students with disabilities can be accommodated appropriately by differentiation of their instruction in the context of general education classrooms and schools is inaccurate (Gerber, 2005; Gliona et al., 2005; Kauffman & Lloyd, 2009; Kauffman et al., 2007; MacMillan, Gresham, & Forness, 1996; Warnock, 2005; Zigmond, 2003, 2007).

Kortering, Braziel and Tompkins (2002) explain that the main reason to label students as ED is as an early warning that the student is at risk of failing to complete high school. Kauffman (2001) strongly argued that students with ED have difficulty in general education classes and experience many factors that make them at risk of dropping out of high school. Students with ED perform below grade level compared to their peers and across all academic areas (Wagner 1996). Fortunately, Carter and Lunsford (2005) suggested that ED students provided with the appropriate skills and supports will make substantial contributions in the workplace. School-based treatment programs have been shown to make statistically reliable and clinically significant improvements on measures of emotional functioning (Cautilli, Harrington, Gillam, Denning, Helwig, Ettingoff, Valdes, & Angert, 2004; Karpenko, Owens, Evangelista, & Dodds, 2009; Mulick & Naugle, 2010; Wise, 2003) when pre- and post-treatment data have been examined.

The two caveats to the success of treatment programs are that high school students with ED are less pliant to interventions (Lane, Wehby, & Barton-Arwood 2005) and not all schools provide adequate services. The latter argument is outside the scope of this paper. This paper assumes that schools can and intend to provide appropriate
services. Lane et al. (year) explained that the poor attendance rate of ED high school students lowers the effectiveness of programs. Kaufman (2001) claimed that poor attendance rates are due to the difficulty that students have in GE classes, arguing that ED students should be in special programs. Special programs are better equipped to ensure student attendance, as these programs tend to be funded based on attendance. Thus, boosting attendance becomes a greater motivating factor for schools.

The positivist argument can be summarized thusly: Student needs should be identified to align them better to services. The services, if done properly, are effective and will lead to positive outcomes for the student. Skiba and Perez (2008) stated that special education has historically provided a service for students who have more intensive learning and behavioral needs. The growth in the number of Latino students in the U.S. and especially their consistent record of academic underperformance suggest that patterns of under service in special education need to be examined.

Kauffman et al. (2002) have shown that special education can be both separate and better than general education for students with ED. Zigmond (1997, 2007) has written of how special education can be made worth receiving. Students identified with ED benefit from receiving services, whereas students who are not identified struggle in school (Kauffman 2006).

Spillover effect

Fletcher (2009, 2010) looked at Early Childhood Longitudinal Study, Kindergarten Cohort (ECLS-K) data to investigate the effects of the inclusion of students with ED on students without ED. He examined test score gains for children in
kindergarten and first grade who shared classrooms with students identified as ED. The students who attended schools where administrators report that students with emotional problems spent most of their day in regular classes or were fully included had larger decreases in test scores than students who attended schools where classmates with emotional problems spent most of their day outside of regular classes. His results suggest that students with a classmate with a serious emotional problem experience reductions in first grade test scores. The inclusion of ED students had a greater impact on students at low-income schools. His cross-sectional results suggest that having a classmate with an emotional problem decreases reading and math scores at the end of kindergarten and first grade by over ten percent of a standard deviation. This is similar to the gap between white and Latino students. Given the limits of his study, conclusions should be drawn cautiously.

Argument Against

The arguments against labeling students as ED are numerous. Paten (1998) summarized them by claiming that special education students are denied access to the general education curriculum and receive services that do not meet their needs. Disability labels stigmatize students as inferior, result in lowered expectations, potential segregation from peers, and lead to poor educational and life outcomes. Many researchers see the labeling of students as ED as a civil rights issue. They (Donovan & Cross, 2002; Losen & Orfield, 2002; Klinger et al, 2005) argue the problem is not with the student\textsuperscript{5}, but with the system. Their vision for addressing disproportionality and

\textsuperscript{5} For a discussion about the internal versus external factors, see the section on overrepresentation.
improving outcomes for all students is by the creation of culturally responsive educational systems to address the needs of all students in the general education classroom. A brief summary of their model follows the summary of their argument to provide a fuller sense of what the post modernists suggest.

The foundation of the argument is the assumption that separate special education does not work. This is true based on measures of assessment such as learning, development of self-esteem and social skills, or preparation as a student, worker, or citizen. In addition, the failure of special education is expensive, reduces public confidence, and negatively impacts students’ lives (Gartner & Lipsky, 1989).

Lipsky and Gartner (1996) later asserted that special education plays a sorting role, both for those consigned to it and for those students who remain in general education. It limits expectations of students in special education. Their capacity is denied and expectations of them are limited. Students without disabilities are encouraged to believe that people with disabilities are limited and encouraged to offer sympathy toward them, thereby under valuing the participation of persons with disabilities. This undermines the possibility of a society of inclusion and equity.

Klinger et al. (2005) argued that instead of determining how to fix culturally and linguistically diverse students’ perceived deficits, professionals’ biases, or society as a whole, as special education currently does, it should promote conditions, produce resources and tools, and support multiple stakeholders in the creation of educational systems that are responsive to cultural diversity. That is, with an emphasis on access to general education settings and curricula, accountability, valued membership in peer
groups, and facilitation of friendships that lead to natural support networks, inclusive education can be considered a practice that not only is consistent with civil rights, but also is a way to alleviate the discouraging outcomes for students with disabilities (Fisher & Meyer, 2002; Ryndak et al., 1999).

Culturally Responsive Educational Systems

Educational methods that are grounded in the beliefs that all culturally and linguistically diverse students can excel in academic endeavors when their culture, language, heritage, and experiences are valued and used to facilitate their learning and development, and they are provided access to high quality teachers, programs, and resources form the basis of culturally responsive schools and classrooms (Gay, 2000; Nieto, 1999; Valenzuela, 1999). Culturally responsive educational systems instill ethics of care, respect, and responsibility in the professionals who serve culturally and linguistically diverse students. These systems have a transformative goal in all their activities and nurture the creation of school cultures that are concerned with deliberative and participatory discourse practices (Gay, 2000). Culturally responsive educational systems create spaces for teacher reflection, inquiry, and mutual support around issues of cultural differences. Klinger et al. (2005) claim culturally responsive educational systems benefit all children—when educators strive to develop the self-worth of each child, all students gain.

Moot point away

The divide between the two sides comes down to inclusiveness. While special education can be described as separate from general education (Kauffman et al., 2002),
Danforth and Morris (2006) found that over the past decade, public schools have become more inclusive for students with disabilities, including those categorized as ED. In 1993, 39.8% of all American public school students with disabilities spent more than 80% of their school day in general education classes (U.S. Department of Education, 1995). In 2003, 49.87% of all American public school students with disabilities spent more than 80% of their school time in general education classes (U.S. Department of Education, 2004). Inclusive schooling practices have become the norm, nevertheless the inclusion of students with ED has lagged behind the progress made for students with other challenges. In 1992–93, about 20% of all students identified as ED were schooled in general education classes for more than 80% of the school day. Approximately 35.2% of students with ED were schooled in separate day classes, 14% were delegated to separate special schools, and 3.5%6 were in residential facilities. By 2003, 30% of all students identified as ED were principally educated in general education classes, representing a smaller gain than that of overall disabilities. A total of 30% of students identified as ED were in separate classes; fewer than 12% were segregated in special schools.

Danforth and Morris (2006) have show that while students with ED receive fewer opportunities to participate in inclusive settings than other students with disabilities, the growth rate of inclusive placements exceeds the growth rate for all students with disabilities in public schools. They found that inclusive educational placements for all students with disabilities grew by 25.3% between 1993 and 2003; parallel growth in inclusiveness for students with ED grew by 54.6%. Historically, educational provisions

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6 These are students with the most severe mental health needs and are considered hospitalized. The number of students in residential treatment has remained constant at about 3.5% of students identified as ED.
for students considered to have ED had occurred primarily in separate schools, but the inclusion movement has seen far greater proportional gains among ED students than among students with disabilities in general. Danforth and Morris (2006) also suggest that these gains will continue, making the issue of segregation a moot point.

Economic considerations further strengthen the argument for inclusion. Based on data from the U.S. 2005 Special Education Expenditures Program (SEEP), it costs 1.6 times more to educate a student with disabilities than it does to educate a student with no disabilities. The yearly cost to educate a student with disabilities ranged from $10,558 to $20,095, while the cost to educate a student without disabilities was $6,556 nationally. Nevertheless, in general, the costs of inclusion are lower than keeping the student in a separate, special education classroom. An earlier study by SEEP in 2003 put the average cost of educating a student without ED at $7,018 per year. The same SEEP report found that the cost to include a student with ED in a regular class cost an additional $1,500 per year. Educating a student with ED in a separate classroom cost $14,1477 per year, or over $7,000 more than educating a student without disabilities (California Department of Education, 2010). The economics of inclusion will force schools to be more inclusive in the future.

Theoretical Framework

An advocacy framework guided this study. Advocacy research is concerned with social issues including inequality. It aims to generate awareness and dialogue in order to initiate change (Creswell, 2003). The intent of this study was to create awareness of

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7 These numbers exclude students in non public schools (NPS). The cost for an NPS starts at $30,000 per year. School Districts only place students in these school settings if the disability necessitates it.
possible bias in the decision making process of school psychologists, specifically when it comes to the under representation of Latinos in special education.

Losen and Orfield (2002) found that the special education referral and placement processes are affected by unconscious bias and stereotypes. Perez, Skiba and Chung (2008) claimed that for all the national attention on African American student overrepresentation in special education, Latino under-representation has not attracted much attention. Torres, Zayas, & Alvarez-Sánchez (2008) stated that without culturally based guidelines to assess students, clinicians tend under- or over identify needs across cultural divides. Socio cultural factors of the psychologist are crucial to both diagnosis and treatment and often lead to an exclusionary bias in their identification of mental health needs. This can lead to Latinos being incorrectly seen as conduct disordered as opposed to qualifying for special education services.

Special education has historically provided a service for students with more intensive learning and behavioral needs. Data suggest that Latino students with ED are not receiving special education. Skiba and Perez (2007) claimed that the growth of Latino students in the U.S. and especially the consistent record of their academic underperformance suggest that patterns of special education disproportionality need to be examined further.

As applied to this study, I anticipated that if there was a link between psychologists, Latinos, and special education referrals, it might be due to a lack of familiarity with Latinos needing mental health support.
Mental Health Need

Some researchers (Costello, Egger, & Angold, 2005; Costello, Foley, & Angold, 2006; Kauffman & Landrum, 2005) estimate the prevalence of mental health problems in the child and adolescent population to be at least five times the current level of service. Gresham (2005) contends that behavioral characteristics of children with ED overwhelm schools, preventing them from effectively accommodating the students. This leads to an argument regarding under service that is primarily philosophical in nature (Walker, Ramsay, & Gresham, 2004).

Philosophically, schools have historically contended that they are neither responsible for the mental health needs of students, nor accountable. The definition of ED in IDEA excludes students who can be characterized as “socially maladjusted.” Because such students, according to IDEA, do not have a legitimate disability, schools claim they are not equipped to serve these students. That is, students8 who have problems in conduct or are socially maladjusted are responsible for their behavior and therefore do not require services. In contrast, students who exhibit internalizing behaviors (like anxiety or depression) do so because these problems come from internal factors. These students9 are considered to be victims of circumstance and therefore have a disability that requires services (Gresham 2005).

8 These types of diagnoses occur more frequently in students from low socio economic backgrounds and students of color.
9 These students tend to be white.
It has been suggested that students who should be identified as having mental health needs are classified as conduct disordered in order for schools to avoid serving these students (Kauffman & Landrum, 2005). This could explain the under service of Latino students in California. However, one would expect to see the same situation happening with African American students, but as discussed in the prior section, it does not. This study looks at the eligibility process, and specifically at whether Latino students are seen as conduct disordered.

**Latino Mental Health**

The Latino population, like other ethnic/cultural minority groups, has its own unique set of prevalence rates for mental illness, behavioral problems, and academic difficulties, as well as barriers toward obtaining services to address such problems.

In 2001, the U.S. Department of Health and Human Services (USDHSS) presented a report to the Surgeon General on culture, race, and ethnicity in mental health. The report drew several strong conclusions. It found that Latino youth are at a significantly higher risk for poor mental health outcomes. It concluded that the current system of mental health services fails to provide for the vast majority of Latinos in need of services.

According to research, there is currently a paucity of knowledge about the specific mental health, academic, and psychosocial behavioral needs of Latino students (Alcosta, 2004). The available studies consistently indicate that Latinos with diagnosable mental disorders are receiving insufficient mental health care. One study, for example, found Latinos who had experienced mental disorders within the past six months were less
likely to use health or mental health services than whites (11% versus 22%) (Hough et al., 1987). Another study of Latino in Fresno County similarly found only 9% of those with mental disorders during the year prior to the interview sought services from a mental health specialist (Vega et al., 1999).

Bui and Takeuchi (1992) reported that although Hispanics under 18 years of age in Los Angeles County were 42% of the under-18-year-old population, only 36% of the adolescent caseload was Latino. Together these studies indicate that Latino youth use mental health facilities less than they might. These studies suggest that among Latinos with mental disorders, fewer than 10% contact mental health care specialists. They found among Latino immigrants with mental disorders, fewer than 5% use services from mental health specialists (Ibid).

This true even when language was not an issue; they found that Latinos used few mental health services, even when those surveyed were fluent in English. For example, only 11 percent of those with a mood disorder and 10 percent of those with an anxiety disorder used mental health specialists for care.

This poor service utilization is also related to a general lack of culturally sensitive programs and the general reluctance of Latinos to seek services outside of the family (McMiller & Weisz, 1996). The complexity of the economic, social, and cultural factors affecting the many Latino youth at risk for developing poor psychosocial outcomes is necessary for the development of programs that can intervene effectively. Historically, according to research, the Latino culture has depended on the existence of an informal, indigenous system of care for emotional stability and wellbeing. Families have offered
an established, internal network of support for other family members in need. This network of support is composed of immediate and extended family members (Starrett, Bresler, Decker, Walters, & Rogers, 1990). Because Latinos are more likely to consult family and community members when dealing with children referred for treatment (McMillan & Weisz, 1996), community members and Latino leaders are at an advantage for knowing the types of problems and issues facing Latino youth and their families.

Cardemil, Adams, Calista, Connell, Encarnacion, Esparza, (et al, 2007) found culturally bound syndromes Latino culture. The first was decaimiento, which is a term commonly used to describe lack of energy, loss of interest, and or body weakness. The second was nervios, which is used to describe distress. The authors described it as a feeling of vulnerability to stressful life events that are brought on by difficult life circumstances. The symptoms associated are headaches, inability to perform activities of daily living, irritability, stomach problems, nervousness, inability to concentrate, dizziness, tingling sensations, and crying spells. The final syndrome the authors described was agitamiento, which is a term that describes intense anxiety, nervousness, inability to sit down, sleeplessness, restlessness, and sweaty palms. They identified a low rate of overlap between some DSM-IV-TR diagnoses and the reported cultural bound syndromes. These findings have given support to the idea that culturally bound syndromes may be different diagnoses or a cluster of unique symptoms. That study illustrated that with Latino individuals, it may be more accurate to assess for these culturally bound syndromes, as well as the DSM-IV-TR definition of depression or other diagnoses.
Chapter 3

METHODOLOGY

This study focused its attention on the interpretation of the IDEA definition of ED by school psychologists using ethnicity as the independent variable in the process of determining eligibility for special education services. This study’s main aim was to determine if students identified as Latino were more likely than other students to be found ineligible for services. In an attempt to answer that question, a sample of school psychologists were asked to read one of three vignettes online in which student ethnicity was manipulated. Then, they were asked to answer a series of questions (see Appendix B) to describe their construal of the case, their case recommendations, and to determine if a student was eligible for services.

Considering the significant academic underperformance of students with mental health needs and severity of California’s dropout rate among Latino students, an increased understanding about possible cultural bias could be used to change the method in which students are served. The remainder of this chapter describes the research design, population, instrumentation, data collection, data analysis, validity, reliability, generalizability, and the measures taken to protect the privacy and rights of the participants.

Research Design

This study was primarily a quantitative study that used a single factor double blind design. The hypothesis of this study proposed that school psychologist classify Latino students as conduct disorder at higher rates than non-Latino students. Therefore,
the null hypotheses, there is no difference between classification rates, was tested using an ANOVA.

This study used a single independent variable, student ethnicity. One vignette was developed with place holders for the student’s name and ethnicity. When participants logged on to the survey website, the website randomly assigned an ethnicity (African American, white, or Latino) and its corresponding name (DeShawn, Daniel, or Jose, respectively) throughout the vignette and follow-up questions. For example, the basic question, “Is student eligible for special education services?” became “Is DeShawn eligible for services?” If the participant was assigned to the African American condition.

The dependant variable, is a student eligible for services, was measured in two ways. Initially, a dichotomous question was asked, “Would you find this student eligible for services?” This was followed by questions using a Likert-type scale, ranging from 1 to 5 (1=strongly disagree and 5= strongly agree), participants were asked to rate fifteen questions that asked the same question in positive and negatives fashion (“Conduct disorder is the primary concern for this student” versus “It is clear that the behavior problems stem from a mental health condition and not from an antisocial disorder).

Variations in the participants were controlled by the randomization process. Demographic information was gathered about the participants, including information on their training and experience. Statistical analysis was conducted to ensure that there was an acceptable level of variance within subjects and between groups.
Population

The population of the study consisted of working school psychologists in California. They were recruited through three means. The largest group was from those who have some job affiliation with the researcher. That is they worked for a district that has previously employed the researcher. An advertisement for participants was placed on the California Association of School Psychologists website and email newsletter. Finally, members of the researcher’s cohort and peer groups were asked to invite their school psychologists to participate. The research has set a goal for an N of at least 30.

In keeping with purposive sampling methods (Patton, 2002), participants were selected because they currently worked in California schools. They were culturally diverse, held various degrees, and had a broad range of years of clinical experience. Of the target of 30 participants, the goal was to have a diverse cross section of ethnicities and ages, with proportional numbers of male and female respondents matching the population of school psychologist, which was predominately female at the time of this study.

Data Collection

The researcher obtained the approval of the Committee for the Protection of Human Subjects of California State University, Sacramento to conduct the study. The three school districts granted permission to contact their school psychologists for the survey. The psychologists were contacted by addressing them at staff meetings, email, or other method. Each of the participants electronically signed a consent form before they could participate in the study.
Instrument

The online survey included a one-page demographic sheet assessing for participants' cultural makeup, including race/ethnicity and gender. The demographic questions also solicited for experience, such as educational level, credentials, and grade levels served.

The case template (i.e., narrative summary and intake report) was developed and adapted by the author from several sources; a report from a former student he had worked with, online exemplars, and with consultation with an experienced school psychologists. The narrative summary of a 14-year-old male student was presented to participants. Each summary provided equal information, but a manipulation of client race and ethnicity (white, African American, or Hispanic,). Participants received detailed information in the summary of school behaviors and discipline reports, including frequency and duration of behaviors. An intake report included demographic information, such as age, race/ethnicity, gender, number of siblings, and residential status. The intake report also provided participants with details regarding mental measures, presenting symptoms, family history, and scholastic history. The packet included a summary of mental measures (BASC, WISC, etc.).

Independent variables

The case vignette was used to manipulate the one independent variable (ethnicity). It describes a 15 year old male student’s present offense, offense history, family background, and mental health information. With the exception of the ethnicity and name of the student, all factors were held constant across the vignettes.
Ethnicity was manipulated by describing the student as either “Jose,” a Latino young man, or “DeShawn,” an African American young man, or “Daniel,” a Caucasian young man. The student’s name was repeated throughout the vignette and questionnaire to remind participants of ethnicity. Names were selected from the US Social Security Office’s list of most popular boy names for in 1996 (Jose ranked # 2; Daniel ranked #1) and from Levitt’s list of Distinctively Black Names (Cardemil, Adams).

Dependent variables

The main dependant variable was qualifying the student for service. The first item the participants were asked, was did the student qualify for services. This was a closed ended, yes/ no question. The participants then turned the page and were asked two open ended questions;

1) They were asked to justify their decision in a few sentences.

2) They were asked to recommended services for the student.

On the next page another series of questions were asked. Using a Likert-type scale, ranging from 1 to 5 (1=very unlikely and 5=very likely and 1= disagree to 5= agree), participants were asked to rate twenty items describing the likelihood that the student depicted would (a) participate meaningfully in treatment services, (b) benefit from treatment services, (c) adhere to the conditions of an ED class room, (d) fail to complete high school successfully, (e) return to a general education classroom, (f) commit future suspendable offenses, (i) are primarily conduct disorder, (j) are primary depressed and (k) become a criminal as an adult. These questions were modeled on
research done in the fields of psychology (Hsieh and Kirk 2005; Pottick et al. 2007) and probation (Vidal & Skeem, 2007).

**Vignette Construction**

To test whether a student’s ethnicity affects judgments of disorder, vignettes varied in describing either a white, African American, or Latino youth, named Daniel, DeShawn and Jose respectively. All other information in the vignettes was identical. Vignettes were constructed around a core set of antisocial behaviors (disrupting class, defiance, and failure to complete school work).

The youth was described as exhibiting externalizing problems in the clinically significant range. These include hyperactivity, aggression and conduct problems. The testing information also lists the student as being depressed. The scores for depression, a qualifying internal condition, are also in the clinically significant range. It is this dual clinical that allows the school psychologist to determine the primary condition. If the student had just external problems they would not be eligible for services. The vignette makes it clear that the student’s challenges are interfering with him learning, a criteria for eligibility. The problems are present over a long period of time and occur at both school and home. A parent report is included and it is similar to the included teacher report. These differences are reflective, as one would normally see in reports.

The vignette also provided demographic information of the adolescent’s age, gender, and family background, as one might encounter in a brief clinical case summary. The content of the vignettes came from several report exemplars with the test score altered to reflect the profile described in the above section. A focus group of school
psychologist reviewed the vignettes without student names or ethnicity to ensure the student could qualify as both conduct disorder and eligible for special education services. The vignette is in the Appendix A with the student’s name listed as STUDENT and ethnicity as ETHNICITY.

**Procedure**

School psychologists completed this study during time set aside from their regular staff meetings. The researcher explained the goals and procedures of the study to participants using a consent form. After answering questions, the researcher provided subjects with a randomly selected vignette (one of the three created for the study) and case questionnaire. The participants then read the vignette, answered questions about the vignette, and then answered questions about themselves. Participants were asked not to share and discuss information until everyone had finished with the study.

**Data Analysis**

The goal of the study was to determine if ethnicity plays a role in students qualifying for special education services under the category of emotional disturbance. Data Analysis was done in three parts. Part one looked at the single question of qualifying. Part Two looked at how certain factors played into their decision and their predictions for possible student outcomes.

**Part I**

The questions on the survey were in the form of a five point Likert Scale of: *strongly disagree* (1), *disagree* (2), *neutral* (3), *agree* (4), and *strongly agree* (5). Survey data with the highest number indicated the highest level of disagreement, and the lowest
score represented the highest level of agreement. The data was analyzed by scoring the returned surveys using SPSS, a statistical software program designed to tabulate data for analysis.

The first phase of the data analysis was a two-pronged approach. The first prong used descriptive statistics and frequency charts to descriptively describe the quantitative findings from the survey. Second, the items targeting the dependent variable for the study was how calculated by adding up all of the scores into a single value. The average scores for the various ethnic groups were then compared using a ANOVA. Separate Chi-Square analyses were conducted to look at the relationship of participant factors and student ethnicity (independent variable) and if the participant found the student eligible (dependent variables).

**Part II**

The second portion of the data analysis looked at the open ended questions asked. Using grounded theory procedures (Corbin & Strauss, 2008) to analyze the data, a goal of ten randomly selected responses were analyzed and saturation was reached. The remaining surveys were coded using the initial codebook developed from the first ten documents. During the open coding process, continued revisions were allowed for so the codes could develop the most articulate definitions and descriptions to the processes of the participants then that resulted in an initial codebook. Each participant's data were managed and conceptualized using within-case displays (Miles & Huberman, 1994); data were used to continually revise the codebook.
Chapter 4

ANALYSIS OF THE DATA

This chapter will share findings from the questions presented to participants, including an assessment of the impact student ethnicity had on their relative risk of being found eligible for services in the category of emotional disturbance. This will be followed by demographics of respondents. Responses to each question in the survey are then presented. The final section compares participant response using the uncontrolled variables like gender of the respondent.

Validity of Instrument

The hypothesis of this study proposed that school psychologists classify Latino students as conduct disorder (or not eligible for services) at higher rates than non-Latino students. To answer this question, school psychologists were presented with a psychological assessment and evaluation of a student, that included teacher, and parent reports and a student self-assessment. There were three versions of the evaluation; one for each ethnicity, African American, white, or Latino. The only difference between each version was the student’s name (DeShawn, Daniel, and Jose, respectively) and the identified ethnicity of the student. Each participant was randomly assigned to a condition (student ethnicity) and asked to read the report. They were then asked the primary question, “In your expert opinion, does (Student Name) qualify for special education services?” Based on their response to this question they were asked follow up questions, which are discussed below. The vignette was designed to present a student that one, qualified for special education and two under the category of emotionally disturbed.
In this context, most psychologists finding the student eligible would imply that the instrument had a high level of construct validity. Out of 43 participants, 22 found the student eligible and 21 did not. This would not imply the student is emotionally disturbed, but it includes the Latino group of vignettes. When those participants are removed, 18 out of 26 participants qualified the student (see Table 4.1). A Chi-square analysis was conducted to see if the instrument was valid. Subjects qualified the non-Latino student at a greater rate than not and the difference was significant \( \chi^2 (1, N = 26) = 3.846, p < .05 \). This indicates that vignette clearly describes a student who is eligible for special education services.

The second part of the issue of content validity was how the student qualifies. Many factors were present and could have (and were) interpreted in different ways. For example, the student’s attention problems could be due to depression or attention deficit disorder\(^{10}\) (ADD). Both which could also account for his poor locus of control. Therefore the results needed to show that the participants felt the student qualified as ED and not in another category, such as Other Health Impaired of Specific Learning Disabled. Again, cases where the student was not found eligible were excluded from this test, but cases were the Latino student was qualified were included (see Figure 4). A Chi-square analysis was conducted because of the nominal nature of the data. Subjects found the student eligible at a greater rate under the ED category (18) than ADD and Other Health Impaired (OHI) (4) and the difference was significant \( \chi^2 (2, N = 22) = 23.273, p <

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\(^{10}\) ADD is not a category of eligibility. Students with ADD, can be eligible under the category of Other Health Impaired. They were separated on the questionnaire to allow for participants to answer as broadly as possible on a closed choice question. One participant selected both options.
. This indicates that vignette clearly describes a student who is eligible for special education services under the category of Emotional Disturbance.

Table 4.1

Responses to Does Student Qualify by Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Qualify</th>
<th>Not Qualify</th>
<th>Percent found Eligible for Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>4</td>
<td>13</td>
<td>30.8%</td>
</tr>
<tr>
<td>White</td>
<td>10</td>
<td>4</td>
<td>71.4%</td>
</tr>
<tr>
<td>African American</td>
<td>8</td>
<td>4</td>
<td>67%</td>
</tr>
</tbody>
</table>

Figure 2 Category of Eligibility
Primary Question

The first research question this study asks is, “How does being Latino impact students’ eligibility for service when they have emotional challenges?” This was addressed by the primary question, “In your expert opinion, does (Student Name) qualify for special education services?” Table 4.1 shows how participants answered the question by each ethnicity. Thirteen of the 17 psychologists whose student had been identified as Latino stated he did not qualify for special education. This means that less than a third of the participants in this condition found the student eligible for services. African Americans were found eligible at a rate double that amount (67%). White students were found eligible for service at the highest rate with 70%. When African American students and white students are combined into a single group, non-Latinos, the results are even clearer (See table 4.2). Two sets of statistical tests were run on this data; chi squares and relative risks. Chi squares were run to test the null hypotheses; there is no difference between conditions. Relative Risks were calculated to attempt to quantify the difference that was detected.

Table 4.2

*Responses to Does Student Qualify Latino vs. Non-Latino*

<table>
<thead>
<tr>
<th></th>
<th>Qualify</th>
<th>Not Qualify</th>
<th>Percent found Eligible for Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>4</td>
<td>13</td>
<td>30.8%</td>
</tr>
<tr>
<td>Non-Latino</td>
<td>18</td>
<td>8</td>
<td>69.2%</td>
</tr>
</tbody>
</table>
A Chi-square analysis was conducted (See table 4.2). The number of participants qualifying the student as a function of ethnicity condition is shown in Figure 4. Subjects receiving the non-Latino vignettes qualified the student at a greater rate than subjects receiving the Latino vignette and the difference was significant. This was true when the differences were done with all three ethnicities, $\chi^2(2, N = 43) = 8.65, p < .05$ and when done by a two-by-two analysis comparing rate between Latino versus non-Latino vignettes, $\chi^2(1, N = 43) = 8.52, p < .01$.

**Table 4.3**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Qualify</th>
<th>Not Qualify</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>4</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>White</td>
<td>10</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>African American</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

Pearson Chi-Square value 8.65 with 2 degrees of freedom and $p< 0.05$

Relative Risk

The Relative Risk Ratio is the Risk Index of group divided by the Risk Index of a comparison group (i.e., Latinos’ Risk Index to Whites’ Risk Index). It is the method preferred by many (Artiles et al., 2005; de Valenzuela et al., 2006; Sullivan, 2007) to show the probability of an event, in this case being identified as ED, occurring in the identified group, being Latino, versus the general population.
Figure 4.1 sets out the notation and then the formulae for calculating relative risk. In this case, condition 1 (being Latino) is being compared with condition 2 (not being Latino). There are also two outcomes (qualifying for services or not). The relative risk of outcome 1 is the ratio of the probability of it occurring under conditions 1 and 2. From the formulae, it can be deduced that the relative risk of comparing condition 2 with condition 1 leads to the reciprocal of the previous relative risk, and also that there is no simple relationship between the relative risk of event E occurring and the relative risk of event non-E occurring.

The calculation of confidence intervals and the statistical tests derive from the fact that the logarithm of the relative risk is normally distributed with known standard deviations. Details are available from Agresti (1996) or Bulmer (2005).

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Outcome 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition 1</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Condition 2</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Relative Risk of Outcome 1 (Condition 1, Condition 2) \( RR₁ = \frac{p₁,₁}{p₁,₂} \)

A relative risk ratio of 1 would indicate an equal representation, while a ratio greater than 1 greater relative risk and a value below 1 indicates less risk relative to the comparison group. The particular values at which risk ratios constitute disproportionality
vary in the literature, typically ranging between .5 and .75 for underrepresentation and 1.5 to 2.0 for overrepresentation (Parrish, 2002; Skiba et al., 2004).

In this study, Relative Risk is used in a similar fashion. Relative risks require a comparison between two absolute risks, in this study qualifying for special education or not. Given that white or African American students are historically overrepresented in the ED category in California, they represent the reference group of this study (referred to as non-Latino students). If the ethnicity of the student had no impact on their eligibility for special education services, then the relative risk of Latino and non-Latino students should be the same.

Prior research (Perez et al, 2008) found that the relative risk of a Latino student being found eligible for services when assessed to be 0.36 compared to an average relative risk for African American and white students of 1.26. In this study, the relative risk for the student identified as Latino was 0.35. When the student was identified as a non-Latino, the relative risk increased to 2.9 (see table 4.3). That is, when presented with the case in this project, if the student’s ethnicity was Latino and with a Latino name (Jose), there was very little risk of the student being found eligible for services. Whereas, when the student was identified as African American with the name Deshawn, the relative risk increases to 1.74 and 1.86 for the Daniel condition, who was identified as white. When the non-Latino groups are combined, the relative risk for these students jumps to 3.20. This high level of risk was expected, as the student scenario was written with the intent of the student qualifying for services.
Table 4.4
Relative Risk of Latino Students being Found Eligible for Services compared to All Non-Latino Students

<table>
<thead>
<tr>
<th></th>
<th>Relative Risk Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>0.34</td>
<td>0.034 to 0.552</td>
</tr>
<tr>
<td>Non-Latino</td>
<td>2.9</td>
<td>1.9 to 7.1</td>
</tr>
</tbody>
</table>

P=0.012

Table 4.4
Relative Risk of Latino Students being Found Eligible for Services compared to White Students

<table>
<thead>
<tr>
<th></th>
<th>Relative Risk Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>0.329</td>
<td>0.26 to 0.59</td>
</tr>
<tr>
<td>White</td>
<td>3.03</td>
<td>1.3 to 6.8</td>
</tr>
</tbody>
</table>

P=0.012

Table 4.5
Relative Risk of Latino Students being Found Eligible for Services compared to African American Students

<table>
<thead>
<tr>
<th></th>
<th>Relative Risk Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>0.35</td>
<td>0.15 to 0.85</td>
</tr>
<tr>
<td>African American</td>
<td>2.8</td>
<td>1.17 to 6.54</td>
</tr>
</tbody>
</table>

P=0.029
Demographics of Participants

Participants were selected because they were school psychologists who work in California. More than half of the participants had earned a Master’s degree (see Table 4.3). They averaged over eight years of experience working as school psychologists. The majority of respondents identified themselves as white (Caucasian, Anglo, or white). The second largest group identified themselves as Asian in general, or as a specific ethnicity that would fall into the Asian spectrum (e.g., Japanese, Hmong,). Sixty-seven percent of the participants were female, 25% male and 7% declined to state\textsuperscript{11}.

This information is presented in this section to demonstrate the homogeneity of the participants (white female with a Master’s Degree working for less than five years). Given the three levels of conditions, there was not enough diversity in subjects to run meaningful statistical analyses by these attributes. But it should be noted that two of the Latino psychologists received Jose as their student. One of the psychologists qualified him and the other did not.

Participants estimated that approximate a third of the students they worked with are Latino. This is below the level of Latino students statewide, 49%. This discrepancy can be explained by the demographics of northern versus southern California. Participants were recruited from across California, but the heaviest recruiting took place in Northern California. Metropolitan counties in Northern California have a lower percentage, at about 30% of student, who are Latino than Los Angeles County in

\textsuperscript{11} This figures are rounded down, so they do not add to 100%.
Southern California, the most populous county in the state with two thirds of its student identified as Latino (California Dept. of Education). That is not to say that psychologists from Los Angeles did not participate, as eight subjects reported working with populations over 50% Latino and one reported that 90% of the students they worked with were Latino. A large group of participants worked in a district that’s population was 32% Latino. This would bring the average down to the 33% estimate.

Table 4.7

*Education Level of Participants*

<table>
<thead>
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<th>Percent</th>
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<tr>
<td>EdD</td>
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<td>9.3</td>
</tr>
<tr>
<td>PhD</td>
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<td>4.7</td>
</tr>
<tr>
<td>PsyD</td>
<td>1</td>
<td>2.3</td>
</tr>
<tr>
<td>Other/ Decline to State</td>
<td>8</td>
<td>18.6</td>
</tr>
</tbody>
</table>

Table 4.8

*Experience of Participants*

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<th></th>
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<th>Percent</th>
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<tbody>
<tr>
<td>Less than 2 years</td>
<td>13</td>
<td>30.2</td>
</tr>
<tr>
<td>more than 2 to 5 years</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td>more than 5 less than 10</td>
<td>6</td>
<td>14.0</td>
</tr>
<tr>
<td>more than 10 less than 20</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td>more than 20</td>
<td>5</td>
<td>11.6</td>
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</table>
Table 4.9

*Ethnicity of Participants*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>21</td>
<td>48.8</td>
</tr>
<tr>
<td>Asian</td>
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<tr>
<td>Latino</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td>African American</td>
<td>3</td>
<td>7.0</td>
</tr>
<tr>
<td>Other/ Decline to state</td>
<td>3</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Table 4.10

*Gender of Participants*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
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<td>67.4</td>
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<tr>
<td>Male</td>
<td>11</td>
<td>25.6</td>
</tr>
<tr>
<td>Decline to State</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

Open Ended Question- Qualify

Whether or not a participant qualified their student, they were asked to briefly provide evidence for their discussion. An example of the responses received can be seen in the response by a participant who received the Daniel condition, “The primary handicapping condition appears to be an emotional disturbance. While he exhibits symptoms of ADHD and significant learning weaknesses I believe the overriding factor
which ultimately impedes his ability to be successful at school is emotionally based. He meets ED code criteria as a student with an emotional disturbance.”

Using grounded theory procedures (Corbin & Strauss, 2008) to analyze the data, five randomly selected responses were analyzed and saturation was reached. The remaining 38 surveys were coded using the initial codebook developed from the first five documents. During the open coding process, continued revisions were allowed for so the codes could develop the most articulate non-overlapping and exclusive categories and descriptions to the processes of the participants then that resulted in an initial codebook. Each participant's data were managed and conceptualized using within-case displays (Miles & Huberman, 1994); data were used to continually revise the codebook.

Two categories became clear very early in the process, ADD and Depression. The depression group included the words and phrases: depression, sadness, mood disorder, dysthymic disorder, and unhappiness. If any of these were present, then the case was coded with a one for present. This process was repeated for ADD and related terms (ADHD, attention issues, etc.).

If participants in the non-Latino group identified a reason for their decision, they sited the student’s depression as the main concern. Even those who did not qualify the student identified depression as a concern at a rate greater than subjects in the Latino group. A paired sample t-test showed there was a significant effect for ethnicity of the student, \( t(42) = 14.169, p < .001 \), on depression being cited as a concern for the psychologist.
Similar results were found with regard to the identification of ADD needs. ADD was not mentioned as often as depression. It was mentioned about a third of the time when the student was found eligible for services, but only a seventh of the time when the student was not found eligible. Of the eleven participants who mentioned ADD, only three qualified the student under the OHI eligibility category, with other eight qualifying the student under the category of ED. Given that a larger number of non-Latino student qualified, ADD was more prevalent in those cases. Therefore, a paired sample t-test showed there was a significant effect for ethnicity of the student, \( t(42) = 14.436, p < .001 \), on ADD being cited as a concern for the psychologists.

Open Ended Question- Did not qualify

Information as to why the student did not qualify was more diverse. A handful of participants requested more information, particularly the academic testing information. Two subjects who had the Latino case requested more information about his behavior, specifically information about his peers and drug use. Variables were created to signify requests for more information and academic test. There was not a statistical difference between the groups to draw a meaningful conclusion from these variables.

Likert Scale Questions

Participants were asked the degree to which they agreed or disagreed with a series of statements. A five point Likert type scale was used. The question can be seen in Appendix B. Statistical tests were run on each question by the three treatments, Latino, white, and African American and by the condensed two conditions, Latino versus non-Latino. No pattern emerged on individual question, with one exception.
When asked if participants thought the student would benefit from a year in a day treatment class, a restrictive class for students with emotional problems, they more strongly agreed if the student was non-Latino. A one-way ANOVA was used to test for differences among the three conditions, $F(2, 38) = 3.643$, $p = .036$ and the combined conditions of Latino versus non-Latino, $F(1, 39) = 7.067$, $p = .011$. Appendix C show the table of results.

The questions were grouped into three clusters. The first was questions that asked about things associated with conduct disorder. For example, student would not benefit from therapy. The second set was questions that addressed depression and anxiety. The final group covered various topics that were not combined together. When the first two clusters were analyzed statistically there was no difference between conditions. This was true when using two or three levels of the variable.
Chapter 5

SUMMARY AND CONCLUSIONS

School psychologists face many challenges in determining the placement of Latino students. They must follow all state and federal guidelines while testing increasing numbers of students as budgets shrink. The constantly shifting demographics and cultural backgrounds of those students have created disproportionate numbers of students in special education programs. The purpose of this study was to examine the factors that may contribute to the placement of Latino students in special education programs for students with emotional challenges in California. The function of the study was to answer the following questions:

Research Question #1: How does being Latino impact students’ eligibility for service when they have emotional challenges?

Research Question #2: Do school psychologists identify mental health needs in Latino students at the same rate as white or African American students?

Summary of the Study

According to the California Department of Education, Latinos make up about half of all students in California, but less than a third of the students who receive services under the category of ED. In the literature review section, there was a discussion of the many possible causes of this underrepresentation. The literature review section also discussed the three entry points for a student to be identified as ED: teacher referral, parent participation, and psychologist recommendation.
This study produced data on the perceptions and practices of school psychologists. The data for this study was collected in an online survey of 43 practicing psychologists from across California. A vignette and survey were used to collect data on the research questions.

Studies suggest that a significant proportion of all students with emotional problems are not receiving needed mental health services (Burns et al., 1995; Realmuto, Bernstein, Maglothin, & Pandey, 1992; Tuma, 1989). Several have claimed that non-white students who suffer from emotional problems may be further underserved (Burns, 1991). Unfortunately, little is known about the actual rates of minority child mental health service use (Cheung & Snowden, 1990) but it has been estimated that as many as 10% to 20% of school-age children have emotional challenges (Mash & Dozois, 2002) and 5% of all children have an emotional disturbance that significantly impacts their daily school and home functioning (Coutinho & Oswald, 2005).

Research (Sclar et al., 1999; Young et al., 2001) has suggested that Latinos are less likely than whites to be diagnosed with depression and to receive treatment for depression. Latinos with depressive or anxiety disorders receive fewer services than whites (Young, 2001). This is in contrast to studies that estimate Latinos are almost twice as likely as whites to experience depression in a given year (Stacciarini, 2009).

Special education has historically provided a service for students with more intensive learning and behavioral needs. Data suggest that this is not happening with Latino students with ED. Skiba and Perez (2007) claimed that the growth of Latino students in the U.S. and especially the consistent record of their academic
underperformance suggest that patterns of special education disproportionality continue to need to be examined.

Research exploring the disproportionality of minority students in special education, including Latino students, has focused on overrepresentation. As a result, there is limited research to explain the emergence of Latino student underrepresentation in special education, specifically in the category of ED. Studies by Skiba and Perez (2008) claim that the referral process and assessment procedures play a large part the field’s uncertainty in making appropriate decisions when identifying Latino students for special education service eligibility.

Methodology

This study was primarily a quantitative study that used a single factor, double-blind design. The hypothesis of this study proposed that school psychologists classify Latino students as ED at lower rates than they classify non-Latino students. Therefore, the null hypothesis is there is no difference between classification rates.

Forty-three working school psychologists in California volunteered to participate in this study. They were recruited through two school districts and the California Association of School Psychologists. The demographics of the participants were similar to the national demographics according to the National Association of School Psychologists (Curtis 2006) which reports that the majority of psychologists nationwide\(^\text{12}\) are white (92%), female (74%) and 38% have five or fewer years of experience (Lewis,

\(^\text{12}\) California data could not be located.
In this study, the majority of participants were white (48.8%) but there was a larger portion of Asian and Latino participants. This is to be expected given the ethnic diversity of California compared to the rest of the nation. Of the participants, 67% percent were female and 48% had less than five years of experience.

Overall, the results suggest that this is an appropriate sample and representative of school psychologists in California at the time of the study. For the most part, it appears to provide an accurate picture of school psychology practices.

A vignette was constructed that described a male student with emotional challenges. Psychologists were asked to read the vignette and determine if the student was eligible for services. Ethnicity was manipulated by describing the student as either “Jose,” a Latino young man, “DeShawn,” an African American young man, or “Daniel,” a Caucasian young man. The student’s name was repeated throughout the vignette and questionnaire to remind participants of ethnicity.

The goal of the vignette was to describe a student who was eligible for special education. Given the ambiguity of the definition of ED, a perfect scenario could not be created. The hope was to depict a student that a majority of participants would find eligible. The vignette in this study did that. When the Latino condition was not included, the student was found eligible almost 70% of the time. This suggests that the vignette describes a student who is eligible for services.

Main Results

In this study, each participant was randomly assigned to a condition (student ethnicity) and asked to read a report that used the name of the assigned student. They
were then asked the primary question, “In your expert opinion, does (student name) qualify for special education services?” Table 4.1 shows how participants answered the question by each ethnicity. Thirteen of the 17 psychologists who had been assigned the Latino student stated he did not qualify for special education. This means that less than a third of the participants in this condition found the student eligible for services. African Americans were found eligible at a rate double that amount (67%). White students were found eligible for service at the highest rate of 70%. When African American students and white students are combined into a single group, non-Latinos, the results were even clearer (See Table 4.1).

Major Findings

Discussion of Research Question One

How does being Latino impact students’ eligibility for service when they have emotional challenges?

The pattern of underrepresentation of Latinos in programs for students with emotional challenges can be partially explained by bias from school psychologists. This study demonstrated that an academically struggling student, with self reported depression and anxiety corroborated by reports from his mother and teacher, was not found eligible for services by more than two thirds of the participants when the student was Latino. The same student was found eligible at more than twice that rate when he was identified as non-Latino. That is, the student in this study who was eligible for services when he had a white or African American name was ineligible when he had a Latino name.
Racial and ethnic disparities are as widespread in the diagnosis of mental health needs as they are in other areas of education and health. In 2001, the report “Race, Culture, and Ethnicity and Mental Health,” documented disparities in identification and treatment that leave too many minority individuals untreated or improperly treated.

This study found that Latino children experience a higher rate of unmet needs compared to non-Latino children. The current literature does not fully explore the reasons for the disparity, but suggests barriers include language and cultural issues. Further study is clearly needed to close the current gaps in the literature and must continue in order to support Latinos with emotional challenges.

This study demonstrates that psychologists make unwarranted judgments about students on the basis of ethnicity. Their inappropriate expectations lead to inappropriate decisions and actions, under identification, and a failure to provide services. In a strict sense, it is these unwarranted views and reactions to a Latino student that constitute bias. Biased views can be held knowingly or unknowingly and can result in action or, in this case, a failure to act. Students with ED need to be identified to be served.

Whether intentional or inadvertent, whether by active decision-making or by default, it is reasonable to believe that bias partially explains disparities. The ambiguity surrounding mental illness and appropriate treatment invites bias, including bias of a well-intentioned kind (i.e., minimization bias). Missing from the research is knowledge of where, when, how, and to what extent bias operates in mental health decision making.

Taking account of racial and ethnic differences does not in itself constitute bias. Indeed, I would argue that responding to racial and ethnic differences is essential and that
interventions must be varied to allow for differences in culture and ethnicity. Appropriate education necessitates awareness of differences between Latino students and non-Latino educators in beliefs and sensitivities related to mental health, expression of symptoms, and in treatment preferences. To ignore ethnic differences reflects a kind of bias.

More than in other areas of education, there needs to be greater concern about bias when dealing with at-risk students. Some in the education field continue to doubt the idea that ED is a disability, believing that difficulties labeled as such, however troublesome, are no more than problems of poverty or poor enculturation. I disagree with that position. If that were the case, then there would not be the overrepresentation of African Americans in ED.

Determining the role of bias in educational and psychological assessments is important in establishing a comprehensive explanation of disparities and, ultimately, efforts to effectively address them. This bias can be due to a myriad of reasons. There is clear bias on the part of the participants. I would argue that the basis for the bias can be divided into two areas: philosophical and fiscal. I address each below.

Discussion of Research Question Two

Do school psychologists identify mental health needs in Latino students at the same rate as white or African American students?

The data from my research shows that psychologists do see a difference in the level of mental health needs for Latino students. A majority of participants (22 out of 43, 80% of which had the non-Latino students) felt that the student in the vignette had mental
health needs that interfered with his development; that is they found him eligible for services. This suggests that the student in the vignette had clearly identified mental health needs, but when the student was identified as Latino, the needs were not deemed severe enough to require intervention.

The mental health needs could have been seen as external, or conduct disorder. This would make the student ineligible for services. It was hypothesized that this would be the case, and was addressed by a series of questions. The responses did not show any difference between conditions, conduct disorder verses ED. Participants felt the student would benefit from treatment regardless of ethnicity if they found him eligible for services. They felt he did not need to be monitored by authorities. This implies that the student was not seen collectively as having conduct disorder no matter his ethnicity. Five participants did allude to conduct disorder in their comments when the student was Latino.

When participants were asked to describe why they felt the student was eligible or not eligible, their answers repeated this pattern. Depression was mentioned four times as often as a concern for non-Latino students than for Latino students. The pattern confirms what others have found (Young, 2009), that mental health professionals under diagnose Latinos.

This tendency to under diagnose Latinos can be seen in the words of participants themselves. A participant, who had the Daniel case, gave the following rational for finding him eligible:
The primary handicapping condition appears to be an emotional disturbance.
While he exhibits symptoms of ADHD and significant learning weaknesses, I believe the overriding factor which ultimately impedes his ability to be successful at school is emotionally based. He meets ED code criteria as a student with an emotional disturbance.

This was typical of participants in the non-Latino treatments. Another participant, who had the DeShawn treatment, put it more succinctly, “Depression appears to be negatively affecting his academic performance.”

Those quotes can be compared to two participants in the Jose group. The first found Jose eligible, albeit begrudgingly:

Most often times conduct and oppositional defiant behaviors are the maladaptive behaviors that show on the surface and more likely as a defense mechanism. Because his most outstanding needs are in the emotional area, the first category to qualify is [ED] as a primary condition.

The second participant did not find Jose eligible and felt strongly that his behavior was the result of external factors, “I’d also like to rule out substance abuse as a causative factor. Who are his friends he reportedly hangs with? What kinds of kids are they?”

Two of the participants who found Jose eligible did mention anxiety and depression as their reasons. The fourth participant who found Jose eligible qualified him...
as “other health impaired” and not ED. This participant simply restated her eligibility statement, “The student qualifies under the category ‘Other Health Impairment.’”

When the non-Latino student was identified as ineligible, participants made comments that identified mental health needs. One identified a possible qualifying condition in DeShawn, stating that he “Has chronic mood disorder (dysthymic disorder)” but did not find him eligible. Another worried about labeling Daniel because “ED is an incredibly heavy label.”

There appears to be a pattern of treating the mental health needs of a student differently because of his ethnicity. The psychologists in this study did not find Jose to have the same level of need as Daniel and DeShawn. The reasons for this are beyond this study. The literature section includes a brief discussion of theories about why this occurs. In follow-up studies, this should be addressed.

School psychologists could be unfamiliar with Latino student levels and symptoms of depression. As stated earlier, Latinos have the same or higher levels of depression and mental health needs as non-Latinos. To avoid having these students “fall through the cracks,” it is important for psychologists to take into account culturally accepted expressions of distress, the meaning of illness for the individual, and the effect of the illness on lifestyle, behaviors, functioning, and social activities with Latino students. This study contributes to the literature by quantitatively and qualitatively showing that psychologists do not perceive Latinos’ self-descriptions of emotional distress, even when they are the same as non-Latino students.
If the report used in this study reflected what the literature tells us about how Latino depression differs from non-Latino depression, the under diagnosis would have been even greater. If instead of the student showing symptoms of anxiety, his mother had said he was *nervios* or *agitamiento*, the student’s needs would have been completely ignored. *Nervios* is an idiom of distress referring to an “alteration” of the nervous system and is characterized by depressive, anxious, somatic, and dissociative symptoms.

*Agitamiento* describes being restless or ill at ease, while *decaimiento* is globalized feeling of sickness. If the student reported himself as *decaimiento* and had a stomach ache (or other somatic issue), few of the participants of this study would have known or identified him as depressed.

These differences in the manifestation of emotional challenges create a barrier to the recognition of depression. The family’s level of mental health literacy and the degree of stigma felt about discussing mental health problems may result in the use of descriptions of emotional disturbances that differ from the terminology used in this study. I would assert that there is insufficient provider training with regard to students’ cultural differences.

Comprehensive self-reporting tools are needed to help school personnel screen for both the psychological and somatic symptoms of depression. Ideally, these screening tools would be available in English and Spanish. Questionnaire scores would contribute to the detection of depression and inform IEP teams about the general mental health of their students. An ideal screening tool would assess the possibility of depression even in
a Latino student presenting primarily somatic symptoms, since this is what depression tends to look like in Latino students.

The reliability of a depression screening tool is affected by students’ interpretation of its terms and their cultural conception of depression. Psychologists’ familiarity with the terms that their patients use to describe emotional problems, as well as how relevant questions are in determining a student’s mental state, would assist in the identification of depression in diverse populations. All symptoms presented in this research show mental health needs in the vignette. The participants downplayed the importance of these conditions when the student was Latino and the conditions were presented in standard form.

Finally, the answer to this research question has several limits that will be discussed later, but two need to be noted here. First, being found eligible for services as a measure of having a mental health need is an imperfect measure at best. I discuss the subjective nature of eligibility and its inadequate definition in a later section. Secondly, the follow up to questions as to why a student was not found eligible could have been too broad. In an attempt to prevent the participants from knowing what I was researching, they were not probed about the mental health needs of the student, but merely why they found him ineligible.

**Why the Under Identification?**

The theories about the under service of students with emotional challenges have been philosophical and fiscal in nature (Walker, Ramsay, & Gresham, 2004). It could be argued that the cost of educating a student with ED outweighs the benefit. I refute that
argument in the economics section below. To support that argument that the costs are worthwhile, I address the benefits of service in the philosophic issues section, which also addresses other reasons psychologist might have for not qualifying Latino students.

**Philosophical Reasons**

Philosophically, teachers have a long history of believing that they are not responsible or accountable for the mental health needs of students. School psychologists are. There are multiple reasons a school psychologist may choose to find a student ineligible for services. In this section I address two of them. First, I address the benefit of identification as it is the gateway to services. I conclude by discussing cultural assumptions that could be made by school personnel.

The definition of ED in federal legislation (as discussed in earlier sections) is ambiguous and has specifically excluded students who are characterized as maladjusted. This viewpoint is based on the premise that students who have problems in conduct are responsible for their behavior and thus do not have a legitimate disability. It was assumed by this researcher that if there was an under identification of Latino students, this viewpoint would be the cause. That is, school psychologists would perceive the student as conduct disordered as opposed to ED (Appendix D has a table to illustrate the difference between the two). This was not the case based on the participants’ answers to follow-up questions. They did not rate Jose any differently than the other students in respect to conduct disorder. They strongly agreed with the statement that Jose would benefit from therapy. Students with conduct disorder tend not to benefit from therapy. Therefore, I have ruled the characterization of maladjustment of conduct disorder out as a
large factor in the difference in identification rates; although it was clearly a factor for one respondent as illustrated in the earlier discussion of research question two.

*Benefit of Service*

A major assumption in this research is that a student with emotional problems is better off being identified and placed in special education. In this study, this assumption is shared by the participants, experts in child development and learning. When the participants were asked if the student would benefit from a year in a day treatment class, a restrictive class for students with emotional problems, they felt he would at a slightly greater rate for the Latino student than the non-Latino student. The idea that the student would benefit from services reinforces the fact that the student should be receiving services.

As envisioned in No Child Left Behind (NCLB), it is really great to believe that all students can make progress; even students with ED should be educated without the label of ED and given the same opportunities and supports as student without emotional challenges. But history tells us that students who exhibit extremely challenging behavior and those identified as delinquent are not receiving an appropriate education. The student used in the vignette in this study was just such a student. He was failing in school, and on a path to dropping out.

James Kauffman (2007) put it best when he said, “When we hear that all education should be special education or that general education should be so flexible and inclusionary that it meets the needs of all learners, we know that we are in the world of make-believe, not the world of realities” (p. 246). Special education creates a more
flexible and inclusive setting for students who did not fit in the general education setting. As Kaufman argues, general education, no matter how good it is, cannot meet the needs of learners with disabilities.

The student in my scenario had an average IQ, no learning disability, and yet struggled in school. He had clinically significant scores on behavior scales in the areas of depression, anxiety, and attention. General education services were not working for him. General education teachers and classes cannot by themselves provide the support a student with ED requires. A limited numbers of schools, classes, and educators are prepared to work with students with ED, to provide them with meaningful experiences, and to promote academic success and necessary social skills to enhance their quality of life. Studies have shown that such programs have a positive effect on the outcomes of students with ED (Reddy et al., 2009). They do not need to be transferred to special classes or schools, but the inclusion supports need to be in place. Only a student identified and labeled ED is guaranteed to get these services.

Culture

Given the bias found in this study, I had hoped to explain the nature of that bias. I cannot. The instrument used was intended to find an over identification of Latino students as conducted disordered. As stated earlier, there was no clear pattern of psychologists perceiving Latinos as conduct disordered. Other research has found this to be the case. For example, Hough et al. (2002) found the reported prevalence of disruptive disorders (conduct disorder, attention deficit hyperactivity disorder, and oppositional defiant disorder) was very high among Latino youths compared with
estimates of community rates. Because of this they found that the proportions of Latino youths with a diagnosable disorder and moderate levels of impairment who were receiving mental health care were significantly lower than the proportions of comparable white youths.

Further research of the literature found multiple mentions of Latino underutilization of mental health services, but little on psychologist bias. Research in this area tends to focus on African Americans and overrepresentation, but is the most likely cause of the effect found in this study. The research that did identify possible causes of underrepresentation identified factors that were controlled for in this study. For example, although studies have shown that Latinos tend to underutilize mental health services for various reasons (Surgeon General’s Report on Mental Health and its supplement, Mental Health: Culture, Race, and Ethnicity. USDHHS, 2001), the most often cited one was language barriers. In this study, the family’s primary language was English. It is possible that the participants assumed the family’s language was Spanish and therefore assumed the student would not participate or benefit from services. They made no mention of this in their responses and all of the test data reported used the English forms of the instruments. I discuss second language issues below and make recommendations to address them.

Testing bias was also cited as a major issue in the identification of Latino mental health needs (Velasquez et al., 1998). In this study, the assessments given had the same results for all three ethnicities. The test showed high levels of depression, anxiety, and
attention problems. The test used may be biased, but in this study the researchers presented the student as intended.

Other identified reasons for under service include insufficient insurance coverage and a tendency to handle problems inside the family (Young, 2008). These two reasons were not an issue in this case as the school would cover the costs, not the insurance, and the family was asking for help from the school. Again, the participants could have assumed that the family would handle problems internally and not agree to services. There was not data to support this assumption either. If this were the case, it would be a sign of a cultural misunderstanding.

Whaley (1998) claims misdiagnosis or under identification can arise from clinician bias and stereotyping. Clinicians often reflect the attitudes and discriminatory practices of their own culture, which as the results of this study have shown is not Latino (less than 12% of respondents were Latino). There is the concept of the professional culture of the clinician putting some degree of distance between clinician and patient, regardless of the ethnicity of each (Burkett, 1991). Clinicians also bring to the therapeutic setting their own personal cultures (Hunt, 1995; Porter, 1997). Thus, when the assessor and student do not come from the same ethnic background, there is greater potential for cultural differences to emerge. Psychologists may be more likely to ignore symptoms and less likely to understand the patient’s fears, concerns, and needs. The student may harbor different assumptions about what the school is supposed to do, how a patient should act, what causes the illness, and what treatments are available. A limitation of this study is that the follow up questions did not probe into this possibility.
Below I suggest a cultural competency model that was developed by Cross et al. (1989) in the context of care for children and adolescents with serious emotional disturbance. It is the most frequently cited model in the literature according to the USDHSS report in 2002.

Testing Bias

Velasquez (1998) claimed there is a lack of reliable and valid test norms referenced on contemporary samples of Latinos, both Spanish-speaking and English-speaking. This is a significant obstacle to carrying out the appropriate assessment of Latinos. The most widely used test for diagnostic purposes is the Wechsler scales of intelligence. The available Wechsler test for Spanish-speaking children, escala inteligencia de Wechsler para Niños (EIWA), was published in 1993 and was based on a standardization sample of Puerto Rican islanders (Wechsler, 1993). Since then, two English language versions have been standardized and published (Wechsler, 1998, 2003). The current Spanish language norms are significantly outdated, and available research has demonstrated their overestimating the level of functioning of some Spanish speakers (Lopez & Taussig, 1991). Even if the tests themselves are updated and standardized on a more representative sample, there is still the issue of the psychologists not speaking Spanish. One study found that almost 50% of school psychologists who carry out psycho-educational assessments of bilingual children in the eight States with the highest percentages of Latinos were English-speaking monolinguals (Ochoa et al., 1996).

Cultural Competency Model
Given the awareness of treatment inadequacies for minorities, practitioners and policymakers need to begin to press for new identification approaches. In a later section, I call for a change to the current identification model for special education; in this section I advocate for the delivery of services responsive to the cultural concerns of Latinos, including their languages, histories, traditions, beliefs, and values. Schools and psychologists need to adopt practices that utilize cultural competence based practices, those that have been promoted largely on the basis of humanistic values and intuitive sensibility. According to the USDSS (2001), substantive data from consumer and family self-reports and Latino specific services in addition to outcome studies suggest that tailoring services to the specific needs of Latinos will improve utilization and outcomes.

Cultural competence underscores the recognition of patients’ cultures and then develops a set of skills, knowledge, and policies to deliver effective treatments (Sue & Sue, 1999). Underlying cultural competence is the idea that services adapted to the backgrounds of students would be more inviting, would encourage Latinos to get treatment, and would improve their outcome once in treatment. Cultural competence represents a fundamental shift in ethnic and race relations (Sue et al., 1998). This model places the responsibility on schools and mental health service practitioners, who tend to white (Peterson et al., 1996), and challenges both groups to deliver culturally appropriate services.

*Marxist Economics*

*Spaulding:* What do you fellows get an hour?

*Ravelli:* Oh, for playing we getta ten dollars an hour.
**Spaulding:** I see...What do you get for not playing?

**Ravelli:** Twelve dollars an hour.

**Spaulding:** Well, clip me off a piece of that.

**Ravelli:** Now, for rehearsing we make special rate. That'sa fifteen dollars an hour.

**Spaulding:** That’s for rehearsing?

**Ravelli:** That'sa for rehearsing.

**Spaulding:** And what do you get for not rehearsing?

**Ravelli:** You couldn't afford it...Heh...you see, if we don't rehearse, we don't play...And, if we don't play...That runs into money.

-*Animal Crackers*, 1930

One possible reason a student is not qualified for special education is that it is too expensive. The Special Education Expenditure Project (SEEP, 2006) estimates that it costs anywhere from $12,000 to $16,500 per year for each student in an ED program. According to the California Department of Education (CDE, 2011), the state spends $9,706 per pupil per year. That puts the cost of educating a student with ED at 1.7 times\(^{13}\) that of a general education student. I think those numbers are lower than most people (see AP, 2011) would believe them to be; for my argument let us assume that the costs are double those of a general education student or $19,412 per year.

In 2009, according to CDE, 0.23% of all Latino students in California were identified as ED for a total of 6,983 students. Almost three times as many white students were identified, with 0.72% of the total white population identified as ED. Just under

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\(^{13}\) This number is consistent with SEEP reports (2003, 2006) that put special education cost at 1.9 for all disabilities and 1.6 for students with ED.
twice as many students (0.42%) overall were identified as ED. If California increased the number of Latino students identified to the state average and not even to the level of white students, the number of Latino students identified would almost double to 13,247. The cost to the state of California would be $60,798,384 per year. Given California’s constant budget crisis, there is little incentive to implement any change that would come with that high of a price tag.

Much like the band playing rather than not playing in Animal Crackers, in the long run, the cost of providing special education for students with emotional challenges is cheaper than not providing the extra support. The negative economic losses for California from the students failing to graduate high school are substantial. Tax revenues are reduced and government spending on health, crime, and welfare is elevated, increasing the fiscal burden for all Californians. In earlier research, it was found that as an adult each new high school graduate, compared to a high school dropout, generates a considerable net fiscal benefit for California (Belfield & Levin, 2007). After deducting the public cost of the additional investment, each additional high school graduate contributes $115,300 in their lifetime from age 20 to retirement to the federal government, and $53,600 to California’s state and local governments. The social gains for California are estimated even larger; preventing a student with ED from dropping out generates a social gain to the state of up to $392,000 (Belfield & Levin, 2007). The costs above do not take into account the cost savings from reducing crimes committed by juveniles. Belfield and Levin (2010) estimate that a drop out costs California $84,000.
The California Dropout Research Project estimates that 45% of Latino males do not graduate from high school (Rumberger & Rotermund, 2009). We can assume the rate is higher for students with unidentified ED (Kauffman, 2007). A conservative estimate would be 50% of students with unidentified ED drop out. That is the percent I will use for this argument. That means of the 6,264 students I identified above, 3,164 would drop out. That means the costs to California for these students would be $526,176,000\(^1\) (3,164 x $84,000). If identification and special education services prevent 15% of them from dropping out, the savings to California would be $18,128,016. Add to that the $50,362,560 in tax contributions over their lifetimes; the cost argument against providing support is not valid.

Policy and Research Recommendations

The state of California needs to address the needs of Latino students, who are the majority of public school students. I recommend that the Department of Education updates the way they define and identify Emotional Disturbance. I suggest they increase training about the mental health needs of Latino students for school personnel. Researchers need to investigate what that training needs to cover.

Update the Definition of ED

A participant said about DeShawn, “While teachers probably want him to qualify as ED, he does not present that way.” Given the historical overrepresentation of African American students in special education, this may be the safer path to take. With the underrepresentation of Latinos, struggling students need to be qualified. A referral

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\(^1\) The annual budget for the Juvenile Justice System in California is close to a billion dollars per year.
should be driven solely by the best interests of the student, in this case, the student with clear needs. Failing to provide individualized math instruction, social skills training, or functional literacy instruction to a student with ED who needs these interventions is unethical.

James Kauffman argued that labels for students with special needs are essential. He asserts that general education, no matter how good it is, cannot meet the needs of learners with disabilities (Kauffman, 2007). I would say the need is even greater for students with emotional challenges. I contend the definition of ED should be redefined to be clearer and more inclusive. I make this argument with the assumption that students will benefit from being identified (see above).

A new approach to making eligibility determinations as well as selecting interventions is based on the concept of response to intervention [RTI]. RTI is based on the same idea of the wager. If a student's behavioral challenges and deficits continue at the same unacceptable levels subsequent to general education based interventions and services, then the student can and should be eligible for ED services (Gresham, 1999). RTI is based on the best practices of pre- and post-referral intervention and gives school personnel the latitude to function within an intervention framework rather than a psychometric eligibility framework.

Frank Gresham (2004) has written extensively on adopting the RTI for identifying students with ED. I contend that using this model would prevent the underrepresentation of Latino students in ED programs.
This can be framed in the form of Pascal’s Wager. I have constructed a two by two grid with the four possible realities for the student in my vignette. The only thing we know from the vignette is that the student is struggling. The student either has an emotional challenge or does not, as represented by the rows in Table 5.1. The columns represent the decision of the school psychologist. Like Pascal’s Wager, there are four possible outcomes if we use the current system for identifying students. In the found eligible column, the student benefits whereas in the not found eligible the student remains on the same downward spiral. This study has shown that the decision to find a student eligible is not only subjective, but inequitable. If we continue with this model, we need to follow Pascal’s lead and assume that every student has ED. Therefore all students will benefit.

Table 5.1 *Pascal’s Wager with the Student’s Future*

<table>
<thead>
<tr>
<th></th>
<th>Found Eligible</th>
<th>Not Found Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has ED</td>
<td>A) Is provided with services; student improves academically and socially.</td>
<td>C) Will continue to struggle in academically and socially; most likely failing to complete school.</td>
</tr>
<tr>
<td>Does not Have ED</td>
<td>B) Is provided with services that should help; student does not improve academically and socially.</td>
<td>D) Possibly continue to struggle in academically and socially; most likely failing to complete school.</td>
</tr>
</tbody>
</table>
I propose California adopt Gresham’s model (see Figure 5.2). Instead of assuming that all students have ED, schools provide universal interventions that are delivered to all students under the same conditions and are implemented at district-wide, school-wide, or classroom-wide levels. Gresham (2004) estimated\textsuperscript{15} that approximately 80 to 90\% of any given school population will respond adequately to universal interventions. More intensive interventions focus on the students who are still struggling. These students typically are at greater risk for severe problem behaviors and require more resources in general. They may respond to simple individually focused interventions such as social skills interventions, token systems, behavioral contracts, or self-management strategies (Gresham, 2004; Gresham et al., 2004; Walker et al., 2004).

Universal intervention is followed by targeted interventions, the most intense level of intervention and one that targets students with the most severe behaviors. Many students served under the category of ED require this level of intervention. Estimates suggest that these students constitute about 1 to 5\% of a given school population but they account for 50\% of behavioral disruptions in schools, and they drain as much as 60\% of school resources (Gresham, 2004; Sugai et al., 2002). These students will require the intense, individualized, and comprehensive system of intervention available in special education.

\textsuperscript{15} As did Walker (2004)
**Figure 6.** Gresham’s RTI Model. This model identifies students with ED by providing universal interventions that are delivered classroom-wide, school-wide, or district-wide.

**Training of School Psychologists**

The California Department of Education should develop programs for training school personnel in the identification of emotional problems of Latino students. These programs should focus on best practices that utilize culturally responsive methodologies. The CDE should also develop treatment programs for the mental health needs of culturally diverse students.

This study explored the effects of bias and suggests cultural competence as way to reduce of mental health treatment disparities among Latino students by taking individual cultural needs into account. It is important to first note that Latinos are not a homogeneous group. Therefore, it is not safe to assume that recommendations for working with Latinos are a “one size fits all” recipe.
Rather, comments in this paper should be read as broad generalizations about values and characteristics that are often shared among Latinos, but with the understanding that multiple individual differences exist.

Latino’s tend have a family first support style. When problems arise, immediate and extend family provide the support. If that does not resolve the issue, friends and clergy represent the next and usually final level. This is a source of social support, yet could potentially prevent or delay treatment-seeking through lack of recognition that professional help is needed.

Professionals need to be made aware of these tendencies. They need to be trained to bring Latino families, who may be resistant, into services. As professionals it is there responsibility to identify the needs of students and ensure that services are provided. This study indicates that if they are aware of these tendencies, they do not pursue the issue, but simply find the student ineligible since the family will deny services.

Limitations

In addition to limitations mentioned earlier, more limitations of the study should be mentioned. The present study has only considered Latino, African American, and white children in analysis, yet there are other minority groups in the population that deserve attention. Participants in this study came from three main sources. The first two were convenience samples, recruited from both a district and schools outside that district. that he researcher had an association with. Over a third of participants were recruited through the California Association of School Psychologists website and member email
newsletter. These participants were self-selected. While the sample used in this study mirrored the general population of school psychologists, generalizations of the findings to the general population should be made with caution.

Future Research

Follow up studies are needed to examine more closely the link between a student’s ethnicity and practitioners’ perceptions. I would recommend that my experiment be repeated on a larger scale with follow-up focus groups or interviews. The participants should be probed to find out why they made the recommendations they made. The results of this study should be discussed to find out why they feel these discrepancies exist.

Studies need to identify the determinants of low rates of identification of mental health needs in Latino students at other points in the referral process. Research should evaluate programs to eliminate ethnic disparities in interventions. It would also need to examine the underrepresentation of not only Latino students, but of Asian and Pacific Islander students as well.

Although language was not used in this study, it is a major factor in the Latino community. Several studies have found that bilingual patients are evaluated differently when interviewed in English as opposed to Spanish (Malgady & Costantino, 1998). School psychologists tend to be English-speaking monolinguals. Further research is needed to clarify how linguistic factors influence diagnoses.

Conclusion
Kaufman (2007) has stated that the outcomes for students with untreated mental health needs are grim: higher drop-out rates; higher incarceration rates; and higher suicide rates. The pattern of underrepresentation of Latinos in programs for students with emotional challenges can be partially attributed to bias from school psychologists.

There are many ways to improve services for Latino students, from reducing systemic barriers, to increasing the number of mental health professionals who are linguistically and culturally skilled. The RTI model will save schools money over the current model. Finally, because Latino students are most likely to seek mental health services in school settings, improving detection and care within public schools is critical. Given the rapid expansion of Latino students, interventions could have major implications for the ongoing health of California’s youth.
PSYCHOLOGICAL REPORT
CONFIDENTIAL

NAME: STUDENT
SCHOOL: Happy High

PARENTS: Mom
GRADE: 9

ADDRESS: 123 Main
TEACHER: Patz

Nowhere, CA
EXAMINER: Sigmund Skinner, PhD.

PHONE: 555-1212
School Psychologist

BIRTHDATE: 8-12-94

DATE OF EVALUATION: 7-14; 7-15-08
AGE: 14-0

REASON FOR REFERRAL

STUDENT was referred for an psychological evaluation. Concerns by teachers and
parent include disinterest in schoolwork and rude/disruptive behavior in class. Currently,
he is not receiving Special Education services. Due to argumentative and antagonistic
behavior with his English teacher, including some actions which were interpreted as
intimidation, STUDENT has been suspend three times this year.

METHOD OF CURRENT ASSESSMENT:

♦ Interview with STUDENT
Review of Records and Background History (academic, health, family)

Stanford-Binet Intelligence Scale, Fifth Edition, Abbreviated Battery

Developmental Test of Visual-Motor Integration (Fifth Edition)

Millon Adolescent Clinical Inventory

Rorschach

Behavioral Assessment System for Children, Second Edition

BACKGROUND

STUDENT is a ETHNICITY male who lives at home with his mother, older brother and twin, younger brothers. They are living in a rental with his maternal grandmother. STUDENT’s father was killed ten years ago. His mother is a part-time housecleaner.

STUDENT reportedly has highly developed physical abilities and reached developmental milestones for motor development early. He continues to demonstrate excellent mechanical abilities and can easily visualize a physical solution to a problem.

Outside of school, STUDENT says he likes to “hang out” with older youth and adult friends in the area or go fishing with friends. He had played on a baseball league for several years, but eventually quit because he had trouble with his team mates.

His health history is contained in a previous psychological evaluation (2002). STUDENT was a full-term infant of normal birth weight. While he attained developmental milestones within normal limits for motor and speech, his mother reports that STUDENT has always been athletic. He has a history of hospitalizations for asthma.
There is a family history of alcoholism, drug abuse and depression in the biological father. Significant family stressors include the death of STUDENT’s biological father at age three. STUDENT has been struggling academically and behaviorally in school over the last two years, lost confidence in his ability to perform tasks, and according to his mother and teachers, has given up trying in school.

Due to a history of defiance and oppositional behaviors, STUDENT participated in an anger management class through Steele mental health services during the eighth grade.

STUDENT dislikes school and is only beginning to respond to demands for homework. He has attended first, second, and third grades in Mountain Unified. His third grade teacher described him as "an average oral reader, but comprehension is very weak. Math concepts are weak. Attention and motivation [are] poor." STUDENT often did not complete assignments, and had difficulty following directions. His behavior was "immature." He was a "good thinker when focused."

STUDENT’s first grade report cards indicated inadequate progress in basic reading, writing, and math skills, and difficulty staying on task and several "incidents" in the classroom and in the playground. STUDENT’s second grade teachers reported that his "work and social habits have improved a great deal this year. He has good ideas, but we’d like to see him writing more and putting more effort into his written work." However, there was "a big improvement in STUDENT’s writing" during the year. "He has been reading well also, but his test scores are still inconsistent. He has done very well in math with trading (borrowing)."
In third grade, STUDENT continued to have difficulty staying on task, completing assignments, and listening effectively to instructions and information. "Behavior during classes and ‘following rules’ continue to be issues." His teacher noted inconsistent work that did not appear to be up to his ability. "STUDENT has grown a great deal this year in language areas. Math concepts need practice. The issue of his behavior, attention, and responsibility needs to be addressed," which is being done through the present evaluation and a referral to Dr. Mary Fast at the clinic for assessment of possible Attention-Deficit/Hyperactivity Disorder (ADHD)

According to STUDENT’s current teachers, STUDENT is often rude, argumentative and noncompliant. He does not take ownership for his behavior, often placing the blame for his misbehavior on the adults who hold him accountable. His photography teacher says that STUDENT will use racial slurs and disrupt the class by shouting out at inappropriate times. He has thrown things, shoved classmates and damaged the work of others. When he is not acting out behaviorally, he avoids completing schoolwork. Over the course of the school year, STUDENTS has received numerous behavior referrals as well as a 2-day suspension. He failed Photography and his algebra (Math I) class during the first semester, and earned a “D” in his remedial English class. In February, his Math I class was changed to Fundamentals of Algebra IA. Currently, he is receiving failing grades in Health, Physical Education, Photography and English, primarily due to missing assignments and poor test grades.
During an interview with STUDENT, he became teary-eyed when asked about his childhood, saying that he experienced a “different kind of childhood” than most of his classmates at Foothill. He was unwilling to elaborate further, other than to say that “it was not a happy childhood.” While he said his mother had told him that his biological father was a drug addict, when asked what he would have liked to have changed about his life, he denied an interest in changing anything other than the loss of his father. He expressed resentment towards his classmates, who he views as “sheltered” and as lacking awareness of how difficult life can be for others.

While he describes his personality as “mellow,” STUDENT says that others would describe him as “a big giant-ass, fucking mean kid.” He commented that when others view him as “big and mean”, then he acts “big and mean.” STUDENT also admits to having difficulty dealing with adult authority figures. When asked what he has learned about people over the course of his life, STUDENT said that people are “conniving” and “devious.” He cited “cops and teachers who are always trying to pin things on you or make things up.” While he has never been arrested, STUDENT says that police have harassed he and his friends for things they had nothing to do with. “The cops are always saying things to try and get you to incriminate yourself. They try and trap you.” He says he “does not trust anybody at this school, but could trust a bum living in the park. The bum has no motives.” Over the last several months, STUDENT says that he has become “pretty paranoid” every time someone comes to the classroom with a note or he is called
to the office. “I don’t care what teachers and administrators think, but I don’t want my mom to be upset.”

When STUDENT was asked about his experience participating in an anger management program, he expressed doubts about whether the group had helped him. He does not see passive coping strategies, such as relaxation training or deep breathing as working for him. When he escalates after becoming upset or frustrated, he says he can’t think and needs to remove himself from the situation. What does not help is “people who keep talking… I’m leaving the room and they keep repeating themselves a hundred times. I want to throw something or kick something.”

BEHAVIORAL OBSERVATIONS

STUDENT is a handsome 14-year-old boy of average stature and slim build. Rapport was easy to establish, although he seldom initiated conversation. STUDENT also appeared fidgety, and tended to respond to questions quickly in a self-conscious manner.

His speech is clear, with a limited vocabulary for his age. During conversation, he had difficulty formulating his thoughts and staying on topic.
STUDENT was attentive throughout the evaluation and showed good effort on all tasks. His problem-solving skills were generally disorganized.

The following evaluation appears to be a valid estimate of STUDENT’s psychological functioning. He was cooperative over the two testing sessions and had no difficulty persisting at tasks.

**TESTING RESULTS**

Stanford-Binet Intelligence Scales: Fifth Edition

<table>
<thead>
<tr>
<th>Nonverbal Domain</th>
<th>Scaled Score</th>
<th>(Average Score: 9-11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluid Reasoning</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Quantitative Reasoning</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Visual-Spatial Processing</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Working Memory</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

| Verbal Domain                     |              |                       |
| Fluid Reasoning                   | 7            |                       |
| Knowledge                         | 7            |                       |
| Quantitative Reasoning            | 6            |                       |
| Visual-Spatial Processing         | 9            |                       |
| Working Memory                    | 8            |                       |
Nonverbal IQ- 113  Verbal IQ- 90  Full Scale IQ- 99

Fluid Reasoning- 99  Knowledge- 89
Quantitative Reasoning- 87  Visual Spatial Processing- 105
Working Memory- 90

Beery-Buktenica Developmental Test of Visual-Motor Integration- Fifth Edition

Raw Score- 25 Standard Score- 85 Percentile Rank- 16

Rorschach

Millon Adolescent Clinical Inventory


<table>
<thead>
<tr>
<th>Composite</th>
<th>T-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Problems</td>
<td>87++</td>
</tr>
<tr>
<td>Attitude School</td>
<td>80++</td>
</tr>
<tr>
<td>Attitude Teachers</td>
<td>93++</td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>60+</td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td>69+</td>
</tr>
</tbody>
</table>
Atypicality  62+
Locus of Control  71++
Social Stress  69+
Anxiety  62+
Depression  66+
Inadequacy  79++

Somatization  44

Inattention/Hyperactivity  77++
  Attention Problems  72++
  Hyperactivity  75++

Emotional Symptoms  70++
  Personal Adjustment  44
  Relations w/Parent  36+
  Interp. Relations  62
  Self-Esteem  37+
  Self-Reliance  47

Content Scales
  Test Anxiety  72++
  Anger Control  89++
  Mania  62+
  Ego Strength  38+
<table>
<thead>
<tr>
<th>Composite</th>
<th>T-score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Externalizing Problems</strong></td>
<td></td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>57</td>
</tr>
<tr>
<td>Aggression</td>
<td>58</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>55</td>
</tr>
<tr>
<td><strong>Internalizing Problems</strong></td>
<td>69+</td>
</tr>
<tr>
<td>Anxiety</td>
<td>72++</td>
</tr>
<tr>
<td>Depression</td>
<td>78++</td>
</tr>
<tr>
<td>Somatization</td>
<td>47</td>
</tr>
<tr>
<td><strong>Behavioral Symptoms</strong></td>
<td>63+</td>
</tr>
<tr>
<td>Atypicality</td>
<td>45</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>44</td>
</tr>
<tr>
<td><strong>Attention Problems</strong></td>
<td>75++</td>
</tr>
<tr>
<td><strong>Adaptive Skills</strong></td>
<td>39+</td>
</tr>
<tr>
<td>Adaptability</td>
<td>40</td>
</tr>
<tr>
<td>Social Skills</td>
<td>52</td>
</tr>
<tr>
<td>Leadership</td>
<td>46</td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td>38+</td>
</tr>
<tr>
<td>Functional Communication</td>
<td>27++</td>
</tr>
<tr>
<td><strong>Content Scales</strong></td>
<td></td>
</tr>
<tr>
<td>Anger Control</td>
<td>62++</td>
</tr>
</tbody>
</table>
Bullying 50
Developmental Social Disorders 60+
Emotional Self-Control 59
Executive Functioning 61+
Negative Emotionality 59
Resiliency 42

Behavior Assessment System for Children-Second Edition Teacher Rating Scale

<table>
<thead>
<tr>
<th>Composite</th>
<th>T-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Problems</td>
<td>81++</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>79++</td>
</tr>
<tr>
<td>Learning Problems</td>
<td>79++</td>
</tr>
<tr>
<td>Externalizing Problems</td>
<td>99++</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>96++</td>
</tr>
<tr>
<td>Aggression</td>
<td>99++</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>91++</td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td>56</td>
</tr>
<tr>
<td>Anxiety</td>
<td>49</td>
</tr>
<tr>
<td>Depression</td>
<td>74++</td>
</tr>
<tr>
<td>Somatization</td>
<td>43</td>
</tr>
<tr>
<td>Behavioral Symptoms</td>
<td>88++</td>
</tr>
<tr>
<td>Atypicality</td>
<td>74++</td>
</tr>
<tr>
<td>Adaptive Skills</td>
<td>30+</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
</tr>
<tr>
<td>Adaptability</td>
<td>27++</td>
</tr>
<tr>
<td>Social Skills</td>
<td>34+</td>
</tr>
<tr>
<td>Leadership</td>
<td>37+</td>
</tr>
<tr>
<td>Study Skills</td>
<td>30+</td>
</tr>
<tr>
<td>Functional Communication</td>
<td>31+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Control</td>
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<tr>
<td>Bullying</td>
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<tr>
<td>Developmental Social Disorders</td>
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<tr>
<td>Emotional Self-Control</td>
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<tr>
<td>Executive Functioning</td>
</tr>
<tr>
<td>Negative Emotionality</td>
</tr>
<tr>
<td>Resiliency</td>
</tr>
</tbody>
</table>

*At-Risk - Potential area of concern that should be monitored.*

*Clinically Significant - Significant problem that should be addressed.)*

The Stanford-Binet is an individually administered test that provides a broad assessment of general intelligence and gives an indication of the ability to achieve in school. Based
on the results of the evaluation, STUDENT shows Average intellectual functioning overall, with nonverbal abilities (81\textsuperscript{st} percentile) better developed than his verbal abilities (63\textsuperscript{rd} percentile).

There are five factor indexes in the SB5. By evaluating the strengths and weaknesses among these factors for STUDENT, eligibility decisions and intervention strategies can be determined.

Fluid Reasoning is the ability to solve verbal and nonverbal problems using inductive or deductive reasoning. The ability to reason inductively involves reasoning from the part to the whole, from the specific to the general, or from the individual instance to the universal principle. STUDENT’s fluid reasoning ability is in the average range for his age group (66\textsuperscript{th} percentile). His nonverbal fluid reasoning ability, which involves determining underlying rules or relationships among visual objects, shows similar development to his verbal reasoning ability. In the verbal domain, STUDENT was able to complete a verbal absurdities task that involved listening to statements that are silly or impossible and identifying the absurdity. For example, when read a statement where a man gets dressed by putting his boots on first, followed by putting on his socks and pants, STUDENT immediately stated that pants will not fit over boots and you cannot put your socks on after putting on your boots. He was also able to complete some verbal analogies. STUDENT should be able to apply his knowledge and draw conclusions from general concepts.
The Knowledge factor takes into account an individual’s accumulated fund of general information acquired at home and school. It involves learned material, such as vocabulary, that has been stored in long-term memory. STUDENT’s performance on the Knowledge test is also in the average range (66th percentile) relative to his age group. He shows similar development of his nonverbal or procedural knowledge and vocabulary. The nonverbal knowledge test involves picture absurdities. STUDENT would study pictures of people, animals or physical objects in odd or incongruous situations, followed by pointing out the absurdity. When defining words, he had no difficulty coming up with a synonym for a word or identifying a universal characteristic or category that would adequately describe a word. Based on the results of this assessment, STUDENT shows adequate verbal comprehension and visual knowledge. He should be able to follow verbal directions and classroom instruction.

STUDENT’s Quantitative Reasoning is also in the average range for his age (70th percentile). Quantitative Reasoning tests his facility with numbers and numerical problem solving, whether with word problems or with pictured relationships. STUDENT showed a relative strength when performing nonverbal quantitative reasoning activities. He readily grasped figural series that involved mathematical relationships. He also showed adequate skill in comprehending word problems. Clearly, STUDENT has a good understanding of mathematical concepts, particularly when visual skills are essential for problem solving.
Visual-Spatial Processing measures the ability to see patterns, relationships, and spatial orientation, as well as the ability to see a whole among various pieces of a visual display. STUDENT’s overall performance on this factor is in the average range (59th percentile). He is capable of copying complex form patterns using a variety of geometric shapes, and is familiar with vocabulary dealing with directional concepts. He is also capable to ascertaining his relative position when listening to a series of directions.

Working memory is a class of memory processes in which diverse information stored in short-term memory is inspected, sorted, or transformed. It is important in school-related learning, including reading comprehension, arithmetic problem solving and acquisition of vocabulary. STUDENT shows a strength in his verbal and visual working memory abilities. He is capable of dividing his attention when answering questions, and is a capable of recalling a visual sequence that requires transformation. In the classroom environment, STUDENT should be capable of discriminating essential from nonessential information during lecture presentations, if his attention is directed to the most pertinent information.

In order to assess STUDENT’s fine-motor control and visual-motor coordination, he completed the Bender Visual-Motor Gestalt Test, Second Edition, a tool that assesses visual-motor coordination and integration in a semi-structured format using geometric figures. Visual-motor integration is the degree to which visual perception and finger-
hand movements are well coordinated. Administration involves two phases: the Copy phase and the Recall phase. He copied twelve geometric designs on a piece of paper during the Copy phase. Based on the quality of his reproductions, his performance was in the average range for his age. When reproducing the designs, he worked quickly, without spending much time planning or organizing his approach. Consequently, some of his reproductions were crowded together.

During the Recall phase, STUDENT redrew the designs from memory. His performance on the recall phase of the Bender was within the average range for his age. He recalled eight of the twelve designs from memory. However, despite having adequate space on the page, some of his drawings were crowded together or overlapped one another, suggesting poor planning ability.

Results of personality assessment and projective testing generally suggest the presence of social-emotional difficulties that likely interfere with his ability to learn and function in the school and community environment. While STUDENT’s responses on the Children’s Depression Inventory, a self-report measure, were elevated in only one area (Ineffectiveness), his tendency toward avoiding self-disclosure on the Millon Adolescent Clinical Inventory (MACI) as well as the clinical interview suggests more concerns than admitted on the CDI. Indeed, expressed concerns on the MACI include conflict or tension around sexuality and sexual impulses, as well as a history of sexual abuse (confirmed by mother). Other noteworthy responses include acute distress, a sense of emotional
isolation and an inclination towards risk taking behaviors. His overall profile on the
MACI suggests a moderate level of anxiety. Beneath STUDENT’s surface appearance of
constraint and control, he likely experiences pervasive anxieties that manifest themselves
in apprehension, indecisiveness and psychosomatic problems.

Generally, STUDENT displays an adaptive capacity to think logically and coherently. He
demonstrates good ability to form accurate impressions of himself and to interpret the
actions and intentions of others without distortion. These indications of good reality
testing and sound judgment represent an area of strength in his overall personality. While
not precluding adjustment difficulties, a good grasp of reality improves his prospects for
overcoming difficulties when they arise.

His response style suggests a lack of openness to experience and an avoidant style in
which he tends to view the world with an overly narrow frame of reference. He lacks a
consistent and well-defined approach to coping with his experience, leading to difficulty
in making decisions. Consequently, he is likely to have little tolerance for uncertainty and
ambiguity, and feel most comfortable in clearly defined and well-structured situations. In
spite of average intellectual functioning, STUDENT demonstrates a simplistic way of
looking at the world in which little energy is devoted to seeking out or recognizing
complex relationships between events.
STUDENT appears to have fewer resources available than most people his age for coping with the ordinary ideational and emotional demands of everyday living. He is able to maintain psychological stability through a determined effort to keep stressful experiences at a minimum and disturbing thoughts and feelings out of conscious awareness. He likely limits himself to undemanding activities that take place in familiar surroundings.

STUDENT also shows a somewhat maladaptive style of expressing affect in which he exerts a great deal of control over his feelings. He is likely a reserved individual who has difficulty relaxing, being spontaneous, showing his feelings and relating to others in a casual manner. His responses on the MACI suggest that, in an effort to avoid making mistakes and taking risks, he limits his activities to those that feel safe and familiar.

While STUDENT demonstrates adequate ability to identify comfortably with real people in his life and appears to have formed a stable sense of his personal identity, he shows evidence of limited capacity to form close attachments to other people. Based on his responses on the MACI, he exhibits an anxious conformity to the expectations of others, particularly those in authority. There is a fear of expressing emotion and losing control. Underlying his presentation are marked feelings of personal inadequacy and insecurity that become evident in tendencies to berate himself, magnify his weaknesses and anticipate rejection.

**Social-Emotional Functioning:**
Given STUDENT’s history of behavioral difficulties in school, he, his mother and his teacher were asked to complete the Behavioral Assessment System for Children, Second Edition (BASC2).

Based on his endorsement of items on the Self-Report of Personality, STUDENT reports disliking school and considers his teachers to be unfair, uncaring and/or overly demanding. He endorsed test items that suggest test related anxiety and academic concerns. He reports dissatisfaction with his ability to perform a variety of tasks, even when he puts forth effort.

STUDENT reports substantial worrying, nervousness and/or inability to relax, and often feels sad and misunderstood. He does not feel he has control over his life and believes he is blamed for things he does not do.

In terms of his overall functioning, STUDENT reports significant difficulty maintaining attention and an inability to control restless and disruptive behaviors. These problems are likely to interfere with his academic performance and classroom functioning. A significant area of difficulty identified by STUDENT is anger control. He reports a tendency to become irritable quickly and has difficulty regulating his affect and self-control when faced with adversity.
While STUDENT reports few concerns over his personal adjustment, other than some strain in his relationship with his mother, he does report a lower self-image that other individuals his age. He is often dissatisfied with himself and his abilities.

Parent and teacher report differed significantly for a number of test items. While his teacher expressed great concern over externalizing problem behaviors, including disruptive, impulsive and uncontrolled behaviors, STUDENT’s mother is most concerned over internalizing problems, including behaviors stemming from worry nervousness and fear, as well as characteristics found in individuals with depression, including withdrawal, pessimism and sadness. Parent and teacher are in agreement that STUDENT demonstrates attention problems, has difficulty adapting to changing situations and demonstrates poor expressive and receptive communication skills. When faced with adversity, STUDENT shows a tendency to become irritable quickly, and has difficulty regulating his affect and showing self-control. He has problems with social skills and communication and is easily upset, frustrated and angered in response to changes in his environment.

The Rorschach, a projective task used to assess personality functioning, was completed using the Exner scoring system. Based on this approach, STUDENT gave an adequate number of responses to the inkblots, indicating a valid protocol with reliable information about his personality functioning. The quality and pattern of his responses were strongly suggestive of deficits in coping skills.
STUDENT appears to be working very hard to keep emotions out of his life. The amount of effort he is putting into emotional containment likely detracts from his ability to think clearly and exercise good judgment. Consequently, he is likely to suffer from low stress tolerance and limited self control.

Because he demonstrates an avoidant style in which he views himself and others with an overly narrow focus of attention, he is likely to overlook nuances in social and interpersonal situations, arrive at decisions without having given them much thought, and select courses of action in which he has little personal investment. As a result, he tends to misinterpret the actions and intentions of others and perceive events in a distorted manner. He is also likely to have difficulty anticipating the consequences of his own actions and recognize the boundaries of appropriate behavior in various situations. STUDENT is likely to have little tolerance for uncertainty or ambiguity, and would feel more comfortable in a clearly defined and well-structured situation. He has a tendency to favor simple solutions, even to relatively complex problems.

STUDENT does not appear to be as introspective as other individuals his age. Because of a lack of self-awareness, he is at risk for adjustment difficulties. He has insufficient appreciation for the impact he has on other people and a limited capacity to examine himself in a critical fashion and modify his behavior accordingly. His limited ability to manage interpersonal relationships in a comfortable and rewarding manner leads him to
form superficial and transient relationships. He is unable to establish sufficient trust in
others to establish deep and fulfilling long-term friendships.

His scores on the personality patterns scales of the MACI were modified to account for
minor self-deprecating tendencies. STUDENT’s profile suggests that he is frequently
moody, impulsive and unpredictable. He complains of being misunderstood and
unappreciated, is easily offended by others and quickly provoked into being fretful, angry
and oppositional, sometimes responding to situations with threatening outbursts. Inclined
to expect criticism, he often acts defensively and angrily, precipitating the rejection he
anticipates and fears.

Unresolved conflicts between feelings of resentment and low self-worth add stress and
contribute further to his difficulties.

STUDENT identifies feelings of low self-esteem, finding little to admire in himself or in
what he has achieved. Since he receives little recognition from others, he has no source of
personal validation.

He finds his family a source and focus of tension and conflict. STUDENT reports few
elements of reciprocal support, and a general feeling of estrangement and lack of
understanding. He believes quite strongly that he was abused at an early age, years before
he was aware of its significance. These recollections have left him with deep feelings of dismay and anger.

STUDENT appears to be experiencing a chronic mood disorder, such as Dysthymic Disorder, likely expressed in agitated form. He shows a tendency to shift from periods of anxious futility to feelings of self-deprecation and despair, characterized by irritability and bitter discontent. The intimidating and provocative qualities of his depression serve as a vehicle to discharge tension, which reestablishes his self-assurance temporarily and relieves him of mounting resentment and anger.
APPENDIX B

Instrument

In your expert opinion, does STUDENT qualify for special education services? (Circle one choice below and answer the associated follow up questions).

If No:

What services would you recommend for this STUDENT, check all that apply, given that all may not be available:

- No change in service
- 504 plan
- Behavior contract
- Expulsion
- Continuation School
- Alternative education site
- County school

If Yes:

Under what category do you think STUDENT qualifies?

- LD
ADD

ED

Other ___________

What services would you recommend for STUDENT, check all that apply, given that all may not be available:

- Continue in general education courses with monitoring
- Continue in general education courses with behavior contract
- Resource Class for ____ classes per day
- Self contained special day class
- Individual counseling, weekly or more often
- Individual counseling, less then weekly
- Group counseling, weekly or more often
- Group counseling, less then weekly
- Counseling enriched class on general education campus
- Counseling enriched class at an alternative public school
- Day treatment class in the district
- Non-public day treatment class
- Residential treatment program
- Independent study
- Other :_________________________
In a few sentences, please tell me about the factors that lead to your conclusion on the previous page:

All Scale Questions

Please rate the following questions using a five point scale where (1) One equals strongly agree; (2) Two equals agree; (3) Neither agree nor disagree; (4) disagree; (5) Strongly disagree. Circle the number of your choice.

A. STUDENT’s primary concern is his antisocial behavior

Strongly Agree 1...........2...........3..............4.............5  Strongly Disagree

B. STUDENT’s primary concern is anxiety

Strongly Agree 1...........2...........3..............4.............5  Strongly Disagree

C. Although conduct disorder issues are present, other mental health concerns are preventing STUDENT from learning.

Strongly Agree 1...........2...........3..............4.............5  Strongly Disagree

D. STUDENT would not benefit from therapy
Strongly Agree 1........2........3..........4........5  Strongly Disagree

E. I recommend STUDENT have an assessment for ADD by a doctor to look into medication

Strongly Agree 1........2........3..........4........5  Strongly Disagree

F. I recommend STUDENT meet with a therapist regularly.

Strongly Agree 1........2........3..........4........5  Strongly Disagree

G. STUDENT should be monitored by law enforcement (probation).

Strongly Agree 1........2........3..........4........5  Strongly Disagree

Please rate the following questions using a five point scale where (1) One equals strongly agree; (2) Two equals agree; (3) Neither agree nor disagree; (4) disagree; (5) Strongly disagree. Circle the number of your choice.

H. The family would benefit from family therapy
I. STUDENT’s parents need to be made aware of the danger this STUDENT presents to the community.

Strongly Agree 1............2............3..............4.............5  Strongly Disagree

J. A qualified Behaviorist could develop a plan to allow STUDENT to be successful at a comprehensive school.

Strongly Agree 1............2............3..............4.............5  Strongly Disagree

K. STUDENT is likely to graduate if he utilizes the tools he would learn in therapy

Strongly Agree 1............2............3..............4.............5  Strongly Disagree

L. STUDENT will most like end up incarcerated, even after therapy

Strongly Agree 1............2............3..............4.............5  Strongly Disagree

M. If STUDENT is removed from the school site, he should be allowed to return
Strongly Agree 1............2............3..............4.............5  Strongly Disagree

N. After a year in a quality day treatment class, STUDENT would most likely be ready to transition back to a comprehensive school

Strongly Agree 1............2............3..............4.............5  Strongly Disagree

Now we want to collect some data about you

What is your highest level of education (select one)?

- MA in school psychology
- EdD
- PhD
- PsyD
- Other ____________

How long have you been working as a school psychologist? __________

Do you identify as Male or Female (circle one)

How do you describe your ethnicity? ________________________

Approximately what percent of the students you work with would be described as Latino? _______%
## APPENDIX C

ANOVA on Likert Scale Questions

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# APPENDIX D

Emotional Disturbed versus Social Maladjustment

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<th>Behavior Area</th>
<th>Emotional Disturbance</th>
<th>Socially Maladjusted</th>
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<tbody>
<tr>
<td>School Behavior</td>
<td>Unable to comply with teacher requests; needy or has difficulty asking for help</td>
<td>Unwilling to comply with teacher requests; truancy; rejects help</td>
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<tr>
<td>Attitude Toward School</td>
<td>School is a source of confusion or angst; does much better with structure</td>
<td>Dislikes school, except as a social outlet; rebels against rules and structure</td>
</tr>
<tr>
<td>School Attendance</td>
<td>Misses school due to emotional or psychosomatic issues</td>
<td>Misses school due to choice</td>
</tr>
<tr>
<td>Educational Performance</td>
<td>Uneven achievement; impaired by anxiety, depression, or emotions</td>
<td>Achievement influenced by truancy, negative attitude toward school, avoidance</td>
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<tr>
<td>Peer Relations and Friendships</td>
<td>Difficulty making friends; ignored or rejected</td>
<td>Accepted by a same delinquent or socio-cultural subgroup</td>
</tr>
<tr>
<td>Perceptions of Peers</td>
<td>Perceived as bizarre or odd; often ridiculed</td>
<td>Perceived as cool, tough, charismatic</td>
</tr>
<tr>
<td>Social Skills</td>
<td>Poorly developed; immature; difficulty reading social cues; difficulty entering groups</td>
<td>Well developed; well attuned to social cues</td>
</tr>
<tr>
<td>Interpersonal Relations</td>
<td>Inability to establish or maintain relationships; withdrawn; social anxiety</td>
<td>Many relations within select peer group; manipulative; lack of honesty in relationships</td>
</tr>
<tr>
<td>Interpersonal Dynamics</td>
<td>Poor self-concept; overly dependent; anxious; fearful; mood swings; distorts reality</td>
<td>Inflated self concept; independent; underdeveloped conscience; blames others; excessive bravado</td>
</tr>
<tr>
<td>Locus of Disorder</td>
<td>Affective disorder; internalizing</td>
<td>Conduct disorder, externalizing</td>
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<tr>
<td>Aggression</td>
<td>Hurts self and others as an end</td>
<td>Hurts others as a means to an end</td>
</tr>
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<td>Anxiety</td>
<td>Tense; fearful</td>
<td>Appears relaxed; “cool”</td>
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<tr>
<td>Affective Reactions</td>
<td>Disproportionate reactions, but not under student’s</td>
<td>Intentional with features of anger and rage; explosive</td>
</tr>
<tr>
<td></td>
<td>control</td>
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<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Conscience</strong></td>
<td>Remorseful; self critical; overly serious</td>
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<tr>
<td></td>
<td>Little remorse; blaming; non-empathetic</td>
<td></td>
</tr>
<tr>
<td><strong>Sense of Reality</strong></td>
<td>Fantasy; naïve; gullible; thought disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Street-wise”; manipulates facts and rules for own benefit</td>
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</tr>
<tr>
<td><strong>Developmental</strong></td>
<td>Immature; regressive</td>
<td></td>
</tr>
<tr>
<td>Appropriateness</td>
<td>Age appropriate or above</td>
<td></td>
</tr>
<tr>
<td><strong>Risk Taking</strong></td>
<td>Avoids risks; resists making choices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risk taker; “daredevil”</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>Less likely; may use individually</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More likely; peer involvement</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from *Social Maladjustment: A Guide to Differential Diagnosis and Educational Options* (Wayne County Regional Educational Service Agency – Michigan, 2004)
APPENDIX F

Human Subjects

FWA00003873

Committee for the Protection of Human Subjects

October 15, 2010

To: Christian Robin Patz
   Doctoral Candidate
   Education Leadership & Policy Studies

From: John Schaeuble, Chair
   Committee for the Protection of Human Subjects
Re: Protocol 09-10-142 (May)

“The Black and White World of Emotional Disturbance”

The Committee for the Protection of Human Subjects conditionally approved your application as “No Risk” at its May 17, 2010 meeting. With the additional materials you have provided, your project is now approved as No Risk.

This IRB approval is with the understanding that you will promptly inform the Committee if any adverse reaction should occur while conducting your research (see “Unanticipated Risks” in the CPHS Policy Manual). Adverse reactions include but are not limited to bodily harm, psychological trauma, and the release of potentially damaging personal information.

The approval applies to the research as described in your application. If you wish to make any changes with regard to participants, materials, or procedures, you will need to request a modification of the protocol. For information about doing this, see “Requests for Modification” in the CPHS Policy Manual.

Your approval expires on October 31, 2011. If you wish to collect additional data after that time, you will need to request an extension for the research. For additional information, see “Requests for Extension” in the CPHS Policy Manual.

If you have any questions, please contact me at [REDACTED] or the Office of Research Administration at [REDACTED]. Thank you.
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