

E • S • P

EARLY SCREENING PROJECT

A Proven Child Find Process

USER MANUAL

Hill M. Walker • Herbert H. Severson • Edward G. Feil

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DEDICATION

TO STEVE FORNESS

Professor of Special Education and Psychiatry

University of California - Los Angeles

For his tireless advocacy of best practices in assessment.

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INTRODUCTION

Children who experience school adjustment problems are at high risk for a host of negative developmental outcomes. Numerous research findings have reported associations between school adjustment problems in academic and peer relations areas and (1) behavior problems, (2) attention deficits and hyperactivity, (3) speech and language difficulties, (4) learning disabilities, and (5) impaired cognitive ability. Children who have serious adjustment problems exhibit more antisocial behavior toward peers, are held in lower regard by their peers, and score below the norm on intelligence and achievement tests (Bower, 1981; Campbell, 1990; Eisert, Walker, Severson, & Block, 1989; Kohn, 1977; Shinn, Ramsey, Walker, O'Neill, & Steiber, 1987). The co-occurrence of behavioral and academic problems is found to be strongly predictive for later and more serious conduct problems (Reid, 1993). While there may be a host of possible causes for a child's problem behavior (e.g., temperament, trauma, and inadequate parenting), there are some common observable indicators that signal whether a child is developing serious adjustment problems.

When children enter preschool, they face two developmental milestones: (1) learning to interact socially with a large number of peers, and (2) learning to conform to teachers' expectations (classroom structure). Failure to successfully negotiate these two developmental tasks can have profound implications for the child's adjustment as an adolescent and adult (Patterson, Reid, & Dishion, 1992; Walker & Severson, 1990).

The early remediation of adjustment problems in preschool children is based on the assumption that future problems such as academic failure, crime, and substance abuse can be averted with early screening, prevention, and intervention. There is compelling evidence that early systematic intervention has very powerful benefits educationally, socially, developmentally, and in preventing delinquency years later (Zigler, Taussig, & Black, 1992). In order to achieve early intervention, it is necessary to screen and identify those children who show the soft signs of developmental adjustment problems. If not dealt with successfully early on, these soft signs turn into hard signs that predict very negative later outcomes.

The *Early Screening Project (ESP)* allows for proactive child find screening and early intervention. It also screens/identifies both acting-out and withdrawn behavior patterns. The *ESP* screening process consists of three increasingly refined stages of assessment, ranging from teacher rankings and ratings to direct observations of behavior. The *ESP* assesses both the frequency and intensity of adjustment problems and allows for the cost-effective screening of problem behaviors to aid in the early remediation of behavior disorders among preschool-age children.

Studies indicate that many adjustment problems have their origins in early childhood (Fischer, Rolf, Haazi, & Cummings, 1984; Lerner, Inui, Trupin, & Douglas, 1985). Some problem behaviors tend to

be stable over time (Kohn, 1977; Patterson, et al., 1992) as well as predictive for preschool children of future learning problems in third grade (Fischer, et al., 1984). Without access to intervention, children with behavior disorders risk increasing levels of long-term social maladjustment (Patterson, DeBaryshe, & Ramsey, 1989). Early education's responses to these problems are often reactive rather than proactive. That is, specific action is taken only after a child having serious behavioral adjustment problems is referred by a teacher and/or parent for a special service(s) evaluation. Sometimes referral is delayed until it is too late to address the problem effectively.

As long as we resort to a reactive, crisis intervention-oriented approach to these adjustment problems, they will continue to disrupt the preschool socialization process. It is possible, in many instances, to prevent the development of severe behavior disorders; however, it cannot be done in the absence of proactive strategies that screen and evaluate children early as to their at-risk status.

A major obstacle to the delivery of appropriate intervention services is the absence of timely identification of young children and their families who need services. This obstacle was clearly recognized by the framers of P.L. 99-457 and the Education of the Handicapped Act Amendments of 1986. Framers of this legislation realized the urgent need for low cost, effective, and sensitive screening systems that can be used in preschools and are easy to administer and score.

With the enactment of the P.L. 99-457 amendments to the Individuals with Disabilities Education Act of 1975 (IDEA), two major changes occurred in the field of special education. First, all children needing special education and related services, from birth to 21 years, were now eligible for federal and state funding for special education and related services. Second, P.L. 99-457 further defined and delineated the early identification and assessment requirement with a mandate to initiate a comprehensive child find system.

The child find system must include the policies and procedures that the State will follow to ensure that . . . an effective method is developed and implemented to determine which children are receiving needed services and which children are not receiving those services. (Federal Register, v54(119), p. 26319, § 303.321).

Each state has begun to implement child find systems for young children needing special education and related services, yet has limited tools with which to complete the child find task (Martin, 1986; Beare & Lynch, 1986).

Beare and Lynch (1986) found a "substantial" number of children in preschool settings who displayed externalizing and internalizing problem behaviors and who were not receiving special education services. They argue persuasively that screening in early childhood environments, such as preschools, is

more effective in finding eligible children than are the currently used procedures in public settings such as clinics, churches, and community centers.

There are few effective and low cost methods of screening for behavior problems available for use in early childhood settings. Young children with mild to moderate learning or behavioral problems are at the greatest risk for being overlooked using traditional developmental screening tests (Beare & Lynch, 1986).

The Early Screening Project (ESP): A Proven Child Find Process

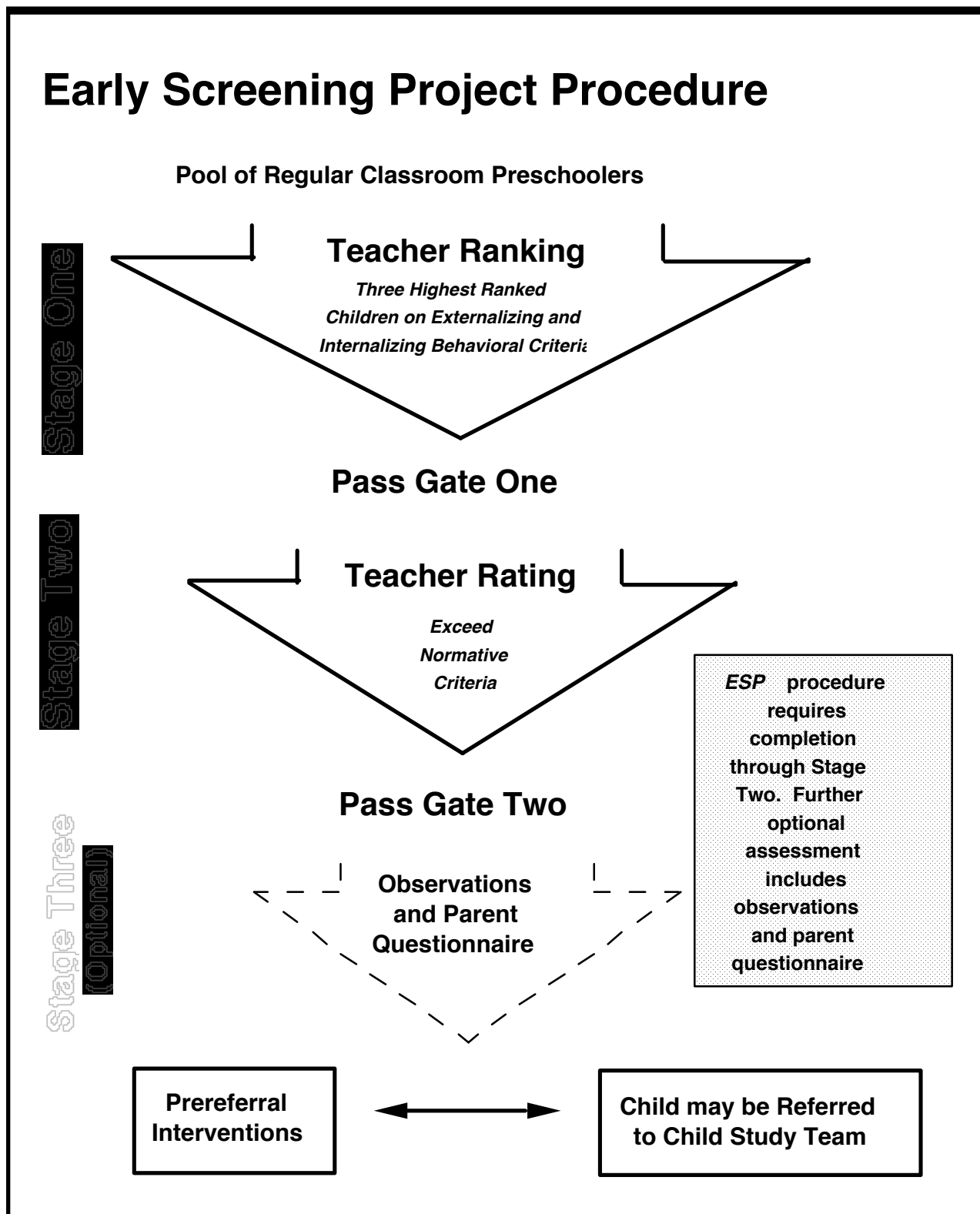
The *Early Screening Project (ESP)* is a proven child find process that meets the need for a low cost and sensitive screening procedure; its administration is nonintrusive and conducted in preschool settings. Classwide screening procedures like *ESP* are needed in the preschool setting, administered at regular intervals, that consider each child on an equal basis and identify children for two primary at-risk behavior patterns: externalizing and internalizing.

This *ESP User Manual* summarizes implementation procedures, decision criteria, and outcome recommendations for use in the systematic screening and identification of preschool-aged children who are at risk for adjustment problems of either an externalizing or internalizing nature. The dimensions of externalizing and internalizing will be discussed in more detail throughout the book. As a rule, children with externalizing behavior patterns create difficulties for themselves and others in the classroom, requiring intervention procedures to reduce their behavioral excesses and maladaptive behavior. In contrast, internalizing children require the application of intervention procedures for remediating skill deficits and increasing their appropriate prosocial behavior.

The *Early Screening Project (ESP)* is a three-stage, multiple-gating screening system for use in identifying at-risk children in the preschool age range (three to five years old). The first two screening stages rely upon teacher judgment and can be completed in approximately one hour. Stage Three screening requires completion of two ten-minute observations recorded in free play or unstructured settings. Observations are conducted by someone other than the classroom teacher (e.g., counselor, psychologist, special consultant, or others). Application of the *ESP* provides for the screening of all children enrolled in a preschool classroom. The *ESP* system also gives each child the opportunity to be screened and identified for possibly having either an externalizing or internalizing behavior disorder. The diagram on the following page (Figure 1) graphically illustrates the three interrelated screening stages of the *ESP*.

The *ESP* is an extension of the *Systematic Screening for Behavior Disorders (SSBD)*, which was designed for use in grades 1-6 (Walker & Severson, 1990). Ten years of research and development have

Figure 1



been invested by the authors and their colleagues in developing the *SSBD* and *ESP* systems and the instruments comprising each screening stage. Stage One of the *ESP* is almost identical to the *SSBD* in that the teacher rank orders children on two behavioral dimensions, internalizing and externalizing.

The Stage Two ratings have been extensively modified for use in the *ESP* to be more age appropriate and specific for young children. For the *ESP*, there are special scales at Stage Two that are unique to the Externalizer (Aggressive Behavior Scale) and Internalizer (Social Interaction Scale.) Many Stage Two items from the *SSBD* were either modified or deleted to make the items age appropriate. Stage Two instruments are specific to either Internalizers or Externalizers and teachers need to use the forms that are appropriate for each child they rate. Stage Two instruments (Critical Events Index, Aggressive Behavior Scale, Social Interaction Scale, and Adaptive and Maladaptive Indices) were developed from prototype item lists contributed by Hill M. Walker and his colleagues (Walker & Severson, 1990; Hops, Fleischman, Guild, Paine, Street, Walker, & Greenwood, 1978). These items have been extensively refined and socially validated by both regular and special education teachers as measures of teacher behavioral standards and child behavior status (Feil, 1994; Feil & Becker, 1993; Walker, 1986; Walker & Rankin, 1983).

The observation codes used in *ESP* Stage Three were derived from codes developed by Walker and his colleagues for recording children's behavior within instructional and playground settings (Walker, Hops, & Greenwood, 1984). The observation code used for the *ESP* has been revised and refined over time to simplify the observation process while maintaining accuracy and specificity. Observer training times on these coding procedures are relatively brief (3 to 4 hours), and an Observation Training Videotape is included in the *ESP* materials to allow easy self-instruction. During normative data collection, the interobserver agreement between two observers was consistently above .80, with most interobserver agreement ratios above .85 (Feil, 1994; Feil & Becker, 1993; Walker & Severson, 1990).

In order to streamline *ESP* for screening purposes and to provide assessment information that creates a comprehensive picture of a child's behavior, the authors have developed two types of measures: (1) normative comparison measures and (2) clinical measures. The normative comparison measures (Critical Events Index, Aggressive Behavior Scale, and Social Interaction Scale) are used to decide whether a child should be referred for further assessment and/or prereferral intervention. The clinical measures (Adaptive Behavior Scale, Maladaptive Behavior Scale, and Parent Questionnaire) are used to supplement other assessment activities (e.g., a structured interview).

The *ESP* procedure has been field tested in eight states (including over 20 preschool and Head Start programs) across the country. The *ESP* research and development process and corresponding psychometric characteristics, validity, and reliability are described in Appendix D: Technical Adequacy.

Implementing the *ESP User Manual*

The *ESP User Manual* is set up to provide the reader with all information necessary to implement the *ESP*. The manual describes each of the three screening stages and explains the purpose and procedures for using the *ESP* forms and data collection procedures at each stage. Sample forms are provided as examples for scoring and completion of *ESP* forms, as well as criteria for passing each stage. The *ESP* Stage One and Stage Two forms may be administered individually or with groups of teachers (see Group Administration on page 27).

Stage Three *ESP* observational procedures are optional but provide independent confirmation of teacher ratings and rankings. It is highly recommended that users of the *ESP* learn to apply the Stage Three procedures. The Parent Questionnaire provides an opportunity to gather information from the child's parent(s) and assess the child's behavior outside the school setting. This also allows for informal interviews with the parent(s) about concerns they may have regarding their child's behavior at school, home, or both. This contact with the parent(s) is also an opportunity to solicit written consent for conducting a behavioral observation of the child in school. Sample consent forms are provided in Appendix C.

This manual contains information on possible interventions that can be implemented to alter problem behavior. This information can be used for eligibility determination or to monitor progress in a child's behavior over time (see Utilization of Information on page 47 for discussion of appropriate uses). Information from *ESP* Stages Two and Three can be valuable in setting up a specific intervention plan for the child. In addition, specific intervention programs for children exhibiting either internalizing or externalizing behavior profiles are described in Intervention Recommendations and Guidelines (page 53). These programs have been selected as best practices and have been field tested and evaluated.

The authors recommend reading the entire manual before implementing the *ESP*. This will familiarize users with all aspects of the *ESP* and prepare them for questions or concerns that may arise. Before applying the observation procedures in Stage Three, it is highly recommended that the user review the video training tape and practice using the observation procedures in the school setting before including results of the observation(s) in decision making.

The authors have field tested the *ESP User Manual* with hundreds of education personnel in an effort to make the procedures easy to follow and use. They wish the user well in implementing the *ESP*. Please feel free to contact the publishers (Sopris West) or authors with suggestions for improvement.

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IMPLEMENTATION AND ADMINISTRATION

Stage One

This section provides instructions and guidelines for administration of the *Early Screening Project's* Stage One. This material should be studied carefully before attempting to implement the *ESP*. It is more efficient and often desirable to conduct a group administration of screening for *ESP* Stages One and Two. The measures for both stages can be completed for an entire preschool in a group administration (see Group Administration of *ESP* on page 27).

Purpose

The Stage One rank ordering of children on externalizing and internalizing behavioral dimensions is the first component of the *ESP* multiple stage screening and identification process. Stage One gives each child in the teacher's class the opportunity to be identified for either externalizing or internalizing behavior problems and relies upon teacher judgment of each child's behavior. Stage One screening should be completed by each classroom teacher, preferably on two occasions during the school year (e.g., October/ November and February/March). Stage One screening has four primary objectives:

1. To provide uniform standards, definitions, and criteria for teacher use in the screening and identification process.
2. To provide a structure for teachers to use in referring children who may be in need of comprehensive evaluations and/or intervention services.
3. To increase the likelihood that a particular child in need of specialized services will be referred and receive services.
4. To give each child the opportunity to be referred for either disruptive acting-out behavior problems (externalizing) or problems associated with social isolation, phobias, and withdrawal (internalizing).

Procedure

In Stage One, the teacher is asked to:

1. Identify groups of children in his/her class whose characteristic behavior patterns most closely match one of the two behavioral profiles (internalizing and externalizing).
2. Rank order children in the two identified groups according to the degree or extent to which each one matches the behavioral profile in question (i.e., from the child who matches it most closely to the one who matches it least closely).

Rank order children based on teacher observations and interactions during the past month or longer. Children known less than one month should not be included in either the externalizing or internalizing groups (i.e., do not rank order them).

Step 1 Carefully study the definitions and examples of externalizing and internalizing behavior problems provided in the Stage One forms on pages 9-10.

Externalizing refers to behavior problems that are directed outwardly, by the child, toward the external social environment. Externalizing behavior usually involves behavioral excesses (i.e., too much behavior) and are considered inappropriate by teachers and other school personnel. Nonexamples of externalizing behavior would include all behavior that is appropriate for a child's age and school.

Internalizing refers to behavior problems that are directed inwardly (i.e., away from the external social environment), and that usually represent problems with self-esteem. Internalizing behavior problems are often self-imposed and frequently involve behavioral deficits and patterns of social avoidance and withdrawal. Nonexamples of internalizing behavior problems would be social behavior that shows social involvement with other children.

Rank Ordering on Externalizing Dimension

Externalizing refers to behavior problems that are directed outwardly by the child, toward the external social environment. Externalizing behavior usually involves behavioral excesses (i.e., too much behavior), and are considered inappropriate by teachers. Nonexamples of externalizing behavior would include all behavior that is appropriate for the child’s age and the school.

Examples:

- Displaying aggression toward objects or persons
- Not listening to the teacher
- Arguing
- Having tantrums
- Being hyperactive
- Disturbing others
- Stealing
- Not following classroom rules

Nonexamples:

- Cooperating and sharing
- Listening to the teacher
- Interacting appropriately with other children
- Attending to the activity (e.g., painting)
- Complying with teacher requests

Table One

Externalizers	
Listing	Ranking
Child’s Name	Child’s Name
.	Most 1. _____ .
.	↓ 2. _____ .
.	3. _____ .
.	4. _____ .
.	Least 5. _____ .

Rank Ordering on Internalizing Dimension

Internalizing refers to behavior problems that are directed inwardly (i.e., away from the external environment), and that usually represent problems with self-esteem. Internalizing behavior problems are often self-imposed and frequently involve behavioral deficits and patterns of social avoidance and withdrawal. Nonexamples of internalizing behavior problems would be social behavior that shows social involvement with other children.

Examples:

- Low activity levels
- Not talking with other children
- Being shy, timid, and/or unassertive
- Avoiding or withdrawing from social situations
- Preferring to play or spend time alone
- Not participating in games or activities
- Not standing up for himself/herself

Nonexamples:

- Starting social interactions with peers
- Having conversations
- Playing with others; having appropriate social contact with other children
- Showing positive social behavior with other children
- Participating in games and activities
- Joining in with others

Table Two

Internalizers	
Listing	Ranking
Child's Name	Child's Name
.	Most 1. .
.	↓
.	2. .
.	3. .
.	4. .
.	Least 5. .

Step 2 Using a class list, select an Externalizing (N=5) and an Internalizing (N=5) subgroup from the pool of children in the class.

For both externalizing and internalizing dimensions, first review the characteristic behavior patterns of *all* children in your class and select the five children who most closely match each of the behavior profiles.

- In field testing the *ESP*, teachers have commented from time to time that they did not have five children who matched the externalizing or internalizing behavioral descriptions. This may be a difficult judgment to make, but it is an extremely important one. It is essential that five children each be identified for each of the two rank ordering dimensions in order to assure that all children are adequately screened for these behavior patterns. Thus, even though it may be difficult to decide which list a particular child belongs on, it is most important to make this initial decision. If a classroom has a small number of children (fewer than 12), Stage One can be adapted so that only three children are nominated on each list.
- Children on the externalizing and internalizing lists must be mutually exclusive. That is, a particular child can appear on only one of the lists—not both! Occasionally a child will exhibit behavioral characteristics associated with both externalizing and internalizing behavior patterns. When this occurs, simply rank the child on the dimension (i.e., externalizing or internalizing) that seems to best characterize his/her overall behavior pattern.
- Some teachers will be frustrated that they cannot place the same child on both the externalizing and internalizing lists. There is some empirical evidence that a small number of children exhibit both behavioral characteristics. However, if this were allowed, the *ESP* screening process would not be nearly as accurate and would yield ambiguous results in some instances. If a teacher is very concerned about a child's behav-

ior problems, then that child is likely to be ranked high on either the externalizing or internalizing behavioral dimension and be eligible for further screening.

- In addition, some teachers may be hesitant to rank the children due to fear of labeling and stigmatization. It should be emphasized that this is simply the initial step in a screening process. A review of the entire *ESP* and eligibility procedure might be helpful in alleviating concern.

Step 3 Rank order the children on each of the externalizing and internalizing lists using the *ESP* Rank Ordering forms for Stage One (see page 9 for example).

The five children in the class who display externalizing and internalizing behavior problems should be rank ordered according to the degree or extent their behavior pattern matches the definition of either externalizing or internalizing behavior problems.

- It is very important to rank order children according to how they actually behave (i.e., what they say and do) and not according to either the presumed intent of their behavior or what is inferred that they may be thinking and feeling. The definitions and examples of externalizing and internalizing dimensions provided above must be the sole criteria used to form the rank ordering groups (five in each).
- The child assigned the rank of number one is the individual who, in the teacher's judgment, most exemplifies the externalizing or internalizing behavioral profile described above. The child who receives the rank of five is the one who least exemplifies this behavioral profile.
- Rank order children based on teacher observations and interactions during the past month or longer. Children known less than one month should not be included in either the externalizing or internalizing groups (i.e., do not rank order them).

Summary

To complete Stage One rank ordering, each teacher should:

1. First, review a list of all children in the class using a class roster form or a copy of the class list.
2. Second, write in the names of the five children whose characteristic behavior patterns most closely match the internalizing and externalizing behavioral description in the first column of the form. The order is not important at this point. The goal is simply to form the groups.
3. Third, use the second column on the form to rank order children listed in column one according to the degree or extent to which each exhibits internalizing or externalizing behavior problems, respectively. It is important to remember that the children listed in column two and those in column one are identical. The difference is that those in column one are not rank ordered, while those in column two have been rank ordered according to the degree or extent to which they exhibit behavioral problems.

Passing to Stage Two

Stage One of the *ESP* requires no scoring or calculations since the three highest ranked children each on the externalizing and internalizing lists automatically pass this screening gate (for a total of six children). These six children go on to Gate Two for further screening.

- There will be situations in which a teacher believes that the top three ranks are not adequately inclusive and other children (such as those ranked #4 or #5 on Stage One) are exhibiting problematic behaviors that indicate a behavioral disorder. In this case, the teacher is encouraged to complete Stage Two measures on children ranked below the first three ranks on either the externalizing or internalizing rank order from

Stage One. This is most likely to occur in classrooms containing a high percentage of at-risk children. By rating these children on Stage Two measures, teachers can use the *ESP* screening process as an opportunity to bring these children to the attention of administrators, special educators, or other school professionals.

- In Stage Two of the *ESP*, the teacher completes the Critical Events Index, Aggressive Behavior Scale (for externalizing), Social Interaction Scale (for internalizing), and Combined Frequency Indices (Adaptive and Maladaptive Behavior) on the six highest ranked children (the three Externalizers and three Internalizers) from Stage One.

Stage Two

Purpose

The purpose of this second stage of screening is to describe and measure specific behavior problems and behavioral deficits exhibited by the three highest ranked children identified in Stage One for externalizing and internalizing behavioral dimensions, respectively. Stage Two is designed to achieve three key goals:

1. To describe the specific content of the behavior problems experienced in school by the three highest ranked externalizing and internalizing children.
2. To provide a basis for making normative comparisons on the Critical Events Index, Aggressive Behavior Scale (for Externalizers), and Social Interaction Scale (for Internalizers) for determining whether the child is to be further assessed.
3. To provide important clinical information for determining eligibility for special services and for designing effective interventions utilizing the Adaptive and Maladaptive Behavior Indices.

Procedure

In Stage Two, the teacher is asked to complete the Critical Events Index and the Combined Frequency Indices (Adaptive and Maladaptive Behavior Indices) on the three highest ranked externalizing and internalizing children in the class. Additionally, teachers complete an Aggressive Behavior Scale for Externalizers and a Social Interaction Scale for Internalizers. As noted above, if a teacher has concerns about other children, he/she may complete Stage Two measures on those children as well.

Step 1 Examine the Critical Events Index (see example on page 16). A separate Critical Events Index is completed for each of the six children identified in Stage

Critical Events Index

Please circle if this child was ranked on the: Externalizing List
1st 2nd or 3rd

Instructions: Check each behavior from the list below that the child has exhibited during this school year.

- ___ 1. Exhibits painful shyness.
2. Steals.
- ___ 3. Appears sad or depressed or exhibits feelings of worthlessness so much that it interferes with normal peer and classroom activities.
- ___ 4. Is self-abusive (biting, cutting, bruising self, head banging).
5. Tries to *seriously* physically injure another using weapons or objects.
- ___ 6. Sets fires.
- ___ 7. Shows evidence of physical abuse (repeated bruises or burns or talks about being hit at home).
- ___ 8. Reports being sexually abused or touched in private areas.
- ___ 9. Has severely restricted activity levels.
- ___ 10. Has nightmares or serious sleeping problems.
- ___ 11. Complains of severe headaches, stomach aches, dizziness, vomiting, or nausea.
- ___ 12. Shows lack of interest in activities that he/she used to take part in.
- ___ 13. Is enuretic (inadequate bladder control, wets self, or bed wetting).
- ___ 14. Is encopretic (inadequate bowel movement control, soils self).
- ___ 15. Vomits after eating.
- ___ 16. Other serious behavior. Please describe:
- _____

2

Total Critical Events Index

One (i.e., the three highest ranked Externalizers and Internalizers).

- The Critical Events Index assesses whether a child has exhibited any of 16 specific behavior problems during the school year. The Critical Events Index indicates, in the teacher's judgment, whether the critical event has occurred or not.
- Read each critical event or behavioral description and place a check in the appropriate column beside any behavior that has been exhibited one or more times during the current school year. Specify any serious behavior of concern not appearing on this list using the last fill-in item (#16) at the end of the Critical Events Index.
- It is not necessary for a teacher to have directly observed a behavior in order to mark the Critical Event item, providing he/she is aware that the behavior has occurred. For example, if a parent reported that their child set a fire, that item should be checked on the Critical Events Index. Of course, it is very important to ensure that the information is reliable and accurate.

IMPORTANT NOTE:

If the teacher has observed any child exhibiting any behavior described in the Critical Events Index during the current school year, he/she should make a note of the critical event(s) observed and the child's name. The occurrence of any of the critical events listed on this index may be cause for concern. Stage Two forms of the ESP can then be completed on that child to further determine the appropriateness of a referral for further evaluation.

Aggressive Behavior Scale

Instructions: The numbers one through five are used to show the estimate of the frequency with which each item occurs. Circle the number that best represents the amount of times this behavior happens. Complete this scale using your knowledge of the student during this school year.

	Never		Sometimes		Frequently
1. Has tantrums.	1	(2)	3	4	5
2. Physically assaults adults.	(1)	2	3	4	5
3. Is physically aggressive with other students or adults (hits, bites, chokes, or throws things).	1	2	3	4	(5)
4. Damages others' property (materials, personal possessions).	1	(2)	3	4	5
5. Suddenly cries or displays highly inappropriate feelings in normal situations.	(1)	2	3	4	5
6. Ignores teacher warnings or reprimands.	1	2	(3)	4	5
7. Make lewd or obscene gestures.	(1)	2	3	4	5
8. Uses obscene language.	(1)	2	3	4	5
9. Is teased, neglected, and/or avoided by peers.	1	2	3	(4)	5

Total Aggressive Behavior Scale 20

Step 2 Complete the **Aggressive Behavior Scale** for each of the three children identified as the highest ranked **Externalizers**. Read each behavioral description and circle how often any behavior has been exhibited during the current school year.

The Aggressive Behavior Scale asks the teacher to rate how often specific behaviors related to aggression have occurred. The optimal time frame for using the Aggressive Behavior Scale is the past two months. The numbers one through five are a continuous scale and are used to indicate your estimate of the frequency with which each item occurs for a given child.

- Circling **One** indicates that the behavior **does not** occur and is not characteristic of the child.
- Circling **Three** indicates that the behavior occurs **sometimes** and is moderately characteristic of the child.
- Circling **Five** indicates that the behavior occurs **frequently** and is very characteristic of the child.
- The teacher is free to choose any number between one and five to represent an estimate of the frequency with which the child displays each behavior.

Social Interaction Scale

Instructions: The numbers one through seven are used to show the estimate of the frequency with which each item occurs. Circle the number that best represents the amount of times this behavior happens. Complete this scale using your knowledge of the student during this school year.

	Not Descriptive or True		Moderately Descriptive or True		Very Descriptive or True	
1. Verbally responds to a peer’s initiation.	1	2	3	4	5	6 7
2. Engages in long conversations (more than 30 seconds).	1	2	3	4	5	6 7
3. Shares laughter with classmates.	1	2	3	4	5	6 7
4. Spontaneously contributes during a group discussion.	1	2	3	4	5	6 7
5. Volunteers for “show and tell.”	1	2	3	4	5	6 7
6. Freely takes a leadership role.	1	2	3	4	5	6 7
7. Spontaneously works with a peer or peers on projects in class.	1	2	3	4	5	6 7
8. Verbally initiates to a peer or peers.	1	2	3	4	5	6 7

Total Social Interaction Scale 25

Step 3 Complete the **Social Interaction Scale** for each of the three children identified as the highest ranked **Internalizers**. Read each behavioral description and circle how often any behavior has been exhibited during the current school year.

The Social Interaction Scale asks the teacher to rate how often specific behaviors related to social interaction have occurred. The optimal time frame for using the Social Interaction Scale is the past two months. The numbers one through seven are a continuous scale and are used to indicate your estimate of the frequency with which each item occurs for a given child.

- Circling **One** indicates that the behavior **does not** occur and is not characteristic of the child.
- Circling **Four** indicates that the behavior occurs **sometimes** and is moderately characteristic of the child.
- Circling **Seven** indicates that the behavior occurs **frequently** and is very characteristic of the child.
- The teacher is free to choose any number between one and seven to represent an estimate of the frequency in which the child displays each behavior.

Combined Frequency Index Adaptive Behavior

Instructions: The numbers one through five are used to show the estimate of the frequency with which each item occurs. Circle the number that best represents the amount of times this behavior happens. Complete using your knowledge of the student during the past 30 days.

	Never		Sometimes		Frequently
1. Follows established classroom routines.	1	2	(3)	4	5
2. Gains other children’s attention in an appropriate manner.	1	(2)	3	4	5
3. Expresses anger appropriately (reacts to situations without becoming violent or destructive).	1	2	(3)	4	5
4. Cooperates with other children.	1	(2)	3	4	5
5. Gains teacher attention in appropriate ways (e.g., raises hand to go to bathroom).	1	2	(3)	4	5
6. Participates well in group activities.	1	2	(3)	4	5
7. Follows teacher’s directions.	1	2	(3)	4	5
8. Initiates positive social interaction with peers.	(1)	2	3	4	5

Total Adaptive Behavior Score 20

Step 4 Complete the **Combined Frequency Indices** for Adaptive and Maladaptive Behavior for each of the six children identified in Stage One (i.e., the three highest ranked **Externalizers** and **Internalizers**). Read each critical event or behavioral description and circle how often any behavior has been exhibited during the past 30 days.

- The frequency indices consist of 17 items (eight adaptive, nine maladaptive) which measure the student's teacher-related and peer-to-peer behavioral adjustment(s). In completing the Combined Frequency Indices, please read each item carefully and separately evaluate the frequency with which each child engages in the behavior described by the item. The numbers one through five are a continuous scale and are used to indicate the estimate of the frequency at which the behavior described on that item occurs for the child. The teacher is free to choose any number between one and five to represent his/her estimate of the frequency on a given item.
- For rating purposes, teachers must take into account the total time throughout the day when each child is under their supervision.

Combined Frequency Index Maladaptive Behavior

Instructions: The numbers one through five are used to show the estimate of the frequency with which each item happens. Circle the number that best represents the amount of times this behavior happens. Complete using your knowledge of the student during the past 30 days.

	Never		Sometimes		Frequently
1. Refuses to participate in games or activities with other children during free (unstructured) play.	1	(2)	3	4	5
2. Behaves inappropriately in class when directed (shouts back, defies teacher, etc.).	1	2	(3)	4	5
3. Responds inappropriately when other children try to interact socially with him/her.	1	2	(3)	4	5
4. Tests or challenges teacher's limits/rules.	1	2	(3)	4	5
5. Creates disturbance during class activities (noisy, bothers other students, out of seat, etc.).	1	2	3	(4)	5
6. Is very demanding of the teacher's attention.	1	2	(3)	4	5
7. Pouts or sulks.	(1)	2	3	4	5
8. Needs redirection, removal, or threat of punishment before he/she will stop an inappropriate activity or behavior.	1	2	(3)	4	5
9. Is overly affectionate with others (touching, hugging, kissing, hanging on, etc.).	(1)	2	3	4	5

Total Maladaptive Behavior Score 2

Scoring

Critical Events Index

The scoring of the Critical Events Index is very straightforward. Simply add up the number of items that have been checked on the scale. The child's score on the Critical Events Index can range from zero (no items checked) to 16 (all items plus one write-in item). This score will be used in determining whether the child meets or exceeds Stage Two passing score criteria.

Aggressive Behavior Scale, Social Interaction Scale, and Combined Frequency Indices for Adaptive and Maladaptive Behavior

To score the Aggressive Behavior Scale, Social Interaction Scale, and Adaptive and Maladaptive Scales, add up the score for each item and record total scores at the bottom of each scale. For example, the Maladaptive Behavior form on page 24 has a total score of 23.

Normative Comparison

The tables below (and on the next page) provide you with criteria to use in determining if a child is at risk in comparison to other children in the norm sample. For a description of the norm sample and other psychometric results, see Appendix D: Technical Adequacy.

	Boys		
	At Risk	High Risk	Extreme Risk
Critical Events Index	2	3	4 or more
Aggressive Behavior Scale	15-16	17-18	19 or more
Social Interaction Scale	27 or less		
Adaptive	25-27	22-24	21 or less
Maladaptive	20-22	23-25	26 or more

Girls			
	At Risk	High Risk	Extreme Risk
Critical Events Index	2	3	4 or more
Aggressive Behavior Scale	14	15	16 or more
Social Interaction Scale	27 or less		
Adaptive	27-29	24-26	23 or less
Maladaptive	20-22	23-25	26 or more

Group Administration of Stages One and Two

It is more efficient and often desirable to conduct a group administration of Stages One and Two of the *ESP* procedure. This was the procedure used during most of the normative data collection for the *ESP*. In a one hour meeting, Stage One and Two screening procedures can usually be completed for an entire preschool. To conduct a group administration of the *ESP*, ask teachers to attend a meeting and bring along their class lists. The following are the important elements of group administration:

1. Give teachers a brief overview and rationale for the *ESP*, including a discussion of the importance of early identification and screening. It is recommended that copies of the *Early Screening Project Procedure* (as seen on page 4) be distributed and discussed so that teachers thoroughly understand the screening process. It should be emphasized that this screening procedure does not eliminate other referral processes but is designed to assist the preschool in the early identification of children who may be having behavior problems that put them at risk.
2. Ask teachers to read the descriptions for internalizing and externalizing behavior disorders. It is best to go over the internalizing and externalizing behavioral descriptions with everyone present; that is, read aloud the definition and stop at the end of the definition and examples section to ask if there are any questions.
3. Once the definitions are made clear, the teachers should complete the Stage One identification and ranking process for externalizers in their own classes using the standard directions.
4. After all teachers have completed the ranking of children on the externalizing behavior profile, they are to repeat the process for the internalizing behavior profile. Again, it is best to first review the behavioral descriptions aloud.

5. After the teachers have completed the Stage One ranking on both externalizing and internalizing behavioral dimensions, give them three copies each of the Stage Two forms for Externalizers and the forms for Internalizers. The Externalizer forms will contain the Critical Events Index, Aggressive Behavior Scale, and Combined Frequency Indices for Adaptive and Maladaptive Behavior. The Internalizer forms are the same except the Aggressive Behavior Scale is replaced by the Social Interaction Scale. Teachers are to rate the three highest ranked Externalizers and Internalizers on these instruments. Remind teachers that the Stage Two forms have a place at the top to indicate whether the child is ranked first, second, or third on the internalizing or externalizing lists in Stage One.
6. Teachers should be encouraged to ask any questions they may have during this process. As teachers complete the Stage Two forms, the *ESP* administrator will have an opportunity to move through the group, answer questions individually, and observe completion of the forms. It is suggested that teachers complete the Critical Events Index first. Therefore, the suggested procedure is to have the teachers complete the Critical Events Index for the three highest ranked Externalizers and then go to the Aggressive Behavior, Maladaptive, and Adaptive scales for those same three children. After the teachers have completed all Stage Two forms for the three highest ranked externalizing children, they should then complete the Stage Two instruments for the top three internalizing children.
7. The *ESP* administrator should collect the Stage One and Two forms and keep them together for each teacher. It is suggested that they be either placed in envelopes or clipped together to prevent any errors in scoring the forms at a later time.
8. The *ESP* administrator will score the Stage One and Two forms to determine whether any child has passed Gate Two and should have further assessment (e.g., observations) or prereferral intervention. The *ESP* administrator will work with the teacher to plan the behavior observation if necessary and solicit parental consent for observation.

Stage Three (Optional)

Introduction

The Stage Three *ESP* measures are optional and include a Parent Questionnaire and the Social Behavior Observation. Both of these measures can be used to provide valuable information to further assess the degree that the target child is displaying at-risk behaviors, or provide clinical information that can be used to design an intervention. The measures at Stage Three are highly recommended if a referral to a child study team is anticipated. The Parent Questionnaire provides a brief assessment of whether the child's specific behavior(s), as rated by the teacher, are also noticed by the parent. This helps determine if these behaviors occur across environments, and whether an intervention should focus on both school and home settings.

An observation of the child's behavior in free play settings, which is called Social Behavior Observation, provides an independent assessment of a child's behavior when playing with peers. This is a critical element in evaluating a child's peer-related social behavior and can provide an independent validation of teacher judgment used in Stages One and Two. The Social Behavior Observation can also provide a baseline measure to evaluate the success of a classroom intervention designed to alter the child's social behavior (e.g., acting out, aggression, or fighting with others). The *ESP* has developed norms for the Social Behavior Observation, which allow further evaluation of the child's behavior relative to other preschool children of the same sex. The sections that follow provide instructions on the purpose, procedures, and scoring for Stage Three measures.

Parent Questionnaire: Purpose

The purpose of the *ESP* Parent Questionnaire is to provide an additional source of clinical assessment information in a low cost manner, as well as providing an opportunity for rapport building while obtaining informed consent for social behavior observations. The

Parent/Caregiver Questionnaire

Child's name: _____

Classroom: _____ School: _____

Observer's name: _____

Parent's name: _____ Date: **12/4/94**

Instructions: Please complete this form about your child's behavior. If you have any questions, please feel free to ask any staff person. This form is completely voluntary, so only answer the questions you wish to answer. Check the box which best represents your child's is behavior.

Playing with other children

- | | Always | Frequently | Sometimes | Never |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. If given a choice, does your child choose to play with other children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. When playing with other children, how often does your child talk in a conversational voice (not yelling or screaming)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How often is your child physically gentle with other children (not hitting, kicking, or biting)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Getting along with caregivers

- | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 4. Does your child follow your instructions and directions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child stop misbehaving when told? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child talk in a conversational voice to you (not yelling or screaming)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your child physically gentle with you (not hitting, kicking, or biting)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Playing with materials and self-care

- | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 8. Does your child suddenly cry for no reason? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. How often does your child break or destroy toys or household items? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. How often does your child wet or soil himself/herself or the bed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. How often does your child steal others' belongings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. How often does your child bite or cut himself/herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Parent Questionnaire has 12 items divided into three scales: (1) Playing with other children, (2) Getting along with caregivers, and (3) Playing with materials and self-care. All items are adapted from the *ESP* Stage Two forms completed by the teacher. For the first two scales (Playing with other children; Getting along with caregivers) each item is stated in positive behavioral language. The third scale (Playing with materials and self-care) is designed to access more problematic critical behaviors and therefore has items worded with more negative language. The majority of the items are stated in positive language, which should minimize an adverse reaction by parents.

Parent Questionnaire: Procedure

Step 1 For each child who passed Stage Two criteria, contact their parent(s) and set up a meeting to have them complete the Parent Questionnaire and sign the informed consent for completion of direct observations.

- Your district or Local Education Agency (LEA) will have informed consent guidelines. A sample informed consent letter is in Appendix C of this manual.
- Remember this might be the first time anyone has approached the parents regarding their child's problematic behavior. Explain that their child has been identified using a general school screening procedure and you need further information. This request does not mean that their child needs special education, but simply further assessment and evaluation.

Step 2 Provide the parent(s) with the informed consent form and explain (if needed).

Step 3 Provide the parent(s) with a copy of the Parent Questionnaire and ask them to complete it. Parents may have questions about the form, so the teacher should be available for any questions that might arise. The teacher can also administer the Parent Questionnaire as an interview.

Parent Questionnaire: Interpretation

While there are only 12 items on the Parent Questionnaire, they represent several areas of social development assessed with *ESP* Stage Two measures. Responses on the Parent Questionnaire can be used clinically to cross-validate a child's behavior across settings. If a child exhibits the same problematic behavior at home as well as at school, the severity and frequency of the problem behaviors are usually greater, thereby requiring the subsequent intervention to be more powerful (i.e., utilize more resources across settings).

Corresponding Items on Parent Questionnaire with Stage Two *ESP* Measures

Parent Questionnaire Item	Corresponding Stage Two Item
1. Play with peers	Adaptive Behavior #4
2. Talk with peers	Maladaptive Behavior #3 and Social Interaction Scale #1, #2, and #8
3. Gentle with peers	Adaptive Behavior #8
4. Follow directions	Aggressive Behavior Scale #6, Adaptive Behavior #1, and Maladaptive Behavior #5
5. Stop misbehaving	Aggressive Behavior Scale #6
6. Talk with adults	Maladaptive Behavior #2
7. Gentle with adults	Aggressive Behavior Scale #7
8. Suddenly cry	Critical Events Index #1
9. Break toys	Aggressive Behavior Scale #4
10. Wet or soil self	Critical Events Index #13 and #14
11. Steal	Critical Events Index #2
12. Bite or cut self	Critical Events Index #4

For example, if both the teacher and parent report that the child is physically aggressive, then both preschool-based and home-based (e.g., parent training) interventions would be recommended. In order to facilitate comparison between parents and teachers, the preceding table lists each item on the Parent Questionnaire and the corresponding Stage Two item(s).

Social Behavior Observations: Purpose

The *ESP* observations are designed to provide direct observational assessment of a child's behavior in free play or unstructured activities. This is referred to as Social Behavior (SB). The purpose of the Social Behavior observations is to provide a measure of the child's social adjustment and interactions with other peers and adults in situations that are not structured. These observations yield important information relative to both school success and social relations with others. They are designed to provide an additional level of screening, yet are optional. It is strongly recommended to conduct direct observation(s) of the child's behavior, as this can provide an objective measure and is independent of teacher judgment. These observations can also be used to design an intervention. If the child requires specialized placement and/or special education services, behavior observations are essential to eligibility certification. Observations also have a broad range of additional applications and provide monitoring of progress during an intervention.

It is important that observers have adequate training in "coding" or classifying child behavior in order to make accurate decisions. This manual describes the SB observation coding procedure and should be used with the *ESP* observation training videotape. This manual, along with the videotape training, provides a description of each code or type of behavior observed, and rules of coding. It is recommended that teachers first read this entire section of the manual (Social Behavior Observation) and then use the videotape to practice coding skills before observing children.

Social Behavior Observations: Training

A two-stage process is used for training observers to master the skills necessary for Social Behavior Observation coding. Persons wanting to observe should first demonstrate *conceptual* mastery of the material by reading this guide and taking the practice quiz located in Appendix B. The quiz will help determine whether the material contained in the manual has been mastered. If errors are made on the quiz, review the material again and use the videotape for further training. If more information is needed, contact Sopris West (see page 6) for a technical consultation or to discuss concerns with educators who have used the SB coding system previously.

After reading this manual and completing the quiz for mastering the definitions and concepts of the Social Behavior Observation, the enclosed *ESP* videotape is the next step in practicing observation/recording skills. The tape consists of a series of videotaped scenes depicting preschool children demonstrating behavior that is already coded. As an observer, one must be able to discriminate these observation code behaviors before actually observing children in preschool settings.

Out in the field, each observation should be at least ten minutes long. Children should be observed on at least two separate days; thus each target child will be observed for 20 minutes in either free play or unstructured settings. We recommend that after each observation, the observer confer with a teacher or aide as to whether the child's behavior during that observation was representative of the child's overall behavior. If not, an additional observation would make the social behavior observation score more accurate.

Social Behavior Observations: Procedure

The Social Behavior Observation is a duration coding procedure; teachers will be recording the total amount of time that a child is engaged in one category of behavior. Teachers use a stopwatch (enclosed) to determine the total amount of time that the child is

engaged in antisocial or nonsocial behavior (see Category I on page 35). The watch will run whenever the target child meets the criteria for either form of behavior; stop the watch when the child is demonstrating prosocial behavior (see Category II on page 35). This observation system will provide the teacher with a measure of the percentage of time that the child is exhibiting inappropriate behaviors (i.e., antisocial or nonsocial), out of the total time observed.

Social Behavior Observations: Definitions

As a rule, preschool-aged children exhibit two categories of social behavior during their free play time. These are:

Category I	Category II
Antisocial Behavior Negative social engagement Disobeying established rules and/or Nonsocial Behavior Tantrumming Solitary Play	Prosocial Behavior Positive social engagement Parallel play Following established rules

The observer watches the child and determines the amount of time the observed child spends in these two categories. Observations are systematically recorded during two free play periods of at least ten minutes in length, on two separate days.

Antisocial and Nonsocial Behavior

This category includes two types of behavior. For the *ESP*, these behaviors have been combined into one general class of behavior. Antisocial and nonsocial behavior are defined as: (1) a negative reciprocal exchange, either verbal or physical (fighting, arguing), (2) disobeying established classroom rules, (3) tantrumming, and (4) solitary play (being alone).

1. A negative reciprocal social exchange, either verbal or physical. An exchange of social signals (e.g., voice, gaze, touch) be-

tween two or more people (children or adults) is considered reciprocal. Negative behavior is characterized by the child saying something to another person in a derogatory, uncomplimentary, angry, or cranky manner or engaging in physical behavior intended to harm or force another child.

— **Negative Verbal Behavior.** How something is said, rather than its specific verbal content, often determines if the verbal behavior is negative. If the tone of what is said is cranky, impatient, or bossy, then it would be considered negative. Examples of negative verbal behavior follow:

- **Name calling:** Stupid, weirdo, creepy, dummy, show-off, cheater.
- **Bossy commands or statements:** Stop it! Shut up! Knock it off! Don't! Pick that up! You can't do that! Stop looking at me! Give me my toy back! Get off of that!
- **Statements of rejection:** I don't want to be friends with you, get out of here! Go away! I wish you would drop dead!
- **Possessive statements:** It's my ball! You can't have it, it's mine! I was here before you! It isn't yours, I found it! It's my property!
- **Accusations:** You made me do that! You stole my ball! See what you did! You wrecked our game!
- **Highly critical or uncomplimentary statements:** I'm better than you! What a dumb thing to say! You're clumsy! You did that all wrong! (Derisive laughter would also be included in this category.)
- **Aggressive threats:** I'm gonna get you! I'll knock your head off! Do you want this ball through your head? Say that again and I'll pound you!
- **Pestering taunts:** Child says something over and over again after being asked to stop; child says, "Johnny is a stupid-head," even though it makes Johnny very angry; child sings, "Nya, nya, nya, nya, nya," to make fun of someone.
- **Demanding or quarrelsome behavior:** The child insists on having his/her own way; argues in a contentious manner or is unreasonably "pushy." (e.g., I was here first!; I'm

right and you know it; No! I won't play if you won't let me have the red checkers; We're going to do it this way!)

- **Negative Physical Behavior.** When the child physically contacts or touches another in an aggressive, rough, or painful manner. The contact is frequently punitive, is designed to inflict pain, and occurs against the other child's will. Examples of negative physical behavior follow:

- **Rough or harmful bodily contact:** Shoving, fighting, pulling hair, hitting forcefully, or pinching; spitting at someone; intentionally stepping on another's hand; pulling roughly at a peer's clothes.

- **Rough, painful, or irritating contact with objects or materials:** Poking with a stick; kicking sand or sawdust in another's face; throwing rocks at another in an attempt to hit; flinging a rope forcefully at someone; holding a rope around neck; splashing another with water.

- **Physical pestering:** Kissing or hugging someone who does not like it; holding another when told to let go; patting, touching, or tickling someone who clearly dislikes it.

2. Disobeying established classroom rules. Before the observation begins, the observer should consult with the teacher to determine established rules, such as boundaries for appropriate play, and record them on the *ESP* Observation Summary form. If any children disobey the rules, this is defined as antisocial or nonsocial behavior.

3. Tantrumming. When the child is yelling, kicking, and/or sulking following a negative social interaction. For example, when the teacher does not allow the target child to play with a toy, the child starts to whine and jump up and down. Frequently, a tantrum will escalate and may require physical intervention by the teacher.

4. Solitary play. When the child is *not* playing with another child (within three feet) or *not* exchanging social signals. This is an example of nonsocial behavior and is included in Category I. Examples of solitary play are: (1) reading a book alone in the book

corner, (2) swinging on the swing with no one nearby, (3) playing house alone with no one within three feet, (4) looking out the window alone, (5) watching other children play in a sandbox, or (6) sitting with a doll in his/her lap and beyond three feet of another child with a doll. Nonexamples of solitary play include reading a book with an adult, putting together a puzzle within three feet of another child, who is also playing with a puzzle, gazing and smiling at another child where the other child is also gazing and smiling at the target child, and finally, talking with another child or adult.

Prosocial Behavior

Prosocial behavior is defined as: (1) positive social engagement, which is a positive exchange of either verbal or physical reciprocal interaction with another peer, (2) parallel play, and (3) following established rules. Examples of prosocial behavior are conversation, laughing after conversation, hugging a peer or teacher, building a structure with blocks with another playing nearby, playing in a sandbox next to another, playing a game with one or more peers, and swinging on a swing next to others. Nonexamples are (1) hitting or yelling at another and (2) sitting next to another and not talking or looking at each other and not engaging in a similar activity.

1. Positive Social Engagement. This label refers to reciprocal interaction, either verbal or physical, that ranges from neutral to complimentary and/or openly affectionate. Again, the tone in which a statement is said will often determine whether it is coded positive or negative.

— **Positive Verbal Behavior.** Positive verbal behavior occurs when statements or vocalizations to others are said in a warm, complimentary, and/or nonaggressive fashion. Examples of positive verbal behavior follow:

- **Statements of approval:** “Good job.” “Way to go.” “You sure are a great runner.” “I like your sand castle.”
- **Laughter:** In response to something a peer or adult has said or done. For instance, the target child giggles when

another is telling a funny story.

- **Neutral statement:** Discussion about events or people in the child's life. For instance, "My family went to see Grandma over the weekend."
- **Negotiations:** Constructive arguing to settle disputes. For instance, "That is my ball; if you let me swing I'll give you a turn."
- **Feedback to other children:** Compliments or criticism that are not demeaning or derogatory to the other person. For instance: "I liked your speech in class today."; "You shouldn't have told on me."; or "You weren't being very nice today."
- **Complaints:** Expressions of frustration or anger which are not personally directed at the interaction. Being assertive or matter of fact. For instance, "I've wanted to play basketball all day; come play with me."

- **Positive Physical Behavior.** Behavior that involves contact or touching that is not rough, annoying, or intended (in the observer's judgment) to hurt another person. Examples are: holding hands, putting an arm around another peer's shoulders, patting, playfully holding onto a peer, pulling someone with a rope in a manner that is not rough, swinging someone by the arms in a playful way, throwing a ball at a peer without trying to hurt him/her, covering a friend's legs with sawdust with the person's permission, slapping a pal on the back as if to say hello, and wrestling in a playful fashion.

2. **Parallel play.** Behavior in which the target child is within three feet of another who is engaged in a similar activity, but there is no reciprocal communication. While both activities are similar, the target child and other children are behaving independently of each other. Examples of the parallel play category are playing in a sandbox while other children are playing, yet all the children are engrossed in their individual activity and not talking to each other. Nonexamples are building a structure with blocks or playing in a sandbox alone.

3. Following established classroom rules. As noted previously, before the observation begins, the observer should consult with the teacher to ascertain established rules, such as boundaries for appropriate play, and record them on the *ESP* Observation Summary form. This information will allow the observer to know whether a child is following or disobeying classroom rules.

Borderline Behaviors

Occasionally, situations arise where the target child's behavior is difficult to identify as belonging to a positive or negative category. The following should help to clarify those situations.

- **Deteriorating**

Example: Positive physical contact becomes negative when the contact persists to the point of irritation or intensifies to the point of causing pain.

Rule: Observe the other child's reaction.

- **Mildly Negative**

Example: Child uses a mildly grouchy tone of voice, a slightly rough physical behavior, or a modestly impolite gesture.

Rule: Consider the behavior negative. It is important that even minor negative behaviors be identified and coded.

- **“Happy” Pestering Behavior**

Example: Behaviors that seem to be mildly irritating to peers, including “happy” pestering of a peer, such as tugging repeatedly on another's coat, blowing in another's face, or teasing.

Rule: Consider the behavior positive until either the peer complains to the child or it becomes clear the child is intentionally annoying the peer—at which point, consider any such behavior negative.

- **“Accidental” Negative Behaviors**

Example: Behaviors for which it is difficult to determine if the child is being intentionally negative, including “accidentally” bumping into another child in a rough manner or “unintentionally” stepping on a child’s toy, paper, or property.

Rule: If you are in doubt as to the intentional nature of the event, consider the behavior negative.

- **Defensive/Nonaggressive Reaction to a Peer’s Negative Behavior**

Example: A peer holds the target child to the ground; the child struggles to get free without deliberately hurting the peer, cries, and says, “Lemme go!” Then the child struggles free. A peer grabs a ball from the child; the child sternly says to the peer, “Give it back or I’ll tell the teacher!”

Rule: Consider the child’s behavior to be positive, as the responses allowed the child to define his/her rights without being unduly aggressive.

- **Defensive/Aggressive Reaction to a Peer’s Negative Behavior**

Example: A peer holds the target child to the ground; the child angrily kicks at the peer, scratches, and says, “Lemme go or I’ll hit you!” Then the child struggles free.

Rule: Consider the child’s responses negative, as they were retaliative and/or more aggressive than necessary (for protection of the child’s rights) and would likely serve to maintain or accelerate the peer’s negative behavior.

The quiz in Appendix B provides an opportunity to test your understanding of the Social Behavior code categories.

Social Behavior Observation Summary

Child's name: _____

Classroom: _____

School: _____

Observer's name: _____

Note: There should be a total of 20 minutes of time over a minimum of a two-day period

Expectation, rules, overall classroom observations, and notes:

-3 ;
" "

Observation One

Date: 11/3/94 Time Start: 1015 .. Time End: 1026 ..

Total Time (11 min. x 60 = 660 + 30 seconds) = 690 Seconds

Antisocial or Nonsocial Time (4 min. x 60 = 240 + 23 seconds) = 263 Seconds

Activity (short description) and comments:

- ; .

Observation Two

Date: 11/4/94 Time Start: 1230 .. Time End: 1239 ..

Total Time (9 min. x 60 = 540 + 30 seconds) = 570 Seconds

Antisocial or Nonsocial Time (6 min. x 60 = 360 + 45 seconds) = 405 Seconds

Activity (short description) and comments:

- ; ()

Antisocial or Nonsocial Time

(convert to seconds)

Observation One 263 seconds

Observation Two + 405 seconds

Total Seconds 668

Total Time

(convert to seconds)

Observation One 690 seconds

Observation Two + 570 seconds

Total Seconds 1260 = 53 x 100 = 53 %

**Antisocial or
Nonsocial Behavior**

Conducting the Social Behavior Observation

Overview of Social Behavior Observation Procedure

Use the following coding guidelines to direct your observing and recording.

Step 1 Consult with the teacher regarding expectations, rules, and appropriate times for observing.

The Social Behavior Observation only occurs during free play settings. Free play is defined as a setting where the child has freedom of choice and mobility (within limits) to engage in different activities and/or peer groups as well as a lack of teacher direction (not to be confused with teacher supervision). Examples of free play are recess and “choice time,” where the child can choose to play with others in several areas (e.g., blocks and dressup). Nonexamples include large group story reading or structured arts and craft activities.

Note: Select a period of time in which at least ten minutes has been allocated for free play.

Step 2 Write in the child’s name, the date, and the start time of the observation at the top of the Observation Summary form. Note the hour and minute observing begins and record it on the form (see page 42).

Step 3 Record the amount of time the child displays antisocial or nonsocial behavior consistent with the definition.

Procedure for recording behavior: Let the stopwatch run when the child exhibits antisocial or nonsocial behavior and turn it off when he/she displays prosocial behavior; restart it when the child exhibits antisocial or nonsocial behavior. Repeat this procedure throughout the recording session. This will pro-

vide the observer with the total amount of time that the child was engaged in antisocial or nonsocial behavior.

The observer should stand close enough to observe and record the target child's social behavior, but not so close as to disrupt ongoing social activities or interactions.

Step 4 At the end of the session, note the time when the observing ceased and record it on the Observation Summary form. Next, record the total length of time that you observed on the form.

Step 5 Record the total time displayed on the stop watch, which is the total time the target child was engaged in antisocial or nonsocial behavior.

Step 6 Convert the total time and engaged time to seconds to facilitate computation. Use the Observation Recording form to compute the percent of time the child was engaged in antisocial or nonsocial behavior (see scoring procedures below).

**Conversion Table:
Minutes to Seconds**

Minutes	Seconds
1	60
2	120
3	180
4	240
5	300
6	360
7	420
8	480
9	540
10	600
11	660
12	720
13	780
14	840
15	900

Social Behavior Observations: Scoring

Social Behavior (SB) is computed by dividing the time on the stopwatch in minutes by the total time observed and multiplying by 100. For example, if the child was observed to be engaged in negative social and/or solitary behavior for 4 minutes and the total length of the observation period was 10 minutes, you would divide 4 by 10 which equals .4. Multiplying .4 by 100 converts it to a percentage which, in this instance, is 40% (.4 x 100 = 40%). In this example, the child was engaged in antisocial or nonsocial behavior for 40% of the observation period.

You should average the two observation sessions to obtain an overall observation score. You can do this by adding the stopwatch times together for observation sessions one and two (total antisocial and

nonsocial time across two observations) and dividing by the total time of the two observation sessions. If you have conducted additional observations, simply add the times (both engaged and total times) to the other two observations. In this manner, the additional observations will be averaged into the final Social Behavior observation score.

Example of Scoring

There are two completed observations of “Nathan” on the Observation Summary form (page 42), which we use for our example. In observation one, there was a total time of 11 minutes and 30 seconds and an antisocial/nonsocial engaged time of 4 minutes and 23 seconds. In observation two, there was a total time of 9 minutes and 30 seconds and an antisocial/nonsocial engaged time of 6 minutes and 45 seconds. The first step is to convert the minutes to seconds. Observation one had a total time of 690 seconds (660 sec. [11 min] + 30 sec.) and an antisocial/nonsocial engaged time of 263 seconds (240 sec. [4 min.] + 23 sec.). Observation two had a total time of 570 seconds (540 sec. [9 min.] + 30 sec.) and an antisocial/nonsocial engaged time of 405 seconds (360 sec. [6 min.] + 45 sec.). This gives us a total time of 1,260 seconds (690 sec. + 570 sec.) and a total antisocial/nonsocial engaged time of 668 seconds (263 sec. + 405 sec.). The last step is to divide the antisocial/nonsocial engaged time by the total time (668 seconds \Rightarrow 1,260 seconds = .53). Therefore, during both observations, Nathan displayed either antisocial or nonsocial behavior 53% of the time.

Social Behavior Observations: Using the Videotape

A Social Behavior observation videotape has been provided as part of the *ESP* kit to use in learning the observation codes. Use the videotape both to see examples of specific coding situations and to improve coding accuracy. This training videotape provides examples of each code category and practice vignettes. Use the vignettes and compare the time obtained on the stopwatch to the time recorded on the videotape. The scoring is computed at the end of each vignette. A computation of each vignette score for the videotape is contained in Appendix E. These examples will help in perfecting scoring.

The videotape training will allow observers to evaluate their accuracy. Rewind the videotape and review if necessary. The observer is expected to be at 80% accuracy when comparing times to those provided in the videotape. Use a partner when practicing observing and compare notes after each vignette on the videotape. It is recommended that each partner engage in some practice observations in a classroom or on a playground before using observations for making decisions. Partners should work together to reach the goal of agreeing with each other at least 80% of the time.

Social Behavior Observations: Interpretation

The observations for Stage Three of the *ESP* provide an independent verification and confirmation of the teacher rankings and ratings used in Stages One and Two. These observations of a child's behavior in free play settings can confirm or disconfirm teacher judgments made in Stages One and Two. As a general rule, children with internalizing characteristics will spend a large portion of their free play time engaged in solitary play. Children with externalizing characteristics may also spend a large portion of their free play time engaged in solitary play, but will also exhibit periods of overt negative social behavior (e.g., hitting, fighting, arguing, etc.). The normative comparison table below provides general criteria to use in determining if the target child observed is at risk, high risk, or extreme risk when compared to other children of his/her age in the norm sample. For a description of the *ESP* normative sample see Appendix D: Technical Adequacy.

Normative Comparison			
Boys			
	At Risk	High Risk	Extreme Risk
Antisocial/Nonsocial Behavior	40%-49%	50%-59%	60% or more
Girls			
	At Risk	High Risk	Extreme Risk
Antisocial/Nonsocial Behavior	37%-45%	46%-54%	55% or more

UTILIZATION OF *ESP* ASSESSMENT INFORMATION

Information collected using the *ESP* measures at Stages Two and Three can be used for several purposes. These include: (1) determining eligibility for special services, (2) intervention planning, and (3) monitoring progress and evaluating the outcomes of intervention. This section of the manual is divided into three parts that coincide with the potential uses cited above. It will provide some guidelines on how specific scores on each of the measures in *ESP* Stages Two and Three can be used to guide decisions on eligibility, planning, or evaluation.

It is important to remember that the *ESP* measures can be considered relative to the national norm sample. Each measure has a mean or average score and a standard deviation (measure of variability). The criterion that has been used in the *ESP* to determine at-risk status is the degree to which the score deviates from the norm or average. For example, if the score for a child is one standard deviation (SD) above (greater than) the mean, the child would be in the top 16% of the population relative to other children. This would indicate that the child scored in the “at risk” level (see table below).

Risk Status	Standard Deviation from the Average	Corresponding T-Score	% of Population	Corresponding Percentile Score
At Risk	1.0	60	16%	84th %ile
High Risk	1.5	65	7%	93rd %ile
Extreme Risk	2.0	70	2%	98th %ile

To explain further, if the mean score on the Aggressive Behavior Scale (Stage Two—Externalizers) is 14 and the standard deviation is 5, then a child’s score of 19 would be one SD above average and that child would be classified as “at risk” on this measure. This can also be converted to a T-score or standard score where the mean is 50 and standard deviation is 10. For this example, the T-score would be 60 (50 + 10). Using a normal curve distribution we know that one SD equals the top 16% of the population or the 84th percentile. Specific tables to help you convert a child’s raw score on each Stage Two and Stage Three measure (except the Parent Questionnaire) are contained in Appendix F: Mean, Standard Deviation, and Scaled Scores.

The form below can be used to organize the *ESP* assessment information.

Child's name: _____		Teacher/School: _____			
Stage One Ranking: (circle)	<i>Externalizer</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	
	<i>Internalizer</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	
CRITERIA FOR RISK STATUS					
<u>Scale</u>	<u>Raw Score</u>	<u>At Risk</u>	<u>High Risk</u>	<u>Extreme Risk</u>	<u>Comments</u>
Critical Events	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aggressive Behavior	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Interaction	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptive Behavior	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maladaptive Behavior	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optional					
Social Behavior Observations	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parent Questionnaire	<u>n/a</u>	Teacher/parent agreement: _____			

For a child who displays problem behaviors across settings, his/her scores will likely exceed the risk criteria across measures. In examining some children's scores, results can be mixed and therefore possibly confusing. For example, a child could exceed criteria on the Critical Events Index, but not on any of the other scales. In this case, the results would show that while there are probably several areas of concern (as noted on the Critical Events Index), the child's overall behavior is not sufficiently exceptional to warrant further assessment. If a child exceeds criteria on several (but not all) scales, the child may or may not be at risk. Children who exceed passing criteria on all or nearly all the *ESP* measures are very likely to be at risk.

Assessment and Eligibility

Typically, the first task in the provision of services is to ascertain the child's eligibility. That is, does a problem exist to such an extent that it requires intervention? With young children, P.L. 99-457 divides

eligibility categories by developmental domains. The present Individuals with Disabilities Education Act of 1990 (IDEA) definition for **Seriously Emotionally Disturbed** (SED) is generally ill suited for young children, yet many states have adopted at least a portion of the SED language in their definitions. SED is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance: (1) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (2) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (3) inappropriate types of behavior or feelings under normal circumstances; (4) a general pervasive mood of unhappiness or depression; or (5) a tendency to develop physical symptoms or fears associated with personal or school problems.

Specific scales and items in *ESP* Stages Two and Three can provide information to help meet the above eligibility requirements. A child's inability to build or maintain relationships, for example, is indicated by exceeding criteria (i.e., scores of at-risk or high-risk status) on the Aggressive, Social Interaction, Adaptive, and/or Maladaptive scales; that is, the child's behavior is discrepant from his/her peers' social (i.e., interpersonal) behavior. In regards to (3) inappropriate types of behavior or feelings under normal circumstances, (4) a general pervasive mood of unhappiness or depression, or (5) a tendency to develop physical symptoms or fears associated with personal or school problems, several items on the Critical Events Index (items 1, 3, 9, 11, and 15) can give individualized assessment information and might give an indication of meeting these SED eligibility areas.

In addition to the child's overall *ESP* Social Behavior Observation score, the observer's notes and impressions of the child's behavior can be utilized for eligibility decisions. The **quality** of the child's behavior is as important as its quantitative score or level. For example, there are considerable differences between a child who is engaged in negative physical behavior, such as fighting, and a child displaying solitary play. It is important to write down brief notes that describe the behavior that is being observed. These qualitative observations are important in order to augment comparisons with the normative criteria.

Once a child has passed through the *ESP* multiple-gating process, further assessment may be needed. The *ESP* should be used in conjunction with other assessment information (both quantitative and qualitative), including professional judgment. Even if the child exceeds normative criteria on the *ESP* measures, the child's behavior could be due to a variety of factors, such as activity levels, poor supervision, speech/language delays, parental divorce or stress, and cognitive delays. The *ESP* provides a broad range of information, yet the assessment should include other types of information, including professional (clinical) judgment. For these reasons, other assessment procedures, such as parent and teacher interviews, are highly recommended.

Additional rating/assessment tools for preschool children include the highly recommended *Child Behavior Checklist* (Achenbach, 1991) and *Social Skills Rating System* (Gresham & Elliot, 1990), which are both high quality published rating scales. The *Child Behavior Checklist (CBC)* has been extensively validated in numerous research studies. The *CBC* has both Broad- (externalizing and internalizing) and Narrow-Band (e.g., attention and somatic scales) factors. The *CBC* is extensive, but most of the questions are negative in valence, which might be problematic for building rapport with parents. The *Social Skills Rating System (SSRS)* was developed to assess social skills in preschoolers and includes some items concerning problem behaviors. The strengths of the *SSRS* are its link to intervention practices, assessment of social validity, and the positive valence of most of the items. The *SSRS* allows for social skills ratings from ages 3-18 by both parents and teachers.

As with most decisions, eligibility determinations should be made by a team of qualified professionals, including teachers, mental health specialists, and behavioral consultants. *ESP* information should be used as part of a professional's decision-making process which, includes an examination of possible medical issues, language problems, or cognitive delay.

Intervention Planning

When planning an individualized intervention for a child, the *ESP* can provide information for problem behavior reduction and social skills instruction. The overall scale scores can give you an indication of a child's strengths and needs. For example, if a child's scores exceed criteria on the Aggressive and Maladaptive scales, but not on the Adaptive scale, the intervention would probably target a reduction in problem behaviors prior to teaching social skills.

In addition to tabulating each student's score on Stage Two measures, the *ESP* user can obtain valuable information by looking carefully at individual items on these measures. The teacher's ratings on Stage Two measures provide behavioral content information on the nature of the specific deficits or excesses that are likely to be the causes behind the child being rated high on either the externalizing or internalizing dimension at Stage One.

A careful review of the specific items on these scales can be valuable in developing interventions or targeting specific behaviors that need further assessment. For example, the items checked on the Critical Events Index identify target behaviors that have serious implications for potential long-term adjustment problems. Todis, Severson, & Walker (1990) have referred to them as "behavioral earthquakes" because they involve low frequency but highly salient behavioral events that can indicate very serious adjustment problems. Positively checked items on the Critical Events Index should be examined carefully for their implications, and the children involved need to be evaluated for either referral or intervention.

The *ESP* Aggressive Behavior and Maladaptive Behavior scales can help identify specific problematic areas for an aggressive child. Since these behaviors are usually rated as the most disruptive by teachers, decreasing specific aggressive behaviors (e.g., hitting and biting) is very important for the health and safety of children and staff. The Social Interaction and Adaptive Behavior scales can also provide valuable information on the specific nature or content of identified behavioral deficits. These rating scales cover behaviors that are desired by teachers and peers and that support social-behavioral adjustment. With an analysis of these items, targeted interventions can be implemented to reduce the severity and frequency of repeated aggressive acts or to support prosocial behaviors.

Teacher and/or parent judgments should be used to prioritize, order, and select specific behaviors for intervention. First, select the items from rating measures that have been rated the most discrepant. For example, in Nathan's case study example (see sample scores: Adaptive page 22, Maladaptive page 24), Adaptive item 8 (positive initiations with peers) and Maladaptive item 5 (creates disturbance) were rated in the extreme. Second, have the teacher and/or parent prioritize the items by their importance. From this prioritized list, one can develop an intervention targeted at the most important target behaviors. For Nathan's teacher, he/she might want an intervention that first reduces the frequency of Nathan's disturbances, then incorporates a social skills training program to increase his positive initiations with peers.

Monitoring Progress and Evaluating Outcomes

Frequently, the school system will provide a vast amount of resources for eligibility assessment, but then does not bring the same resources to bear in monitoring progress. A child can receive a year's worth of intervention, but evaluation of its effectiveness may occur only at the end of the intervention. It is strongly recommended that ongoing monitoring of effectiveness occur *during* the intervention as well. In this way, individualized modifications can be made as required to better serve the child and his/her family.

Monitoring progress requires a repetition of some *ESP* assessment measures during the school year. It is recommended the entire *ESP* be administered in the fall of a new school year to screen for children needing services, and again in the spring to evaluate progress and to plan for transitions (e.g., entering kindergarten or grade one). Portions of the *ESP* can be used on a more frequent basis to evaluate intervention outcomes. For example, the Adaptive and Maladaptive scales are more global in nature and therefore are designed to reflect prevalent changes in the child's behavior. Since the scales have only nine or fewer items, both scales can be given without an excessive use of teacher time. In addition to teacher judgments, an objective measure of progress is the Social Behavior Observation system. The observations can be used to provide a direct indication of the child's interpersonal behavior in less structured settings. The measures can be performed periodically (e.g., weekly or monthly) to monitor

the child's antisocial and prosocial behavior. For a child identified with only internalizing behaviors, the Adaptive Scale and Social Behavior Observations would be sufficient to oversee change.

APPENDIX A: CASE STUDIES

Nathan D.—Case Study of an Externalizing Child

Nathan D. is a four year old at Lil' Tikes Preschool. He was nominated by his teacher as the top-ranked externalizing child in his classroom. His teacher reports that she spends more of her time with Nathan than with any of the other children; redirecting him away from potential conflicts with peers toward more prosocial activities is becoming increasingly difficult. Nathan has to be told directions over and over before he complies. His teacher reports that Nathan spends a lot of time playing appropriately alone, but she rarely sees Nathan play well with other children. His teacher has noticed that Nathan enjoys examining and disassembling mechanical objects (e.g., old appliances) and will spend a considerable amount of time (about 15 minutes) on a “project” that interests him.

Frequent fights during free play periods have created a dynamic where Nathan is rejected by his peers, which only exacerbates Nathan’s behavior problems. Many of the other children have told the teacher that they do not like to play with Nathan. For example, there have been occasions where due to Nathan’s history of negative interactions with others, Nathan merely brushing up against another child has resulted in that child crying. Nathan’s teacher has considered talking with his parents about a referral for evaluation for the presence of Attention Deficit Disorder.

In Stage Two, the teacher completed the Critical Events Index, Aggressive Behavior Scale, and Combined Frequency Indices (Adaptive and Maladaptive). On the Critical Events Index, items 2 (Steals) and 5 (Injures others) were checked by his teacher, giving him a raw score of two. His raw scores for the Aggressive Behavior Scale and the Adaptive and Maladaptive scales were 20, 20, and 23, respectively.

During an interview to complete the Parent Questionnaire and obtain permission for Stage Three observations, Nathan’s mother reported there did not seem to be any problems with Nathan at home. Nathan has been very disruptive at his after-school day care situation—so disruptive that his mother has decided it is easier to keep Nathan at home instead of sending him to day care. His mother thought that Nathan’s social problems might be due to his lack of experience with other children since he does not have any siblings. On the Parent Questionnaire, items 1 (Play with peers) and 11 (Steals) were checked “Sometimes.” Item 9 (Breaks toys) was checked as occurring “Frequently.”

Nathan was observed on two separate occasions over a two week period. The observations stretched over such a long period due to Nathan’s frequent absences from school. His teacher said that Nathan’s mother has had some difficulty with getting him to preschool because he refuses to get dressed in the morning. Nathan’s average Social Behavior level during free play was 53%. Nathan was referred to the regional Child Study Team for further evaluation and intervention.

Results of the Child Study Team evaluation process clearly showed that Nathan was at risk for the development of an antisocial behavior pattern. It was the judgment of the team that (1) Nathan's school success and development would be seriously impaired by this behavior pattern and (2) immediate intervention was warranted to address his problems. Nathan needs to learn school readiness skills, in which he is severely deficient, and prosocial skills for getting along with his peers. Despite his mother's comments, it seems clear that Nathan is very difficult for her to manage at home. A school-home intervention program was designed for Nathan to improve his overall adjustment.

A preschool social skills program called *First Steps* (see Appendix G: First Steps) was identified that directly teaches school readiness skills (e.g., cooperating, handling anger, listening, paying attention, responding to adult instructions, and so forth) as well as skills for making friends and getting along with others. Nathan's mother was informed of the program and invited to participate in it both as a preschool volunteer teacher (which she declined) and as a home partner in the program (which she accepted). Nathan's teacher and aide assumed responsibility for implementing the program on a daily basis and communicating with Nathan's mother about his progress and what she could do at home to help out.

Nathan and a small group of his peers were selected to receive social skills training on a daily basis. One skill was targeted each day as the focus of the training, which lasted about 20 minutes. The small group consisted of boys and girls who were either (1) also in need of social skills training or (2) did not have specific adjustment problems. The membership of the small group was rotated from time to time to increase exposure of Nathan's preschool class to the training. On the playground, special helpers were selected each day to play with Nathan, introduce him to others, and monitor his behavior. Other school staff who might supervise free play were also alerted to the program.

If Nathan did well on the playground and his behavior was acceptable during activities in the classroom, he earned a good day card which he took home and exchanged for praise and home privileges arranged by his mother. If he earned three good day cards during the week, he and his classmates received a special activity reward on Fridays. Nathan also earned a bonus for himself for each additional good day card earned during the week.

This program took a while to engage Nathan but after several weeks he began to respond very well. He also began to receive an ample amount of encouragement and attention for his appropriate behavior. His peers were much more positive in their contacts with him. The teacher, aide, and Nathan's mother all reported that they could see substantial improvement in his overall behavior. Also, Nathan seemed very pleased with himself and enjoyed all the attention he was receiving for doing so well. The program was continued for several months until all the skills in the program were covered. Small segments of the overall program (adult praise, frequent monitoring and debriefing, and occasional home and school rewards) were kept in effect to preserve Nathan's gains for the remainder of the school year.

Maria S.—Case Study of an Internalizing Child

Maria S. is a five year old at Greenhill Preschool. She was nominated by her teacher as the top-ranked internalizing child in her classroom. Maria is a quiet, cooperative girl who, in her teacher's words, seems to "blend into the woodwork." At the beginning of the school year, Maria would cry when her parents left her at preschool. Her crying continued for the first three weeks. Until the *ESP* screening, Maria's teacher did not think her behavior should be of much concern. However, after reflecting on the other children in the class, the teacher realized that Maria's social development could be lagging substantially behind her peers. The teacher expressed concern about Maria because she does not interact with either the staff or her classmates very often. For example, during "Learning Game," where the children answer questions posed by the teacher, Maria has yet to answer any question this year. In addition, Maria has been in the classroom for over six months and still does not have any consistent play partners.

Maria's teacher checked several items on the Critical Events Index: 1 (Shyness), 3 (Appears sad), and 9 (Restricted activity). On the Social Interaction Scale, her score was 25. For the Combined Frequency Indices, Maria's raw scores were 19 for Adaptive and 12 for Maladaptive.

Maria's mother said that Maria is very creative and spends much of her time playing with dolls in her room. Her mother also said that she has been concerned that Maria does not seem to have any friends, but hoped that Maria would "grow out of it." On the Parent Questionnaire, item 1 (Play with peers) was checked "Never" and items 8 (Suddenly cry) and 10 (Wet/soil self) were checked "Sometimes." During a follow up to the questionnaire, her mother said that she sometimes finds Maria upset over small frustrations (e.g., opening a jar of jelly). Her mother estimates that Maria wets her bed during the night about two times per week; her mother was considering talking to a physician about it.

Maria was observed on four separate occasions over a four day period. Maria's average Social Behavior was 30%. The observer made a note that Maria's Social Behavior score during free play was exclusively due to solitary play. Maria was referred to the Greenhill District Child Study Team for further evaluation and intervention.

The Child Study Team (CST) evaluation process did not indicate that Maria suffered from a disabling condition that would make her eligible for certification under the Individuals with Disabilities Education Act (IDEA). Thus, access to reimbursed, specialized services or placements was not an option for Maria. However, the team members strongly recommended that Maria needed training in assertion skills and that her social development would suffer unless she increased her rate of contact with peers. Maria's kindergarten teacher, the school psychologist who chaired the CST evaluation process, and the school counselor scheduled a meeting to discuss Maria's problems and their concerns with her parents.

The results of both the *ESP* assessments and the CST evaluation process were discussed with Maria's parents. They shared the concerns of school officials about the possible impact of her behavior pattern on her future development and were eager to help. The school personnel explained the *PEERS* Program (see page 54) for socially withdrawn children and showed the parents a brief video presentation that gave an overview of the program. The components of this program include: (1) social skills training with peer helpers modeling how to initiate, continue, and maintain social contacts with others, (2) instruction and coaching in how to be cooperative and positive with peers, (3) monitoring of the target child's frequency of social contacts with peers during free play, (4) use of a joint task procedure in the classroom where the target child gets to work on a brief academic activity each day with a different peer, and (5) daily group activity rewards provided at the end of each recess if the reward goal is met.

Maria's parents gave their approval for her to participate in the program, but did express concern that she not be too heavily pressured by her peers to succeed in the program. Maria's parents were assured that this would be monitored carefully and that it could be a program-related risk for some very withdrawn children. They agreed to debrief daily with Maria each day at home about how she was doing in the program.

Maria was gradually exposed to the *PEERS* Program after it was explained to her and she had a chance to talk it over with her parents. Her peers were eager to volunteer as special helpers during the social skills training and on the playground. The joint task daily activity seemed to prime future social contacts with peers that played out during academic activities as well as free play periods. During the first week of the program, Maria earned the daily group reward for four of the five days. It took her a while to adjust to all the new peer attention she was receiving.

Eventually, Maria and several of her peers developed close friendships that lasted the rest of the school year. After the program formally ended, Maria's peers were much more likely to initiate social contacts with her and to include Maria in organized play activities in the classroom and on the playground. Maria's parents were especially pleased with the program's results and could not believe how much more energy and vitality she seemed to have. The school counselor followed up with Maria's first grade teacher and made sure that Maria's progress continued into grade school. Maria made this transition with only minor adjustment problems.

APPENDIX B: OBSERVATION QUIZ

Social Behavior Quiz

Instructions: For each example, decide if the behavior is an example of Prosocial (P) or Antisocial/ Nonsocial (A/N) behavior categories. Examples of positive and negative verbal, physical, and nonverbal interactive behaviors are given below. Compare answers with those given at the end of the quiz. In order to code a child's social behavior effectively one will need to be able to identify each of these items with 100% accuracy. Reread the appropriate section(s) of the text if errors occur.

1. _____ A group of children and the target child are all wrestling on the grass. They are laughing, but no intelligible words are heard.
2. _____ The target child is racing with another child across the playground, yelling, "Watch out for the hot lava!"
3. _____ A child takes a toy from the target child. The target child takes a toy from another child, says, "It's mine!" and pushes the other child away.
4. _____ The target child is bouncing a ball, while all of his/her classmates are on the other side of the playground (20 feet away) playing on the swings.
5. _____ The class has just gone out for recess and a group of children (including the target child) are talking about what to play.
6. _____ The child throws a friend's mittens to him/her, saying, "Here, catch!"
7. _____ The child trips a peer.
8. _____ Grabbing his friend's coat sleeve, the child says, "Come on, let's race to the fence!"
9. _____ The target child holds a peer down on the pavement while the peer struggles to get free.
10. _____ A group of children, including the target child, are riding on a large playground merry-go-round, looking at each other, laughing and screaming.
11. _____ The target child is looking at some other children from across the room.
12. _____ The target child keeps whispering in a peer's ear after the peer has angrily asked him/her not to.
13. _____ While playing cowboys and Indians, the child sits on the back of a peer who is pretending to be the horse.
14. _____ "Give me that!" the child says, and grabs a toy from a peer.
15. _____ "I don't want to play this game anymore," the target child calmly explains to a peer.
16. _____ The target child persists in stepping on a peer's heels while standing in line at the slide.
17. _____ The target child playfully and repeatedly pokes at a peer's stomach; both children laugh after each poke.
18. _____ The peer in the poking game above asks the target child to stop, but he/she continues to poke and the peer starts to cry.

Social Behavior Quiz—Answers

Instructions: For each example, decide if the behavior is an example of Prosocial (P) or Antisocial/Nonsocial (A/N) behavior categories. Examples of positive and negative verbal, physical, and nonverbal interactive behaviors are given below. Compare answers with those given at the end of the quiz. In order to code a child's social behavior effectively one will need to be able to identify each of these items with 100% accuracy. Reread the appropriate section(s) of the text if errors occur.

1. _____ A group of children and the target child are all wrestling on the grass. They are laughing, but no intelligible words are heard.
2. _____ The target child is racing with another child across the playground, yelling, "Watch out for the hot lava!"
3. / A child takes a toy from the target child. The target child takes a toy from another child, says, "It's mine!" and pushes the other child away.
4. / The target child is bouncing a ball, while all of his/her classmates are on the other side of the playground (20 feet away) playing on the swings.
5. _____ The class has just gone out for recess and a group of children (including the target child) are talking about what to play.
6. _____ The child throws a friend's mittens to him/her, saying, "Here, catch!"
7. / The child trips a peer.
8. _____ Grabbing his friend's coat sleeve, the child says, "Come on, let's race to the fence!"
9. / The target child holds a peer down on the pavement while the peer struggles to get free.
10. _____ A group of children, including the target child, are riding on a large playground merry-go-round, looking at each other, laughing and screaming.
11. / The target child is looking at some other children from across the room.
12. / The target child keeps whispering in a peer's ear after the peer has angrily asked him/her not to.
13. _____ While playing cowboys and Indians, the child sits on the back of a peer who is pretending to be the horse.
14. / "Give me that!" the child says, and grabs a toy from a peer.
15. _____ "I don't want to play this game anymore," the target child calmly explains to a peer.
16. / The target child persists in stepping on a peer's heels while standing in line at the slide.
17. _____ The target child playfully and repeatedly pokes at a peer's stomach; both children laugh after each poke.
18. / The peer in the poking game above asks the target child to stop, but he/she continues to poke and the peer starts to cry.

APPENDIX C: SAMPLE FORM LETTERS FOR OBTAINING PARENTAL CONSENT

Sample Information Letter for *ESP* Stages One and Two

Dear Parent,

We are writing to inform you that our school is conducting a school-wide screening. Our preschool is using a screening measure to help teachers to identify children who exhibit either aggressive or withdrawn behavior and who may benefit from extra services at school. This screening is similar to a vision or hearing screening in that we will be evaluating all children and will inform you if we think there is reason for concern.

The screening procedures involve teacher ranking and rating of the entire classroom. There will be no direct contact with your child at any point. The teachers will complete forms from the *Early Screening Project (ESP)*, which is a nationally standardized screening procedure for preschool children. These forms are used to assist the teacher in ranking children on two behavioral descriptions. All the children in the preschool will be in the screening, and your child has not been singled out in any way. If you would like to know the results of the screening, please feel free to contact your child's teacher.

If you do not want your child included in the screening, simply call your child's teacher during school hours. No changes in your son or daughter's education will occur as a result of your decision not to participate.

If you would like more information on this project or simply want to discuss any questions or concerns you might have, please contact us at _____ preschool.

Thank you for your time and cooperation.

Sincerely,

Preschool Director

Sample Consent Letter for Social Behavior Observations

Dear Parent,

As you know, we recently conducted a school-wide screening at _____ preschool. The screening was designed to help teachers identify children who exhibited either aggressive or withdrawn behavior and who might benefit from extra services at the school. Your child has been identified by his/her teacher as a child in need of further screening. In order to continue the screening, we are asking for your permission to observe your child's behavior. We would like to observe your child on two occasions for ten minutes each. There will be no direct contact with your child at any point in these observations. The classroom observations will be done by school personnel who have extensive training in working with children. We are also asking you to complete the brief questionnaire that is enclosed. We need your opinions to help us better understand your child.

Your continued participation in this screening is completely voluntary, and consent for participation can be withdrawn at any time without penalty. No changes in your son's or daughter's education will occur as a result of your decision not to participate.

If you would like more information on the screening observation in order to make your decision or simply want to discuss any concerns you might have, please contact _____ at _____. It will be helpful to know as soon as possible whether you will consent to having your child observed. Please keep this letter for your personal records, then indicate your decision on the attached form and return it to the school as soon as possible.

Thank you for your time and cooperation.

Sincerely,

Preschool Director



Permission Slip for Screening

_____ YES I have read the attached description of the screening involving preschool children and grant permission for school personnel to observe my son/daughter in the classroom. I understand that I can see the results of this observation when it is completed.

_____ NO I do not want my child to participate.

Name of Parent: _____ Name of Child: _____

Parent Signature: _____ Date: _____

APPENDIX D: TECHNICAL ADEQUACY AND NORMATIVE SAMPLE

History and Development of *ESP*

Hill Walker and Herb Severson developed the *Systematic Screening for Behavior Disorders (SSBD)* procedure for use with elementary-age children (K-6 grades) based upon empirical findings that behavior disorder characteristics are divided into “externalizing” (aggressive, hyperactive, noncompliant, antisocial, etc.) and “internalizing” (shy, phobic, depressed, anxious, isolated from peers, etc.) dimensions or behavioral patterns. Walker and Severson began their first trial testing of the *SSBD* in the early 1980s and conducted extensive research on the system before its publication in 1990 (Walker & Severson, 1990).

The *SSBD* is a multiple-gating, three-stage screening system for identifying children who display externalizing or internalizing behavior profiles that put them at risk for failure in academic and/or social domains. The *SSBD* system involves ranking children at Stage One on these two behavioral dimensions and completing rating scales at Stage Two on the highly ranked children. Children exceeding normative criteria at Stage Two are observed in classroom and playground settings in order to independently confirm or disconfirm teacher judgment. The *SSBD* system has been widely adopted as a proactive school-wide screening procedure to identify at-risk children. Research has shown the instrument to have excellent discriminative capability. Overall the *SSBD*’s percentage of false positives is very small, reported at 0% and .5% for externalizing and internalizing criteria respectively (Walker & Severson, 1990).

Since introduction of the *SSBD*, there has been considerable interest by other researchers in using the system with preschool children. Eisert, Walker, Severson, and Block (1989) confirmed that the *SSBD* could be successfully adapted for preschool use. The primary adaptation made was to alter the Stage Three classroom observation procedure. Eisert et al. found the Peer Social Behavior observations were able to discriminate reliably among preschool groups of Externalizers, Internalizers, and control children. Sinclair, Del’Homme, and Gonzalez (1993) also reported a pilot study using the *SSBD* with preschool children. Sinclair et al. used the *SSBD* intact except that (1) in Stage One, the teachers were asked to nominate and rank only seven Externalizers and seven Internalizers (out of classes of 15) rather than ten of each, (2) the direct observation of Academic Engaged Time was eliminated, and (3) the direct observation of Peer Social Behavior during free play in the classroom and on the playground was doubled to four ten-minute sessions. The three top-ranked Externalizers and Internalizers were followed up with Stage Two rating scales and Stage Three observations. While their results were en-

couraging, they found that changes were needed to make the *SSBD* more appropriate for the preschool population. For example, the cutoff criteria for defining problem children needed adjustment to take into account the developmental status of younger versus older children (e.g., younger children engage in more parallel and solitary forms of play).

In 1990 Edward Feil, working with the *SSBD* authors Walker and Severson, began to modify the *SSBD* to make it appropriate for younger children. From 1990 to 1994, this research was supported in part through grants from (1) the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Research in Education of the Handicapped Program: Student Initiated and Field-Initiated Research, and (2) the U.S. Department of Health and Human Services, Administration for Children and Families: Head Start Research Fellows Program. This research resulted in publication of Edward Feil's dissertation research (Feil, 1994; Feil & Becker, 1993). In revising the original elementary-based *SSBD* for use with preschoolers, the authors found it necessary to consider changing some of the *SSBD* procedures. For example, at Stage One in the *ESP*, preschool teachers nominate and rank only five Externalizers and five Internalizers (per classroom), due to the generally smaller number of children in preschool classrooms.

Since most preschool children will exhibit some problem behaviors at one time or another (Campbell, 1990; Paget, 1990), the frequency and intensity of the behaviors were most likely the important discriminative features. The Stage Two *SSBD* behavior checklist measures were substantially modified to make them appropriate for ratings of preschool-level children. Approximately half of the occurrence/non-occurrence items on the Critical Events Index were changed to a five-point Likert scale to allow for a better report on frequency and/or intensity of behavior problems. Also, items regarding academics were omitted due to their inapplicability to preschool activities, and wordings were changed to make the items more appropriate to preschool children. Items specifically referring to aggressive acting-out behavior were put together into a new scale entitled "Aggressive Behavior Scale." Consequently, nine occurrence/nonoccurrence items of the *SSBD* were converted to frequency ratings and used for Externalizers only. The Critical Events Index contains 16 occurrence/nonoccurrence items, and the Aggressive Behavior Scale consists of nine five-point Likert response scales that are sensitive to both frequency and intensity dimensions.

In order to better distinguish children with internalizing behavior problems—who are generally more difficult to identify accurately—the *ESP* authors used the *Social Interaction Rating Scale* (Hops, Walker, & Greenwood, 1988) for children who were highly ranked as Internalizers. This scale uses eight seven-point Likert-type scale behavioral items that (1) correlated with observational measures of social interaction and (2) discriminated between appropriate referrals and normal peers. A score of 28 or less successfully discriminated between referred children and their typical nonreferred classmates, with 90% correct classification.

Stage Three behavioral observations used in the *ESP* employ a modified Social Behavior code. As recommended by Sinclair et al. (1993) and Eisert et al. (1989), observations of Academic Engaged Time were omitted. The Social Behavior observations were further modified to develop greater ease of use while maintaining accuracy in identifying at-risk preschool children. The *ESP* observation procedure was changed from an *interval* to a *duration* recording method when a highly significant correlation of .96 between the two types of recording systems showed that they provided generally equivalent information. The duration method of recording both antisocial and nonsocial behavior allows the observer to track both externalizing (antisocial) and internalizing (nonsocial) forms of behavior patterns using a single observation criterion. In addition, the observer is able to make important qualitative notes about the nature of the behavior being observed while using the Social Behavior Observation method. The duration recording procedures are also easier to implement as they do not require the observation to categorize behavior every 10-second interval.

The adaptation of the *SSBD* procedure for use with preschools has resulted in the current *ESP*. The *ESP* system maintains multiple levels of screening, and its greatest strength is the multiple-gating procedure itself. The *ESP* system uses teachers' expertise to rate children and provides the teacher with a basis for projecting objective judgments through formal rating procedures at Stage Two, and independent confirmation of the child's behavior through the use of direct observations at Stage Three.

Normative Sample

The *ESP* normative sample consisted of 2,853 children, aged three to six years old, who were enrolled in typical and specialized programs from 1991 to 1994. The subjects were from preschool and kindergarten classrooms in the following states (the number corresponds to participating subjects): California (517), Kentucky (687), Louisiana (386), Nebraska (65), New Hampshire (25), Oregon (220), Texas (612), and Utah (341). The specialized preschools included programs for children identified as having serious emotional/behavioral disorders, having developmental and language delays, and living in families with low incomes (Head Start). The sample consisted of 46% females and 54% males with most of the children not eligible for Special Education services (78%). Of those who did qualify for Special Education services, 2% were eligible under the behavioral disorder category, 14% under developmental or language delay, and 6% under other categories (e.g., at risk and other health impaired). Sixty-nine percent of the children were White (as reported by their teachers), with 16%, 12%, and 3% reported as Hispanic, Black, and Native American or Asian, respectively. Family income (as reported by teachers) was 39% "middle" income (\$15,000 - \$75,000/year); yet a substantial portion of families (58%) were reported to be "low" income (less than \$15,000/year or Head Start eligible). Of the 1,304 families with low incomes, 974 had children enrolled in Head Start. Community size was 10% urban (over 1 million), 6% semi-urban (between 250,000 and 1 million), 21% suburban, and 63% rural (less than 100,000).

Table 1
Number and Age of Children in the *ESP* Normative Sample

Age	Stage One Teacher Ranking	Stage Two Teacher Rating	Stage Three Direct Observations
Not reported	140	61	5
3 years old	260	137	61
4 years old	1,463	721	278
5 years old	915	448	179
6 years old	75	34	18
Total	2,853	1,401	541

Since the *ESP* uses a gating procedure and a comparison group, a decreasing number of children participated from Stages One to Stage Three. Of the 2,853 children beginning in Stage One, 1,401 (49%) moved to Stage Two and 541 (19%) were assessed in Stage Three using direct observations. The research reported in Table 1 uses data from the *ESP* and concurrent measures collected over a three-year period (from September 1991 through June 1994). This research was conducted as a program involving separate but related studies. The division of subjects into studies was based on the location of the subjects' home, time of data collection, and data collection procedures. The purpose of the *ESP*'s different studies was to replicate and extend findings on the reliability and validity of the instrument.

Reliability

Interrater Reliability

Pearson correlations and Kappa coefficients between raters (i.e., teacher/assistant teacher pairs) for Stage One, Stage Two, and the concurrent measures (i.e., Preschool Behavior Questionnaire and Connors Teacher Rating Scale when applicable) were completed to obtain interrater reliability coefficients. A cross-tabulation table was constructed in Stage One, considering only whether a child was nominated to be among the three highest ranked Externalizers and Internalizers by the teacher and assistant teacher. Kappa coefficients were computed between the teachers and assistant teachers and resulted in coefficients ranging from .42 to .70. These coefficients show that Stage One has adequate reliability for screening purposes. In Stage Two, comparing the teachers' and assistant teachers' scale scores resulted in highly significant reliability coefficients ranging from .48 to .79, with a median coefficient of .71. These coefficients are equal to those of the Preschool Behavior Questionnaire (Behar &

Stringfield, 1974) and Conners Teacher Rating Scale (1989), two published measures used for the identification of preschool behavior problems (e.g., Attention Deficit-Hyperactivity Disorder and Oppositional Defiant Disorder).

The observational interrater reliability coefficients were calculated from a random sample of 20% of the observations. Interrater reliability was derived by dividing the smaller score by the larger score. In two research studies, this provided a proportion indicator of rater differences weighted for length of observation and resulted in coefficients of .87 and .88, which is within acceptable limits for a screening device of this type (Salvia and Ysseldyke, 1988).

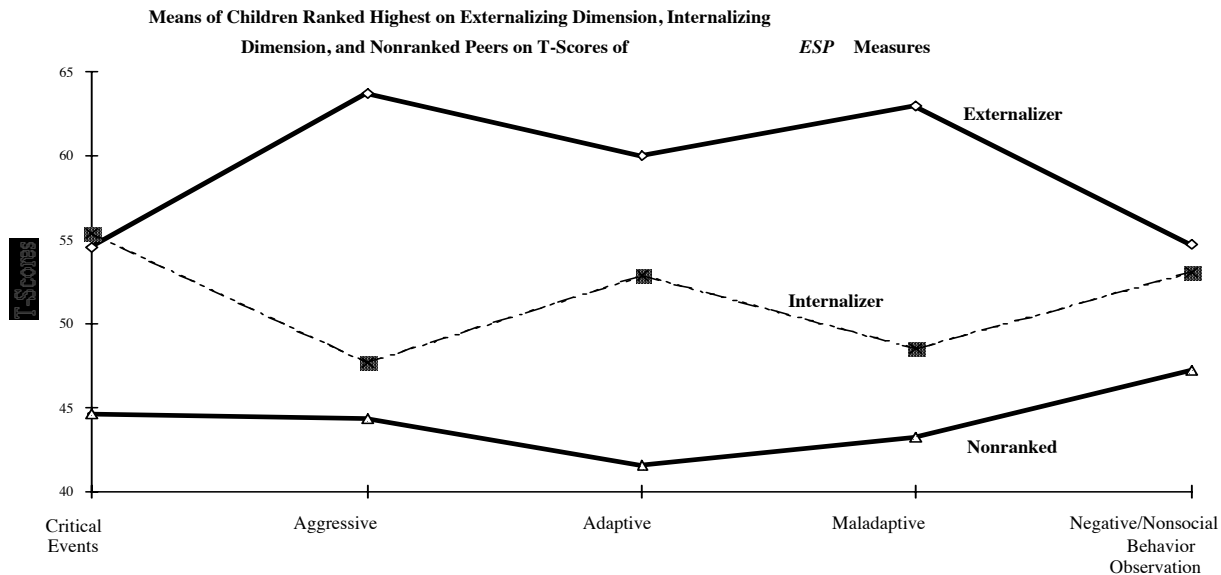
Test-Retest Reliability

For test-retest reliability, teachers and assistant teachers were asked to rank order and rate the children again in the spring after a six-month interim period. In Stage One, considering only whether a child was nominated to be in the three highest ranked Externalizer and Internalizer groups in each classroom by the teacher and assistant teacher, a cross-tabulation table was constructed to examine stability over time. Kappa coefficients were computed between the teachers and assistant teachers and resulted in coefficients of .59 for Externalizers and .25 for Internalizers. These coefficients show a drop, but this is to be expected with a six-month period in between data collection periods. Classroom fall and spring scores on the Critical Events, Adaptive, and Maladaptive scales were compared and resulted in highly significant correlations ranging between .75 and .91, with a median correlation of .77. Correlations of classroom fall and spring scores on the two concurrent measures in this study (i.e., Preschool Behavior Questionnaire and Conners scales) resulted in highly significant coefficients ranging between .61 and .79, with a median correlation of .72.

One study assessed the *ESP* measures as compared to a concurrent measure (i.e., Conners scale) over a one-year, test-retest reliability period. Pearson correlation coefficients of the *ESP* Stage Two measures were generally greater than the Conners' stability coefficients. With the exception of the Critical Events Scale, all the Stage Two measures' correlation coefficients were: (1) highly significant ($p < .001$) and (2) greater than the Conners' coefficients. Although the attrition rate was high (from 121 to 26 subjects) and therefore makes these results inconclusive, the representativeness of the study's subjects and the Stage Two measures' strong validity coefficients are encouraging after a time span of over one year (November 1991 - February 1993). These results are above expectations for coefficients over a one-year time span (Elliot, Busse, & Gresham, 1993).

Consistency Across Measures

The consistency across measures was examined by comparing the standard T-scores ($M=50$, $SD=10$) of the children ranked highest on Stage One Externalizer and Internalizer dimensions, respectively, and children ranked as average (Nonranked) who served as a control comparison across *ESP* and concurrent measures. In Figure 1, these groups were discriminated on all measures used, and most clearly differentiated on the Aggressive and Adaptive-Maladaptive scales. Both the Externalizer and Internalizer groups had relatively equivalent scores on the Critical Events Index and Social Behavior Observation.



Validity

Content Validity

Content validity is the degree to which a measure is representative of the domain of interest (Elliot et al., 1993). In this case, content validity refers to externalizing and internalizing behavioral dimensions. Content validity was inferred from three data sources: empirical findings from past studies, the judgments of a panel of experts, and preschool teacher feedback. In the formulation phase of this research (from October 1990 to June 1991), all the above sources were consulted. The literature search was completed in Fall 1991 and is represented in the item selection and adaptations of the *ESP* instruments. A draft of the *ESP* was presented to a panel of experts during Fall 1990. The few changes suggested

were minor and were implemented before any data were collected. A pilot study was conducted in Spring 1991 in one preschool classroom of nine children and two teachers. After completion of the Stage Two behavior questionnaires, these teachers did not have any objections to any of the items on the *ESP*.

Concurrent Validity

The concurrent validity of *ESP* measures was examined through correlations with the Behar and Conners. These data showed very good overall concurrent validity, with significant correlations ranging from .19 to .95, and a median and mode of .69 and .80, respectively. The Aggressive Behavior Scale and the Adaptive and Maladaptive scales also showed substantial concurrent validity. Consistent with past findings, the observational data have lower correlations than the teacher rating scale data. All the *ESP* scales were statistically significant on at least two of the three concurrent scales.

Further concurrent validity of the *ESP* was examined by comparing the Stage Two behavior questionnaire with Stage Three observational measures using Pearson's correlations. Most of the correlation coefficients were significant, ranging from .23 to .35. Since these data are from a different source (i.e., observational measures versus teacher ratings), the low correlations (*r*) for these measures is expected (Elliot, Busse, & Gresham, 1993; Schaughency & Rothlind, 1991).

Discriminative Validity

Discriminant function analysis, using the general linear model, estimates the accuracy of a set of dependent measures in predicting a priori groupings. The a priori groups are teacher recommendation of Behavior Disorders (BD) eligibility status (i.e., whether the teacher listed the child for further evaluation for BD status), and the dependent measures are the *ESP*. A discriminant analysis provides a measure of the accuracy of the *ESP* with specificity and sensitivity coefficients. Specificity and sensitivity are important criteria when choosing an assessment method (Elliot et al., 1993). Sensitivity is the percentage of true positives, and specificity is the percentage of true negatives (Schaughency & Rothlind, 1991).

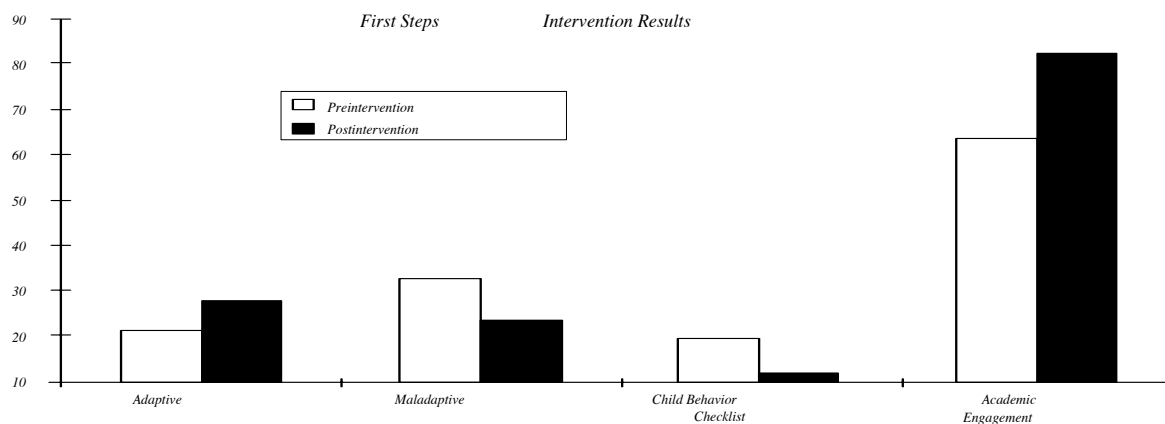
The discriminant classification resulted in sensitivity and specificity rates ranging from 62% to 100% and 94% to 100%, respectively. This shows that the *ESP* has a low false diagnosis rate. An overall MANOVA test of the group means for the *ESP* measures on the combined samples found a highly significant difference ($F=24.67$, $df=7,203$, $p<.001$) between those students identified by teachers and those who were not identified. The discriminant function and MANOVA test indicate that the *ESP* is an accurate measure for predicting BD behaviors in preschoolers.

The discriminant function results show that the *ESP* has a very low chance of over-identifying children with behavior problems. Usually it would be desirable for a screening instrument to slightly over-identify potentially at-risk children since later assessment could separate the false-positives from the true-positives group. Since the issue of labeling young children with behavior disorders can be fraught with personal feelings of stigmatization, the *ESP*'s small chance of obtaining a false-positive outcome is an asset. That is, practitioners can be confident that a child who is identified with the *ESP* is actually different from his/her peers.

Treatment Utility

Treatment utility is the degree to which assessment activities are shown to contribute to beneficial intervention outcomes (Hayes, Nelson, & Jarrett, 1987). To assess the *ESP*'s utility for intervention, it was used as part of an intervention study called *First Steps* (see Appendix G: First Steps). *First Steps* is a school enhancement program for kindergartners and their parents that targets three areas that are very important for every child's school success: (1) getting along with teachers, (2) getting along with peers, and (3) doing school work. Trained consultants provided a behavior intervention plan for 25 at-risk children identified by the *ESP* with problematic aggressive and externalizing behaviors. As shown on Table 2, teacher ratings of the children's behavior improved after the intervention. Adaptive scores and percent of Academic Engagement increased, while Maladaptive and Child Behavior Checklist (Achenbach & Edelbrock, 1986) scores decreased, from preintervention to postintervention. These results indicate that the *ESP* can be used as an effective monitor of intervention effects as well as a streamlined identification procedure.

Table 2



Summary of *ESP* Technical Adequacy

This line of *ESP* research, as described in this appendix, consists of a series of studies designed to evaluate the psychometric properties of the *ESP*. The results from these studies show that the *ESP* can be used with diverse groups of preschool children, the results can be interpreted with confidence, and the instruments meet criteria for technical adequacy.

As noted earlier, correlations between Stage Two teacher measures and Stage Three observational measures are low, but this is to be expected (Cairns & Green, 1979; Schaughency & Rothlind, 1991). Observational measures record child behavior directly with less bias and filtering of information. However, observational measures are very sensitive to ecological variables, such as situation-dependent interactions and physical settings. Both ratings and observational measures are important to develop an understanding of the child within the preschool context. Ratings appear to be more effective predictors of individual differences, and observations appear to be more effective in the analysis of interactional regulation and development (Cairns & Green, 1979). Both kinds of data and analyses are important to understanding behavior problems with their socially dependent basis. In sum, the *ESP* has excellent psychometric characteristics and procedures that justify its use for its intended purposes. The *ESP* meets current standards for Special Education best practices in student decision making.

The *ESP* conforms to developmental standards for procedural integrity among preschool-age populations (Bredekamp, 1987). The *ESP* assesses preschool-age children's social and emotional behavior with multi-methodological techniques and with an emphasis on teacher judgments (Stages One and Two). Developmental differences between preschool and school-age children have been accounted for in developing the *ESP*. Finally, the technical adequacy of the *ESP* rating scales demonstrate that teachers have a wealth of normative information regarding children's development and competencies across differing domains.

The *ESP* procedures take advantage of teachers' extensive normative knowledge base using cost-effective and systematic screening procedures. In addition to normative teacher ratings, the *ESP* includes direct observations of the child's behavior in the context of peer interactions. The information gained in these assessments can be used to plan interventions, identify children with special needs, communicate with parents, and evaluate program effectiveness.

APPENDIX E: SOCIAL BEHAVIOR OBSERVATION VIDEO PRACTICE SCORES

Scene One

TOTAL TIME: 0:25

0 minutes X 60 = 0 + 25 seconds = 25 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:04

0 minutes X 60 = 0 + 4 seconds = 4 seconds

$4 / 25 = 0.16$ or 16% engaged

SCENE SCORE = 16%

Scene Two

TOTAL TIME: 0:32

0 minutes X 60 = 0 + 32 seconds = 32 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:08

0 minutes X 60 = 0 + 8 seconds = 8 seconds

$8 / 32 = 0.25$ or 25% engaged

SCENE SCORE = 25%

Scene Three

TOTAL TIME: 0:44

0 minutes X 60 = 0 + 44 seconds = 44 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:38

0 minutes X 60 = 0 + 38 seconds = 38 seconds

$38 / 44 = 0.86$ or 86% engaged

SCENE SCORE = 86%

Scene Four

TOTAL TIME: 0:32

0 minutes X 60 = 0 + 32 seconds = 32 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:25

0 minutes X 60 = 0 + 25 seconds = 25 seconds

$25 / 32 = 0.78$ or 78% engaged

SCENE SCORE = 78%

Scene Five

TOTAL TIME: 0:07

0 minutes X 60 = 0 + 07 seconds = 7 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:00

0 minutes X 60 = 0 + 0 seconds = 0 seconds

$0 / 7 = 0$ or 0% engaged

SCENE SCORE = 0%

Scene Six

TOTAL TIME: 0:25

0 minutes X 60 = 0 + 25 seconds = 25 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:02

0 minutes X 60 = 0 + 2 seconds = 2 seconds

$2 / 25 = .08$ or 8% engaged

SCENE SCORE = 8%

Scene Seven

TOTAL TIME: 0:54

0 minutes X 60 = 0 + 54 seconds = 54 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:39

0 minutes X 60 = 0 + 39 seconds = 39 seconds

$39 / 54 = 72$ or 72% engaged

SCENE SCORE = 72%

Scene Eight

TOTAL TIME: 1:29

1 minutes X 60 = 60 + 29 seconds = 89 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:48

0 minutes X 60 = 0 + 48 seconds = 48 seconds

$48 / 89 = .54$ or 54% engaged

SCENE SCORE = 54%

Scene Nine

TOTAL TIME: 0:32

1 minutes X 60 = 0 + 32 seconds = 32 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:23

0 minutes X 60 = 0 + 23 seconds = 23 seconds

$23 / 32 = .72$ or 72% engaged

SCENE SCORE = 72%

Scene Ten

TOTAL TIME: 1:09

1 minutes X 60 = 60 + 9 seconds = 69 seconds

ANTISOCIAL / NONSOCIAL ENGAGED TIME: 0:20

0 minutes X 60 = 0 + 20 seconds = 20 seconds

$20 / 69 = .29$ or 29% engaged

SCENE SCORE = 29%

APPENDIX F: MEAN, STANDARD DEVIATION, AND SCALED SCORES

Critical Events Index

Boys Raw Score	Girls Raw Score	T - Score	Standard Deviation	Percentile Rank
0	0	50	0	50th %ile
1	1	55	0.5	69th %ile
2	2	60	1	84th %ile
3	3	65	1.5	93rd %ile
4	4	70	2	98th %ile
5	5	75	2.5	99th %ile
6	6	80	3	99th %ile

Aggressive Behavior Scale

Boys Raw Score	Girls Raw Score	T - Score	Standard Deviation	Percentile Rank
11	10	50	0	50th %ile
13	12	55	0.5	69th %ile
15	14	60	1	84th %ile
17	15	65	1.5	93rd %ile
19	16	70	2	98th %ile
20	17	75	2.5	99th %ile
21	18	80	3	99th %ile

Adaptive Behavior Scale

Boys Raw Score	Girls Raw Score	T - Score	Standard Deviation	Percentile Rank
35	35	50	0	50th %ile
31	32	55	0.5	69th %ile
27	29	60	1	84th %ile
24	26	65	1.5	93rd %ile
21	23	70	2	98th %ile
19	22	75	2.5	99th %ile
16	19	80	3	99th %ile

Maladaptive Behavior Scale

Boys Raw Score	Girls Raw Score	T - Score	Standard Deviation	Percentile Rank
14	13	50	0	50th %ile
16	16	55	0.5	69th %ile
20	20	60	1	84th %ile
23	23	65	1.5	93rd %ile
26	26	70	2	98th %ile
28	28	75	2.5	99th %ile
30	30	80	3	99th %ile

Social Behavior Observation

Boys Raw Score	Girls Raw Score	T - Score	Standard Deviation	Percentile Rank
20%	17%	50	0	50th %ile
30%	26%	55	0.5	69th %ile
40%	37%	60	1	84th %ile
50%	46%	65	1.5	93rd %ile
60%	55%	70	2	98th %ile
70%	64%	75	2.5	99th %ile
79%	73%	80	3	99th %ile

APPENDIX G: FIRST STEPS

An Overview

Helping children become competent social members of our communities is the collaborative responsibility of families and schools. **First Steps** is a program aimed at helping schools and families work together to teach young children the social behaviors they will need to grow and thrive.

1. What is First Steps?

First Steps is a collaborative home and school intervention program for at-risk kindergartners. The purpose of this program is to prevent or divert (at the point of school entry) at-risk children from a path leading to antisocial behavior.

2. What are the components of First Steps?

First Steps consists of a parent component, called **home BASE**, in which parents are taught how to work with their child in getting off to a good start in school. Three target areas are included in **home BASE**:

- Getting along with teachers
- Getting along with peers
- Doing your work

First Steps also has a classroom component, called **CLASS**, that takes approximately 30 school days for implementation.

3. What is the teacher's role in First Steps?

The kindergarten teacher is a key person in the **First Steps** program. He/she serves as a bridge between the school, home, and the **First Steps** program consultant. In addition, the teacher works with the consultant in the implementation of the program, and getting it operational. Teachers also complete rating scales and screening instruments on the child's behavior. Teachers are paid for their time invested in some of these tasks.

4. How effective is First Steps?

First Steps was successfully implemented last year in one school district. A total of 24 children, teachers, and parents participated in the program. Nearly all children made significant gains in their social-behavioral and academic adjustments in kindergarten. Parents, as a rule, really liked the home BASE part of the program.

Descriptions of the home BASE and CLASS components of **First Steps** follow.

home BASE

In-Home Steps Toward School Success

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home BASE complements the in-school program *CLASS*; it is the in-home component of First Steps and is comprised of BASICS and BASICS+.

BASICS

BASICS is a brief, child-focused program designed for parents to use at home. It teaches parents strategies for helping children practice skills that will improve school adjustment. The lessons are designed for daily home implementation and offer a fun learning experience for parents and children.

The content is presented during a series of short home visits over a six-week period. Lessons include information and skills on: **listening, enjoyment of learning, following directions, getting along with others, being self-confident, and problem solving.** A consultant explains, demonstrates, and practices with the parent during home visits. The parents are encouraged to practice skill building activities for 10-15 minutes, as often as possible during the week. Parents are able to ask questions and receive additional suggestions and support during a brief follow-up telephone call from the consultant.

BASICS+

BASICS+ follows the six-week skill building program. It offers parents the opportunity to meet in groups and discuss successes and strategize solutions for difficulties with daily practice and management of their children’s behavior. Groups also focus on successes and difficulties in home-school collaboration.

Program Goals

Parents	&	Children	&	Teachers
learn the skill		learn the skill		know the skill
provide daily practice		practice		praise examples
reward child practice				give feedback to parent

home BASE Lessons

Week 1. “Starting School”

Parents provide daily opportunities for discussion of school life. Children practice both the sharing and ordering of information into a logical story.

Week 2. “I Appreciate Your Cooperation”

Children practice skills of cooperating with directions, sequencing, and spending time doing school-related activities.

Week 3. “Remember the Limits”

Children practice controlling their needs, following adult limits, and developing self control.

Week 4. “Let’s Figure It Out”

Children learn to look at a problem as something to work on rather than an obstacle. Practice activities give children simple strategies that can be used both at home and at school.

Week 5. “If You’re Nice to Them, They’ll Be Nice to You”

Children learn skills of friendship initiation and playing cooperatively. Strategies for dealing with frustration and disappointment will be practiced.

Week 6. “You’re Great and You Can Do It”

Parents learn simple things to do each day to improve their child’s self-confidence in school. Parents provide opportunities for the child to try out new activities and skills that will boost their self-confidence.

CLASS

Purpose and Goals

CLASS provides a set of procedures, based on social learning principles, for modifying the classroom behavior of primary grade acting-out children. Acting-out children are those children who defy classroom rules, structures, and procedures, and display high rates of such behaviors as noncompliance to teacher instructions and directions, inappropriate peer interactions, verbal or physical aggression, and destruction of property. Because acting-out children spend considerable time engaged in non-academic pursuits, they are often below grade level in essential academic skills. CLASS is designed to increase the acting-out child's level of academic achievement and to decrease the frequency of maladaptive interfering behaviors. Using this program, acting-out children can become productive, achieving members of a general education classroom.

Development and Foundation

The foundations of CLASS were provided by the earlier applications of operant and social learning theory by Hill Walker and Jerry Patterson. Walker developed an intervention model for acting-out children in an experimental classroom setting and investigated the effects of model components on student outcomes (Walker, Mattson, & Buckley, 1971; Walker & Buckley, 1974). Problems in generalizing intervention effects from experimental to general education classroom settings were also studied (Walker & Buckley, 1972; Walker, Hops, & Johnson, 1975). Patterson, Cobb, & Ray's (1972) work in developing a home-school intervention package also contributed to CLASS.

A three-stage development process, carried out over a four-year period, was used to produce and evaluate the CLASS program. These stages included research in experimental, regular education, and field-test settings.

In the first stage, the authors worked with acting-out children in an experimental classroom setting to identify economical and effective techniques that would be instrumental in changing the students' behavior. Results of this one-year effort suggested that a combination of teacher praise, token reinforcement with backup rewards for appropriate behavior, and response cost (loss of earned points contingent on inappropriate behavior) was highly effective in modifying the behavior of acting-out children.

During the second stage of development, the intervention procedures were adapted for use in general education classrooms. The following components were found to be important when implementing CLASS in general education settings: (1) a contracting procedure; (2) parent involvement; (3) group

contingencies; (4) teacher consultant assistance in implementing the program; and (5) a systematic schedule for fading the intervention components. In the third stage, the revised CLASS program was field-tested in three school districts across the country.

Description

The CLASS program is designed to be implemented in the general education classroom; however, special education teachers have adapted it for use in their self-contained classrooms. It is highly recommended that a consultant (e.g., principal, assistant principal, consulting teacher, resource room teacher, school psychologist, school social worker) be available to assist the general education teacher in using the program. The program requires a total of 30 school days for full implementation, with the consultant heavily involved in the first five days of the program. Daily summary charts that identify program implementation responsibilities each day are provided for both the consultant and teacher.

Teachers typically use CLASS with only one or two students at a time because of the effort required to implement it. Using CLASS with more than one student at a time can be difficult, especially for a teacher who does not have an aide. However, the teaching skills used with the one or two students are generally carried over to the whole class.

CLASS is a set of procedures instituted by a consultant who employs rewards to acting-out children (social approval and points) to shape such appropriate classroom behaviors as following directions, attending to teacher and following instructions, talking quietly, and working at proper times. Aggressive, destructive, or noncompliant behavior results in temporary removal from the classroom. Points earned at school are exchanged for group activity rewards and backed up with a home reward system. Control of the program is turned over to the teacher, who gradually fades out the point system and maintains appropriate behavior by contingent social praise.

The program is divided into a preintervention phase and two intervention phases. During the preintervention phase, the consultant evaluates the referral by observing the student in the classroom, reviewing teacher ratings of the child, and interviewing the child, teacher, principal, and parents. The program manual provides a set of instruments and related instructions to assist in determining whether or not the CLASS program should be used as an intervention. Should the decision to use CLASS be reached, then the manual provides a comprehensive set of procedures for introducing the program and gaining commitments for its use by classroom teachers, administrators, the student, and parents.

The first intervention phase, lasting five days, requires intense consultant involvement in the classroom. The intervention procedures use a green/red point card (a 5-inch square card made of heavy weight construction paper) that is used for monitoring the student's progress. On the green side of the

card are the student's target behaviors, a place to record earned points, and a space for teacher and parent signatures. On the red side of the card are listed any behaviors that resulted in the student being removed from the classroom, and a place to record points that were lost for not following classroom rules. When the green side of the card is showing, the student earns points (in other words, he/she is behaving appropriately); when the red side of the card is showing, the student is not earning points because he/she is engaging in inappropriate behavior.

The green/red point card is used extensively during the early stages of the program. During the first five days, the consultant is responsible for marking the point card. During the first day, the student is reinforced during two 20-minute sessions on a variable interval schedule, starting with an interval of 30 seconds on the first day (a possible 40 points can be earned per session). On the fifth day, the feedback interval is extended to six minutes during the two 30-minute sessions (possible five points earned).

To earn a reinforcer, the student must obtain 80% of the total number of points possible for each session on the green/red card. Social praise from the consultant and/or teacher is paired with the earned points. When a student is successful, the entire class earns a group activity reinforcer (e.g., game or free time). Additionally, the student receives an individual reinforcer at home (e.g., extra outdoor play or TV viewing). If the student does not earn the required number of points during a session, teachers are instructed to make an announcement to the class that the student has not earned enough points for a reinforcer, but that he/she will have another chance to earn points during the next session.

In the second intervention phase, the classroom teacher operates the green/red point card. By this time, the teacher has learned to use the two key techniques required of the program:

- **Scanning** is the practice of looking around the room to obtain a picture of ongoing activities. Scanning at frequent intervals enables teachers to spot a variety of behaviors and to gain a better idea of the overall functioning of the target student. Frequent scanning also increases the opportunity to give additional praise to the target child as well as other students who model appropriate behavior.
- **Praising** (or pairing praise) while giving points on the green/red card increases the value of adult praise for the child.

From day 8 through day 20, points are awarded on a variable interval ten-minute reinforcement schedule. By day 20, the points and backup reinforcers have been faded; however, the teacher continues to praise the student for appropriate behavior every ten minutes.

In the CLASS program, a child must succeed at each step of the program before going on to the next. For some students, the change in requirements from one day to another is too great. If the student experiences failure, the CLASS program recycles to an earlier level of successful performance.

Additionally, the authors describe what to do in other situations in which the student does not earn the required number of points. Some students simply “forget” that they are committed to the program. For these students, reminders of the formal contractual agreement are reviewed to get students back on track. Some students, however, might have difficulty as a result of being unable to discriminate between behaviors that earn points and those that lose points. In this case, remedial attention might be necessary. In some cases, noncompliance can result when the reinforcer selected is not reinforcing. Here, a standard solution would be to determine with the child a more suitable reward. Finally, some students typically “test” the program to see if what everyone had said would happen actually does. Systematic procedures are included for dealing with these latter students.

Evidence of Effectiveness

Field testing occurred in three school districts (see Hops, Walker, Fleischman, Nagoshi, Omura, Skinrud, & Taylor, 1978). The results of this testing showed that consultants could be effectively trained to use the CLASS program procedures and that acting-out students who received the CLASS program made significantly greater gains in appropriate classroom behavior than did matched control students.

The long-term durability of the CLASS program and its potential power to decrease the need for further special education services was also studied. A review of school records for the students who had participated in the field tests showed a significant reduction in special education services required by the children over a three-year period as compared to control students (Hops & Walker, 1988).

CLASS in Action

What follows is an example of the CLASS program in action.

Following the teacher’s referral, the consultant meets with the teacher and the student, Kenny. Kenny is having difficulty exhibiting appropriate on-task behaviors. The consultant explains the program to Kenny and leads a discussion in which Kenny selects a reinforcer. The consultant joins Kenny’s class and tells the class that he is beginning a program that will help Kenny improve his behavior. The teacher consultant explains the program and invites the class to help Kenny succeed. The children are

then told that if Kenny succeeds, they will all receive a reward activity that Kenny has picked for them. The reward is then identified.

The teacher begins the lesson (e.g., math). The consultant sits next to Kenny and keeps track of his behaviors on the green/red card. Kenny exhibits positive behaviors and is rewarded by marks once every 30 seconds on the green side of the card. For a moment, Kenny lapses into an inappropriate behavior. The consultant turns over the card to its red side and shows it to Kenny. He accepts the cue, and returns to behaving appropriately. The consultant then flips the card back to the green side. During the session, the teacher acknowledges Kenny's appropriate behaviors. At one point, the teacher even makes the mark on the green card. At the end of the session, the consultant totals the points and announces that Kenny has earned the reward, which the class shares in at the end of the period. Kenny is praised by the teacher and consultant. The children at Kenny's table smile at him, as they enthusiastically play the game that Kenny chose for the day.

Each consecutive day, the program advances to the next stage. Eventually, the teacher will have full control of the program. The following is an example of what a visitor might see once the teacher has taken over full program control.

The children are sitting at their seats and the teacher is having them practice borrowing problems. As the teacher writes a problem on the overhead, the students are asked to independently solve the problem, then share it with the whole class when called upon. In one hand the teacher holds the green/red card, which is showing green to the students. As Kenny participates appropriately, the green side continues to be shown. Occasionally the teacher calls out a praise to Kenny. At one point, Kenny leaves his seat. The teacher turns over the card and cues him. He returns to his seat and reengages in the learning process. The card is returned to the green side.

At the end of the session, the teacher informs Kenny that he has earned the required number of points for the day. She announces that he is now only one day away from having enough points for a popcorn party for the whole class.

CLASS materials are available from Educational Achievement Systems, 319 Nickerson St., Suite 112, Seattle, WA 98109, (206) 820-6111.

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