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Effects of Labeling Bias on Prognostic Outlook for Children with Behavior Problems

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Effects of Labeling Bias on Prognostic Outlook

for Children with Behavior Problems
(TITLE)

BY

Julie D. Fox

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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TABLE OF CONTENTS

LIST OF TABLES

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ABSTRACT

Labeling bias refers to biases that might occur toward a person who has a particular label. This study investigated the effects of labeling bias on prognostic outlook for children as a function of diagnostic labels. School psychologists, regular and special education teachers, and introductory psychology students read a vignette that described a child with behavior problems. The vignette was held constant for all participants, but one of four labels (conduct disordered, socially maladjusted, serious emotionally disturbed, no exceptionality) was varied at the end of the vignette. Respondents then estimated the child's likelihood of future success in interpersonal relationships, the likelihood of further behavioral difficulties, and overall adjustment of the child. There was a significant effect noted for diagnostic label across all professionals; the serious emotionally disturbed label resulted in judgements of significantly poorer outlook for interpersonal relationships than any other diagnostic label. There were no other significant mean differences noted, but a main effect for diagnostic label on judgement of overall adjustment

did approach significance. Complete discussion of the results will be presented with implications for practice and research.

Chapter I

Introduction and Literature Review

Labeling students within the schools has been a long standing tradition. Since the first edition of the Binet-Simon Scale in 1905, children have been labeled and then placed in classrooms programmed for a particular level or type of instruction. The 1975 enactment of the Education For All Handicapped Children Act (P.L. 94-142) was a legislative landmark that tied labels and treatment together (Gresham, 1991).

The purpose of this paper is to investigate labeling bias in children with behavior problems in school.

Arguments on Labeling

In every explicit discussion about a child and his label are implicit ramifications. For example, not only are the attitudes and beliefs held by the professional important, but so too are those of the child. There are two factors that need to be considered: The child's perception of the label, and his perception of himself with that label (Guskin, Bartel & MacMillan, 1975). How the child views these two factors may have a direct bearing on his response

to educational interventions. Guskin, Bartel, and MacMillin (1975) discuss the "career" of the labeled child being quantitatively and qualitatively different from that of the normal school child. They note that the child, once labeled, moves through the educational system embedded in a career of special education services. It has been argued that commitment by both the child and the school to a particular label, and the services that come with it, may help to perpetuate the child's problems whereby the student continues to emulate the behaviors, both in type and degree, that he or she is targeted as having. This may also occur when school staff develop expectations for how a child should behave and unknowingly reinforce those behaviors because they fit a preconceived notion. A critical point in a child's career of labels and special education services is when he decides to accept or reject the label himself. At this point the child may react in numerous ways. For example, he may deny the label exists for him, attack those who use the label, or use it as a crutch in the educational system. If the child accepts the label, he may weigh the situation and decide to make attempts to get the label removed,

or continue through the system maintaining the status quo. Therefore, it appears that at the very least, both child and professional expectations can affect a student's behavior.

Many practitioners and researchers argue against labeling a student for any reason. These arguments stem from the belief that each child has a unique assortment of strengths and weaknesses, thus they can not and should not be systematically grouped together or apart from one another. These proponents further maintain that attaching labels to children may help to "create the disorder itself" (Socall & Holtgraves, 1992, p. 463). Some take a more moderate position arguing that labeling alone does not create the disorder, but it may help to perpetuate it (Socall & Holtsgraves, 1992). Regardless of the labels used to describe children, it must be remembered that in education professionals are working with individuals who share similarities, but at the same time, have unique strengths and needs.

Walter Mischell, and other defenders of labeling within the school system, believe labeling and categorizing are necessities in education (Pfeiffer,

1980). It is a starting point from which one can develop hypotheses about a child's behavioral, emotional, or academic functioning. Mischell continues by saying that those who believe children neither can nor should be grouped or compared as similar or different at any level contradict what research in cognition, learning theory, neuropsychology and behavior are telling educators (Pfeiffer, 1980). The label therefore, should not be conceptualized as a blockade to the understanding of children in the schools. The potentially biasing effects of a label is not a function of some intrinsic property of the word itself, but solely a function of the "consumers" behavior; namely, professionals, lay persons, and the child's. The issue is not to remove labeling from the system, but rather to use these terms as guides and starting points from which effective educational programs can be designed and implemented for children both individually and in groups. To discard the use of labels in education would be difficult if not impossible and would have more drawbacks than benefits.

Another concern among some professionals is the question of which comes first, the behavior(s) or the

disorder. Wicks-Nelson and Israel (1991) use the example of a child with a highly active behavior pattern and a short attention span. A school psychologist may describe the behavior as hyperactivity. However, at the Multi-disciplinary Conference the psychologist may state that the child has these behaviors because of his "hyperactivity". The explanation becomes circular and at that point the intentions of the label become confused and more of an obstacle than an aid.

Ostensibly, the use of labels is to assist and facilitate communication and understanding among professionals, not to impede it. However, as previously mentioned, one of the fundamental problems with special education terms are the nebulous definitions which result in a failure to communicate.

Classification Systems

The purpose of a classification system is to categorize or classify behavior(s); not children. By studying common etiologies among children with behavior problems, scientists and practitioners can learn about disorders and then develop appropriate treatments for them. Some educators have made attempts to reduce the

potentially damaging effects of categorization by using "non-labeling language". The premise is that by placing emphasis on the child first, syntactically, and the disorder second, bias would be reduced. For example, one would describe the "child with a behavior disorder ", not the "behavior disordered child". Wicks-Nelson and Israel (1991) point out that "often ease of communication is the reason for a particular phrasing...despite the intent to avoid misplacement of labels" (p. 95).

Diagnostic labels for classifying behavior problems come from different taxonomic systems that are rooted in different theories of abnormal psychology. A classification system however, regardless of its theoretical base, must meet certain minimal criteria in order for it to be legitimately used. It must be effective in organizing and grouping behavior based on differing etiologies. A classification system for behavior disorders must possess certain elements. It must have clearly defined categories that can be demonstrated to exist. In addition, it must be a reliable and valid system. Finally, categories must be separate and distinct from one another. Therefore, a

diagnosis from a particular system would yield "information about the etiology of a disorder, [its] course of development, [its] response to treatment, [and any] additional clinical features about the disorder" (Wicks-Nelson & Israel, p. 88). Lastly, a taxonomic system must be comprehensive and clinically useful.

There are two basic types of taxonomic systems for classifying behavior disorders: (1) clinically derived systems based on observations and professional consensus (the nosological approach); (2) empirically derived approaches based on multi-variate statistics (rating scales).

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) is recognized as the most widely used classification system in America. The DSM is rooted in the Kraepelinian model from the late 1800's. It attempts to classify behavior problems using an atheoretical, nosological approach. The categories are created and organized according to professional opinion. In later editions, the DSM recommends each client be evaluated along five axes in order to obtain a more comprehensive

assessment of the individual. Each axis focuses on a different domain spanning from mental or developmental disabilities (axes I and II), to physical problems (axis III) and global functioning (axis IV).

Although each edition of the DSM has continued to develop and improve the assessment and classification of childhood pathologies, there remains a considerable amount of question as to the reliability and validity of various categories and subcategories for childhood disorders (Gresham & Gansle, 1992). Clinical judgment and agreement have, without the support of empirical evidence, reorganized and redefined various childhood pathologies such as Attention-deficit Disorder (ADD). Other categories appear to be simply downward extensions of adult forms of pathology.

Researchers like Achenbach and Edelbrock define behavior problems by using the multi-variate analytic (empirical) approach (Spitzer & Cantwell, 1980). By using factor and cluster analysis, researchers have found consistent problematic behavior syndromes to emerge. Research supports the existence for "two broad bands or general syndromes"; Externalizing and internalizing (Wicks-Nelson & Israel, 1991, p. 92).

Externalizers, also referred to as undercontrolled or conduct disordered, are referred for evaluation by educators more frequently because their behaviors are more disruptive and destructive (eg., temper tantrums or fighting). Conversely, internalizers, also referred to as overcontrolled or anxious withdrawn, have fewer referrals because they are less disruptive and these children often go unnoticed in the classroom. There is a tremendous amount of research supporting both the reliability and validity of this system. It reliably identifies pathologies across gender, age, and rater.

These classification systems may confuse professionals in the educational community and consequently result in misconceptions and biases based on the labels used to describe a particular child. In response to this problem, Forness & Cantwell (1982), developed a comprehensive criteria for the diagnosis of a behavior disorder: (a) specification of excesses/deficits and or situational inappropriateness of behavior in operational terms, (b) specification of objective features of behavior, and its multiple dimensions such as frequency, duration, and intensity, (c) specification of the behavior system(s) through

which excesses and deficits are expressed, (d) demonstration of the occurrence of behavior excesses/deficits and across situations, (e) occurrence of behavioral excesses or deficits over time, (f) agreement upon the occurrence of behavioral excesses/deficits and or situational appropriateness of behavior using multiple methods of assessment, (g) concentration of these at an unacceptable level subsequent to school based intervention.

Although aspects of this approach exist in special education policy, the practice of this approach varies widely within and between school systems.

Legislative Issues

Problems with labeling and placement are not a function of taxonomic systems alone. Over the years, federal, state and local legislation has had an enormous impact on the services and treatment provided for children with behavior problems. Both Public Law 94-142 and the Social Maladjustment exclusionary clause have "clouded the definition of Serious Emotional Disturbance", which is a label used for children who qualify for special education (Skiba & Grizzle, 1991, p. 580). The debate has been whether conduct

disordered children are socially maladjusted, and thus not seriously emotionally disturbed, and therefore not eligible for special education. The American Psychological Association and the Council for Children with Behavior Disorders maintain that children with conduct disorders are protected under PL 94-142 or the Individuals With Disabilities Education Act (IDEA). However, nowhere in the legislation is Social Maladjustment defined. The definition differs between disciplines such as in child development, education, and criminal law.

Some professionals maintain that differentiating social maladjustment and emotional disturbance is making a distinction without difference. Others argue that theses disorders are completely distinct and separate and that one cannot have both disorders at the same time. This position is based on the premise that conduct disordered children are externalizers, as evidenced by their outwardly aggressive behavior. Conversely, children who are seriously emotionally disturbed are characterized as internalizers or anxious withdrawn. Therefore, a child cannot be both internalizing and externalizing at the same time. Some

disagree with this position and argue that although they are separate categories, these syndromes can co-occur. This confusion over the definition of labels in combination with a lack of understanding of federal law leaves many school psychologists with the responsibility of interpreting definitions and operationalizing the exclusionary clause.

The exclusionary clause has been considered by some as an "accident of history" (Skiba & Grizzle, 1991, p. 581). This clause originated from a study conducted by Eli Bower in the late 1950's. According to Bower, the federal government distorted his definition of SED. He maintained that the federal government's "social maladjustment exclusion is inherently illogical, since"' the emotionally disturbed child as defined in the Bower study has to be socially maladjusted in school"' (Skiba & Grizzle, 1991, p. 581).

Issues of legislation and classification are paramount when treating the topic of prognostic bias in children with behavior disorders. Legislation has dichotomized behavior disorders as either being a function of something intrinsic to the child and

outside of environmental control, or external or the child and a function of environmental conditions. The latter group is denied special education services.

Ostensibly, children in school would be viewed and treated differently (supposedly systematically) depending on the diagnostic label used to describe their behavioral dysfunction. Professionals should therefore have a different prognostic outlook depending on the child's label. That is to say, one child's behavior would be considered more easily modifiable and more receptive to intervention and programming than another child given a different diagnostic label; even if the two children manifested the same or similar behaviors.

Past Research

Over the past twenty years, many researchers and educators have criticized the nosological approach currently used for placing children in special education. Theoretically, labels are derived to assist in communication, programming, and placement decision processes. However, it has been argued that educational labels combine children into seemingly

homogeneous groups which results in educators developing expectations and biases for children sharing the same label. For example, because labels such as seriously emotionally disturbed (SED) can be assigned to a wide variety of behavioral problems, this term and several others, can become meaningless for professionals and lay people, and potentially damaging in terms of their usage.

The preponderance of research on labeling bias has focused on the mentally ill; investigating issues of prognosis and social acceptability relative to a given label. For example, Lehman, Joy, Kreisman & Simmens, (1976), investigated labeling bias and prior mental illness. Participants viewed a video tape of a person who was previously diagnosed as having a mental illness. Results indicated that it was the individual's behavior alone that lead to negative opinions, irrespective of the person's label. In other words, aberrant behavior leads to rejection more than a label of mental illness leads to rejection. However, the results of labeling bias and mental illness cannot be generalized to labels for children with behavior problems in education. Research on labeling bias in

education in general, and for children with behavior problems in particular, is scant.

Although the effects of labeling and predicted prognostic outcomes have been debated in the literature, at conferences and conventions, and in faculty lounges for many years, it was not until fairly recently that research began to focus on the effects of placing a particular label on a child with behavior problems. In the research on labeling bias in the schools, there are inconsistent findings.

Although there does not appear to be any clear evidence that special education labels, specifically for behavior problems, have a deleterious effect on the expectations professionals have for a child, some research has given support to negative outcomes resulting as a function of labeling a child for special education. Carroll & Reppucci, (1978) conducted a study using regular education teachers and mental health workers. They focused on professional expectations of the labeled child's success in school and work, issues of placement and intervention strategies and interest in working with that classification of children. Their results suggested

"more negative effects for teachers than for mental health in the areas of professional motivation and expectations for the child's success" (p.373). Gillung and Rucker (1977) reported that when educators reviewed two different cases, both of which had the same behavior problems but with different labels attached, one case was placed in a more restrictive environment.

However, other researchers have not found evidence to support labeling bias among educators. For example, Pfeiffer (1980), used abridged case descriptions of mentally retarded and learning disabled children which were evaluated by professionals in education as a team. Results showed that the team did not place students in a more restrictive environment than their non-labeled peers.

One reason why research on labeling and prognostic bias in the schools has yielded varied results is that the research in this area is both scant and scattered across special education classifications. There have been a few studies conducted for learning disabled students, mentally retarded students, and students with behavior problems. Because these are different

research questions, the results from one study cannot be generalized across different labels.

Another reason for inconsistent results may be due in part to the lack of consensus regarding the meaning of specific terms used for children with behavior problems. Although the federal government provides umbrella definitions for various disorders, the state is left with the responsibility of clearly defining each one. Furthermore, the interpretations of these definitions is left to each Local Educational Agency (LEA) and the individual professionals using them (Gresham, 1985). A more distant variable that effects the understanding of special education labels is the variation among different theoretical approaches used in defining behavior problems and the different classification systems that come with these view points.

Thesis

This study investigated the effects of profession and diagnostic label for children with behavior disorders on predicted prognostic outcome. Do these factors systematically vary as a function of the educational professional evaluating the case?

Labels such as serious emotional disturbance suggest that the child's symptoms are internalizing in nature (e.g., serious emotional disturbance) and thus stem from within the child. Other labels are considered to be externalizing in nature (e.g., social maladjustment and conduct disordered) and thus stem form external contingencies. Those disorders that are internal in nature are viewed as more difficult to modify or change. One reason for this phenomenon might be that it is notably more difficult to determine what internal factor are driving the behavior(s) and thus it is more difficult to alter or override those factors in treatment.

The first hypothesis is that a labeling bias effect will be present for children with behavior problems. The second hypothesis is that children with conduct disordered (CD) or socially maladjusted (SM) labels will be rated as having more behavioral disruptiveness than children labeled seriously emotionally disturbed (SED) because of the externalizing nature of their behaviors. The third is that children labeled SED will be rated poorer than children labeled CD and SM for interpersonal

relationships because of their internalizing and non-engaging behavioral profile. Lastly, it was hypothesized that children labeled SED, CD, or SM will be rated worse than children who are not given a diagnostic label on both behavioral disruptiveness and interpersonal skills because a child with a diagnosis would be viewed as having a more severe condition, regardless of the topography of the behaviors.

CHAPTER 2

Method

Subjects

One hundred-ninety participants were recruited, however only 106 met the criteria for inclusion in the study (see Table 1 for sample demographics). Their mean age was 35 years with a standard deviation of thirteen. The majority of respondents were caucasian females with a masters level degree. The mean number of years in the field was 7.65 years with a SD of 9.05 and a range from 0-32 years. The special and regular education teachers worked in small (less than 1,000 students) to medium (between 1,000 and 3,000 students) school systems.

There were regular teachers (n=25), special education teachers (n=13), school psychologists (n=29), and college students enrolled in an introductory psychology course (n=39). The teachers were recruited from north-east and central Illinois public school systems. The school psychologists were surveyed at the spring 1993 Illinois School Psychologists Association Convention. The college students were enrolled in a

introductory psychology course at Eastern Illinois University.

Table 1

Sample Demographics

Variable	Percentage of Sample
Sex	
Female	67.9
Male	32.1
Race	
White	92.5
Black	4.7
Hispanic	.9
Other	1.9
Degree	
None	36.8
Bachelor	16.0
Master	25.5
Master + 30	16.0
Specialist	3.8
Doctorate	1.9
Profession	
School Psychologist	27.4
Regular Education	23.6
Special Education	12.3
Control	36.8

Table 1 Continued

Sample Demographics

Variable	Percentage of Sample
District Size	
Small	26.4
Medium	48.1
Large	25.5
Work Setting	
Rural	59.4
Urban	16.0
Suburban	24.5

Instrumentation

All participants completed a survey packet. The survey packets consisted of a cover letter describing the researcher and the format of the survey, a demographic information sheet, a case vignette, and an eleven item questionnaire.

The cover letter introduced the researcher, what would be asked of the respondent, the estimated length of time participation would take, and how the participants would learn the results of the study.

The demographic sheet asked the respondent to answer questions regarding their level of education,

field of work, date of birth, and other demographic information. This sheet is in Appendix A.

Following the cover letter was a one page case vignette. The respondent was asked to read the vignette and then answer the questions that followed. The vignette described a male grade school child with behavior problems. Following the description, one of four labels was attached to the child. The labels used to diagnose the child were: Seriously emotionally disturbed (SED), conduct disordered (CD), socially maladjusted (SM), and no exceptionality (NE). The vignette is in Appendix B.

Following the vignette, respondents completed ten questions that were designed to reflect the participants judgement of the vignette child's likelihood of further behavioral disruptiveness, difficulties in interpersonal relationships, and overall level of adjustment. The questions were rated on a scale from 1-100 with "1" meaning extremely unlikely and "100" meaning extremely likely. The eleventh item was a yes or no question and asked whether the respondent accepted the vignette and

diagnosis as reasonable. The questionnaire is in Appendix C.

The questions were grouped under two classifications: Interpersonal relationships and behavioral disruptiveness. Also, a single item was written to have raters evaluate the child's overall level of adjustment. The last item asked the respondent to evaluate the vignette by indicating whether they believed that the diagnosis assigned at the end was reasonable. These questions were logically derived.

Procedure

The school psychologists were solicited and volunteered to participate at the 1993 Illinois School Psychologists Association spring conference. The researcher sat at a table in the main convention lobby and solicited participation from school psychologists. Participants were given a semi-private place (separated by one or more chairs), to read and fill out the survey. Participants were offered a small snack as a reward for their participation.

The teachers were solicited from several area school districts. Surveys were distributed and filled

out in teacher's lounges and then handed in to the researcher or to the school office at the end of the work day. These participants received a coupon for a side order or a beverage from an area fast food restaurant.

The introductory psychology students signed up for participation at varied days and times over a four week period. They were surveyed individually and in large groups. Participants received research credit in their introductory psychology course for participation. The vignette was held constant across subjects. An attempt was made to distribute each of the labels equally within each of the four groups and to obtain a minimum of ten of each label in each group.

Only those participants who indicated the vignette and diagnosis were reasonable were included in the data analyses. The rationale behind using only those participants is that in order for labeling bias to occur, the person must first accept the diagnosis as valid and reasonable.

CHAPTER 3

Results

Before the analyses, the questions were altered to be scored in the same direction. High scores reflected a better prognostic outlook than low scores. Numeric values for each question were summed and these values were used for all further analyses.

Table 2 presents the means and standard deviations by profession and label for all dependent variables.

Table 2

Means and Standard Deviations for Interpersonal Relations, Behavior Difficulties and Overall Adjustment Estimates

	Diagnosis			
Profession	SED	SM	CD	NE
Interpersonal Relations				
School Psychologists	223.80	189.83	210.56	215.00
	(63.00)	(102.55)	(73.55)	(108.70)
Reg. Ed. Teachers	144.38	233.33	260.17	235.00
	(33.22)	(104.67)	(68.75)	(50.70)
Sp. Ed. Teachers	288.00	230.00	245.83	------
	(151.43)	(120.21)	(125.72)	------
Intro. Psych. Students	109.38	197.75	218.83	220.55
	(97.10)	(153.73)	(86.85)	(106.43)

Table Two Continued

Means and Standard Deviations for Interpersonal Relations, Behavior Difficulties and Overall Adjustment Estimates

	Diagnosis			
Behavioral Difficulties				
School Psychologists	194.00	196.83	225.56	207.50
	(29.51)	(62.27)	(39.96)	(59.51)
Reg. Ed. Teachers	217.63	209.17	220.00	221.00
	(61.60)	(74.86)	(25.88)	(22.47)
Sp. Ed. Teachers	177.00	215.50	213.17	-------
	(25.63)	(83.07)	(59.06)	-------
Intro. Psych. Students	242.38	235.00	219.67	220.91
	(34.74)	(50.14)	(44.81)	(40.39)
Overall Adjustment				
School Psychologists	27.00	33.33	30.56	38.75
	(16.19)	(26.77)	(12.10)	(26.26)
Reg. Ed. Teachers	20.88	36.67	43.33	33.20
	(16.44)	(17.22)	(19.92)	(18.81)
Sp. Ed. Teachers	20.33	36.50	44.83	-------
	(26.08)	(36.04)	(36.50)	-------
Intro. Psych. Students	23.25	29.50	36.00	36.00
	(13.64)	(21.43)	(22.16)	(21.49)

Note. Means are in body of table and standard deviations are below them in parentheses.

Three two-way analyses of variance (ANOVA) were conducted using the independent variables (professional X diagnosis) to examine the effects on the dependent variables (interpersonal relationships, behavioral disruptiveness, and overall adjustment). The dependent variables were computed by summing the items that logically reflected the constructs of interest. These values were used in all subsequent analyses.

There was a main effect for diagnosis on the interpersonal relationships variable [$F(3,91) = 2.61, p < .05$] (see Table 3). No other effects were noted.

Table 3

Analysis of Variance Summary Table for Interpersonal Relations Variable

Source	SS	df	MS	F	p
Profession	30574.15	3	10191.38	1.12	.34
Diagnosis	71296.05	3	23765.35	2.61	.05*
Prof. x Diag.	67847.77	8	8480.97	.93	.49
Error	828591.29	91	9104.61		
Total	989432.50	105	9423.17		

Note. * denotes a statistically significant F. Eta for diagnosis = .25. Eta^2 = .06.

A post-hoc Student-Neuwman-Keuls analysis was conducted to examine the effect of diagnostic label on the interpersonal relationships variable (see Table 4). The label of serious emotional disturbance (SED) was judged more likely to have difficulty in interpersonal relationships than were the no exceptionality and conduct disordered labels. There was not a significant difference between social maladjustment and serious emotional disturbance on this dependent measure.

Table 4

Student-Newman-Keuls Multiple Range Test: Effects of Labeling Bias by Diagnosis on Interpersonal Success Variable

Means and Mean Differences					Critical M Difference	
					P	
(SED)	(SM)	(NE)	(CD)	Number		
170.76	210.04	227.55	229.00	of Steps*	.05	.01
	39.28	56.79**	58.24**	4	51.74	68.38
		17.51	18.96	3	62.09	77.62
			1.45	2	68.01	83.16

Note. * = Number of steps between ordered means.

** = $p < 5$

To estimate the amount of variance accounted for in judgment of success in interpersonal relationships by label eta^2 was calculated. Diagnostic label accounted for 6% of the variance.

There were no significant effects of profession or label on the behavior difficulty variable (see Table 5).

Table 5

Analysis of Variance Summary Table for Behavior Difficulty Variable

Source	SS	df	MS	F	p
Profession	9543.834	3	3181.278	1.350	.263
Diagnosis	1004.297	3	334.766	.142	.935
Prof. x Diag.	11513.300	8	1439.162	.611	.767
Error	214484.048	91	2256.968		
Total	236615.557	105	2253.481		

A main effect for diagnosis approached significance on the overall adjustment factor [$F(3,91)$, $p = .07$] (see Table 6). However, there were no statistically significant effects noted for this dependent measure.

Table 6

Analysis of Variance Summary Table for Overall Adjustment Variable

Source	SS	df	MS	F	p
Profession	268.596	3	89.532	.192	.902
Diagnosis	3337.176	3	1112.392	2.387	.074
Prof. x Diag.	1220.357	8	152.545	.327	.954
Error	42410.647	91	466.051		
Total	47458.160	105	450.078		

CHAPTER 4

Discussion

Results lend support for the first hypothesis that labeling bias exists for children with behavior problems. There was an effect of the SED label on judgement of interpersonal skill development. However, only 6% of the variance can be accounted for by the diagnostic label. The overall effect appears to be weak and this may be related to the ambiguity found in the literature on labeling bias in education. Labeling bias effect doesn't appear to have a global or "blanket" effect on judgement, but seems to be narrowly focused.

There were no findings to support the second hypothesis: The labels CD and SM were not rated as having greater behavioral disruptiveness. This suggests that when externalizing labels such as these are given, raters rely more on the topography of the behavior, than on the label assigned. The characteristic behaviors that are associated with SM and CD tend to be disruptive and more easily observable and measurable.

Support was given for the third hypothesis. Children with the internalizing label of SED were rated to have poorer interpersonal relationships than NE and CD. This may also be due, in part, to the nature of the disorder. People with SED are typically characterized by their withdrawn, non-engaging, behaviors as opposed to their externalizing counterparts.

There was no support given for the forth hypothesis that suggested that the labels SED, CD and SM would be rated as significantly poorer in behavioral disruptiveness, interpersonal relationships and overall adjustment, than the same child who was not given a label. This suggests that when no label is given, raters again evaluate the child based on the topography of the behaviors.

Although there was no main effect found on predicted prognostic outlook for overall level of adjustment, it approached significance. These findings may be due in part to the small number of subjects used in this study. A larger sample group may yield a clear effect.

These results have important implications for school professionals. There appears to be a bias towards the label serious emotional disturbance, particularly as it relates to interpersonal relationships, regardless of the child's behavioral profile. Research in achievement/motivation and social psychology have suggested that one of the greatest factors in employment success is a person's competence in social skills and personal relationships. Negative expectations of a child in social skill and interpersonal relationships may interfere with the acquisition of such skills in the school setting.

The label serious emotional disturbance appears to communicate a more severe disorder than other common diagnostic labels with regards to interpersonal skills even when the topography and descriptions remains the same.

Eighty-four subjects were not used in the analysis because they did not agree with the label assigned to the vignette. This may in part be due to some weaknesses in the research design. Several alternative diagnosis were given by respondents who did not agree that the assigned diagnosis was reasonable

(answered no to the last item). These diagnoses were written in the comments section provided in the survey. One of the most popular diagnoses was attention-deficit hyperactivity disorder. It appears that the vignette contained some information that was recognized as an attentional disorder. Those respondents that disagreed with the diagnosis but did not offer an alternative label noted that there was far too little information to make any type of judgement. Future research would have to take care to obtain a large enough sample size and run pilot studies on the vignette to test for degree of acceptability.

The most notable weakness is the number of participants within each group. Because eighty-four subjects needed to be discarded, the total N dropped by 44%. In addition, of the special educators used in the analysis, none of them endorsed the no exceptionality label. This suggests that the behaviors they read were recognized as representing some type of diagnosis and therefore would not accept the no exceptionality label.

There are several factors that also may be contributing to the bias found. One is the aforementioned confusion about educational labels and

the meanings they are supposed to communicate. Another is the difference in the theoretical underpinnings that come with each label. It appears that school professionals need to have a clearer understanding of diagnostic terms.

Although the vignette was held constant for all participants, biases may have emerged for interpersonal skill development because of the child's gender. The name given to the child may imply a certain race or ethnicity. There might be other factors in the vignette that may mitigate the effect found. For example, the child's family structure and their relationship to the child and his education. The nuclear family made yield a better prognostic outlook than a single parent dwelling. The variables that were included into the vignette, as well as those that were left out, may lead to certain inferences regarding the child's level of development and functioning. Future research may find that labeling effects are stronger for a particular race or gender or when the family composition and dynamic is altered.

Another effect may be in the circumstance the rater is in when he or she is evaluating the case. In

the Lehman, Joy, Kreisman & Simmens, (1976), study when they looked at labeling bias and mental illness, they found that the individuals behavior alone lead to negative opinions irrespective of the person's label when they were able to see the person's behavior and were regarded as previously having the label of mental illness.

Carroll and Reppucci's (1978) study used educators and mental health workers and found support for labeling bias among mentally retarded, emotionally disturbed, and juvenile delinquents when the raters worked independently. However, Pfeiffer (1980), found that when educational professionals worked as a team in evaluating a case, the children were not placed in a more restrictive environment. Although the research question in those studies were slightly different, it appears that biasing effects may be removed or decreased when professionals work together as a team. This would give additional support to the mandated multi-disciplinary conferences required for diagnosis, placement, and intervention decisions. The results from this study suggest a need for more research in

this area in order to flesh out all of the variables that are contributing to the labeling bias.

References

Carroll, C. F. & Reppucci, N. D. (1978). Meanings that professionals attach to labels for children. Journal of Consulting and Clinical Psychology, 46(2), 372-374.

Forness, S. R. & Cantwell, D. P. (1982). DSM III Psychiatric diagnoses & special; education categories. Journal of Special Education, 16, 56-63.

Gillung, T. B. & Rucker, C. N. (1977), Labels and teacher expectations. Exceptional Children, 43, 464-465.

Gresham, F. M. (1985). Behavior disorder assessment: Conceptual, definitional, and practical considerations. School Psychology Review, 14(4), 295-509.

Gresham, F. M. (1991). Conceptualizing behavior disorders in terms of resistance to intervention. School Psychology Review, 20(1), 23-36.

Gresham, F. M. & Gansle, K. A. (1992). Misguided assumptions of the DSM-III-R: Implications for school psychological practice. School Psychology Quarterly, 7(2), 1-17.

Guskin, S. L., Bartel, N. R., & MacMillan, D. L. (1975). Perspective of the labeled child. In N. Hobbs (ed.), Issues in the Classification of Children vol. 2, (pp. 189-212). San Francisco: Jossey-Bass.

Lehman, S., Joy, V., Kreisman, D., & Simmens, S. (1976). Responses to viewing symptomatic behaviors and labeling or prior mental illness. Journal of Community Psychology, 4, 327-334.

Pfeiffer, S. I. (1980). The influence of diagnostic labeling on special education placement decisions. Psychology in the Schools, 17, 346-350.

Skiba, R. & Grizzle, K. (1991). The social maladjustment exclusion: Issues of definition and assessment. School Psychology Review, 20(4), 580-598.

Socall, D. W. & Holtgraves, T. (1992). Attitudes toward the mentally ill: The effects of label and beliefs. The Sociological Quarterly, 33(3), 435-445.

Spitzer, R. L. & Cantwell, D. P. (1980). The DSM-III classification of the psychiatric disorders of infancy, childhood, and adolescence. Journal of the American Academy of Child Psychiatry, 19, 356-370.

Wicks-Nelson, R. & Israel, A. C. (1991). Behavior Disorders of Childhood (2nd ed.). New Jersey: Prentice Hall.

Appendix A

Section A

1. Name: _____
2. Date of Birth: _____
3. Gender: Male____ Female_____
4. Race: Caucasian___ African American___
   Mexican American___ Other___
5. Highest Degree: Masters___ Masters+30___
   Specialist___ Doctorate___
6. Subject Area: _____
7. Job Position: _____
8. District Name: _____
   Special Education Co-op Name: _____
9. District Size: Small___(less than 1,000)
   Medium___(1,000 to 3,00) Large___(larger than 3,000)
10. Work Setting: Rural___ Urban___ Suburban___
11. Number of years in the field: ___

PLEASE RETURN THIS FORM

(Over)

Appendix B

Section B

Please read the vignette below and answer the questions which follow:

Jake

Jake, a ten-year-old boy, was attending fifth grade in a large urban public school district. He was initially referred for evaluation by his parents and teachers in the middle of the school year because they were concerned about his behavior problems.

Jake's parents indicated that he would argue, lie, steal, curse, and fight almost daily and that he frequently ran away from home. They reported him as having frequent and unexpected temper tantrums and he often damaged items in the home (e.g. walls, doors, and even his personal possessions). Jake was small for his age but at times he had to be physically restrained because of his out-of-control behaviors which were considered to be a threat to himself and others. On occasion however, Jake was very loveable, courteous, respectful, and helpful to adults in and out of school.

Jake's teachers reported that he was often very disruptive in the classroom. He was frequently out of his seat, incessantly talking, combative, and would refuse to follow classroom rules and instructions. His teachers described him as a fairly intelligent child. He sometimes displayed the skills to succeed in school. For example, sometimes when an attractive incentive was offered to complete a task he would finish his work. Other times however, Jake refused to cooperate or participate regardless of the strategy used. As a result of his inconsistent performance his grades were below average in most subject areas.

Jake's classmates rejected him. He was interruptive toward peers, often refused to share community property, and was disrespectful to other's belongings. He ridiculed his classmates and they often complained to the teachers that he was bullying them.

Jake received a comprehensive multi-disciplinary evaluation. The consensus of the team

members was that Jake met the criteria for a classification of: .
(one of four diagnoses was placed here)

Given this case description and diagnosis, please respond to the following questions using a scale from 1-100 with "1" meaning extremely unlikely and "100" meaning extremely likely:

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Appendix C

Section C:

Extremely Unlikely — Extremely Likely

1----------50----------100

Academic and Work Performance:

1. Jake will be retained a grade in grammar school?
   number value: _____

2. Jake will obtain a high school diploma?
   number value: _____

3. Jake will continue to be a disruptive force in the classroom?
   number value: _____

4. Jake will need constant personal supervision by his teachers to be successful in school?
   number value: _____

5. Jake will obtain and hold a job for a reasonable length of time (1 year or more)?
   number value: _____

Interpersonal Relationships and Social Behavior:

6. Jake will develop adequate and appropriate peer relationships?
   number value: _____

7. Jake will develop adequate and appropriate relationships with school staff?
   number value: _____

8. Jake will develop adequate and appropriate relationships with his family?
   number value: _____

9. Jake will have problems with law enforcement authorities in the future?
   number value: _____

10. What is Jake's overall level of adjustment?
    1= extremely poor to 100= extremely well adjusted
    number value:

Appendix D

Section D

Evaluation of the Vignette:

1. Based on the limited information provided on this case, is (**insert label**) a reasonable diagnosis?

Yes:_____ No:_____

If you responded No, what diagnosis would you give?

_____

Please explain your response below.

Please Comment:

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THANK YOU FOR YOUR TIME AND ASSISTANCE!