TEACHERS EXPECTATIONS FOR STUDENTS WITH EXTERNALIZING AND INTERNALIZING BEHAVIORS

By

SARAH LYNN AUER

Bachelor of Science in Psychology
Palm Beach Atlantic University
West Palm Beach, Florida
2008

Master of Arts in School Psychology
Oklahoma State University
Stillwater, OK
2009

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TEACHERS EXPECTATIONS FOR STUDENTS WITH EXTERNALIZING AND INTERNALIZING BEHAVIORS

Dissertation Approved:

Dr. Gary Duhon

Dissertation Adviser

Dr. Terry Stinnett

Dr. Georgette Yetter

Dr. Dale Fuqua

Name: SARAH LYNN AUER

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Abstract: The purpose of this study was to determine if elementary school teachers held differential expectations for children labeled with emotional disturbance, and externalizing or internalizing behavior characteristics. This research study also sought to determine whether or not these expectations changed when definitional criteria of emotional disturbance was given to teachers. This study contributes to the empirical literature regarding the impact special education labels and problematic behaviors can have on the evaluation and expectations teachers set for students. These labels and behaviors also effect the results of the BASC-TRS, which can ultimately effect the placement and diagnosis for a student. Outcomes of the study reveal that externalizing problem behavior was rated more negatively on the BASC-TRS externalizing scale. However, internalizing problem behavior was rated more negatively on the BASC-TRS internalizing scale as well as the prognostic outlook scale.

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CHAPTER I

INTRODUCTION

The use of labeling has been a topic of debate for many years in both education and psychology. This is not too surprising considering the label associated with a child determines the way they are evaluated, described, and served. The classification system used to identify a label shapes practices related to intervention, training, certification, and they also impact funding decisions.

While there has been some discussion of the possibility of getting rid of the current labeling system, as for now, the law states that a child must be diagnosed with a disorder to be considered for special education services (Reger, 1982). Approximately 13.5% of school-age children are assigned a label and receive special education services as a result of a disability (U.S. Department of Education, 2010). Laws relevant to special education are consistently updated to address problems that occur within school systems (Hardman, Drew, & Egan, 2002). Since these laws were developed, they have been modified to taxonomize systems that categorize children with a variety of characteristics, behaviors, and disabilities. Thus, a label is assigned to a child due to this categorization. The use of labels was initially linked with a positive intention in special education. However, at times they have been known to hinder the success of children getting special

education services within the school context (Field, Hoffman, St. Peter, & Sawilowsky, 1992; Foster & Ysseldyke, 1976; Rosenthal & Jacobson, 1968).

The use of labels has had both positive and negative effects for professionals as well as the individuals being labeled. Many believe that diagnostic labels benefit individuals by revealing a student's strengths, weaknesses, ability, and capacity, and provides insight to appropriate and effective interventions and treatments for that student, as well as provide a means of professional communication. Opposing that view, are those that have argued that labels may elicit untrue impressions regarding a child's abilities and weaknesses, and may serve to bias teachers and other individuals against the student's actual ability. Additionally, those opposing the use of labels argue that labels hold little to no treatment validity. Labels may elicit harmful stereotypes and bias that would not be present in the same child without the assigned label.

Labeling bias is a common result of assigning diagnostic codes to children. Labeling bias has been referred to as the expectations that people may develop towards a person who has been given a particular label (Fox & Stinnett, 1996). The phenomenon is one that encompasses affective, cognitive, and social aspects, among even professionals of the highest education, knowledge, and skill. People make attributions about others from their own perceptions and what they hear (Tesser, 1995). Labeling children can lead to differential expectations for the children being labeled (Brophy & Good, 1970; Cooper, Findley, & Good, 1982; Glock, 1972; Rosenthal & Jacobson, 1968). It is a possibility for a label to become permanently attached to a person and the attributions can grow to be institutionalized (Palmer, 1983). In many cases, a child is evaluated, assigned a label, and then treated differently due to the label (Carroll & Reppucci, 1978; Fogel &

Nelson, 1983; Smith, Flexer, & Sigelman, 1980). Children who are assigned a label might be negatively effected by labeling bias in school and a decrease in academic achievement often occurs after a child has been classified with a special education label (Rosenthal & Jacobson, 1968).

Children with disabilities such as Emotional Disturbance are currently being included in general education to a greater extent. Research on teacher attitudes towards the integration of these children with special needs into general education classrooms has revealed they are often negative toward these students and negative about their inclusion in general education (Center & Ward, 1987).

Expectancy bias is one of the reasons why labels produce bias. Research shows that the expectation teachers hold for labeled children effect their willingness to implement interventions in the classroom, the way they treat a child, and the success the child has in reaction to the way they were treated. This is significant because it is becoming more common for teachers to be the primary implementers of specific interventions that have typically been designed by a school psychologist to improve student academic or behavioral functioning within the general education classroom. Therefore, teachers have a major influence on the academic and social success of the child. However, it is common for teacher's to lower their expectations for a student with a label. The Expectancy Model is useful in explaining the concept of labeling bias and the effects that teacher's, school psychologist, and other school personnel have in student's success outcomes. The Expectancy Model is defined as

> the strength of a tendency to act in a specific way depends on the strength of an expectation that the act will be followed by a given outcome and on the

attractiveness of that outcome to the individual (Vroom, 1964, p.3).

Expectancy theory asserts that a child will be motivated to a higher level of performance when there is a belief that a higher level of performance will lead to positive performance appraisal. Then this will lead to an awareness of personal goal in the form of a reward (Vroom, 1964).

The expectations teachers hold for students labeled with a disability have implications for how they expect the student to behave and perform academically. Furthermore, the perceptions teacher's hold toward students labeled with a disability have implications for teacher behavior toward that student. Teacher expectations for a student may differ depending on whether or not a student has been diagnosed or not. As a result, teachers may have lower expectations for a student with disruptive behavior who has been diagnosed with a disorder, than towards another student with the same problematic behavior who has not been diagnosed or labeled with a disorder. Past research suggests that attaching a disability label to children results in lower expectations from teachers (Thelen, Burns, & Christiansen, 2003; Rolison & Medway, 1985). The particular label may also impact teacher expectations of specific behaviors that will be exhibited by the student (Allgozzine, 1981; Allgozzine, et al., 1977).

School personnel can interpret the label negatively, and might presume a student is incapable of being as successful as nonlabeled students (Field, Hoffman, St. Peter, & Sawilowsky, 1992; Foster & Ysseldyke, 1976; Rosenthal & Jacobson, 1968). When people become aware that a child has been assigned a diagnostic label, they may expect certain behaviors for the child (Allport, 1954). Teachers have a tendency to be influenced by a child's label, rather than having parallel expectations for all students. School

personnel expect a labeled student to perform more poorly on a variety of educational and social tasks than "normal" students (Gillung & Rucker, 1977), and labels such as emotional disturbance elicit more negative evaluations than other labels (Levin, Arluke, & Smith, 1982; Ysseldyke & Foster, 1978). There is strong evidence to support that teachers make judgments and form expectations for a labeled student based on information received from other school personnel, before they ever observe or interact directly with the student (Carroll & Reppucci, 1978; Fogel & Nelson, 1983; Smith, Flexer, & Sigelman, 1980). As a result, if biasing information like a label is received prior to an observation, the observation itself may become biased and the accuracy of the observation could be diminished (Allday, Duhon, Blackburn-Ellis & Van Dycke, 2010). Errors caused by biases could have a detrimental effect on future outcomes of certain students because of a bias the teacher may use in assessing student functioning (Allday, 2010). Considering the impact that a label can have on a child, it is concerning to see that labels are not consistent from state to state. While the label given to a child varies across states, the diagnosis in most states is based on the same, or similar criteria (Skiba, Grizzle, & Mink, 1994).

Past research has sought to examine the difference in teacher expectations of students based on whether or not the student is labeled with a special education disability. Thelen et al. (2003) investigated the effects of labels on teacher expectations, looking specifically at teacher perceptions of the labels learning disabled, mild mental retardation, and emotional disturbance. Teachers read hypothetical scenarios of a student with either one of these designated disabilities, or no label. Results of this study indicated that those teachers that read vignettes about a labeled student rated these students lower on

behavioral and academic dimensions. This is consistent with research done by Johnson and Blakenship (1984) in which pre-service teachers watched two different videotapes of an average student. In one of these viewing conditions, subjects were told that the student was "behaviorally disordered", while in the other they were told nothing. Subjects rated the student labeled with the behavioral disorder more negatively on the Behavior Problem Checklist (Johnson and Blakenship, 1984).

Studies investigating the effects of labels or diagnoses on teacher attitudes and perceptions often investigate multiple factors. For example, Stinnett, Crawford, Gillespie, Cruce, and Langford (2001) examined teacher perceptions of a hypothetical student with AD/HD. All other factors were held constant across vignettes. Teachers read a scenario of a student who was either labeled or not labeled AD/HD. In addition, the treatment given was also varied, as special education versus stimulant medication (Ritalin). Using the BASC Teacher Rating Scale (TRS), the results indicated that students diagnosed with AD/HD received less negative judgments of Social Problems, as rated on the TRS, than students in the non-label condition, despite the fact that all other conditions for the student were held constant (Stinnett et al., 2001). The researchers reported this difference in judgment to be based on the label condition to the controllability attribution. That is, teachers may perceive students with the label of AD/HD to have less control, or less "personal responsibility" over certain behavioral difficulties (Stinnett et al., 2001). The non-labeled student is given more negative judgments since that student has control over engagement in problematic behaviors.

Out of the thirteen IDEIA categories, the one that elicits the most bias in teachers is Emotional Disturbance (Foster, Algozzine, & Ysseldyke, 1980; Levin, Arluke, &

Smith, 1982; Stein & Merrell, 1992; Ysseldyke & Foster. 1978). The definition for Emotional Disturbance (ED)/ Serious Emotional Disturbance (SED) is:

> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree which adversely affects a child's educational performance: a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; b) an inability to build or maintain satisfactory relationships with peers and teachers; c) inappropriate types of behavior or feelings under normal circumstances; d) a general pervasive mood of unhappiness or depression; or e) a tendency to develop physical symptoms or fears associated with personal or school problems. (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (IDEIA, 2004; PL101-476, 1999).

In order to minimize pessimistic prognostic judgment, it may be beneficial to include and explain the definitional criteria to teachers, parents, and other school personnel when a child has received a label. Stinnett, Bull, Koonce, & Aldridge (1999) found that the negative prognostic judgment was reduced when definitional criteria for Serious Emotional Disturbance (SED) was presented. It would be beneficial to study how the presentation of definitional criteria effects teacher expectations for labeled students.

Statement of the Problem

There have been many studies that have revealed that labels can create differential expectations for the children being labeled (Brophy & Good, 1970; Cooper, Findley, & Good, 1982; Glock, 1972; Rosenthal & Jacobson, 1968). Although labeling often is

necessary to obtain services for children in schools, research has shown that teachers may have lower expectations for success regarding children with special education labels, and that these lower expectations may result in lesser achievement by students (Brophy & Good, 1970). Children who are labeled may be adversely affected by labeling bias in schools. At times they have been known to hinder the success of children getting special education services within the school context (Field, Hoffman, St. Peter, & Sawilowsky, 1992; Foster & Ysseldyke, 1976; Rosenthal & Jacobson, 1968). A label, regardless of the positive or negative attributions attached to it, may affect an individual's success. Furthermore, the academic success or failure of a person can be affected just by receiving the information that the individual has been diagnosed with a disorder.

Purpose

The purpose of this study was to determine if elementary school teachers held differential expectations for children labeled with emotional disturbance, and externalizing or internalizing behavior characteristics. This research study also sought to determine whether or not these expectations changed when definitional criteria of emotional disturbance was given to teachers.

Research Questions

1. Do elementary school teachers' demonstrate differential expectations toward children exhibiting externalizing versus internalizing behaviors?
2. Do elementary school teachers' demonstrate differential expectations for children labeled with emotional disturbance?
3. Does providing an educational definition of emotional disturbance effect expectations of elementary school teachers' toward children labeled with

emotional disturbance?

4. Does teacher expectation change as a function of the interaction between label and behavior.

Hypotheses

1. Children described as having externalizing behaviors will be rated more negatively than children described with internalizing behaviors.
2. Children who are labeled as emotionally disturbed will be rated more negatively than those children not labeled.
3. Children who are labeled as emotionally disturbed will be rated more positively when a definition of the label is provided.
4. There will be an interaction between label and behavior based on teachers expectations.

CHAPTER II

LITERATURE REVIEW

History of Disabilities and Labels

Various researchers have attempted to determine whether existing psychological theories and research methods can be applied to the disabled population. Concerned with child development, Gliedman and Roth (1980) posed some questions for psychologists. In their studies, they were trying to discover whether or not the work of Piaget, Erikson, and Kohlberg could apply to the development of children with disabilities. They indicate that the interaction of a different biology and a stigmatizing society might cause these children to have a different developmental pattern than nondisabled children. Other researchers believe that existing theories are adequate to describe all children and that the disabled ought to be seen as deviant. However, Gliedman and Roth make a case that it would be valuable to research disabled children from these perspectives, and then adjust or expand the theories so that they better incorporate the 13.5% (U.S. Department of Education, 2010) of the country's children found to be disabled (Gliedman & Roth, 1980).

Education of children with disabilities did not begin in the United States until the early 1900's (Hardman et al., 2002). Originally, a group of professionals established programs for children who could not function in a regular education classroom setting

(Winzer, 1993). The first programs created were separate from the public schools. Most of the children included in these programs were those who had vision or hearing deficits and slow learners (Hardman et al., 2002). The students in these programs were placed in separate classrooms from their peers or were moved to a completely different building.

In the early 1900's, special education typically involved segregation; either from public education and/or their peers (Winder, 1993). Thus, their only peers were other students with disabilities. In 1916, the Stanford-Binet Intelligence Scale was published and became the first method of assessing how much a child deviated from the norm in terms of intellectual capacity (Thorne & Henley, 2001). In the 1930's, services for those with mild emotional disturbance or behavioral problems were established, however, hospitals and institutions were the only options for this special needs group (Winder, 1993).

Individuals with physical, intellectual, and psychological characteristics that depart from societal norms are called "handicapped." The Rehabilitation Act of 1973, as amended in 1978, defined a handicapped individual as:

> Any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities including walking, seeing, hearing, speaking, breathing, learning, working, caring, for oneself, and performing manual tasks, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. (Rehabilitation Act of 1973).

While most people think of the handicapped as consisting only of those who are deaf, blind, orthopedically impaired, intellectually disabled (mentally retarded), or mentally ill, there are also many relatively hidden conditions as arthritis, diabetes, heart

and back problems, and cancer. Some people only have records of past impairments such as cancer in remission or cured, heart attacks, epilepsy, past diagnoses (Hobbs, 1975). Other people view themselves regarded as handicapped by others, including those who are obese or cosmetically disfigured. While they may not have any characteristics that affect their performance of any major life activities like seeing, hearing, speaking, moving, or breathing, but they may still feel as though they have been put into the handicapped stereotype.

Role of Labels in Special Education

Laws relevant to special education are consistently updated to address problems that occur within school systems (Hardman et al., 2002). Since these laws were developed, they have been modified to taxonomize systems that categorize children with a variety of characteristics, behaviors, and disabilities. According to the law, a student required to be diagnosed with a disability in order to receive special education services (Reger, 1982). Approximately 13.5% of school-age children receive special education services as a result of a disability (U.S. Department of Education, 2010). Many of these disabilities result in behavioral problems that manifest in the school setting and have a significantly harmful effect on academic functioning (Barkley, DuPaul, & McMurray, 1990; Cole, 1990).

Most states use a categorical classification system as the fundamental structure to organize special education today (Ysseldyke & Algozzine, 1995). For students to be considered exceptional they must (1) meet the criteria for being classified as exceptional, and (2) require a modification of school practices or services to develop to maximum capacity (Ysseldyke & Algozzine, 1995). Special education has been utilized to provide

instruction designed for students with disabilities or gifts and talents who have special learning needs. Since the late 1970s, enrollment in special education has been growing rapidly. There were fewer than 300,000 students classified as disabled in the 1970s (Ysseldyke & Marston, 1998). If the professionals involved decide that a student meets specific eligibility requirements, then the student is permitted to receive special education services. Usually determination of eligibility is based on student performance on tests (Ysseldyke & Marston, 1998).

This special education eligibility process has resulted in a process that is expensive (Ysseldyke & Thurlow, 1984), inconsistent in outcomes (Ross, 1990; Shephard, Smith, & Vojir, 1983; Singer, Palfrey, Butler, & Walker, 1989), and often subverted. Numerous research studies have concluded that there is no evidence that this categorical identification system contributes to enhanced student performance (Heller, Holtzman, & Messick, 1982; NASP/NASDSE, 1994; Ysseldyke & Thurlow, 1984). Shinn, Good, Parker (1998) argue that there are five fundamental issues that suggest current labeling and categorization procedures require reconceptualization. These include: (1) the distinction between categories is too variable, (2) the distinctions between categories are not educationally meaningful, (3) a lot of students with severe educational needs are denied services, (4) distinguishing between categories is an inefficient use of resources, (5) extensive resources are used on categorization that could be more effectively used for intervention.

Prevalence of Children with Labels

The United States Bureau of the Census (1983) provides data on the distribution of people with disabilities in America. It is interesting to see the comparison in figures when

looking at the 1980's compared to current figures. Currently, there are approximately 13.5% of school-age children receiving special education services as a result of a disability (U.S. Department of Education, 2010). In 1980, Bowe estimated a near 36 million people or about 15% of the population to have at least one disability. This estimate is also similar to the 1976 United States Census Survey of Income and Education of 13.6% of the population. Gliedman and Roth (1980) estimated that 10% of children under 21 are handicapped. Estimates of the disabled population of working age vary from a low of 8.5% by the U.S. Census of 1980 (Haber & McNeil, 1983) to a high of 17% as reported by the Social Security Administration in its 1978 survey (Haber & McNeil, 1983). Of those 65 years of age and over, 46% report a health impairment (DeJong & Lifchez, 1983). However these figures are limited because national surveys first ask for information about the existence of a long-term health condition and then, in the same question, confine the condition to one that limits or prevents a person from fulfilling a major social role—attending school, maintaining a home, or working at a job (Haber & McNeil, 1983; U.S. Bureau of the Census, 1983). Therefore, the way the question is worded may cause under-representation of disabled individuals who carry on what they consider to be their major social role even if they have a condition that could be diagnosed as limiting or preventing their ability to do so. Even though an estimated 10% of children under 21 are handicapped, the prevalence of disabilities in the noninstitutionalized population between the ages of 16 and 24 is only a little bit more than 3% (U.S. Bureau of the Census, 1983). The percentage difference could be due to sampling procedures in the diverse research studies or by differences in what is considered to be handicapped.

In contrast to the 1980s percentage of people with disabilities, our current figures show 51.2 million people have some level of disability (U.S. Bureau of the Census, 2006). They represent 18% of the population. Out of those people, 32.5 million people or 12% percent of the population have a severe disability. When specifically looking at children, 11% or 4 million children ages 6 to 14 have a disability (U.S. Bureau of the Census, 2006). The highest of any age group are people 80 and older with 72% having a disability. Females have a higher prevalence than males, with 20% and 17% of males. On the other hand, among children under 15, boys were more likely than girls to have a disability (11% versus 6%). A total of 6% of citizens have limitations in cognitive functioning or a mental or emotional illness that interferes with their daily activities. This includes those with Alzheimer's disease, depression and mental retardation. Of those with specific disabilities, 1.8 million people age 15 and older report being unable to see, 1 million age 15 and older report being unable to hear, 2.6 million age 15 and older have some difficulty having their speech understood by others. Of this number, 610,000 were unable to have their speech understood at all. There are 10.7 million people (4%) age 6 and older who need personal assistance with one or more major life activities. Of people ages 25 to 64 that have a nonsevere disability, 33% perceive their health status as being "very good" or "excellent." This compares with 13% of those with a severe disability and 73% of those without a disability. As of 2004, there were 2.6 million Americans serving our nation who received compensation for service-related disabilities (U.S. Bureau of the Census, 2006).

The disabled population has acquired numerous rights that were previously denied and have experienced the benefits from institutional and structural changes that have and

will aid their inclusion into the moral and human community (APA Task Force Report, 1984; Weickers, 1984). These changes have been facilitated by the progress of the disability rights movement that has become apparent as a challenge to the conventional role assigned to the disabled by society. The movement is one that strives for collective and psychological transformation by attempting to remodel laws, practices, institutions, and environments as a whole that have excluded the handicapped from many features of life. They demand that policy makers and service providers consult the disabled on all decisions that may have an effect on them, (Anspach, 1979; Roth, 1983). Due to these rights, handicapped individuals are protected from discrimination in education and employment anywhere that there is federal money. In the past, labels of diagnostic categories were incorrectly thought to predict success at a job with a diagnosis and to deny anyone who did not meet the highest standards of health.

There are multiple reasons to believe that disabled people are at risk, as they are often the victims of child abuse, domestic violence, rape, crime, and family abandonment, as well as substance abusers. Disability is associated with many social and economic disadvantages, for example the disabled population disproportionately achieve low levels of education. However, education outlooks for those with disabilities are improving, as 33% of people ages 25 to 64 have a nonsevere disability and are college graduates. This compares with 43% with no disability and 22% with a severe disability (U.S. Bureau of the Census, 2006). In 1983, U.S. Bureau of the Census reported only 4.6% of those with disabilities completed college. In addition, ratings show that as age increases, so does work disability. Only 3.3% of those between 16 and 24 are disabled, and only 7% of those between 35 and 44 have a work disability. For people between 55

and 64, however, 24.1% report a work disability (U.S. Bureau of the Census, 1983). These two disadvantages are especially interrelated because education narrows the gap between those with and those without a work disability in both labor force participation and annual earnings.

Of the people with work disabilities between the ages of 16 and 64, half of them portray themselves as severely handicapped or incapable of working at all (DeJong & Lifchez, 1983). However, there are other people with the same diagnosis, yet could be employed in the work force and may portray themselves as having little to no limitation. An important question to ask is: what accounts for these differences? How does a diagnosis—such as Emotional Disturbance—interact with motivation, education, intelligence, attitudes, gender, race, and class to generate such diverse outcomes?

Compared to percentages of American's with work disabilities in 1983, 6% of 16- to 64-year-olds reported the presence of a medical condition that makes it difficult to find a job or remain employed. The amount of people ages 21 to 64 having some type of disability and also employed in the last year is 56%. There are 44% of people with a nonsevere disability who work full time, year-round, 53% without a disability, and 13% with a severe disability. The median income for people with a nonsevere disability is $22,000, $25,000 for those with no disability, and $12,800 for those with a severe disability. For those with household incomes of $80,000 or more, there were 18% of people with a nonsevere disability, and 26% without a disability, and 9% of those with a severe one. For people ages 25 to 64, the poverty rate is 11% for those with a nonsevere disability, 26% for those with a severe disability, and 8% of those without a disability (U.S. Bureau of the Census, 2006).

Current Labeling Systems

The term "diagnosis" is generally used in clinical settings with the Diagnostic and statistical manual of mental disorders (DSM-IV-TR) labels (e.g., schizophrenic, attention deficit hyperactivity disorder, etc.). In the school settings, the term "classification" is typically used when identifying special education labels using the Individuals with Disabilities Education Improvement Act (IDEIA; e.g., learning disability, emotional disturbance.). Both of these systems are used with the general purpose of assigning a label to an individual and are frequently used interchangeably (Merrell, 2006).

The school systems adhere to the labels created by the Individuals with Disabilities Education Improvement Act. There are typically thirteen categories that are commonly used to identify students (P. L. 94-142, P. L. 101-476, Alper, Schloss, & Schloss, 1994). These areas are autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment (e.g., asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia and tourette syndrome), specific learning disability, (e.g., perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia), speech or language impairment, traumatic brain injury, and visual impairment (including blindness).

Differences in State Prevalence and Definitions

The percentage of students in the mild disability categories fluctuates significantly by state (Shinn et al., 1998). According to the *Seventeenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Educational Act* (1994), during

the 1992-1993 school year, the percentages of students with learning disabilities varied from a low of 2.8% in Georgia to a high of 9.3% in Massachusetts. The distributions of disability categories within states raises even more concern (Shinn et al., 1998). For instance, Alabama categorized 28% of it special education population as mentally retarded while New Jersey classified only 3%. Delaware identified 70% of it special education population as LD, while Georgia only identified 33% as LD. Indiana classified 31% of it special education population as speech and language impaired while New York classified only 11%. (Shinn et al., 1998).

Complicating the difficulty of evaluating the prevalence differences of disability categories further is the inconsistent definitions of each disability. There are not consistent criteria for the mild disability categories from state to state. Federal definitions in IDEIA are fairly ambiguous and federal attempts to provide regulations have been resisted. States are required to provide their own eligibility regulations consistent with the definitions in IDEIA (Shinn et al., 1998). However, states operationally define this in a wide-range of different ways. For example, as many as 11 different methods have been used to define learning disabilities (Hamill, 1990).

Reliable and Valid Identification

The reliability and validity of the psychometric and functional differences among disability categories has warranted significant debate. There is a preponderance of research showing that students identified as having a disability can be differentiated from those who do not have a disability. School psychologists are called upon to distinguish out of all the students having difficulties in school, which students are eligible for special education services, and then which category is each student eligible under. (Ysseldyke &

Marston, 1998)

There has been some question as to whether students who are classified and served meet the state or federal criteria for being classified and served (Ysseldyke & Marston, 1998). Garrison and Hammill (1970) found that 66% of those identified as educable mentally retarded (EMR), actually did not qualify under EMR criteria. Norman and Zigmond (1980) did not find any specific defining characteristics for learning disorder. Shephard, Smith, and Vojir (1983) discovered that fewer than half of 790 Colorado students identified with as having a learning disorder met federal criteria for learning disorder. Algozzine, Christenson, and Ysseldyke (1982) found that 92% of students referred are tested and 72% of them are pronounced eligible. When this study was replicated in 1994 (Ysseldyke, Vanderwood, & Shriner, 1997), identical rates were found. A study investigating the differences between students who were low achieving (LA), learning disabled (LD), and mildly mentally retarded (MMR) found that 62% of the LD group could be differentiated from the LA group, 68% of the LD group could be distinguished from the MMR group, and 67.5% of the LA group could be differentiated from the MMR group (Gresham, MacMillan, Bocian, 1996).

The psychometric performance of individuals identified as having a learning disorder was compared with individuals considered to be low achievers (Ysseldyke, Algozzine, Shinn, & McGue, 1982). They found that the two groups had significant overlap in test performance, and argued a case that the groups could not be distinguished reliably using psychometric measures. These same students did not differ on measures of their functional performance in classrooms (Shinn, Deno, Ysseldyke, & Tindal, 1986). A meta-analysis procedure was used to re-evaluate the Ysseldyke et al. data from 1994 by

Kavale, Fuchs, and Scruggs (1994). They argued that the learning disorder group actually performed more poorly than the low achiever group. Algozzine, Ysseldyke, and McGue (1995) countered the Kavale, et al. (1994), paper revealing that unsuitable procedures were used in the reanalysis. Ysseldyke and Marston (1998) argue that diagnostic efforts to distinguish between labels should be diminished, and that instructional efforts should be significantly increased to help all individuals achieve improved outcomes.

Labeling Bias

Professionals and researchers in the field of psychology and education have increasingly debated the value of assigning diagnostic and/or classification labels to children over the past few decades. This is not too surprising considering the label associated with a child determines the way they are evaluated, described, and served. The classification system used to identify a label shapes practices related to intervention, training, certification, and they also impact funding decisions. The use of labels has had both positive and negative effects for professionals as well as the individuals being labeled. An unfortunate yet common result of associating these diagnostic codes with children is labeling bias. Labeling bias has been referred to as the expectations that people may develop towards a person who has been given a particular label (Fox & Stinnett, 1996). The phenomenon is one that encompasses affective, cognitive, and social aspects, among even professionals of the highest education, knowledge, and skill. People make attributions about others from their own perceptions and what they hear (Tesser, 1995). Labeling children can lead to differential expectations for the children being labeled (Brophy & Good, 1970; Cooper, Findley, & Good, 1982; Glock, 1972; Rosenthal & Jacobson, 1968).

While there has been some discussion of the possibility of getting rid of the current labeling system, as for now, the law states that a child must be diagnosed with a disorder to be considered for special education services (Reger, 1982). Thus, a label is assigned to a child due to this categorization. The use of labels was initially linked with a positive intention in special education. However, at times they have been known to hinder the success of children getting special education services within the school context (Field, Hoffman, St. Peter, & Sawilowsky, 1992; Foster & Ysseldyke, 1976; Rosenthal & Jacobson, 1968).

A label, regardless of the positive or negative attributions attached to it, may affect an individual's success. The academic success or failure of a person can be affected just by receiving the information that the individual has been diagnosed with a disorder. Unfortunately, the latter of the two usually occurs, as a decrease in academic achievement is common after a child has been classified with a special education label (Rosenthal & Jacobson, 1968). It is a possibility for a label to become permanently attached to a person and the attributions can grow to be institutionalized (Palmer, 1983). In many cases, a child is evaluated, assigned a label, and then treated differently due to the label (Carroll & Reppucci, 1978; Fogel & Nelson, 1983; Smith, Flexer, & Sigelman, 1980). Children who are assigned a label might be negatively affected by labeling bias in school. People have different expectations for labeled children, depending on their relationship with the child, whether they are parents, teachers, peers, school psychologists, or other school personnel. School personnel can interpret the label negatively, and might presume a student is incapable of being as successful as nonlabeled students (Field, Hoffman, St. Peter, & Sawilowsky, 1992; Foster & Ysseldyke, 1976;

Rosenthal & Jacobson, 1968). When people become aware that a child has been assigned a diagnostic label, they may expect certain behaviors for the child (Allport, 1954). Teachers have a tendency to be influenced by a child's label, rather than having parallel expectations for all students. School personnel expect a labeled student to perform more poorly on a variety of educational and social tasks than "normal" students (Gillung & Rucker, 1977).

Some of the negative results associated with labeling a child include rejection by peers, decrease in academic ambition, lowered self-concept, biased reacting by parents and teachers, and reduced post-school adaptation (Palmer, 1983). There is strong evidence to support that teachers make judgments and form expectations for a labeled student based on information received from other school personnel, before they ever observe or interact directly with the student (Carroll & Reppucci, 1978; Fogel & Nelson, 1983; Smith, Flexer, & Sigelman, 1980). Considering the impact that a label can have on a child, it is concerning to see that labels are not consistent from state to state. While the label given to a child varies across states, the diagnosis in most states is based on the same, or similar criteria (Skiba, Grizzle, & Mink, 1994).

Observation Bias

An area of bias which is particularly relevant to school psychologists is observer bias. Although observations are both a necessary and significant aspect of the evaluation process, it is always important to remember that potential biasing variables exist, in addition to exceptionality labels (Allday, 2010). For example, perceptual bias of the observer, observer drift, and student/teacher reactivity to the presence of the observer may alter the accuracy of direct observations (Kazdin, 1978; Skinner, Dittmer, & Howell,

2000). Observation bias may occur in various settings and situations including in school settings, experimental situations, clinical settings, and psychological testing situations (Rosenthal & Jacobson, 1968). In the school setting, observation bias may occur for a school psychologist who is observing a child in the classroom as part of the assessment procedure. Another potential situation is in the research setting when studies are looking for inter-observer or inter-rater reliability. In everyday life, people tend to see what they want to see. With our current resources, it is difficult, if not impossible to remain completely objective during an observation. There are often ill-defined codes and categories used during observation and they tend to be inconsistent across studies. Furthermore, the school psychologists observing, or even research participants are usually aware of the purpose of observation and tend to (unwittingly) develop expectations. Research has shown that observers can be significantly influenced to produce data that is consistent with the hypothesis under test or the expectations that they hold (Rosenthal & Jacobson, 1968).

During observation, both objective and subjective elements can impact an observer's definition of the situation (Thomas, 1923). Objective elements are those that have a verifiable existence which a scientist or any other person could identify. These elements consist of physical features and societal norms related to the situation. The subjective elements are those connected to the observer's unique perspective, past experiences with comparable situations, their expectations of the kind of behavior found in such a situation, and their attitudes and values associated with the situation. It is likely that the subjective elements could be the main influence in the definition of a situation. Thus, because an observer's definition of a situation effects their observing and

recording, the data resulting from their observations will be biased or distorted (Stebbens, 1967).

In 2010, Allday, Duhon, Blackburn-Ellis and Van Dycke conducted a research study with the purpose of determining determine if bias exists, based on exceptionality label, in structured behavioral observations of preservice teacher educators. Participants watched a 3-minute video to determine intervals of on- and off-task behaviors of a student who was either: (a) no exceptionality identified, (b) exceptionality identified as attention deficit hyperactivity disorder (ADHD), (c) exceptionality identified as oppositional defiant disorder (ODD), and (d) exceptionality identified as gifted and talented. The results found in the study suggest that observational biases exist with preservice educators (Allday, 2010). Participants in the study poorly rated the student identified as ODD while rating the other labels higher (Allday, 2010). Although the label of emotional disturbance was not used in this research, the use of a highly correlated term (i.e., ODD) produced significant findings that are consistent with prior research (Levin et al., 1982; Ysseldyke & Foster, 1978). One possible rationale for this finding is that observers can be significantly influenced to produce data that are consistent with the expectations that they hold (Rosenthal & Jacobson, 1968).

Expectancy Theory

Another potential source of bias related to labels is expectancy bias. Expectancy bias can occur even amongst the most well trained professionals. It is important to examine the expectations that people hold for disabled children because studies show that they can have a large impact on the outcomes of perceived success, intervention, and even the actual success of the student. Research shows that the expectation teachers hold

for labeled children effect their willingness to implement interventions in the classroom, the way they treat a child, and the success the child has in reaction to the way they were treated. This is significant because it is becoming more common for teachers to be the primary implementers of specific interventions that have typically been designed by a school psychologist to improve student academic or behavioral functioning within the general education classroom. Therefore, teachers have a major influence on the academic and social success of the child. However, it is common for teacher's to lower their expectations for a student with a label. The Expectancy Model is useful in explaining the concept of labeling bias and the effects that teacher's, school psychologist, and other school personnel have in student's success outcomes. The Expectancy Model is defined as

> the strength of a tendency to act in a specific way depends on the strength of an expectation that the act will be followed by a given outcome and on the attractiveness of that outcome to the individual (Vroom, 1964, p.3).

Expectancy theory asserts that a child will be motivated to a higher level of performance when there is a belief that a higher level of performance will lead to positive performance appraisal. Then this will lead to an awareness of personal goal in the form of a reward (Vroom, 1964). Multiple studies have found that student performance is positively correlated with teacher expectations. Teacher's expectation of performance can affect the way the child performs. Children can have positive outcomes on educational tasks from the influence teacher's can have by using extrinsic motivation (Brophy & Good, 1970; Cooper, Findley & Good, 1982; Glock, 1972, Gottfriedson, Marciniak, Birdseye, & Gottfriedson, 1995; Kohn, 1973; Rist, 1970; Rogers, 1998; Rosenthal &

Jacobson, 1968).

Depending on the label assigned to a student, teachers change their behavior accordingly. Children are very capable of acknowledging nonverbal cues from people and they are able to recognize the confidence or lack of confidence a teacher has in them as a student. When a teacher views a student as a low achiever, it is astonishingly obvious. Gottfriedson et al. (1995) describes these obvious cues as giving less attention to the child, being more critical, giving disingenuous praise, giving the student less opportunities to respond, making little eye contact, rarely using student suggestions and ideas, directing fewer smiles toward that child, providing less frequent and less informative feedback, repeatedly interrupting student comments, and decreasing the amount of wait time. On the other hand, when a teacher views a student as a high achiever, they motivate the student by encouraging their educational success in the classroom, provide them give praise, and ask them for favors. These students receive much more positive cues and behaviors from the teacher. They are also given more freedom within the classroom. Regardless of whether teachers give off positive or negative cues, students form both sides change their behavior in accordance to the cues given to them by teachers. Furthermore, students who are given lower expectations from teachers perform lower on tasks, while students who are given higher expectations from teachers perform better on tasks. This is the foundational ground of the Expectancy Model (Brophy & Good, 1970).

Various other researchers conducted some research related to the Expectancy Model and found comparable outcomes. Gillung and Rucker (1977) considered the initial description that a teacher hears about a child to be a significant dynamic related to the

expectations the teacher would hold for a child. They recognized that teacher's were beginning to play a larger role in educating exceptional students. They were against the use of labels and felt that they should be avoided in all contexts. Their study separated participants into two separate group conditions. One group was presented a scenario with a labeled student and provided descriptive behaviors. The other group was presented a scenario with an unlabeled student, the same descriptive behaviors that the first condition was given were provided. Gillung and Rucker had the goal of discovering whether teacher expectations were different for students who were labeled than for students who were not labeled. The findings indicated that regular education and special education teachers had lower expectations for students who were labeled than for students who were not labeled.

Attribution Theory

Attribution theory may be useful when attempting to interpret teachers' attributions of disabled students, problematic students, or struggling students. Attribution theory originated with Fritz Heider (1958) who indicated that people frequently have trouble making sense of the world, and regularly analyze and discuss the reasons for events occurring the way they do, in particularly, when the event is unexpected or negative. The phenomenon of locus of control is related to labeling bias and attribution theory. This concept focuses on the way people perceive events as being internally or externally controlled forces. Depending on the circumstance and the individual, one may perceive some events as internally controlled and others as externally controlled. Some people may tend to focus on the external environment out of their control as explanations for most phenomena. Other people may view their own skills and efforts as the causal

explanation for events occurring, thus concentrating on internal forces (Hunt, 1993). Myers (2002) defines Locus of Control as the degree to which individuals perceive outcomes as caused by chance or exterior forces-- external control--or by their own efforts and actions--internal control.

Some researchers have considered the factor of controllability to be a separate dimension of attribution theory. This is when a teacher may view the student's high or low achievement to be within the child's control, or outside of the child's control. Along with internal/external locus of causality and controllability, stability has been found to represent another dimension of attribution theory meant to explain outcomes (Clark, 1997). The stability or instability can be present in teacher's views of student behavior and academic functioning. For example, a teacher may recognize a student's high or low achievement to be a stable factor over time, or one that is inconsistent. These dimensions of attribution theory relate to how people interpret other people's behavior, and the reasoning behind why they make these exclusive interpretations.

The majority of empirical research studies related to attribution theory in the past have focused on the distinctions in teacher attributions for high and low achieving students, as well as effects of teachers' attributions for student success or failure. For example, Graham and Weiner (1986) investigated the connection between teachers' pity and anger towards students and the preference to use rewards and punishment. Emotional reactions in teachers, such as anger or pity, are frequently triggered by negative classroom events. Interestingly, the specific emotional experience the teacher had was directly related to the degree of control they perceived the student to have over the incident. For instance, if a teacher thinks that a student did poorly on an exam or task due

to a lack of effort, the teacher is more apt to feel anger and discipline the child because the failure was an external factor, which the child had control over.

Social Psychological Influence

Many social scientists consider attitudes to be the origin of bias and dysfunction associated with disability. These attitudes include stereotypes, prejudices, and self-defeating thoughts and behaviors of some disabled persons themselves, which have a tendency to limit the opportunities for handicapped people to partake in the typical life roles and functions (Fenderson, 1984). Richardson (1976) commented on the state of handicapped people in our society by claiming that there is enough research evidence to show that people who have a physically disability have a social disadvantage in initial social encounters, and the disadvantage is not only powerful but also pervasive. Goffman (1963) proposed that people do not view disabled individuals as completely human and thus tolerate and even justify the mistreatment of the stigmatized, yet would not accept that mistreatment for the rest of humankind. Deutsch (1974) makes a case that people will accept injustices toward others if they deem their fate and the fate of the victims as opposite, or if they can eliminate the victims from their idea of the community that they hold moral standards for. Various researches have used questionnaires and rating scales to measure attitudes of the nondisabled toward the disabled. Results reveal a predominance of negative attitudes and show that positive ones, when present, are usually distorted and stereotypic. They found that some common views of disability were punishment for sin; disability causes a person to be dependent, helpless, and socially and economically lower in all aspects of life; handicapped citizens experience severe emotional consequences (Siller, Ferguson, Vann, & Holland, 1967; Yuker, Block, &

Young, 1966).

Other research studies of the behavior of the nondisabled toward the disabled demonstrate an emotional arousal effect that occurs in a nonhandicapped person when in the presence of another who is disabled or is thought to be. At the very least, these emotions hinder common social interaction. Due to the possibility of an awkward interaction, nonhandicapped people may choose to avoid social communication with the disabled. They may also behave in a more formal manor and in distorted ways if they must interact with handicapped persons (Doob & Ecker, 1970; Katz & Glass, 1979; Kleck, 1969; Kleck, Ono, & Hastorf, 1966; Richardson, 1976). Several researchers have written about how uncommon it is for those with disabilities and those without to have any meaningful social interaction. Nonhandicapped people see only the disability; they usually cannot focus on personal characteristics that they would normally use in evaluating and forming interpersonal relationships (Davis, 1961; Goffman, 1963; Richardson, 1976). Even though most of the psychological research has centered those with immediately noticeable physical deviations such as vision, hearing, speech, mobility, and cosmetic differences, the same consequences are apparent for those with nonvisible handicaps as soon as someone became aware of them (Goffman, 1963; Schneider & Conrad, 1980).

Research indicates that people may experience an arousal of anxiety in the presence of handicaps because they may perceive them as lacking competence and beauty (Hahn, 1983). Beauty is believed by some to be desirable, deserved, and it is assumed to be associated with characteristics of kindness, sensitivity, and amiability. Consequently, those considered unusual or unattractive are avoided because they are assumed less

deserving and less desirable than those considered beautiful. People might be uncomfortable or even repulsed by anything seemingly awkward or unusual on the part of the handicapped. Nonhandicapped people might have a fear that they will not be able to uphold a smooth and simple interaction with the handicapped (Berscheid & Walster, 1974).

Lerner (1980) found that in general, people perceive the world as a just one, where people get what they ultimately deserve. However, in order for nonhandicapped people to sustain their belief in justice, disabled people are seen as deserving their disability. The mere thought of a disability may produce anxieties related to weakness, loss, and vulnerability, especially in a culture prizing autonomy competence. As a result, the nonhandicapped person may treat the disabled person as if they have no capability to make any decisions about his or her life and has no normal functions (Rubin & Peplau, 1975). However, some researchers may believe that there is some truth in this, Bowe (1980) argued that the federal government spends 10 times as much on what he termed "dependence programs" for the handicapped as on programs to increase independence. Research shows that stereotyping and social categorizing of people into groups increases between-group differences and reduces within-in group differences (Tajfel, 1982). Tajfel discovered 30 different studies with similar results showing subjects to act with favoritism for an in-group and in opposition to an out-group. This data implies that people are inclined to favor members of their in-group, even when there is no explicit conflict between groups (Tajfel, 1982).

Effects of Label on Attributional Ratings

Studies investigating the effects of labels or diagnoses on teacher attitudes and

perceptions often investigate multiple factors. For example, Stinnett, Crawford, Gillespie, Cruce, and Langford (2001) examined teacher perceptions of a hypothetical student with AD/HD. All other factors were held constant across vignettes. Teachers read a scenario of a student who was either labeled or not labeled AD/HD. In addition, the treatment given was also varied, as special education versus stimulant medication (Ritalin). Using the BASC Teacher Rating Scale (TRS), the results indicated that students diagnosed with AD/HD received less negative judgments of Social Problems, as rated on the TRS, than students in the non-label condition, despite the fact that all other conditions for the student were held constant (Stinnett et al., 2001). The researchers reported this difference in judgment to be based on the label condition to the controllability attribution. That is, teachers may perceive students with the label of AD/HD to have less control, or less "personal responsibility" over certain behavioral difficulties (Stinnett et al., 2001). The non-labeled student is given more negative judgments since that student has control over engagement in problematic behaviors.

When behaviors are seen as out of a student's control, they may be viewed as unchanging and thus immune to behavioral intervention and treatment. The perceptions teachers hold of students labeled with a disability have implications for teacher behavior toward that student, and teacher expectations for how the student should behave and perform academically.

Burns (2000) suggests that special education labels are likely to be attributed to internal sources that are stable and out of the student's control. Therefore, although there is limited evidence that neurological deficits exist amongst students labeled with a disability, they may still be perceived to be caused by internal factors or deficiencies. Due

to the fact that the internal and neurological structure of an individual is difficult to change, these problems may seem difficult to treat. Burns (2000) also suggests that disabilities and intelligence are often perceived to be internal and stable. Consequently, students who are labeled with a disability may be perceived by others, and may learn to perceive their label as internal and stable, thus unchanging and untreatable. Therefore, the expectations that teachers hold for these students may be altered due to the perception that they cannot be treated or intervened upon. Burns (2000) states that one possible reason that special education has proven globally to be an ineffective intervention may be "because it is dependent on labeling students with assumed disabilities" (p. 105).

Effects of Label on Expectations and Attitudes

Children with disabilities such as Emotional Disturbance are currently being included in general education to a greater extent. Research on teacher attitudes towards the integration of these children with special needs into general education classrooms has revealed they are often negative toward these students and negative about their inclusion in general education (Center & Ward, 1987).

Teacher expectations for a student may differ depending on whether or not a student has been diagnosed or not. As a result, teachers may have lower expectations for a student with disruptive behavior who has been diagnosed with some disorder, than towards another student with the same problematic behavior who has not been diagnosed or labeled with a disorder. Past research suggests that attaching a disability label to children results in lower expectations from teachers (Thelen, Burns, & Christiansen, 2003; Rolison & Medway, 1985). The particular label may also impact teacher

expectations of specific behaviors that will be exhibited by the student (Allgozzine, 1981; Allgozzine, et al., 1977).

Past research has sought to examine the difference in teacher attitudes and perceptions towards students with labels and without labels (Algozzine, 1981; Thelen, et al, 2003). In addition, teacher expectations of students based on whether or not the student is labeled with a special education disability have also been investigated. Thelen et al. (2003) investigated the effects of labels on teacher expectations, looking specifically at teacher perceptions of the labels learning disabled, mild mental retardation, and emotional disturbance. Teachers read hypothetical scenarios of a student with either one of these designated disabilities, or no label. Results of this study indicated that those teachers that read vignettes about a labeled student rated these students lower on behavioral and academic dimensions. This is consistent with research done by Johnson and Blakenship (1984) in which pre-service teachers watched two different videotapes of an average student. In one of these viewing conditions, subjects were told that the student was "behaviorally disordered", while in the other they were told nothing. Subjects rated the student labeled with the behavioral disorder more negatively on the Behavior Problem Checklist (Johnson and Blakenship, 1984).

Emotional Disturbance

Out of the thirteen IDEIA categories, the one that seems to elicit the most bias in teachers is Emotional Disturbance. In relation to school bias, Emotional Disturbance elicits more negative ratings than the others labels (Foster, Algozzine, & Ysseldyke, 1980; Levin, Arluke, & Smith, 1982; Stein & Merrell, 1992; Ysseldyke & Foster. 1978). The definition for Emotional Disturbance (ED)/ Serious Emotional Disturbance (SED) is:

> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree which adversely affects a child's educational performance: a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; b) an inability to build or maintain satisfactory relationships with peers and teachers; c) inappropriate types of behavior or feelings under normal circumstances; d) a general pervasive mood of unhappiness or depression; or e) a tendency to develop physical symptoms or fears associated with personal or school problems. (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (IDEIA, 2004; PL101-476, 1999).

Due to a variety of reasons, the label that has received the most criticism is Emotional Disturbance. In addition to the heightened bias attached to this particular label, there are some problems within the definition itself. The criteria in the definition are not equivalent to the empirical subtypes of child psychopathology (McConaughy, 1993). The category for Serious Emotional Disturbance is actually a heterogeneous cluster of children with: a) externalizing problems; b) internalizing problems; and c) comorbid internalizing and externalizing problems. Psychologists are left to make a subjective decision for diagnosis due to unclear sections of the definition; e.g., "over a long period of time and to a marked degree which adversely affects a child's educational performance," Therefore, the assessment of the problems severity, duration, and impact on educational performance is most likely subjective (Stinnett, Bull, Koonce, & Aldridge, 1999). As a result of using the term "Serious Emotional Disturbance", some children are

not identified who may be eligible for special education services under that category (Forness & Knitzer, 1992; McConaughly, Mattison, & Peterson, 1994; U.S. Department of Education, 1996). Furthermore, experts disagree about the social maladjustment exclusion clause (Forness, 1992; Forness & Knitzer, 1992; Nelson, 1992; Skiba & Grizzle, 1991, 1992; Skiba, Grizzle, & Minke, 1994; Slenkovich, 1992a, 1992b; Zirkel, 1992).

In order to minimize pessimistic prognostic judgment, it may be beneficial to include, present, and explain the definitional criteria to teachers, parents, and other school personnel when a child has received a label. Stinnett, Bull, Koonce, & Aldridge (1999) found in their study that the negative prognostic judgment was reduced when definitional criteria for Serious Emotional Disturbance (SED) was presented. It would be advantageous to study how the presentation of definitional criteria of other disorders effects label judgments.

Statement of the Problem

There have been many studies that have revealed that labels can create differential expectations for the children being labeled (Brophy & Good, 1970; Cooper, Findley, & Good, 1982; Glock, 1972; Rosenthal & Jacobson, 1968). Although labeling often is necessary to obtain services for children in schools, research has shown that teachers may have lower expectations for success regarding children with special education labels, and that these lower expectations may result in lesser achievement by students (Brophy & Good, 1970). Children who are labeled may be adversely affected by labeling bias in schools. At times they have been known to hinder the success of children getting special education services within the school context (Field, Hoffman, St. Peter, & Sawilowsky,

1992; Foster & Ysseldyke, 1976; Rosenthal & Jacobson, 1968). A label, regardless of the positive or negative attributions attached to it, may effect an individual's success. The academic success or failure of a person can be effected just by receiving the information that the individual has been diagnosed with a disorder.

Purpose

The purpose of this study was to determine if elementary school teachers held differential expectations for children labeled with emotional disturbance, and externalizing or internalizing behavior characteristics. This research study also sought to determine whether or not these expectations changed when definitional criteria of emotional disturbance was given to teachers.

Research Questions

1. Do elementary school teachers' demonstrate differential expectations toward children exhibiting externalizing versus internalizing behaviors?
2. Do elementary school teachers' demonstrate differential expectations for children labeled with emotional disturbance?
3. Does providing an educational definition of emotional disturbance effect expectations of elementary school teachers' toward children labeled with emotional disturbance?
4. Does teacher expectation change as a function of the interaction between label and behavior.

Hypotheses

1. Children described as having externalizing behaviors will be rated more negatively than children described with internalizing behaviors.

2. Children who are labeled as emotionally disturbed will be rated more negatively than those children not labeled.
3. Children who are labeled as emotionally disturbed will be rated more positively when a definition of the label is provided.
4. There will be an interaction between label and behavior based on teachers expectations.

CHAPTER III

METHOD

Introduction

The study used a 2 x 2 x 2 experimental research design and assessed teachers' expectations and prognostic outlook of students who were either normal functioning, or labeled with Emotional Disturbance.

Participants

Participants included 234 public school teachers from elementary schools in the southwest. Teachers were randomly assigned to the study conditions. They represented various ages and experience levels. Teachers were asked to fill out a packet to complete the study. The packet contained a consent form, a vignette case and two brief questionnaires to answer, as well as a short demographics survey.

Procedure

For each individual school, a meeting was held with all of the teachers. They were given the option to participate in the study and handed a packet. Each of the teachers read a vignette describing an elementary school child with descriptive factors including problem behavior pattern, a label condition, and definitional criteria. The vignettes described the same scenario, varying only the label, behavior pattern, and inclusion of definitional criteria of the student depicted. There were two levels of problem behavior

pattern (internalizing and externalizing). There were two levels of label (emotionally disturbed and not labeled). There were two levels of definitional criteria (definition provided and no definition provided). This resulted in eight possible cells. An attempt was made to have equivalent numbers of participants in each cell. Participants were randomly assigned to the conditions in the study.

Following the vignettes, participants were asked to complete the scales for the dependent variables. First, questions from the BASC-TRS internalizing and externalizing subscales were presented for the teachers to rate their impressions and expectations of the student described in the vignette. Next, the participants responded to answer a brief prognostic outlook scale, which assessed their judgment of the child's likelihood of future success or failure. Finally, the participants were presented with a demographics information sheet. The demographics information sheet asked the participants to indicate their level of education, the number of years teaching, date of birth, and demographic information.

Instruments

Vignette

A vignette describing an elementary school-aged boy with behavioral problems was created. The behavior problems in the vignette were varied with internalizing or externalizing behavior problems. Also, label (Emotional Disturbance or not diagnosed with Emotional Disturbance) was varied. Furthermore, the inclusion of definitional criteria of Emotional Disturbance was also varied. The problem behavior description indicated difficulties across settings (at home and at school) and time, and in the presence of teachers, parents, and peers. The vignette specified the effects of the child's behavioral

difficulties on classroom attention and performance, social functioning, peer, parent, and teacher relationships, and work completion. The vignettes represented information the teacher would hear from other school personnel, parents, or read in a file. Under the vignette was a label check to ensure that the participate understood which label this child was diagnosed with. (see Appendix B)

BASC-TRS

The Behavior Assessment System for Children-Teacher Rating Scale (BASC-TRS) is a well-established instrument and assesses clinical problems in the broad domains of Externalizing Problems, Internalizing Problems and School Problems (Reynolds & Kamphaus, 1992). The scale served as a device to rate the teachers' perceptions of behaviors of the students described. It also measures Adaptive Skills. The scale has an internal consistency average of .80, test-retest reliability average of .87, and interrater reliability average of .72 (Reynolds & Kamphaus). The BASC- TRS is designed to sample the symptomatolgy associated with popular diagnostic codes found in the DSM-IV (Reynolds & Kamphaus). There are 148 questions on the BASC-TRS with 4 possible responses: never, sometimes, often, and almost always. The scales produce composite T-scores. Higher T-scores on the externalizing problems, internalizing problems, and school problem indices indicate problem areas. Lower scores on the adaptive scales indicate difficulties in this domain. (see Appendix C)

Prognostic Outlook Survey

The Prognostic Outlook survey (Fox & Stinnett, 1996) consists of nine evaluative questions that were designed to reflect the participants' judgment of a student's likelihood of future success or failure, the student's likelihood of disruptive behavior, the

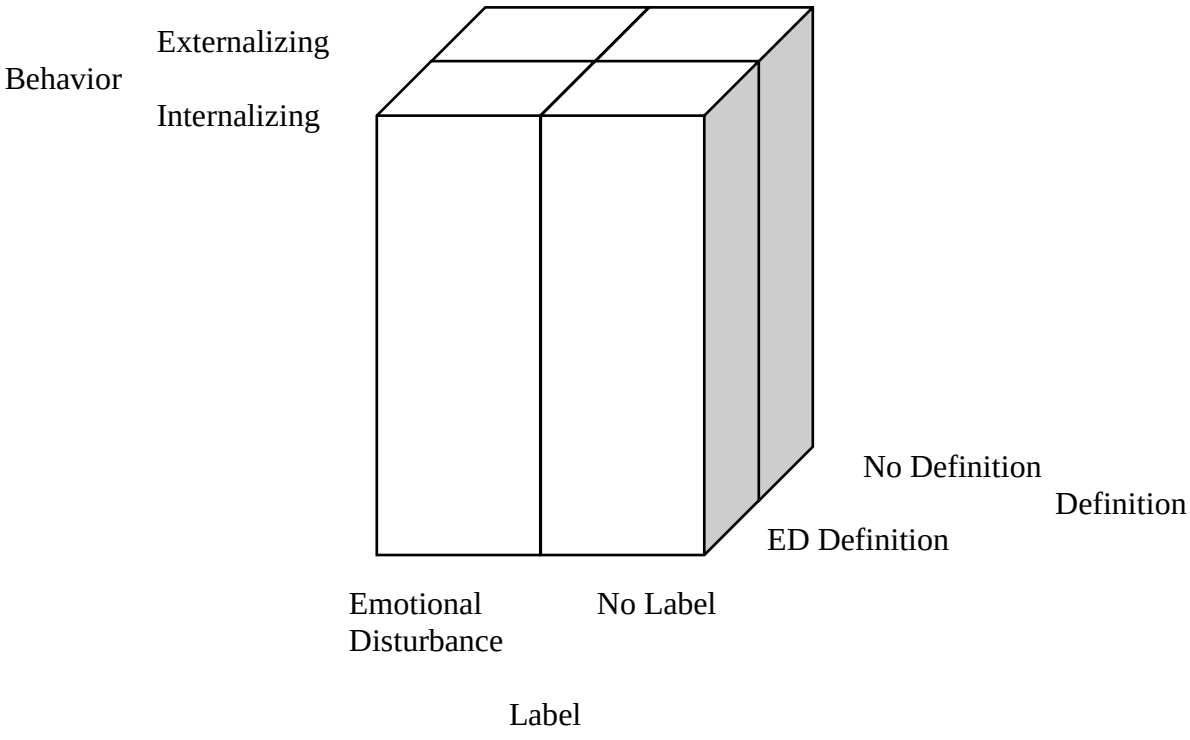
likelihood of future problems in interpersonal relationships, and overall level of adjustment. These items are rated on a scale of 1 to 10, with "1" meaning extremely unlikely and "10" meaning extremely likely. Higher scores are indicative of better prognostic outlook than lower scores. Numeric values for each question are summed and those values are used for all further analysis (Fox & Stinnett, 1996). The reliability analysis of the scale produced a Chronbach's alpha coefficient of 0.87 (M = 68.44, SD = 13.60; see Appendix D)

Demographics Survey

The demographics survey consisted of short questions that asked the participants to indicate their age, gender, race/ethnicity, number of years teaching, and grade currently teaching. (see Appendix E)

Design

Data from the BASC-TRS and prognostic outlook survey were analyzed using a multivariate analysis of variance (MANOVA). Label (emotionally disturbed and not labeled), problem behavior pattern (internalizing and externalizing), and definitional criteria (definition provided and no definition provided), served as the independent variables. The BASC-TRS composite scores: externalizing problems and internalizing problems, as well as rated prognostic outlook served as the dependent variables.


Externalizing
Behavior
Internalizing
No Definition
Definition
ED Definition
Emotional Disturbance
No Label
Label

CHAPTER IV

RESULTS

The purpose of this study was to determine if elementary school teachers held differential expectations for children labeled with emotional disturbance, and externalizing or internalizing behavior characteristics. This research study also sought to determine whether or not these expectations changed when definitional criteria of emotional disturbance was given to teachers. It was hypothesized that children described as having externalizing behaviors would be rated more negatively than children described with internalizing behaviors. Specifically, it was predicted that scores on the BASC-TRS externalizing and internalizing scales would be more elevated for children with externalizing problem behaviors, while scores on the prognostic outlook scale would be rated a much lower prognostic outlook than for children with externalizing problem behaviors. It was hypothesized that children labeled emotionally disturbed would be rated more negatively than those children not labeled. It was also hypothesized that children labeled emotionally disturbed would be rated more positively when a definition of the label was provided. The final hypothesis was that there would be an interaction between label and behavior based on teachers expectations.

Descriptive and Demographic Information

The study began with a total of 261 participants. However, 23 participants failed

the label manipulation check and were not included in the analysis. An outlier analysis was conducted and found 4 outliers, thus those participants were taken out of the analysis. Of the 234 participants included in this study, 209 were females (89.3%), 18 were males (7.7%), and 3 left the question blank. All were elementary school teachers from several school districts in the Southwest. The age of the participants ranged from 22 to 71 (M = 42.60 years, SD =11.52). Table 1 presents the demographic information of the sample. The sample contained six different ethnicities/races: African American (n = 9, 3.8%), Asian (n = 0, 0%), Caucasian (n = 199, 85.0%), Hispanic (n = 3, 1.3%), Native American (n = 12, 5.1%), Multiethnic (n = 6, 2.6%). There were 5 participants who did not report their ethnicity (2.1%).

Participants were asked the number of years they had been teaching. Within the sample, 21.4% of participants had taught for 0-5 years; 21.8% taught for 6-10 years; 29.9% taught for 11-20 years; 24.8% taught for more than 20 years. There were 4 participants who did not report their years of teaching (1.7%). Participants were also asked to report the grade in which they were currently teaching. Within the sample, 6.4% taught pre-kindergarten; 13.7% taught kindergarten; 11.1% taught first grade; 10.7% taught second grade; 12% taught third grade; 9.4% taught fourth grade; 9% taught fifth grade; and 26.1% taught specials. Specials classes consisted of reading, math, music, art, or other related specialty classes. There were 4 participants who did not report the grade they taught.

Table 1

Participant Demographics

Variable	Percentage of Sample
Gender	
Female	89.30%
Male	7.70%
Race/Ethnicity	
African American	3.80%
Asian	0%
Caucasian	85.0%
Hispanic	1.30%
Native American	5.10%
Multiethnic	2.60%
Years of Teaching	
0-5	21.40%
6-10	21.80%
11-20	29.90%
More than 20	24.80%
Grade teaching	
Pre-Kindergarten	6.40%
Kindergarten	13.70%
First	11.10%
Second	10.70%
Third	12.0%
Fourth	9.40%
Fifth	9.0%
Specials	26.10%

Analyses

Data from the BASC-TRS and prognostic outlook survey were analyzed using a 2 x 2 x 2 multivariate analysis of variance (MANOVA). Label (emotionally disturbed and not labeled), problem behavior pattern (internalizing and externalizing), and

definitional criteria (definition provided and no definition provided), served as the independent variables. The BASC-TRS composite scores: externalizing problems and internalizing problems, as well as rated prognostic outlook served as the dependent variables. A three-way multivariate analysis of variance was conducted to determine the effect of the three factors (label, behavior, and definition on the three dependent variables (BASC-TRS externalizing problems, BASC-TRS internalizing problems, and prognostic outlook). As shown in the MANOVA summary table in Table 2, a significant three way interaction was not found between label, behavior, and definition, and the dependent variables. See Table 3 for cell means and standard deviations. A significant two-way interaction was found between label and behavior, Wilks' $\Lambda = .95$, $F(3, 200) = 3.75$, $p = .01$, partial eta-squared = .05. Figures 1-3 demonstrate graphically the nature of the interaction of each of the variables.

On the basis of the interaction between label and behavior, simple main effects were conducted. For cases labeled emotionally disturbed, externalizing problem behavior was rated significantly higher on the BASC-TRS externalizing scale compared to internalizing problem behavior $F(1, 202) = 126.49$, $p < .001$. For cases with no label, externalizing problem behavior was rated significantly higher on the BASC-TRS externalizing scale compared to internalizing problem behavior $F(1, 202) = 196.41$, $p < .001$. For cases describing internalizing problem behaviors, when an emotional disturbance label was present, children were rated significantly higher than when no label was present $F(1, 202) = 12.55$, $p < .001$.

For cases labeled emotionally disturbed, internalizing problem behavior was rated significantly higher on the BASC-TRS internalizing scale compared to externalizing

problem behavior $F(1, 202) = 24.88$, $p < .001$. For cases with no label, internalizing problem behavior was rated significantly higher on the BASC-TRS internalizing scale compared to externalizing problem behavior $F(1, 202) = 35.40$, $p < .001$. Higher ratings on the BASC-TRS externalizing and internalizing scales are indicative of more negative and severe problem behaviors.

For cases labeled emotionally disturbed, externalizing problem behavior was rated significantly higher on the prognostic outlook scale compared to internalizing problem behavior $F(1, 202) = 17.10$, $p < .001$. For cases no label, externalizing problem behavior was rated significantly higher on the prognostic outlook scale compared to internalizing problem behavior $F(1, 202) = 28.89$, $p < .001$. Higher ratings on the prognostic outlook scale are indicative of a more positive prognostic outlook.

Table 2

MANOVA Summary Table

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Label	Wilks' Lamda	.96	2.50	3.00	200.00	.06	.04
Definition	Wilks' Lamda	.98	1.11	3.00	200.00	.35	.02
Behavior	Wilks' Lamda	.28	168.26	3.00	200.00	.00	.72
Label * Definition	Wilks' Lamda	.99	.52	3.00	200.00	.67	.01
Label * Behavior	Wilks' Lamda	.95	3.75	3.00	200.00	.01	.05
Definition * Behavior	Wilks' Lamda	1.00	.29	3.00	200.00	.83	.00
Label * Definition * Behavior	Wilks' Lamda	1.00	.28	3.00	200.00	.84	.00

Table 3

Cell Means

Dependent Variable	Label	Definition	Behavior	Mean	Standard Deviation	N
BASC-TRS Externalizing	ED	Definition	Externalizing	87.58	13.31	26
			Internalizing	55.21	22.34	29
			Total	70.51	24.63	55
		No Definition	Externalizing	88.43	12.66	30
			Internalizing	54.38	20.88	29
			Total	71.69	24.20	59
		Total	Externalizing	88.04	12.86	56
			Internalizing	54.79	21.44	58
			Total	71.12	24.30	114
	No Label	Definition	Externalizing	90.21	11.51	24
			Internalizing	44.91	16.78	22
			Total	68.54	26.88	46
		No Definition	Externalizing	86.54	13.14	24
			Internalizing	41.62	8.64	26
			Total	63.18	25.16	50
		Total	Externalizing	88.38	12.36	48
			Internalizing	43.13	12.97	48
			Total	65.75	26.00	96
	Total	Definition	Externalizing	88.84	12.43	50
			Internalizing	50.76	20.60	51
			Total	69.61	25.57	101
		No Definition	Externalizing	87.59	12.79	54
			Internalizing	48.35	17.38	55
			Total	67.79	24.90	109
BASC-TRS Internalizing	ED	Definition	Externalizing	58.04	9.25	26
			Internalizing	68.38	16.39	29
			Total	63.49	14.36	55
		No Definition	Externalizing	55.77	8.31	30
			Internalizing	67.24	11.08	29
			Total	61.41	11.29	59
		Total	Externalizing	56.82	8.75	56
			Internalizing	67.81	13.88	58
			Total	62.41	12.84	114
	No	Definition	Externalizing	57.04	11.98	24

	Label		Internalizing	69.14	11.65	22
			Total	62.83	13.19	46
		No Definition	Externalizing	51.00	11.70	24
			Internalizing	67.27	11.04	26
			Total	59.46	13.92	50
		Total	Externalizing	54.02	12.11	48
			Internalizing	68.13	11.24	48
			Total	61.07	13.61	96
	Total	Definition	Externalizing	57.56	10.55	50
			Internalizing	68.71	14.41	51
			Total	63.19	13.77	101
		No Definition	Externalizing	53.65	10.14	54
			Internalizing	67.25	10.96	55
			Total	60.51	12.54	109
Prognostic Outlook	ED	Definition	Externalizing	45.19	11.14	26
			Internalizing	37.21	10.97	29
			Total	40.98	11.66	55
		No Definition	Externalizing	42.97	8.76	30
			Internalizing	36.28	11.10	29
			Total	39.68	10.45	59
		Total	Externalizing	44.00	9.91	56
			Internalizing	36.74	10.95	58
			Total	40.31	11.02	114
	No Label	Definition	Externalizing	43.08	7.34	24
			Internalizing	34.05	8.48	22
			Total	38.76	9.05	46
		No Definition	Externalizing	44.83	7.12	24
			Internalizing	33.08	8.99	26
			Total	38.72	10.01	50
		Total	Externalizing	43.96	7.21	48
			Internalizing	33.52	8.68	48
			Total	38.74	9.51	96
	Total	Definition	Externalizing	44.18	9.48	50
			Internalizing	35.84	10.00	51
			Total	39.97	10.56	101
		No Definition	Externalizing	43.80	8.06	54
			Internalizing	34.76	10.19	55
			Total	39.24	10.22	109

Figure 1 *Estimated Marginal Means of BASC-TRS Externalizing Scores Depending on the Interaction between Vignette Label and Vignette Behavior*

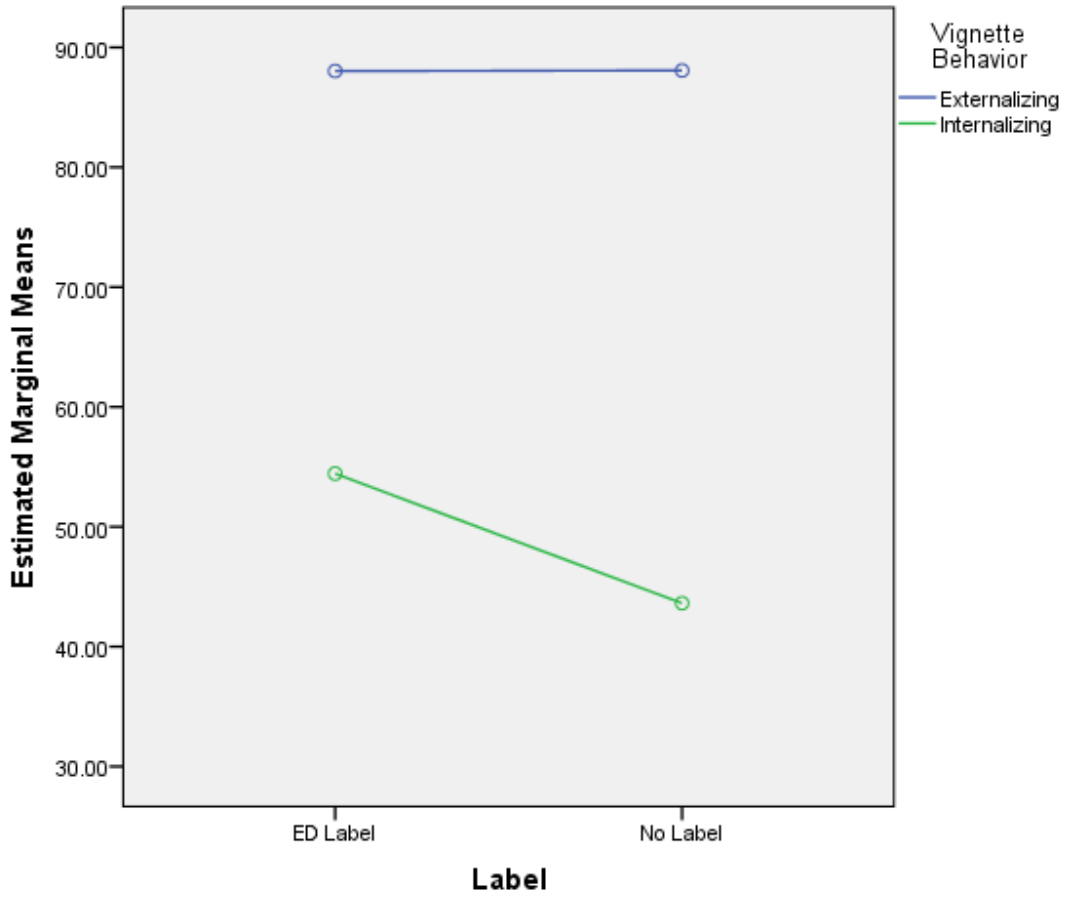


Figure 2 *Estimated Marginal Means of BASC-TRS Internalizing Scores Depending on the Interaction between Vignette Label and Vignette Behavior*

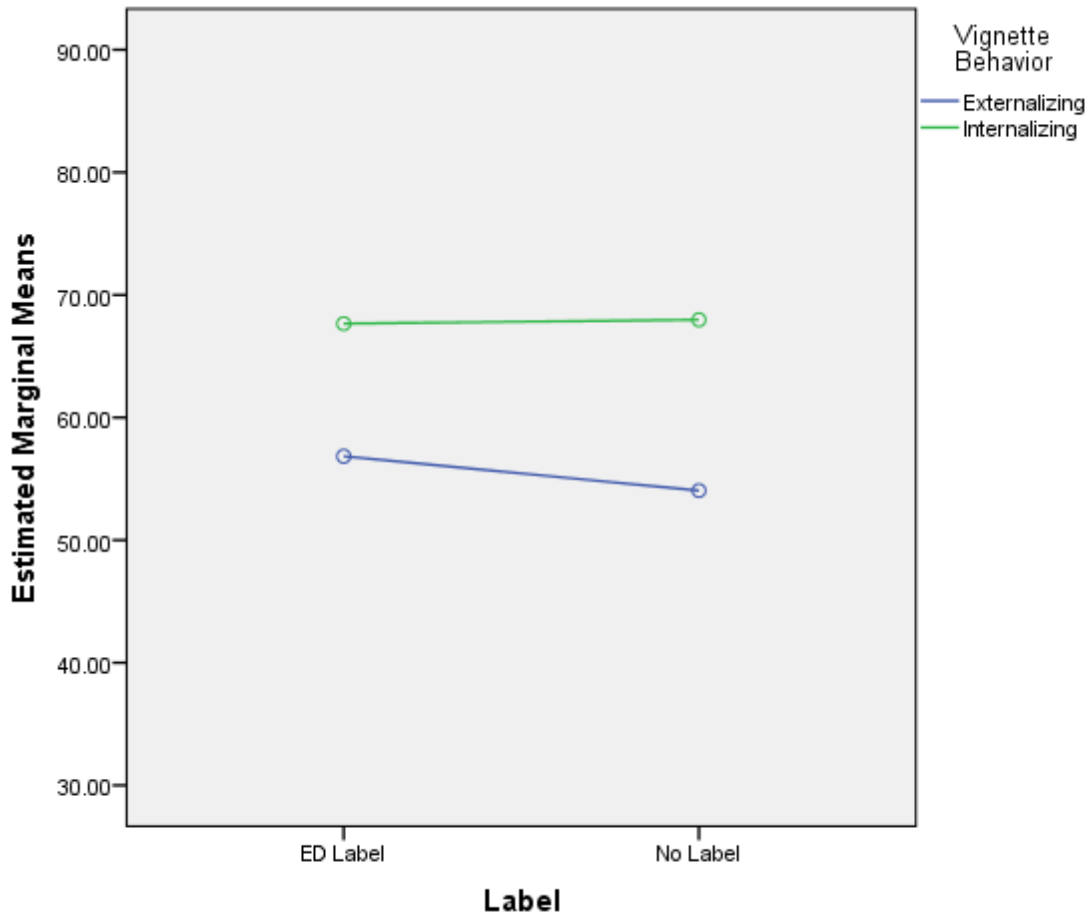


Figure 3 *Estimated Marginal Means of Prognostic Outlook Depending on the Interaction between Vignette Label and Vignette Behavior*

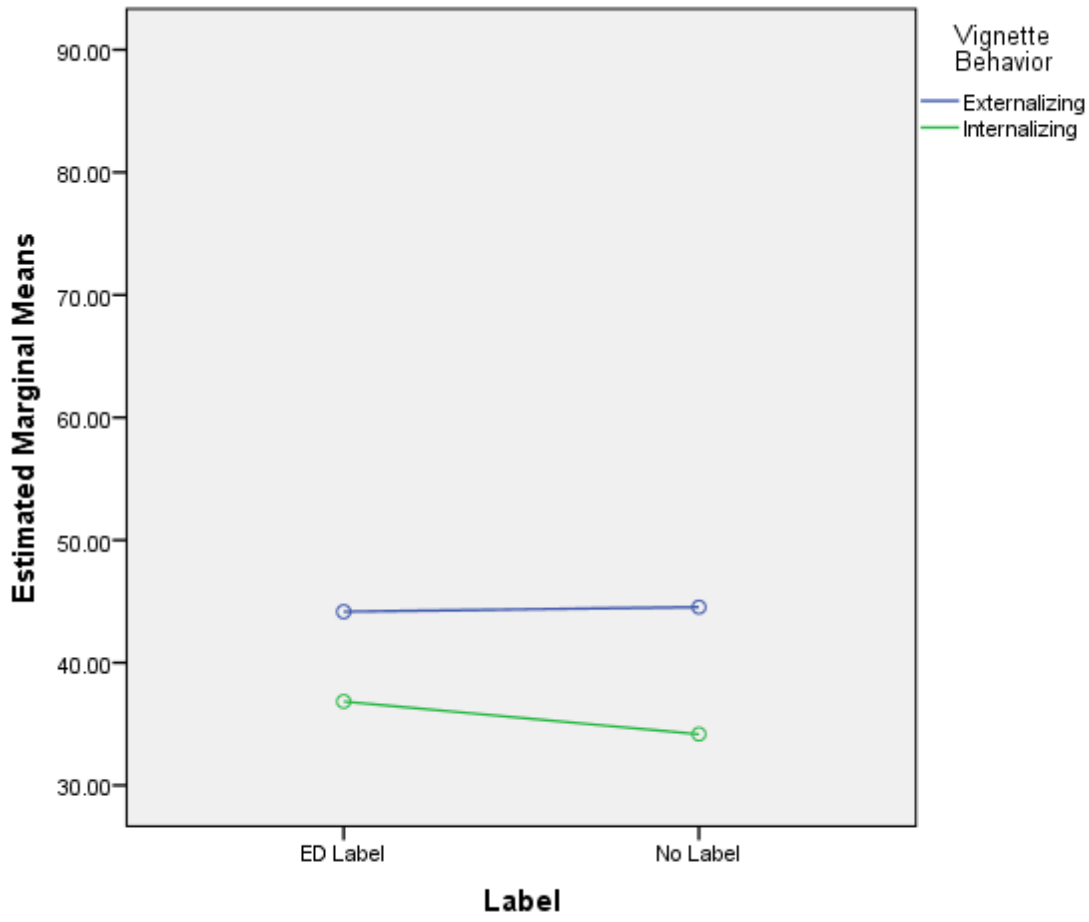


Table 4

Simple Main Effects

Dependent Variable	Label		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Power
Externalizing	ED	Contrast	5.14	1	31345.14	126.49	.00	.36	126.49	1.00
		Error	9.19	202	247.82					
	No Label	Contrast	3.68	1	48673.68	196.41	.00	.49	196.41	1.00
		Error	9.19	202	247.82					
Internalizing	ED	Contrast	1.06	1	3381.06	24.88	.00	.11	24.88	1.00
		Error	7.13	202	135.88					
	No Label	Contrast	0.26	1	4810.26	35.40	.00	.15	35.40	1.00
		Error	7.13	202	135.88					
Prognostic	ED	Contrast	0.20	1	1530.20	17.10	.00	.08	17.10	.98
		Error	7.52	202	89.49					
	No Label	Contrast	5.38	1	2585.38	28.89	.00	.13	28.89	1.00
		Error	7.52	202	89.49					

CHAPTER V

DISCUSSION

The purpose of this study was to determine if elementary school teachers held differential expectations for children labeled with emotional disturbance, and externalizing or internalizing behavior characteristics. This research study also sought to determine whether or not these expectations changed when definitional criteria of emotional disturbance was given to teachers. It was hypothesized that children described as having externalizing behaviors would be rated more negatively than children described with internalizing behaviors. Specifically, it was predicted that scores on the BASC-TRS externalizing and internalizing scales would be more elevated for children with externalizing problem behaviors, while scores on the prognostic outlook scale would be rated a much lower prognostic outlook than for children with internalizing problem behaviors. It was hypothesized that children labeled emotionally disturbed would be rated more negatively than those children not labeled. It was also hypothesized that children labeled emotionally disturbed would be rated more positively when a definition of the label was provided. The final hypothesis was that there would be an interaction between label and behavior based on teachers expectations.

This study contributes to the empirical literature regarding the impact special education labels and problematic behaviors can have on the evaluation and expectations

teachers set for students. These labels and behaviors also effect the results of the BASC-TRS, which can ultimately effect the placement and diagnosis for a student. If a teacher rates a student high on the externalizing scale based on the child's internalizing behaviors, or a notion that the child has been or should be labeled with Emotional Disturbance, it could influence a score that would be in the average range, to increase to the at-risk range. Even worse, it could influence a score that would be in the at-risk range to increase to the clinically significant range. This could result in the psychologist conducting more narrow band measures in the problematic externalizing areas of concern, implementing interventions, or leading to an inaccurate qualification for special education, resulting in a label and placement.

It was hypothesized that children described as having externalizing behaviors would be rated more negatively than children described with internalizing behaviors. Specifically, it was predicted that scores on the BASC-TRS externalizing and internalizing scales would be more elevated for children with externalizing problem behaviors, while scores on the prognostic outlook scale would be rated a much lower prognostic outlook than for children with externalizing problem behaviors. Outcomes of the study reveal that externalizing problem behavior was rated more negatively on the BASC-TRS externalizing scale. However, internalizing problem behavior was rated more negatively on the BASC-TRS internalizing scale as well as the prognostic outlook scale.

Outcomes were consistent with the prediction that there would be a significant interaction between behavior and label based on teachers expectations. The significant interaction effect between vignette problem behavior and vignette label suggests that the expectations teachers set for children are influenced by both the students behavior and the

disability label. On the basis of the interaction between label and behavior, simple main effects were conducted. For cases labeled emotionally disturbed, externalizing problem behavior was rated significantly higher on the BASC-TRS externalizing scale compared to internalizing problem. The effect size for this difference was large, $d = 1.86$, $r = .68$. For cases with no label, externalizing problem behavior was rated significantly higher on the BASC-TRS externalizing scale compared to internalizing problem behavior. The effect size for this difference was large, $d = 3.60$, $r = .87$.

For cases labeled emotionally disturbed, internalizing problem behavior was rated significantly higher on the BASC-TRS internalizing scale compared to externalizing problem behavior. The effect size for this difference was large, $d = -0.95$, $r = -0.43$. For cases with no label, internalizing problem behavior was rated significantly higher on the BASC-TRS internalizing scale compared to externalizing problem behavior. The effect size for this difference was large, $d = -1.22$, $r = -0.52$. Higher ratings on the BASC-TRS externalizing and internalizing scales are indicative of more negative and severe problem behaviors. The mean score on the BASC-TRS externalizing scale ($M = 68.67$, $SD = 25.18$) was in the middle range, with 120 being the maximum score. The mean score on the BASC-TRS internalizing scale ($M = 61.80$, $SD = 13.18$) was in the middle range, with 108 being the maximum score. The BASC-TRS research indicates that those students categorized under the emotional disturbance label generally receive elevated scores in the areas of externalizing problems, depression, and school problems (Reynolds & Kamphaus, 1992).

For cases labeled emotionally disturbed, externalizing problem behavior was rated significantly higher on the prognostic outlook scale compared to internalizing problem

behavior. The effect size for this difference was large, d = .71, r = .33. For cases no label, externalizing problem behavior was rated significantly higher on the prognostic outlook scale compared to internalizing problem behavior. The effect size for this difference was large, d = 1.30, r = .54. Higher ratings on the prognostic outlook scale are indicative of a more positive prognostic outlook. The mean score on the prognostic outlook scale (M = 39.59, SD = 10.36) was in the middle range, with 90 being the maximum score.

Outcomes of the study reveal that externalizing problem behavior was rated more negatively on the BASC-TRS externalizing scale. However, internalizing problem behavior was rated more negatively on the BASC-TRS internalizing scale as well as the prognostic outlook scale. Researchers have found that externalizing behaviors are often described as aggressive, impulsive, and negativistic (Lambros, Ward, Bocian, MacMillan, & Gresham, 1998; Woodward, Roberts, Santa-Barbara, & Johnson, 1974). Children with internalizing behaviors are often withdrawn, fearful, and anxious and many times go unnoticed by society because they are compliant and seem well behaved (Lambros et al.). Therefore, externalizing problem behavior descriptions should produce more negative ratings than internalizing problem behaviors because the students with these behavior are much more disruptive in the classroom and interrupt instruction time. Children with internalizing behaviors keep to themselves and do not cause a disturbance during class time. Teachers generally make more negative judgments toward students who exhibit externalizing behaviors in the classroom. Overt acting out makes it easier for schools officials to attribute disruption in the classroom to children who are labeled emotionally disturbed. When students are a disturbance, it makes it difficult for teachers to remain positive toward this group of students. Students with internalizing behaviors

are not as noticed in the classroom because they are often withdrawn, do not interrupt instructional time, do not annoy others, do not seek attention, and do not exhibit overt problem behaviors in the classroom.

The prognostic outlook scale consists of questions about the future, adult life of a person. It is possible that teachers judged students with internalizing behavior more negatively on the prognostic outlook scale because of their perceptions of internalizing and externalizing behaviors. Teachers may have judged the students externalizing problem behaviors as a short term acting out stage while the child is young and believe that they will grow out of it and be better off in the future. While they may have judged the students internalizing problem behaviors as more stagnant, part of the persons personality, or a lifetime mental illness. Teachers most likely are more familiar with externalizing problems and have more experience working with children with externalizing behaviors. They may feel that there are more interventions to deal with externalizing behaviors. Therefore, the child would be more likely to get help and produce change with these behaviors.

It was hypothesized that children labeled emotionally disturbed would be rated more negatively than those children not labeled. Specifically, it was predicted that scores on the BASC-TRS externalizing and internalizing scales would be more elevated for children labeled emotionally disturbed, while scores on the prognostic outlook scale would be rated a much lower prognostic outlook than for children not labeled. The main effect of label was not significant, yet was trending towards significance, $p = .06$. However, the simple main effect of label was significant on the BASC-TRS externalizing scale, specifically when internalizing problem behaviors were described in the vignette.

For internalizing behaviors, when an emotional disturbance label is present, children are rated significantly higher than when no label is present. Therefore, when internalizing behaviors are described, the addition of label can significantly alter the ratings of behavior. When teachers were filing out the BASC-TRS for a student described as having internalizing behaviors who was given the label of Emotional Disturbance, they rated that student as having significantly more problematic externalizing behaviors, than those students who were not given a label. This could put students closer to the at-risk or clinically significant range based on label alone, rather than the actual behaviors. However, when teachers were filling out the BASC-TRS for a student described as having externalizing behaviors, they rated the student as having high problematic externalizing behaviors on the BASC regardless of whether the student had a label or not.

It was also hypothesized that children labeled emotionally disturbed would be rated more positively when a definition of the label was provided. The main effect of definition was not significant. When the definition of emotional disturbance was included, it was predicted that the definition would provide more clarity to teachers about the label emotional disturbance and thus reduce bias. However, the outcomes suggest that definition had no impact on teachers expectations, regardless of behavior and label.

Strengths and *Limitations*

Some of the previous research in the area of labeling bias was conducted with pre-service teachers. This study included participants who were practicing teachers, rather than pre-service, which provides social validity. Perceptions are different for teachers once they are practicing for several years. This study serves as a stepping stone for future research that accounts for the discrepancy between previous research and the current

finding of externalizing behavior judged as having more positive prognostic outlook than internalizing behavior. The large sample size was also a benefit of this research, as it produced great power and large effect sizes. In addition, this research included all three dimensions: behavior, label, and definition. Including all three factors may produce a different interaction than looking at label alone or behavior alone. Behavior seems to have more weight than the other factors.

Despite the significant findings, limitations of this study need to be considered. Because this study used an analogue method with a controlled written vignette, caution should be used before generalizing the results to actual practice. Much of the labeling bias research is limited because of the use of analogue methodology, allowing participants to make inferences based on their own perceptions and biases. In real life, information and observations would be available from various settings and sources. However, because certain effects have been shown to have practical significance the topic does warrant continued evaluation. Another limitation that should be considered is the restrictive sample. The sample contained elementary school teachers from several school districts in the Southwest. In addition, some participants might have taken part in the study to impress the school principal.

Future Research

The results of this study provide other possible opportunities for future research. The study could be improved by adding more vignettes depicting individuals with additional different special education labels. Future research could use a video vignette showing individuals with a disability. Additionally, research may benefit from using a more diverse sample. Studies should look at larger geographical areas for future

implications as different locations have different attitudes in the area of special education and labels. Including other geographic areas could also increase the diversity of the subjects and increase generalizability.

Implications

This research may assist in understanding the impact special education labels and problematic behaviors have on the expectations teachers set for students. These labels and behaviors also effect the results of the BASC-TRS, which can ultimately effect the placement and diagnosis for a student. It is important for psychologists to be aware, not only of the advantages of special education labeling for helping students, but also about the associated disadvantages. This awareness will prepare psychologists to take steps needed to combat any negative effects that may be associated with psychoeducational diagnoses of students. There are serious effects of bias on individuals being labeled. Thus, it is especially relevant for the field of psychology to develop reliable and valid ways of evaluating, observing, and diagnosing children with disabilities. Those who work with individuals who are labeled, should become familiar with variables that can inadvertently have a negative impact on their judgments to prevent unintentional discrimination against those children. Hopefully, further evaluation in the area can lead to some simple steps that practitioners can take to reduce the negative effects of labels.

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APPENDICES

APPENDIX A

CONSENT FORM

CONSENT FORM: OKLAHOMA STATE UNIVERSITY

Project: Elementary School Teachers Expectations for Labeled Children
Investigators: Sarah, Auer, M.S.

Purpose: My name is Sarah Auer and I am a doctoral student at Oklahoma State University, working on my PhD in School Psychology. I am collecting data for my dissertation and I really appreciate you participating in this study. This study seeks to evaluate the reliability of student behavior by determining whether or not there are differences in teacher expectations and prognostic outlook, on the basis of a label, behavior, and a definition of a label.

Procedure: Your participation will involve reading a case description of a student and answering questions about it. The process will take approximately 10-15 minutes. The research will be conducted in a survey format with 160 elementary school teachers.

Risks of Participation: There are no known risks associated with this project which are greater than those ordinarily encountered in daily life.

Benefits: As a research participant, you will be exposed to the conduct of scientific psychological research and may gain insight into your own beliefs and attitudes. You may also gain knowledge about the definitions of certain diagnostic labels. In addition, you will gain helpful information if you pursue the results obtained within this study.

Confidentiality and Privacy: All the questionnaires will be identified only by numerical codes. Information containing your name (i.e. informed consent form) will be collected and kept separate from numbered materials and in a secure place. Therefore, all information provided will be anonymous. No specific information pertaining to individual participants, location, or personal detail of any sort will be released. The records of this study will be kept private. Any written results will discuss group findings and will not include information that will identify you. Research records will be stored securely and only researchers and individuals responsible for research oversight will have access to the records. It is possible that the consent process and data collection will be observed by research oversight staff responsible for safe guarding the rights and wellbeing of people who participate in research.

Compensation: For each school district, a gift card drawing will be held. The winner will be randomly selected.

Contacts: Sarah Auer, M.S., School Psychology PhD Student, Sarah.Auer@okstate.edu

Participant Rights: I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time, without penalty.

Consent Documentation: I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation. Returning your completed survey in the envelope provided indicates your willingness to participate in this research study.

APPENDIX B

VIGNETTES

Vignettes

1. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John was recently diagnosed as being **Emotionally Disturbed**. John is easily upset, is quite shy, and does not seem to have many friends. He also appears to be sad, have low self-confidence, and at times seems anxious. He keeps to himself throughout most of the day. Though he is not a disturbance in the class, John's teachers are concerned about his future success. At home, John's parents report that he stays in his room alone most of the time and they are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):

☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Autism
☐ No disability was mentioned in the description

2. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John was recently diagnosed as being **Emotionally Disturbed**. John is easily upset, is quite shy, and does not seem to have many friends. He also appears to be sad, have low self-confidence, and at times seems anxious. He keeps to himself throughout most of the day. Though he is not a disturbance in the class, John's teachers are concerned about his future success. At home, John's parents report that he stays in his room alone most of the time and they are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):

☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Autism
☐ No disability was mentioned in the description

Definition of Emotional Disturbance

The Individuals with Disabilities Education Improvement Act (IDEIA), Public Law 101-476, has defined Seriously Emotionally Disturbed as: A condition exhibiting 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:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. [Code of Federal Regulations, Title 34, Section 300.7 (c)(4)]

Please complete this scale in reference to the vignette case description and diagnosis you just read. On this form there are phrases that describe how children may act. Please read each phrase, and mark the response that describes how you believe the child in the case description would act. Please mark every item, do not leave anything blank. If you don't know or are unsure of your response to an item, give your best estimate. Circle the letter you choose as your response.

3. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John was recently diagnosed as being **Emotionally Disturbed** and exhibits behaviors of opposition, hyperactivity, and aggression toward peers, teachers, his parents, and school personnel. He is becoming more and more of a disturbance in the classroom. At home, John's parents consider him a handful and are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):

☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Autism
☐ No disability was mentioned in the description

4. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John was recently diagnosed as being **Emotionally Disturbed** and exhibits behaviors of opposition, hyperactivity, and aggression toward peers, teachers, his parents, and school personnel. He is becoming more and more of a disturbance in

the classroom. At home, John's parents consider him a handful and are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):

☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Autism
☐ No disability was mentioned in the description

Definition of Emotional Disturbance

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- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. [Code of Federal Regulations, Title 34, Section 300.7 (c)(4)]

5. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John is easily upset, is quite shy, and does not seem to have many friends. He also appears to be sad, have low self-confidence, and at times seems anxious. He keeps to himself throughout most of the day. Though he is not a disturbance in the class, John's teachers are concerned about his future success. At home, John's parents report that he stays in his room alone most of the time and they are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):

☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder

☐ Autism
☐ No disability was mentioned in the description

6. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John is easily upset, is quite shy, and does not seem to have many friends. He also appears to be sad, have low self-confidence, and at times seems anxious. He keeps to himself throughout most of the day. Though he is not a disturbance in the class, John's teachers are concerned about his future success. At home, John's parents report that he stays in his room alone most of the time and they are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):
☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Autism
☐ No disability was mentioned in the description

Definition of Emotional Disturbance
The Individuals with Disabilities Education Improvement Act (IDEIA), Public Law 101-476, has defined Seriously Emotionally Disturbed as: A condition exhibiting 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:
- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. [Code of Federal Regulations, Title 34, Section 300.7 (c)(4)]

7. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John exhibits behaviors of opposition, hyperactivity, and aggression toward peers, teachers, his parents, and school personnel. He is becoming more and more of a disturbance in

the classroom. At home, John's parents consider him a handful and are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):

☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Autism
☐ No disability was mentioned in the description

8. John is a 9-year-old boy in the fourth grade. Teachers are experiencing difficulties with him in the classroom and are becoming concerned with his behaviors. John exhibits behaviors of opposition, hyperactivity, and aggression toward peers, teachers, his parents, and school personnel. He is becoming more and more of a disturbance in the classroom. At home, John's parents consider him a handful and are also very concerned.

Please check the box that this child was diagnosed as (If there was no mention of a disability check the last box, No disability):

☐ Emotionally Disturbed
☐ Learning Disability
☐ Attention Deficit Hyperactivity Disorder
☐ Autism
☐ No disability was mentioned in the description

<u>Definition of Emotional Disturbance</u>

The Individuals with Disabilities Education Improvement Act (IDEIA), Public Law 101-476, has defined Seriously Emotionally Disturbed as: A condition exhibiting 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:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disability includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. [Code of Federal Regulations, Title 34, Section 300.7 (c)(4)]

APPENDIX C

BASC-TRS EXTERNALIZING AND INTERNALIZING SCALES

Please complete this scale in reference to the vignette case description and diagnosis you just read. On this form there are phrases that describe how children may act. Please read each phrase, and mark the response that describes how you believe the child in the case description would act. Please mark every item, do not leave anything blank. If you don't know or are unsure of your response to an item, give your best estimate. Circle the letter you choose as your response.

Circle **N** if you believe the behavior would **never** occur.
Circle **S** if you believe the behavior would **sometimes** occur.
Circle **O** if you believe the behavior would **often** occur.
Circle **A** if you believe the behavior would **almost always** occur.

1. Worries about what other children think.	N S O A
2. Seems lonely.	N S O A
3. Breaks the rules.	N S O A
4. Bothers other children when they are working.	N S O A
5. Argues when denied own way.	N S O A
6. Is nervous.	N S O A
7. Complains about being teased.	N S O A
8. Gets into trouble.	N S O A
9. Complains of pain.	N S O A
10. Has trouble staying seated.	N S O A
11. Is overly active.	N S O A
12. Defies teachers.	N S O A
13. Bullies others.	N S O A
14. Disobeys.	N S O A
15. Loses temper too easily.	N S O A
16. Is easily upset.	N S O A
17. Is sad.	N S O A
18. Cheats in school.	N S O A
19. Has headaches.	N S O A
20. Annoys others on purpose.	N S O A
21. Cannot wait to take turn.	N S O A
22. Says, 'Nobody likes me.'	N S O A
23. Hits other children.	N S O A
24. Is negative about things.	N S O A
25. Calls other children names.	N S O A
26. Complains about health.	N S O A
27. Has poor self-control.	N S O A
28. Cries easily.	N S O A
29. Gets sick.	N S O A
30. Is pessimistic.	N S O A
31. Acts out of control.	N S O A
32. Lies.	N S O A
33. Disrupts the schoolwork of other children.	N S O A

34. Says, 'I'm afraid I will make a mistake.'	N S O A
35. Is fearful.	N S O A
36. Deceives others.	N S O A
37. Visits the school nurse.	N S O A
38. Interrupts others when they are speaking.	N S O A
39. Seeks attention while doing schoolwork.	N S O A
40. Says, 'I hate myself.'	N S O A
41. Worries about things that cannot be changed.	N S O A
42. Says, 'I don't have any friends.'	N S O A
43. Uses others' things without permission.	N S O A
44. Disrupts other children's activities.	N S O A
45. Acts without thinking.	N S O A
46. Sneaks around.	N S O A
47. Complains of shortness of breath.	N S O A
48. Is afraid of getting sick.	N S O A
49. Threatens to hurt others.	N S O A
50. Says, 'I get nervous during tests' or 'Tests make me nervous.'	N S O A
51. Seeks revenge on others.	N S O A
52. Teases others.	N S O A
53. Has fevers.	N S O A
54. Steals at school.	N S O A
55. Says, 'I want to die' or 'I wish I were dead.'	N S O A
56. Worries.	N S O A
57. Has stomach problems.	N S O A

APPENDIX D

PROGNOSTIC OUTLOOK SCALE

Please complete this scale in reference to the vignette case description and diagnosis you just read. Given this case description and diagnosis please respond to the following questions using a scale from 1 to 10, with '1' meaning extremely unlikely and '10' meaning extremely likely.

1. This person will develop adequate and appropriate peer relationships _____
2. This person will develop adequate and appropriate relationships with family _____
3. This person will develop adequate and appropriate relationships with school staff _____
4. This person will obtain a college degree _____
5. This person will obtain and hold a job for a reasonable length of time (1 year or more) _____
6. This person will be a disruptive force in the classroom _____
7. This person will have problems with law enforcement authorities in the future _____
8. This person will need constant supervision by teachers to be successful in school _____

Please rate this item from 1 to 10 also. "1" extremely poor adjustment to "10" extremely well adjusted

9. What is this person's overall level of adjustment? _____

APPENDIX E

GENERAL DEMOGRAPHIC FORM

General Demographic Form

Participant Information
Please complete the following:

Gender: ___ Male ___ Female

Enter your age: ___

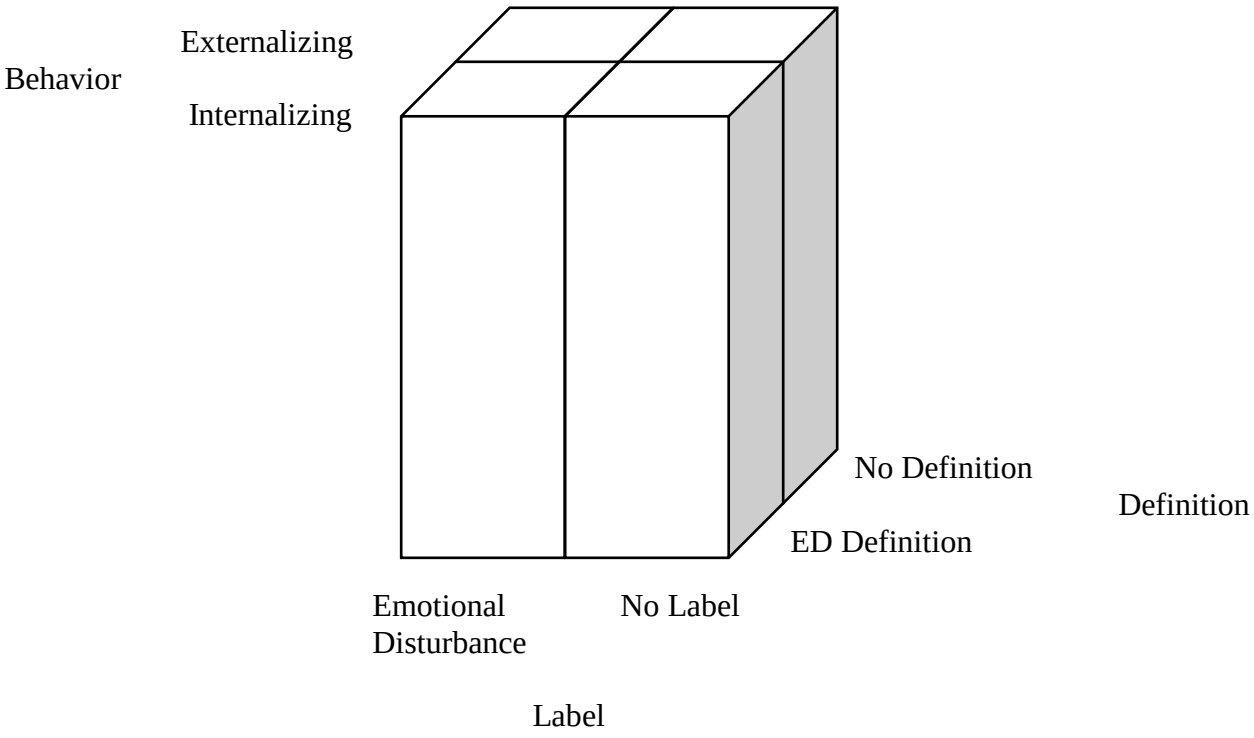
Race/Ethnicity
___ Caucasian
___ African American
___ Hispanic
___ Native-American
___ Asian-American
___ Multiethnic

Number of years you have taught:
___ 0-5 years
___ 6-10 years
___ 11-20 years
___ More than 20 years

What grade are you currently teaching?
___Kindergarten
___ 1st grade
___ 2nd grade
___ 3rd grade
___ 4th grade
___5th grade

APPENDIX F

RESEARCH DESIGN


Behavior
Externalizing
Internalizing
No Definition
Definition
ED Definition
Emotional Disturbance
No Label
Label

APPENDIX J

IRB APPROVAL

Oklahoma State University Institutional Review Board

Date:	Monday, October 24, 2011
IRB Application No	ED11174
Proposal Title:	Elementary School Teachers Expectations for Labeled Children
Reviewed and Processed as:	Expedited

Status Recommended by Reviewer(s): Approved Protocol Expires: 10/23/2012

Principal Investigator(s):

Sarah Blackhurst-Fills Auer	Gary J Cuhon
4701 N. Washington St. Apt 64	423 Willard
Stillwater, OK 74075	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

☑ The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTernan in 219 Cordell North (phone: 405-744-5700, beth.mcternan@okstate.edu).

Sincerely,

Shella H. Kennison

Shella Kennison, Chair
Institutional Review Board

VITA

Sarah Lynn Auer

Candidate for the Degree of

Doctor of Philosophy

Thesis: TEACHERS EXPECTATIONS FOR STUDENTS WITH EXTERNALIZING AND INTERNALIZING BEHAVIORS

Major Field: School Psychology

Education:

Bachelor of Science degree: Palm Beach Atlantic University,
Major: Psychology, Minor: Social Work, May 2008.
Master of Science in School Psychology: Oklahoma State University, December, 2009.
Doctor of Philosophy in School Psychology: Oklahoma State University, May, 2014.

Honors and Distinctions:

Teacher Education Division of the Council for Exceptional Children Publication Award 2012
Kinhead Family Endowed Scholarship 2012
Oklahoma State Psychology Association Graduate Student of the Year Award 2012
Kinhead Family Endowed Scholarship 2010
Phoenix Award Outstanding Masters Student 2010
Graduate Student Research Symposium Award 2010
Paul Warden & Mary Jo Keatley Award outstanding accomplishment in graduate studies 2009
Graduated with Cum Laude Honors 2008
Presidents List 2002-2008
Dean's List 2002-2008
PBA Achievement Award 2005-2008
PBA Sailfish Award (academic scholarship) 2005-2008
Graduated with Certificate of Merit Honors 2005