

ANALYSIS OF SCHOOL DISCIPLINE WITH A FOCUS ON CHARACTERISTICS
OF HISPANIC ADOLESCENTS WITH LEARNING DISABILITIES FROM A LOW-
SOCIOECONOMIC AREA

Gina D. Garcia-Rodriguez, B.A., M.Ed.

Dissertation Prepared for the Degree of
DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

December 2009

APPROVED:

Lyndal M. Bullock, Major
Professor

Richard Fossey, Minor Professor
Bertina Combes, Committee
Member

Lloyd Kinnison, Committee
Member

Abbas Tashakkori, Chair of the
Department of Educational
Psychology

Jerry R. Thomas, Dean of the
College of Education

Michael Monticino, Dean of the
Robert B. Toulouse School
of Graduate Studies

Garcia-Rodriguez, Gina D. Analysis of School Discipline with a Focus on Characteristics of Hispanic Adolescents with Learning Disabilities from a Low-Socioeconomic Area. Doctor of Philosophy (Special Education), December 2009, 90 pp., 15 tables, references, 109 titles.

The research reported herein examined the emotional and behavioral characteristics of adolescent Hispanic students with and without learning disabilities from a middle school in north central Texas. The data were based on all students enrolled at the campus ($N = 986$), but focused on 55 students of Hispanic descent with learning disabilities and 55 students without. The data accrued for this study utilized a school discipline database. In addition, a 43-item behavioral rating scale was completed on each student of the more focused group. Methods of data analysis were derived from descriptive statistics, one-way analysis of variance, and multiple regression measurements. The results indicate that Hispanic students with learning disabilities often exhibit more disruptive behaviors.

Copyright 2009

by

Gina D. Garcia-Rodriguez

ACKNOWLEDGEMENTS

Mama and Daddy, you provided and instilled exactly what I needed in order to achieve this long-time goal...thank you! Celso and Neo, you do bigger and better. What God gave us, only makes us stronger!

Mr. Robert Sled, thank you for teaching me how to string words together in order to write a sentence, I was able to get to this point because of you! Dr. L. Bullock, Dr. B. Combes, and Dr. Fossey, thank you for being strong and understanding mentors while sharing your knowledge and passion for kids and life. Summer, Jerry, and Mickey, cohort buddies, Munchisemas Gracias! You guys are the only three in the world that truly "got me" for a couple of semesters. Jessie, Elaine, Aaron, Alyson and select Perry staff, thanks for assisting the completion of this project and previous smaller ones. Thanks also to Carrollton Farmers Branch ISD and students for allowing me the opportunity to do this research. To my great friends, Monica, Adrian, Chaz, and Irene, you guys will never understand how much you helped me keep my sanity.

David, my best friend and husband, I appreciate all that you have done and sacrificed during these past few years. I love you and can not wait for the next chapter to begin!!!

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	vi
Chapter	
1. INTRODUCTION	1
Statement of the Problem and Rationale	
Purpose of the Study	
Research Questions	
Significance of the Study	
Limitations	
Definition of Terms	
2. REVIEW OF LITERATURE	15
School Discipline	
Aggressive/Acting Out Behavior	
Irresponsible/Inattentiveness	
Social Withdrawal	
Fearful/Anxious	
Evident Academic Repercussions	
Summary	
3. METHODOLOGY AND PROCEDURES.....	32
Purpose of Study	
Research Questions	
Description of Subjects	
Procedures	
Data Analysis	
4. ANALYSIS AND DISCUSSION.....	39
Research Question 1	
Research Question 2	
Research Question 3	
Research Question 4	

5. SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS 66

- Summary
- Implications
- Recommendations
- Future Considerations
- Conclusion

REFERENCES 72

LIST OF TABLES

	Page
1. Referrals by Ethnic Background for Entire School Population	41
2. Referrals by General Characteristics for Entire School Population.....	42
3. Total School Referrals by Month.....	43
4. Characteristics of Hispanic Students with Learning Disabilities that Received Discipline Referrals.....	45
5. Characteristics of Hispanic Students without Learning Disabilities that Received Discipline Referrals.....	46
6. Means and Standard Deviations for BDRS Factors.....	47
7. Means and Standard Deviations for BDRS Factors by Gender	48
8. Means and Standard Deviations for BDRS Factors by Grade...	50
9. Behavioral Dimensions Rating Scale Scores for Both Samples	52
10. ANOVA Results- Significant Difference Between All Means...	53
11. Multiple Regression Results for Aggressive/Acting Out.....	57
12. Multiple Regression Results for Irresponsible/ Inattentiveness.....	59
13. Multiple Regression Results for Social Withdrawal.....	61
14. Multiple Regression Results for Fear/Anxious.....	63
15. Multiple Regression Results for Total Score.....	65

CHAPTER 1

INTRODUCTION

In order for students to learn, they need to attend a school where they feel safe. According to Maslow (1954), safety is a basic need that must be met in order for the child to achieve the cognitive outcomes that educators are ultimately trying to achieve. Proper school discipline is characterized by students, teachers, parents, and community visitors feeling safe on campus. The mandates for safe schools does not mean merely violence free, but safe (present or immediate freedom from threatening harm), secure (freedom from anxiety or apprehension of danger or risk), and peaceful. According to Morrison, Furlong and Morrison (1994), the school environment needs to be examined for threats of violence, as well as threats to physical, psychological, and developmental safety. A safe school environment should promote social skill development and contribute to building cohesive long lasting relationships.

There are many students who are at-risk for hindering a safe, secure, and peaceful school environment. Students who (a) are socially withdrawn, unpopular, and insecure (Warner, Weist, & Krulak, 1999); (b) are different from the majority (Morrison, Furlong, & Smith, 1994); (c) live with a single parent, especially male students living with only their mother, (d) are academically unsuccessful and have low frustration

levels (Gorski & Pilotto, 1993); and/or (e) were previously abused and live in high level of violence neighborhoods (Lynch & Cicchetti, 1998) all are at-risk for causing a disruption and/or being aggressive or violent at school. Hispanic students with learning disabilities often exhibit many of these at-risk red flags.

In the past, as well as presently, students with emotional/behavioral disorders have received school support in order to address their academic, emotional, behavioral and/or social deficits (Kistner, Osborne & LaVerrier, 1988). However, students with learning disabilities often do not receive extra support in anything other than academics even though research suggests that these students often have moderate deficits in their social, emotional, and behavioral lives as well (Bender, 1985; Brumback & Staton, 1983). The focus of this research is to determine the specific emotional, behavioral, and social deficits often exhibited by students with learning disabilities.

Educational professionals use many definitions and various criteria specific for learning disabilities (e.g., Cruickshank, 1983; Hammill, 1990). However, the definition most often used by public school districts is the national definition stated in the Individuals with Disabilities Education Act, 2004 (IDEA). The definition on which the study is based, states that a

learning disability is a disorder in which there are difficulties with one or more of the basic psychological processes involved in understanding or in using spoken or written language. This psychological issue leads to the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. According to IDEA (2004), the term does not include a learning problem that is mainly due to a visual, hearing, or motor disability, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage.

The number of individuals with learning disabilities has been significantly increasing over the past decade (Goldman & Koduru, 2000). According to the National Center for Education Statistics (2007), 4.2% of students Grades 1 through 12, had a learning disability in 2004. The Center for Disease Control and Prevention (2006) stated that 10 million Americans, between the ages of 3 and 18, are affected by one or more developmental disabilities. With such a high number of students with learning disabilities, educators obviously have a high probability of working with a student with learning problems. The high probability leads to the need for all professionals in the school to be well-informed on the physical, mental, and academic characteristics often associated with a learning disability.

Students with learning disabilities often differ from students without learning disabilities and the difference in learning is often the main reason (Cosden, Brown, & Elliot, 2002). In addition to learning differently and academic gains happening at different levels, students with learning disabilities may also differ from their non-disabled peers socially, emotionally, and/or behaviorally. Empirical evidence suggests some students with learning disabilities vary in their self-concept (Bender, 1985), locus of control (Bursuck, 1989), and temperament (Kistner et al., 1988). These variances often affect school achievement in a negative manner and may lead to failing grades or slow progression through academic material. Unfortunately, these variances are often considered non-threatening to the physical well-being of a child. Research suggests that students with learning disabilities have higher anxiety levels (Dollinger, Horn, & Boarini, 1988) and acting out behaviors (Ritter, 1989), suffer from more serious forms of depression (Bender & Wall, 1994), and have higher rates of suicide attempts and follow through (Hayes & Sloat, 1988) compared to their non-disabled peers; thus, making physical danger much more probable. The potential physical danger must be met by specific and detailed interventions for all students with learning disabilities.

As early as approximately 3 decades ago, Kauffman, Cullinan and Epstein (1987) found that of the 249 students with an emotional or behavioral disorder in their sample, an alarming 70% of them were academically one year or more behind the norm. After Kauffman and his colleague's study, Fessler, Rosenberg, and Rosenberg (1991) examined 124 students with learning disabilities that were not labeled as having an emotional or behavioral disorder. They concluded that 50% of their participants could have also qualified as having an emotional or behavioral disorder due to a behavioral or emotional need within the past 6 months. Their study concluded that behavioral and mental health issues are due primarily to the learning disability in general, and/or by the effects the label of learning disability has on the child.

Along with there being a high number of students with learning disabilities in the nation, there is also an elevated number of Hispanic students. The Hispanic population of the United States is currently the fastest growing of all minority populations (Llagas, 2003). According to the United States Census Bureau (2008), in 2006 the Hispanic population had increased by ten million since 2000. Between 2000 and 2006, Hispanics alone made up over one-half of the nation's growth and three times the growth rate of the total population. Hispanics,

between the ages of 13 and 18, make up almost 30% of the total Hispanic population (Ramirez & de la Cruz, 2002).

The Hispanic population that receives special education services is also high. The National Center of Education Statistics (2007) states 6,033,425 students between the ages of 6 and 21 received special education services under IDEA in 2004. Of these, 974,638 (16%) were Hispanic students. Approximately 550,723 (56%) of these Hispanic students that received special education services were diagnosed with a learning disability.

According to Llagas (2003), Hispanic students often tend to lag behind in many areas compared to other subpopulations. They also have higher rates of depression, anxiety, and suicidal thoughts compared to their Caucasian peers (Ozer, Park, Brindis & Irwin, 2003). Therefore, with such elevated numbers of both Hispanics and students with learning disabilities in our schools, not only are there higher chances for student failure, but there are also more chances for educators to help ensure student success.

Statement of the Problem

According to research, there is evidence that certain characteristics in students are precursors for prompting, presenting, and receiving disruptive behaviors at school (e.g.

Gorski & Pilotto, 1993; Lynch & Cicchetti, 1998; Morrison, Furlong, & Smith, 1994; Warner et al., 1999). In reviewing the characteristics of learning disabilities, adolescent Hispanic students identified as having a learning disability often exhibit most of the characteristics mentioned above (Boetsch, Green, & Pennington, 1996; Lynch & Cicchetti, 1998).

Although considerable recent research has focused on Hispanics and other minority students (e.g., Tapia, 2004; Valencia, 2000), much more attention needs to be given to Hispanic students with special needs including learning disabilities. Due to the high number of Hispanic students who often tend to lag behind in many areas compared to other subgroups (Llagas, 2003; Ozer et al., 2003), Hispanic students who have learning disabilities are likely to be negatively affected academically and socially; thus, leading to a greater chance for academic and social failure in school. Research, such as this study, is needed to further explore which characteristics are predictors for certain problematic behaviors and furthermore, which specific behaviors are exhibited by Hispanic students with and without learning disabilities.

Purpose

Schools are focusing much effort and funding to ensure safe, secure, and peaceful schools; however, they are not

targeting specific groups that might need more intense interventions before an aggressive, violent, or acting out behavior is exhibited. Due to the sheer number of Hispanic students with learning disabilities in schools and communities, all individuals who work, live, and play with these individuals need to be well informed of the physical, mental, and academic repercussions often associated with a learning disability. In an attempt to persuade school districts to focus budgets and utilize curriculum in order to better assist Hispanic students with learning disabilities, the purpose for this study is to explore the social, emotional, and behavioral characteristics that these students present.

Research Questions

The current study was guided by four research questions:

1. What are the characteristics of the school-wide discipline issues in a predominantly low socioeconomic middle school in north central Texas as determined by school discipline records? Specifically, (a) who is receiving the most school referrals; (b) who is giving the most school referrals; and (c) which month are discipline referrals most prevalent?
2. What are the behavioral functioning characteristics of Hispanic adolescent students, with and without learning

disabilities, living in a predominantly low socioeconomic area in north central Texas as determined by 2008-2009 academic year discipline records and the Behavior Dimensions Rating Scale?

3. What are the greatest social/emotional/behavioral characteristics of Hispanic adolescent students with and without learning disabilities, living in a predominantly low socioeconomic area in north central Texas as determined by the Behavior Dimensions Rating Scale?
4. Which predictor variables (i.e., gender, current grade level, first semester grade point average, or learning disability) are statistically significant and account for the greatest amount of variance in the Behavioral Dimensions Rating Scale (BDRS) score?

Significance of the Study

The significance of this study is that local schools will have knowledge of certain characteristics of students who are more likely to disrupt the learning process of others around them. Educators and parents who work and live with the students with specific learning and social/emotional/behavioral characteristics may increase their knowledge of which needs must be addressed at home and at school in addition to their academic accommodations and modifications in order for students to have

safer schools and more successful lives. There may be an academic and social/emotional benefit for all students with learning disabilities resulting from this study as well. The study provides data on Hispanic adolescents, with and without learning disabilities from a low socioeconomic area, in order for other schools with a similar population to be better prepared to accommodate their needs in order to ensure a more conducive learning environment.

Limitations

Several limitations are evident in this study. First, because of the unique student population, only one middle school in north central Texas was utilized; therefore, the results may only be generalized towards the specific population addressed (i.e., Hispanic descent, low socioeconomic area, and adolescents). An additional limitation is that all teachers completing the behavior surveys were of non-Hispanic decent and might not fully understand the relationship between Hispanic culture and student behavior. Further, teachers' perceptions of student behavior may be influenced by their personal biases and tolerance level for aberrant behavior.

Definition of Terms

The following definitions are provided in order to ensure an understanding of terms used throughout the study.

- *Acting out behaviors* are behaviors that a person exhibits in order to express feelings in a public way. These behaviors can include, but are not limited to, fighting, threatening others and/or being socially aggressive and hostile towards others or one's self (Bullock & Wilson, 1989).
- *Attention-deficit/hyperactivity disorder (ADHD)*, according to the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; 4th ed.; 1994)*, is the inability to focus attention and can sometimes be combined with excessive energy and the inability to keep still. Individuals with ADHD often are impulsive (e.g., act without thinking) and easily distracted. ADHD can make sitting still, taking turns, and keeping quiet most difficult. In order to be labeled ADHD, these symptoms have to be seen in at least two settings (e.g., home, school).
- *Bullying* includes unprovoked physical or psychological harassment which includes intimidation to varying degrees and/or taunting and ridicule, seen in patterns over time

and with repeated exposure to intentional injury or discomfort that can be inflicted by one or more students to one or more students (Batsche & Knoff, 1994; Hoover, Oliver, & Thomson, 1993; Lee, Croninger, Linn, & Chen, 1996).

- *Developmental disabilities* are disabilities that affect an individual's development from infancy to a functioning adult. According to the Center for Disease Control website, developmental disabilities are difficulties with major life activities (e.g., language, mobility, learning, self-help, independent living).
- *Ethnicity* is used to refer to people grouped together who have similar cultural traits (e.g., common language, place of origin, sense of history, values and traditions; Smedley & Smedley, 2005).
- *Fearful/anxious behavior* is characterized by tenseness, anxiety, and a sense of distrust (Bullock & Wilson, 1989).
- *Irresponsible/inattentive behavior* is characterized by an individual's lack of ability to follow patterns of behavior in order to interact; thus, breaking rules and not meeting demands (Bullock & Wilson, 1989).

- *Hispanics* are the fastest growing minority in the United States. There are various sub-groups that fall under the Hispanic title. These include Mexicans, Puerto Ricans, Central Americans (i.e., Guatemala, Honduras, Costa Rica, El Salvador, Nicaragua, and Panama), South Americans (e.g., Colombia, Venezuela, Peru, Chile, Ecuador, Uruguay, Paraguay, Argentina), and Spanish-speaking Caribbean islands (e.g., Dominican Republic; Casas & Vasquez, 1996). Casas and Vasquez (1996) remind us that Hispanics might all speak a form of Spanish and have similar descent, but like any other culture, they differ significantly.
- *Learning disabilities* definition on which the study is based comes from the Individuals with Disabilities Education Act (2004). It states that a learning disability is a disorder in which there are difficulties with one or more of the basic psychological processes involved in understanding or in using spoken or written language. This psychological issue leads to the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term does not include a learning problem that is mainly due to a visual, hearing, or motor disability, mental retardation,

emotional disturbance, or environmental, cultural, or economic disadvantage.

- *Locus of control* is a term used to explain differences in learning (Rotter, 1975). Locus of control is divided into two categories: external and internal. If a person has an external locus of control, he believes that others and circumstances out of their control to influence the end result of a situation (e.g., luck, God, Karma). Individuals with an internal locus of control believe that one has control over his own actions and events in his life (Bishop, 1994).
- *Self-concept* is the self-perception one has about personal confidence (Gresham, Elliott, & Evans-Fernandez, 1993).
- *Social issues* are problems that involve interacting with others in order to fulfill intrinsic needs (Kostelnik, Whiren, Soderman, & Gregory, 2006). This includes making friends, keeping friends, communicating, playing, and working with others.
- *Suicide* is a self-inflicted death (O'Carroll et al., 1996).

CHAPTER 2

REVIEW OF LITERATURE

For this review of literature on school discipline and the social, emotional, and behavioral characteristics of adolescents with learning disabilities, searches were conducted using Educational Resources Information Center (ERIC) and related journal articles and studies through the University of North Texas and the Internet. The review of literature included studies and articles ranging between 1975 to 2008. The keywords employed for the searches included: (a) school discipline, (b) learning disabilities, (c) emotional/behavioral disorders, (d) risk factors, and (e) Hispanics. The review is organized around the headings of (a) school discipline, (b) aggressive/acting out behavior, (c) irresponsible and inattentiveness, (d) social withdrawal, including suicide, (e) fearful/anxious behavior, and (f) academic repercussions, including drop-out rates.

School Discipline

All school staff and students of public schools have a right to attend peaceful, but most importantly safe and secure schools. Peaceful, safe, and secure schools should be violence free with limited physical and verbal aggressive acts. According to Tolan and Guerra (1994), violent behavior is any serious or extreme behavior that is intended to cause physical

harm to another person, while aggressive behavior is often less extreme and is not necessarily limited to physical harm.

Elliot, Hamburgm and Williams (1998) combine the definitions of violence and aggression from the previous authors and define school violence as a threat or use of physical force with the intent to cause physical harm or intimidate others. According to research, violence and aggression in schools is widespread and a serious epidemic (Elliot et al., 1998; Ferrell-Smith, 2003; Olweus, 1991).

The racial tension during the civil rights movement in the 1960's led to an outbreak of aggression and violence in many schools (Jaslow, 1978). Research in the early to mid 1990's suggested that there was a steady increase in the percentage of young students exhibiting aggressive behaviors in schools (Miller, 1994; Morrison, Furlong, & Morrison, 1994). By the late 1990's, research stated that many schools were not safe nor places where students can learn to the best of their abilities and/or build long lasting positive relationships (Warner, Weist, & Krulak, 1999).

There has been a history of school shootings that have had multiple homicides in cities across the nation. Cities like Pearl, MS; West Paducah, KY; Littleton, CO, and Jonesboro, AR were a few that the media covered in detail (Arcus, 2002). One

of the most covered school shootings due to the most fatalities is the 1999 school shooting at Littleton, Colorado's Columbine High School. This shooting consisted of two 12th grade male students killing 12 students, one teacher, injured 21 others, and then ended it by dying of suicide. When reviewing the attacker's video and written journals, it was determined that these boys had been planning the attack for a little over a year and it was all due to revenge (Leary, Kowalski, Smith, & Phillips, 2003). Leary and colleagues (2003), while conducting research on school shootings, found that 13 out of 15 randomly selected school shootings between 1996-2000 was due to self-esteem and self-concept issues.

There is not one specific cause for aggressive, violent and/or rule-breaking acts exhibited by students (Arllan, Gable, Kaufmann, & Lloyd, 1992). However, in examining influences in the development and functioning of students between the ages of seven and twelve, Lynch and Cicchetti (1998), found that a high percentage of students exhibit more externalizing problems if they have been abused in their past and/or lived in neighborhoods with elevated levels of violence and/or aggressive acts. The victims of violence and/or aggressive acts including bullying, sexual harassment, cultural and racial discrimination, and hate crimes, have higher probabilities of later acting in a

violent and/or aggressive way (Ferrell-Smith, 2003; Lee, Croninger, Linn, & Chen, 1996).

The age and gender of the person behind and victims of violent and aggressive acts are often males that are enrolled in 7th through 10th grade (Crick, Casas, & Mosher, 1997; Kinergy, Coggeshall, & Alford, 1998; Warner et al., 1999). Warner and colleagues also found that students who are socially isolated, unpopular, insecure, or who have moved residences often have a higher chance to be victims and later perpetrators. Morrison, Furlong and Smith (1994) also stated that students who "stood out from the crowd" were most likely to be victims of aggression and violence, then later turning it towards others.

Research states that students from single parent homes, especially male students who only live with their mothers, often have a higher risk for exhibiting violent and aggressive behaviors in school (Gorski & Pilotto, 1993). They also found that students who have low academic success, limited coping skills, and poor frustration tolerance levels have an increased possibility of displaying acting out behaviors in school. Skiba, Peterson and Williams (1997) stated that students from a low socioeconomic area are more likely to have an elevated number of disciplinary action procedures compared to students who are not of socioeconomic need. Besides gender, age, and

socioeconomic status, it has been determined that adolescents from a Hispanic descent have a higher correlation to school violence. Kelcher (2000) states that minority students, especially Hispanic males, are more likely to be suspended from school for acting out behaviors compared to their non-Hispanic peers.

Aggressive/Acting Out Behavior

Low self concept, anxiety, depression, and constant thoughts of suicide can often lead to acting out behaviors in students. Since students with learning disabilities have higher rates of the characteristics mentioned above, acting out behaviors are often seen in students with learning disabilities. McConaughy (1986), along with McConaughy and Ritter (1986) found that boys with learning disabilities have more documented problem behaviors, as evidenced through school discipline referrals, than boys who are not considered learning disabled. By reviewing parent and teacher comments, Ellen (1989) concluded that students with learning disabilities have more acting out behaviors than their non-disabled peers. Another example of how learning disabilities lead to acting out behaviors is seen in the juvenile justice system. Students acting out behaviors in schools often transfer into the community and eventually to correctional facilities. The juvenile justice system has a high

number of youth with social and emotional issues, who also have reading and writing learning disabilities; thus, confirming that low literacy is consistently related to delinquent and criminal behavior (Larson & Turner, 2002). According to Zenz and Langelett (2004), an estimated 30-50% of youth in the juvenile justice system have a learning disability.

Another form of acting out often seen in schools and in the community is drug and alcohol abuse (Hindman & Widem, 1980). An estimated 77% of American males and 60% of American females with learning disabilities abuse alcoholic substances and prescription medication on a consistent basis (Kinney & Leaton, 1996). According to Silver (1999), about 60% of individuals studied in a residential substance abuse treatment program had a learning disability. People with learning and social/emotional disabilities have a higher risk than their non-disabled peers to have an elevated occurrence of illegal substance abuse. According to the Substance Abuse and Mental Health Services (1999), of 248,679 clients served for illegal substance abuse by licensed substance abuse facilities, 34% of those individuals had learning difficulties.

Irresponsible/Inattentiveness

Students with learning disabilities have a higher probability of having characteristics of Attention Deficit Disorders with and without hyperactivity (Pastor & Reuben, 2008). According to Barkley (1994), 25% to 50% of students with learning disabilities show characteristics of Attention Deficit Disorders. Concurrently, Milan, Loh, Chow, and Wilson (1997) state that students with a learning disability are at least twice as likely to show signs of Attention Deficit Disorder. Two characteristics that many students with learning disabilities show are irresponsibility and inattentiveness. Empirical research finds that students with learning disabilities, even when not labeled with an Attention Deficit Disorder, have problems with inattention and inattentiveness (Barkely & Grodzinsky, 1994; Mayes, Calhoun, & Crowell, 1998). In particular, Hispanic males between the ages of 12 and 17 with learning disabilities are most likely to show irresponsibility and inattentiveness (Pastor & Reuben, 2008).

Social Withdrawal

Students with learning disabilities may often be socially withdrawn from society and display less social flexibility than their non-disabled peers (Keogh, 1983). Families with students who have learning disabilities are frequently isolated in their

own extended family and community and are less social than families that do not have students with learning disabilities (Dyson, 1996). In addition, the students with learning disabilities often have a more negative relationship with their siblings and parents; thus, leading to isolation and/or withdrawal within their own family (Green, 1990; Margalit & Almough, 1991).

Social withdrawal and isolation are often precursors to depression which can eventually lead to suicide (Curran, 1987). Research suggests that students with learning disabilities often suffer more from depression and lower self-esteem issues compared to their non-disabled peers (Bender & Wall, 1994; Palladino, Poli, Masi, & Marcheschi, 2000).

Several studies have suggested that there is a correlation among learning disabilities, depression, and suicide (e.g., Brumback, Staton, & Wilson, 1980; Hayes & Sloat, 1990; Livingston, 1985; Maag, Rutherford, & Parks, 1988; Peck, 1985; Pfeffer, 1986). Beck (1976) stated that students with learning disabilities find it difficult to get out of a cycle of disappointment due to repeated academic failures and high anxiety levels; thus, leading to even more negative outcomes. Guetzloe (1998) suggested that the increased amount of emotional and academic stress experienced daily leads to higher rates of

depression; thus, suicide. Goldstein, Paul, and Sanfilippo-Cohen (1985) studied 85 students with learning disabilities in a special school designed to assist students with special needs. By using the Children's Depression Inventory (Kovacs, 1992), 26% were found to be severely depressed compared to only 10% of the normative sample. A year before, Stevenson and Romney (1984) investigated the prevalence of depression among students with learning disabilities. Their research indicated that 16% of students in their learning disability sample were considered severely depressed. Magg and Behrens (1989) reviewed files of 465 middle and high school students with learning disabilities and found the highest correlation between learning disabilities and depression. Their data showed 20% of the male and 32% of the female middle school students with learning disabilities and 17% of the male and 18% of the female high school students with learning disabilities having significantly higher levels of depression than their non-disabled peers. Three years later, Wright-Stawderman and Watson (1992) investigated a group of students aged 8 through 11. Of this group, about 50% were considered learning disabled, with 36% demonstrating scores that indicated depression.

Suicide

Two decades ago, Guetzloe (1988) claimed there was a steady rise in the suicide/suicide attempt rates of people under the

age of 24 in the 1970s and 1980s. Recently, the National Institute of Mental Health (2007) claims that in 2004, suicide was one of the three leading causes of death for individuals aged 10 through 24. Depression, low self-concept, and anxiety are often the precursors to suicide and suicide attempts. Since students with learning disabilities have higher rates of these characteristics, suicide rates for students with learning disabilities are high. Several researchers have found positive correlates between suicide rates and learning disabilities (e.g., Geisthardt & Munsch, 1996; Hayes & Sloat, 1988; Huntington & Bender, 2001; Livingston, 1985; Maag et al., 1988; Pfeffer, 1986). For instance, Hayes and Sloat (1990) surveyed school counselors in urban, suburban, and rural Texas school districts about suicide related incidents and found that 14% of these schools' suicide incidents involved students with learning disabilities. Peck (1985) had more alarming results in his Los Angeles Suicide Prevention Center study. Over a 3 year period, he found that 50% of the patients who died of suicide in Los Angeles were identified by their local school districts as having a learning disability. Recent studies have found that adolescents with learning disabilities attempt suicide more often than their non-disabled peers (e.g., Svetaz, Ireland, & Blum, 2000).

Boetsch, Green, and Pennington (1996) investigated the relationship between suicide tendencies and learning disabilities. They researched the correlation between suicidal thoughts and reading difficulties and found that students with reading difficulties, including students with learning disabilities, contemplated suicide more often than students without reading difficulties. Daniel and colleagues (2006) found a correlation between learning disabilities and suicidal thought and behaviors associated with emotional disturbance. Their research states that the frustrations and difficulties in school lead to a negative self-image; thus, resulting in behaviors often found in students with emotional disorders. According to Pfeffer (1986), the high number of suicide rates is due to the cognitive limitations needed to work through stressful events and situations and the difficulty to select alternative solutions.

Fearful/Anxious

A higher number of students with learning disabilities seem to have elevated rates and more severe anxiety levels compared to their non-disabled peers (e.g., Dollinger, Horn, & Boarini, 1988; Margalit & Shulman, 1986; Margalit & Zak, 1984; Paget & Reynolds, 1984; Ritter, 1989). Margalit and Shulman (1986) used a self-report to examine the anxiety levels in 40 male

students in the same geographical area. Twenty of the forty students examined attended a special school that assisted students with learning disabilities while the other twenty attended a public school and were not identified as having learning disabilities. When the study was concluded, 13 of the 20 students with learning disabilities were considered to have generalized anxiety disorders while only three of the 20 non-disabled students showed characteristics of any anxiety disorder. Therefore, it was concluded that students with learning disabilities have significantly higher levels of anxiety than their non-disabled peers.

Signs of anxiety come in different forms. Professionals in the field who examine anxiety in students with learning disabilities identified, studied, and further examined the characteristics often associated with it. For example, Dollinger et al. (1988) examined the sleep patterns and fears of students with learning disabilities. After examining 41 students with learning disabilities, they found that anxiety in students with learning disabilities was positively correlated to sleeping problems. The students with sleeping problems often found themselves thinking about their own competence in school hoping that they would not appear as though they were incompetent in a public setting.

Margalit and Raviv (1984) studied the prevalence of minor somatic complaints in students with learning disabilities. Individuals who suffer from some forms of anxiety often feel physical pain and fatigue without a demonstrated organic cause. Their study consisted of 130 students with learning disabilities and 128 students without learning disabilities. The students with learning disabilities had a significantly higher proportion of complaints compared to their non-disabled peers, therefore suggesting that students with learning disabilities showed higher levels of anxiety. Gregg, Hoy, King, Moreland and Jagota (1992) studied college students with learning disabilities. They, too, found that there were significantly high numbers of university students with learning disabilities who suffer from severe forms of anxiety.

Evident Academic Repercussions

The social, behavioral, and emotional characteristics mentioned above may set students with learning disabilities up for future failure. Depression, anxiety, emotional disturbance, and suicidal tendencies affect the academic performance of students in a negative manner. These ailments make learning difficult, leaving students with learning disabilities with a higher chance for severe academic consequences. An educational repercussion from the social and emotional characteristics of

learning disabilities is a higher probability of dropping out of school.

Drop-Out Rates

Drop-out rates affect individuals, families, and the nation as a whole. Especially in today's economy, McHugh (2008) states that in Philadelphia, like many other cities in the nation, simply receiving a high school diploma increases a graduate's lifetime wages by an average of 90% compared to a student who does not complete high school. According to the United States Census Bureau (2004), in 2003, individuals who did not complete high school made an average of \$8,454 less than their peers who graduated high school. The Workforce Training and Education Coordinating Board (2009) states that students who drop out of high school have restricted job opportunities. Further, they state that 72% of people who drop out of high school are more likely to be unemployed.

Drop-outs affect the nation in a negative manner. Each year, drop-outs cost the United States between \$60 and \$228 billion, through welfare settlements, lost revenue, unemployment benefits, and crime prevention (Grayson, 1998; Muenning, 2005). According to the Workforce Training and Education Coordinating Board (2009), in 2002 high school drop-outs were more likely to

go to prison and receive more public assistance than individuals who graduated from high school.

Even with the known consequences for drop-outs, the drop-out rate for American students is high, and for certain populations the rates are higher. In reviewing The Texas Education Agency's Academic Excellence Indicator System's (AEIS) report of 2005-2006, 6.3% of Texas students with high incident disabilities dropped out of school, putting Texas at the lower end compared to other regions. High risk populations for drop-out include students from the southern and western regions of the country, students from low socioeconomic families, non-European backgrounds, single parent families, and/or students with learning disabilities. In 1992, Wagner, D'Amico, Marder, Newman, and Blackorby discovered that students with learning disabilities or students with learning disabilities and emotional disturbance characteristics dropped out of school at higher rates than students who did not receive special education. In their sample, 36% of 11th and 12th grade students with learning disabilities dropped out of school in a 2 year period, while 59% of students with learning disabilities and social/emotional troubles, like the ones previously mentioned, dropped-out of school before a 2 year period. MacMillan (1991) concluded that students with mild disabilities (e.g., learning

disabilities, behavior disorders) have elevated drop-out rates compared to their peers with more severe disabilities. MacMillan noted that 27.1% of students with learning disabilities, 24.9% of students with mental retardation, and 50.6% of students with emotional disturbance dropped out; whereas, only 11.8% of students with visual impairments and 9.5% of students with autism dropped out.

In addition to there being a higher risk for students with learning disabilities to drop out, there is also a higher risk for Hispanic students to drop out (Hall, 2007). Hall (2007) states that in 2006, Texas graduation rates were as follows: Asian Americans, 92.7%; Caucasian, 89.5%; African American, 81.7%; and Hispanic students, the lowest at 77.4%.

Summary

Obviously, educators and parents want their students to feel safe and secure in their schools. This feeling of safety is the only way to ensure a clear mind is ready to learn the concepts that teachers are trying to teach. However, there are some obstacles that educators and parents need to overcome in order to meet these needs. Hispanic adolescent students with learning disabilities are a group that needs additional support in order to ensure the security and safety of those around them. In addition to learning differently and academic gains occurring

at different levels, students with learning disabilities may differ from their non-disabled peers socially, emotionally, and/or behaviorally. Students with learning disabilities often have higher possibilities of exhibiting aggressive and/or acting out behaviors (e.g., Ellen, 1989; Larson & Turner, 2002) including substance and alcohol abuse (Silver, 1999). Students with learning disabilities typically show increased levels of irresponsibility and inattentiveness, often exhibiting characteristic of Attention Deficit Hyperactivity Disorder (ADHD) (Pastor & Reuben, 2008). Social withdrawal is an added characteristic often associated with students with learning disabilities (Keogh, 1983). The parents and families of students with learning disabilities often feel isolated (Margalit & Almough, 1991). There is a correlation between this social isolation and depression (Hayes & Sloat, 1990), and thus, thoughts of suicide are more prominent (Geisthardt & Munsch, 1996). A higher number of students with learning disabilities appear to have elevated rates and more severe anxiety levels compared to their non-disabled peers (Dollinger et al., 1988; Margalit & Shulman, 1986; Margalit & Zak, 1984; Ritter, 1989). Along with these social, emotional, and behavioral characteristics, come evident academic and disciplinary repercussions.

CHAPTER 3

METHODOLOGY AND PROCEDURES

Chapter 3 begins with the purpose of the study followed by the research questions, and a detailed description of the subjects, and procedures followed. Concluding this chapter are the procedures for analyzing the data.

Purpose

Schools are focusing much effort and funding to ensure safe, secure, and peaceful schools; however, little attention is given to specific groups that might need more intense interventions before an aggressive, violent, or acting out behavior is exhibited. Due to the sheer number of Hispanic students with learning disabilities in schools and communities, all individuals who work, live, and play with these individuals need to be well informed of the physical, mental, and academic repercussions often associated with a learning disability. In an attempt to persuade school districts to focus budgets and utilize curriculum in order to better assist Hispanic students with learning disabilities, the purpose for this study was to explore the social, emotional, and behavioral characteristics that these students present.

Research Questions

The current study was guided by four research questions:

1. What are the characteristics of the school-wide discipline issues in a predominantly low socioeconomic middle school in north central Texas as determined by school discipline records? Specifically, (a) who is receiving the most school referrals; (b) who is giving the most school referrals; and (c) which month are discipline referrals most prevalent?
2. What are the behavioral functioning characteristics of Hispanic adolescent students, with and without learning disabilities, living in a predominantly low socioeconomic area in north central Texas as determined by 2008-2009 academic year discipline records and the Behavior Dimensions Rating Scale?
3. What are the greatest social/emotional/behavioral characteristics of Hispanic adolescent students with and without learning disabilities, living in a predominantly low socioeconomic area in north central Texas as determined by the Behavior Dimensions Rating Scale?
4. Which predictor variables (i.e., gender, current grade level, first semester grade point average, or learning disability) are statistically significant and account for

the greatest amount of variance in the Behavioral Dimensions Rating Scale (BDRS) score?

Description of Subjects

All subjects were selected from a middle school (Grades 6 through 8) in a school district located in north central Texas. The selected middle school serves 986 students between the ages of 11 and 15. The majority, 81%, of the student population is Hispanic. The remainder consists of 10% Caucasian, 4% African American, 4% Asian and 1% other. The middle school serves approximately 120 students under the Individuals with Disabilities Education Act (IDEA; 2004). The special education student population is comparable to the overall student population with the majority being Hispanic (80%).

For the investigation reported herein, the subjects were of Hispanic descent ($n = 55$) and had been identified as having a learning disability and who were receiving special education services. The comparable group were students of Hispanic descent ($n = 55$) without learning disabilities who were randomly selected from a list of eligible students. Students without learning disabilities were randomly selected from the teachers' fourth period class rosters. Of the 55 students with learning

disabilities, 33 were male and 22 were female; therefore, the students without learning disabilities were a similar sample.

Procedures and Data Analysis

Initially, the study consisted of evaluating all registered students' behaviors, and then looked for patterns in these behaviors. This was done by using the school's discipline computer database. The computer database consists of information on students who received school discipline referrals, the reason which teachers made the referrals, and the time of the day the behaviors occurred.

After the behaviors of students in the selected school were analyzed, the study focused on all Hispanic students with learning disabilities on campus. Hispanic students without learning disabilities were randomly selected from volunteer teachers' fourth period class rosters. All potential (non-disabled Hispanic) students from each class roster were listed on a Microsoft® Excel spreadsheet. Using the =RAND() function and then sorting the numbers given in numeric order from highest to lowest, the first nine students from five volunteer teachers and the first ten from one volunteer teacher were selected. After the list of Hispanic students with and without learning disabilities was selected, certain data were collected. Gender, current grade level, and first semester grade point average were collected from the students' school records available on the

school's database. All students discipline records were retrieved from the same database.

Also collected for both groups of students was a behavioral survey completed by the volunteer teachers. For the students with learning disabilities, a special education teacher that has worked with them for at least 6 months completed the survey, while the general education population had their fourth period teacher complete the survey. The behavioral survey used in this study was the Behavior Dimensions Rating Scale (BDRS) (Bullock & Wilson, 1989). The BDRS is an individualized, scoring assessment instrument designed to measure patterns of behavior related to emotional problems. The BDRS covers a wide range of observable behaviors. It was nationally standardized on subjects from kindergarten through Grade 11. The rating form displays 43 items on a single page. For each pair of descriptors, the rater selects a position on a 7 point continuum (e.g., hurts others or praises others) that best describes the behavior exhibited by the subject. Results of the ratings yield normed scores expressed as T-scores (mean = 50; standard deviation = 10) for four subscales and the total scale. The four BDRS Subscales are Aggressive/Acting Out, Irresponsible/Inattentive, Socially Withdrawn, and Fearful/Anxious. As the rater circled the most appropriate

choice for each item, the mark was simultaneously recorded on the scoring page.

Collection of current grade level, gender, and first semester grades were placed on a spreadsheet. While the data collection process was being conducted, students' first and last names were penciled in by an ascending number list on this Microsoft Excel spreadsheet. The behavioral surveys given to the volunteer teachers had the students given number on the "Name" section along with an attached sticky note with the student's legal name. As soon as the survey was completed, the teacher removed the sticky note and disposed of it accordingly. The researcher then collected the behavioral scores and documented them on the data spreadsheet. As soon as all data were retrieved, the column with names was eliminated from the spreadsheet and destroyed leaving no identifiable information towards a specific student.

In order to answer the research questions selected for this study, all data were analyzed using a casual comparative model where I then identified a causative relationship between an independent variable and a dependent variable (Gay & Airasian, 2003). In other words, I attempted to find the effect of a learning disability (independent variable) on social/emotional/behavioral characteristics (dependent variable)

for students from a low socio-economic area in north central Texas.

The principal method of data analysis was derived from descriptive statistics in the form of frequencies, means, and distributions with respect to the demographic variables. The learning disability is the primary variable in this study with possible correlations in social, emotional, and behavioral attributes. One-way analysis of variance was conducted for group differences on continuous measures (i.e., social, emotional and/or behavioral characteristics). In order to differentiate categorical measures (e.g., gender, grade, age at first referral), tests for multiple regression were used. One-way analysis of variance (ANOVA) and multiple regression measurements were used to determine if there were statistically significant differences between the groups on measures of social, emotional, and behavioral functioning.

CHAPTER 4

ANALYSIS AND DISCUSSION

The current study was guided by four questions that reviewed (a) the characteristics of students who received school discipline referrals, (b) the characteristics of teachers who gave school discipline referrals and when these school discipline referrals were most prevalent, (c) the behavioral functioning characteristics of Hispanic adolescents with and without learning disabilities, (d) the greatest social/emotional/behavioral need presented by Hispanic students with and without learning disabilities, and (d) the specific predictors that determine the quantity of school discipline referrals and the scores on a behavioral rating scale.

Research Question 1

What are the characteristics of the school-wide discipline issues in a predominantly low socioeconomic middle school in north central Texas as determined by school discipline records? Specifically, (a) who is receiving the most school referrals; (b) who is giving the most school referrals; and (c) which month are discipline referrals most prevalent?

In order to determine the characteristics of the school-wide discipline issues in a predominantly low socioeconomic middle school in north central Texas as determined by school discipline records, 986 registered students' discipline records

were analyzed. The data were accumulated using the school's discipline computer database. The database indicated that 683 school discipline referrals had been made by the school staff. The 683 discipline referrals were represented by 270 students. Of the 270 students, approximately 85% were male. Of the 85% of male referrals, 59% were 7th grade Hispanic students who received special education services. Therefore, the population that received the most discipline referrals at this predominantly low socioeconomic middle school in north central Texas during the 2008-2009 school year, were 7th grade Hispanic males that received special education services.

As shown in Table 1, 87% percent of all school referrals were received by Hispanic students, even though only 81% percent of the school population is Hispanic. Approximately 4% of the student population is African American; however, 8% of all referrals were received by African American students. Hispanic and African American students were overrepresented, while Caucasian, Asian, and "other" were underrepresented.

Table 1

Referrals by Ethnic Background for Entire School Population

Ethnicity	Number of referrals	Percentage	Total school pop	Representation
Hispanic	596	87.0%	81.24%	Over
African American	52	8.0%	4.26%	Over
Caucasian	31	4.50%	9.94%	Under
Asian	3	.40%	4.36%	Under
Other	1	.10%	.20%	Under

Number of referrals = 683

An examination was made of the teacher demographics in the school. There was a total of 69 teachers, of these 23 were male and 46 were female. There were 4 African Americans, 2 Asians, 58 Caucasians, and 5 Hispanics.

The majority of the school discipline referrals was given by female Caucasian general education teachers between the ages of 22-27. The top two teachers who gave the most referrals had been in the classroom under three years and were under the age of 25. The fine arts, physical education, English as a second language, and special education teachers made the fewest discipline referrals. Together, those four departments only made up 4% of the total number of school discipline referrals given in the 2008-2009 academic school year.

As shown in Table 2, the 7th grade population received 43% of the school discipline referrals, 8th grade received 31%, and 6th grade received the least at 26%. Of the 986 enrolled students, 11% received special education services; however, 13% of the total discipline referral population was receiving special education services, therefore, there was an overrepresentation of special education students.

Table 2

Referrals by General Characteristics for Entire School Population

Characteristic	Percentage	Total Pop	Representation
6 th grade	26%	41%	Under
7 th grade	43%	32%	Over
8 th grade	31%	27%	Under
Special Education Services	13%	11%	Over
No Special Education Services	87%	89%	Under

N=986

As seen in Table 3, most school discipline referrals were received by the students during the months of March, April and October. In March, the student population was receiving about six referrals every school day. In October and April the student population received about 5 discipline referrals per day. The months that students received the fewest school

discipline referrals were in the middle of the school year (November, December, January, and February).

Table 3

Total School Referrals by Month

Months	Referrals	School days	Average per day
Sept	72	20	3.6
Oct	107	20	5.4
Nov	45	15	3
Dec	47	14	3.4
Jan	46	20	2.3
Feb	79	20	4
March	93	17	5.5
April	110	22	5
May	80	20	4

Research Question 2

What are the behavioral functioning characteristics of Hispanic adolescent students, with and without learning disabilities, living in a predominantly low socioeconomic area in north central Texas as determined by 2008-2009 academic year discipline records and the Behavior Dimensions Rating Scale (BDRS)?

In order to determine the behavioral functioning characteristics of Hispanic adolescent students, with and without learning disabilities, living in a predominantly low socioeconomic area in north central Texas, each participant's current year's first semester discipline records and the BDRS data were collected and analyzed.

The subjects used in this study were comprised of all the students of Hispanic descent who received special education services for learning disabilities in the school (group 1, n = 55). Fifty-five Hispanic students without disabilities, randomly selected, served as the comparison group (group 2, n = 55). In both groups of 55 students with and without learning disabilities, 33 were male and 22 were female.

According to the data, 69 discipline referrals were represented by 23 students with learning disabilities and 36 referrals were represented by 12 students without learning disabilities. As seen in Table 4, the characteristics of the students with learning disabilities that received discipline referrals are as follows: 19 males, 4 females; 8 6th graders, 11 7th graders, and 4 8th graders. As seen in Table 5, the characteristics of the students without learning disabilities that received discipline referrals are as follows: 9 males, 3 females; 3 6th graders, 4 7th graders, and 5 8th graders.

Table 4

Characteristics of Hispanic Students with Learning Disabilities that Received Discipline Referrals

Grade Level Gender	No. Students by Gender	No. Students with Referrals	No. Referrals by Students			
Grade 6						
Males	13	6	13			
Females	8	2	8			
Totals	21	8	21			
Grade 7						
Males	12	10	25			
Females	7	1	8			
Totals	19	11	33			
Grade 8						
Males	8	3	8			
Females	7	1	7			
Totals	15	4	15			
Grand Totals						
	M	33	M	19	M	46
	F	22	F	4	F	23
	Total	55	Total	23	Total	69

Table 5

Characteristics of Hispanic Students without Learning Disabilities that Received Discipline Referrals

Grade Level Gender	No. Students by Gender	No. Students with Referrals	No. Referrals by Students
Grade 6			
Males	13	2	6
Females	9	1	4
Totals	22	3	10
Grade 7			
Males	11	3	8
Females	6	1	6
Totals	17	4	14
Grade 8			
Males	9	4	7
Females	7	1	5
Totals	16	5	12
Grand Totals			
	M 33	M 9	M 21
	F 22	F 3	F 15
	Total 55	Total 12	Total 36

In addition to examining school discipline records, the BDRS scores were collected for each student in both groups. The Fear/Anxiety subcategory mean was the highest (58.31) for the group with learning disabilities, while Acting Out subcategory

mean was the highest (49.32) for the group without learning disabilities (see Table 6).

Table 6

Means and Standard Deviations for BDRS Factors

	<u>Learning Disability</u> <u>(n = 55)</u>		<u>No Learning Disability</u> <u>(n = 55)</u>		<u>Total</u> <u>(N = 110)</u>	
	Mean	SD	Mean	SD	Mean	SD
BDRS-Act/Agg	57.18	8.562	49.32	4.497	53.22	7.854
BDRS-Irr/Ina	57.65	7.237	48.66	4.522	53.12	7.506
BDRS-Soc With	57.29	9.678	48.43	3.286	52.85	8.243
BDRS-Fear/Anx	58.31	8.196	47.48	3.286	52.85	8.243
BDRS-TOTAL	59.40	9.508	47.50	2.997	53.40	9.197

As presented in Table 7, the highest subcategory mean for males with learning disabilities was Fear/Anxiety ($M = 56.60$, $SD = 7.754$), while highest subcategory mean for females with learning disabilities was Irresponsible/ Inattentiveness ($M = 62.10$, $SD = 7.063$). The highest subcategory mean for males without learning disabilities was Acting Out/Aggressive ($M = 49.23$, $SD = 4.507$), while the highest subcategory mean for

females without learning disabilities was Social Withdrawn ($M = 49.50$, $SD = 5.962$).

Table 7

Means and Standard Deviations for BDRS Factors by Gender

		<u>Learning Disability</u> ($n = 55$)			<u>No Learning Disability</u> ($n = 55$)		
		Mean	SD	N	Mean	SD	N
BDRS- Act/Agg	M	55.09	8.621	35	49.23	4.507	30
	F	60.85	7.286	20	49.27	4.574	25
BDRS- Irr/Ina	M	55.11	6.086	35	48.03	4.953	30
	F	62.10	7.063	20	48.00	3.960	25
BDRS- Soc With	M	55.63	9.130	35	47.50	4.876	30
	F	60.20	10.149	20	49.50	5.962	25
BDRS- Fear/Anx	M	56.60	7.754	35	46.83	2.780	30
	F	61.30	8.279	20	48.23	3.702	25
BDRS- TOTAL	M	56.49	8.493	35	47.20	2.670	30
	F	64.50	9.208	20	47.85	3.355	25

Therefore, in reviewing the data, Hispanic students with learning disabilities and Hispanic students without learning disabilities notably vary in the number of problematic behaviors when comparing the number of discipline referrals and scores on the BDRS. As shown in Tables 4 and 5, Hispanic students with learning disabilities received double the amount of discipline referrals. Data in Tables 4 and 5 confirm that Hispanic

students (a) with learning disabilities, (b) that are male, and (c) that are in the 7th grade get more discipline referrals than any other group. When reviewing all the sub-scale scores (see Table 6), data revealed that Hispanic students with learning disabilities exhibit more fearful and anxious behaviors ($M = 58.31$, $SD = 8.196$), while Hispanic students without learning disabilities seemed to exhibit more aggressive and acting out behavior ($M = 49.32$, $SD = 4.497$). Hispanic female students with learning disabilities exhibit more irresponsible and inattentive behaviors ($M = 62.10$, $SD = 7.063$), while Hispanic females without learning disabilities exhibit more social withdrawal ($M = 49.50$, $SD = 5.962$). When looking at Hispanic males and females with and without learning disabilities grade level, it was very similar to previous data. As shown in Table 8, sixth and seventh graders with learning disabilities exhibit more fearful and anxious behavior ($M = 57.05$, $SD = 9.102$; $M = 60.59$, $SD = 7.775$); whereas, eighth graders scored higher on both aggressive and acting out behavior and social withdraw sub-scales ($M = 57.50$, $SD = 6.446$; $M = 57.50$, $SD = 12.617$).

Sixth grade students without learning disabilities scored higher on irresponsible/inattentive behaviors ($M = 49.64$, $SD = 4.416$); whereas, 7th and 8th graders without learning disabilities exhibit more aggressive and acting out behavior ($M = 49.17$, $SD = 4.323$; $M = 49.23$, $SD = 4.859$).

Table 8

Means and Standard Deviations for BDRS Factors by Grade

		<u>Learning Disability</u> <u>(n = 55)</u>			<u>No Learning Disability</u> <u>(n = 55)</u>		
		Mean	SD	N	Mean	SD	N
BDRS- Act/Agg	6	55.71	8.149	21	49.50	4.416	22
	7	58.41	9.984	22	49.17	4.324	12
	8	57.50	6.446	12	49.23	4.859	22
BDRS- Irr/Ina	6	56.14	8.163	21	49.64	4.796	22
	7	59.59	6.987	22	47.83	3.380	12
	8	56.75	5.479	12	48.14	4.784	22
BDRS- Soc With	6	54.95	7.546	21	48.82	6.580	22
	7	59.41	9.644	22	47.33	2.774	12
	8	57.50	12.617	12	48.64	5.438	22
BDRS- Fear/Anx	6	57.05	9.102	21	47.18	3.187	22
	7	60.59	7.775	22	47.58	3.895	12
	8	56.33	8.851	12	47.73	3.165	22
BDRS- TOTAL	6	57.24	9.674	21	47.95	3.565	22
	7	61.59	9.620	22	46.83	2.443	12
	8	59.17	8.851	12	47.41	2.684	22

Research Question 3

What are the greatest social/emotional/behavioral characteristics of Hispanic adolescent students with and without learning disabilities, living in a predominantly low socioeconomic area in north central Texas as determined by the Behavior Dimensions Rating Scale (BDRS)?

In order to determine the greatest social/emotional/behavioral characteristics of Hispanic adolescent students with and without learning disabilities, living in a predominantly low socioeconomic area in north central Texas, scores from the BDRS were collected. All Hispanic students with learning disabilities on campus and Hispanic students without learning disabilities randomly selected from a group of volunteer teachers' class rosters were used. Each behavior rating scale was completed by one of the teachers who taught the students for the past six months. The four BDRS Subscales are Aggressive/Acting Out, Irresponsible/ Inattentiveness, Socially Withdrawn and Fearful/Anxious.

To investigate differences and find the greatest social/emotional/behavioral characteristic between Hispanic students with and without learning disabilities, the difference between means was determined to conclude which subcategory was highest compared to the others (See Table 9). In all subcategories, including the total, the students with learning disabilities had a higher mean than students without learning disabilities. When subtracting the means between the scores of students with and without learning disabilities, the subcategory Fear/Anxious had the largest difference (10.83), while Acting Out/Aggressive had the smallest difference (8.59). Therefore, by using the difference in behavior rating scores, it is

determined that students with and without learning disabilities differ most in Fear/Anxious behavior, while they are most similar in Acting Out/Aggressive behavior.

Table 9

Behavioral Dimensions Rating Scale Scores for Both Samples

	<u>Learning Disability</u> (n = 55)		<u>No Learning Disability</u> (n = 55)		<u>Difference in Mean</u>
	Mean	SD	Mean	SD	
BDRS-Act/Agg	57.18	8.562	49.32	4.497	8.59
BDRS-Irr/Ina	57.65	7.237	48.66	4.522	9.70
BDRS-Soc With	57.29	9.678	48.43	3.286	8.86
BDRS-Fear/Anx	58.31	8.196	47.48	3.286	10.83
BDRS-TOTAL	59.40	9.508	47.50	2.997	11.90

An ANOVA was run on the means to determine which were statistically significantly different from each other (See Table 10). In all subcategories there was a significant difference between the students with and without learning disabilities scores.

Table 10

ANOVA Results- Significant Difference Between all Means

		<i>Sum of Squares</i>	<i>Df</i>	<i>F</i>	η	<i>p</i>
<i>Acting Out/ Aggressive</i>	<i>Between</i>	2048.661	1	31.559	22.5	.000
	<i>Within</i>	7075.735	109			
	<i>Total</i>	9124.396	110			
<i>Irresponsible/ Inattentiveness</i>	<i>Between</i>	2615.157	1	49.001	31	.000
	<i>Within</i>	5817.276	109			
	<i>Total</i>	8432.432	110			
<i>Social Withdraw</i>	<i>Between</i>	2179.337	1	35.502	24.6	.000
	<i>Within</i>	6691.060	109			
	<i>Total</i>	8870.396	110			
<i>Fear/Anxious</i>	<i>Between</i>	3252.669	1	83.980	43.5	.000
	<i>Within</i>	4221.728	109			
	<i>Total</i>	7474.396	110			

Significant differences between the means were found in all subcategory totals ($p < .05$). In Table 10, a summary of the

analysis of variance shows the highest value is fear/anxious, $F(1,109)=83.980$, $p<.001$. A measure of association was calculated to determine the strength of the association between the independent (learning disability or no disability) and dependent (BDRS score) variable.

Research Question 4

Which predictor variables (i.e., gender, current grade level, first semester grade point average, or learning disability) are statistically significant and account for the greatest amount of variance in the Behavioral Dimensions Rating Scale (BDRS) score?

Data about the social/emotional/behavioral characteristics of Hispanic adolescent students with and without learning disabilities living in a predominantly low socioeconomic area in north central Texas was accrued from teachers' completion of the BDRS. The information collected was formed into five subscales. These subscales were Aggressive/Acting Out, Irresponsible/Inattentiveness, Socially Withdrawn and Fearful/Anxious. There were also five descriptive variables: gender, grade level, first semester grade point average, number of discipline referrals, and presence of a learning disability.

In order to determine which predictor variables (gender, grade level, first semester grade point average, number of discipline referrals, and presence of a learning disability)

contribute most to BDRS subscales and total scale scores, multiple regression analyses were performed.

Results for Aggressive/Acting Out

Investigation of the subcategory Aggressive/Acting Out began with an examination of the data. No data were found to be missing and the relationship between the predictors and the dependent variable was determined to be primary homoskedastic. The resulting skewness and kurtosis values were in the acceptable range; therefore, no data transformations of the continuous variables were performed. A standard multiple regression between the subscales and the predictor variables of gender, grade level, first semester grade point average, number of discipline referrals and presence of a learning disability was performed using SPSS REGRESSION for evaluation of assumptions. The regression yielded a R value of .727, F value of 23.538, R Square of .528 and $p < .05$. This result was statistically significant at the .05 level. These results indicated 53% of the variance of the dependent variable performance could be explained by the predictor variables. The resulting beta weights are presented in Table 11. According to the beta weights produced, the predictor variables contributing most to the R Square Value were the number of discipline

referrals and the presence of a learning disability. In addition to beta weights, structure coefficients were examined.

While R Square indicates the percentage of total variance shared by the predictors and the dependent variable, structure coefficients allow the researcher to see the individual percentages each predictor contributed. Structure coefficients are calculated by dividing the Pearson's r between the predictor variable and the dependent variable by the multiple R-value produced in the regression. In essence, the process is taking out the influence of each individual predictor from the entire predicted value so that individual contributions made by each predictor can be seen. This value is then squared, resulting in a squared structure coefficient. The squared structure coefficient is valuable in that it tells what percentage of the R square value is being explained by each predictor variable.

After examining beta weights, the only predictor with statistical significance was presence of a learning disability and quantity of discipline referrals. Squared structure coefficients depicted that the quantity of discipline referrals (54%) was the best predictor of a higher score on aggressive and acting out behaviors subscale, however the presence of a learning disability (48%) is also a high predictor. Therefore, the data show that students with learning disabilities that had

high number of discipline referrals tend to have more aggressive and acting out behaviors.

Table 11

Multiple Regression Results for Aggressive/Acting Out

Predictor	Beta weight	Structure Coeff	Squared structured coeff
Grade Point Average	.015	-.572	33%
# Discipline Referrals	.525	.733	54%
Gender	.270	.161	3%
Grade Level	-.063	-.014	>1%
Presence of LD	.443	.692	48%

Results for Irresponsible/Inattentiveness

Investigation of the subcategory Irresponsible/Inattentiveness began with an examination of the data. No data was found to be missing and the relationship between the predictors and the dependent variable was determined to be primary homoskedastic. The resulting skewness and kurtosis values were in the acceptable range; therefore, no data transformations of the continuous variables were performed. A standard multiple regression between subscales and the predictor variables of gender, grade level, first semester grade point average, number of discipline referrals, and presence of a

learning disability was performed using SPSS REGRESSION for evaluation of assumptions. The regression yielded a R value of .717, F value of 22.240, R Square of .514 and $p < .05$. This result was statistically significant at the .05 level. These results indicated 51% of the variance of the dependent variable performance could be explained by the predictor variables. The resulting beta weights are provided in Table 12. According to the beta weights produced, the predictor variable contributing most to the R Square Value was the presence of a learning disability. In addition to beta weights, structure coefficients were examined.

After examining beta weights, the only predictor with statistical significance was presence of a learning disability and then the gender and quantity of discipline referrals. Squared structure coefficients depicted that the presence of a learning disability (71%) was the best predictor of a higher score on Irresponsible/Inattentiveness behavior subscale; however, grade point average (47%) and quantity of discipline referrals (26%) are also high predictors. Therefore, the data show that students with learning disabilities that had lower grade point averages tended to have more irresponsible and inattentive behavior.

Table 12

Multiple Regression Results for Irresponsible/Inattentiveness

Predictor	Beta weight	Structure Coeff	Squared Structured Coeff
Grade Point Average	-.192	-.687	47%
# Discipline Referrals	.257	.512	26%
Gender	.276	.159	3%
Grade Level	-.128	-.107	1%
Presence of LD	.472	.840	71%

Results for Social Withdrawal

Investigation of the subcategory Social Withdrawal began with an examination of the data. No data was found to be missing and the relationship between the predictors and the dependent variable was determined to be primary homoskedastic. The resulting skewness and kurtosis values were in the acceptable range; therefore, no data transformations of the continuous variables were performed. A standard multiple regression between subscales and the predictor variables of gender, grade level, first semester grade point average, number of discipline referrals, and presence of a learning disability was performed using SPSS REGRESSION for evaluation of assumptions. The regression yielded a R value of .529, F value

of 8.160, R Square of .280 and $p < .05$. This result was statistically significant at the .05 level. These results indicated 28% of the variance of the dependent variable performance could be explained by the predictor variables. The resulting beta weights are located in Table 13. According to the beta weights produced, the predictor variable contributing most to the R Square Value was the presence of a learning disability. In addition to beta weights, structure coefficients were examined.

After examining beta weights, the only predictor with statistical significance was the presence of a learning disability and a low grade point average. Squared structure coefficients depicted that the presence of a learning disability (88%) was the best predictor of a higher score on Social Withdrawal behavior subscale; however, grade point average (19%) was also a high predictor. Therefore, the data shows that students with learning disabilities that had lower grade point averages had more socially withdrawn behavior.

Table 13

Multiple Regression Results for Social Withdrawal

Predictor	Beta weight	Structure Coeff	Squared Structured Coeff
Grade Point Average	-.233	-.440	19%
# Discipline Referrals	.020	.038	1%
Gender	.125	.236	6%
Grade Level	.009	.017	>1%
Presence of LD	.496	.938	88%

Results for Fear/Anxious

Investigation of the subcategory Fear/Anxiety began with an examination of the data. No data were found to be missing and the relationship between the predictors and the dependent variable was determined to be primary homoskedastic. The resulting skewness and kurtosis values were in the acceptable range; therefore, no data transformations of the continuous variables were preformed. A standard multiple regression between subscales and the predictor variables of gender, grade level, first semester grade point average, number of discipline referrals, and presence of a learning disability was performed using SPSS REGRESSION for evaluation of assumptions. The regression yielded a R value of .724, F value of 23.176, R

Square of .525 and $p < .05$. This result was statistically significant at the .05 level. These results indicated 53% of the variance of the dependent variable performance could be explained by the predictor variables. The resulting beta weights are located in Table 14. According to the beta weights produced, the predictor variable contributing most to the R Square Value was the presence of a learning disability. In addition to beta weights, structure coefficients were examined.

After examining beta weights, there was statistical significance in the presence of a learning disability, grade point average, and the quantity of discipline referrals. Squared structure coefficients depicted that the presence of a learning disability (83%) was the best predictor of a higher score on Fear/Anxious behavior subscale; however, grade point average (27%) and quantity of discipline referral were also high predictors. Therefore, the data show that students with learning disabilities that had lower grade point averages had more fearful and anxious behavior.

Table 14

Multiple Regression Results for Fear/Anxious

Predictor	Beta weight	Structure Coeff	Squared Structured Coeff
Grade Point Average	-.375	-.518	27%
# Discipline Referrals	.306	.423	18%
Gender	.109	.150	>1%
Grade Level	-.046	-.064	>1%
Presence of LD	.660	.912	83%

Results for Total Score

Investigation of the total score began with an examination of the data. No data was found to be missing and the relationship between the predictors and the dependent variable was determined to be primary homoskedastic. The resulting skewness and kurtosis values were in the acceptable range; therefore, no data transformations of the continuous variables were performed. A standard multiple regression between subscales and the predictor variables of gender, grade level, first semester grade point average, number of discipline referrals, and presence of a learning disability was performed using SPSS REGRESSION for evaluation of assumptions. The regression yielded a R value of .749, F value of 26.910, R

Square of .562 and $p < .05$. This result was statistically significant at the .05 level. These results indicated 56% of the variance of the dependent variable performance could be explained by the predictor variables. The resulting beta weights are located in Table 15. According to the beta weights produced, the predictor variable contributing most to the R Square Value was the presence of a learning disability. In addition to beta weights, structure coefficients were examined.

After examining beta weights, there was statistical significance in the presence of a learning disability, grade point average, and the quantity of discipline referrals. Squared structure coefficients depicted that the presence of a learning disability (75%) was the best predictor of a higher Total score; however, grade point average (30%) and quantity of discipline referrals (23%) were also high predictors. Therefore, the data show that students with learning disabilities that had lower grade point averages and high discipline referrals had more problematic behavior.

Table 15

Multiple Regression Results for Total Score

Predictor	Beta weight	Structure Coeff	Squared Structured Coeff
Grade Point Average	-.408	-.545	30%
# Discipline Referrals	.358	.478	23%
Gender	.155	.207	>1%
Grade Level	-.028	-.037	>1%
Presence of LD	.650	.868	75%

Chapter 5

SUMMARY, IMPLICATIONS and RECOMMENDATIONS

A school-wide discipline program computer database and behavior rating scales were used to accrue data on the behavioral functioning of Hispanic adolescent students with and without learning disabilities living in a predominantly low socioeconomic area in north central Texas. This chapter includes (a) a summary, (b) implications, and (c) recommendations.

Summary

There are many students who are at-risk for obstructing a safe, secure, and peaceful school environment. Students who (a) are socially withdrawn, unpopular, and insecure (Warner, Weist, & Krulak, 1999); (b) are different from the majority (Morrison, Furlong, & Smith, 1994); (c) live with a single parent, especially male students living with only their mother, academically unsuccessful, and with low frustration levels (Gorski & Pilotto, 1993); and/or (d) previously abused and live in high level of violence neighborhoods (Lynch & Cicchetti, 1998) are at-risk for causing a disruption and/or being aggressive or violent at school. Hispanic students with learning disabilities often exhibit many of these at-risk red flags. The purpose of this study was to explore the social,

emotional, and behavioral characteristics that the participants presented.

Data revealed that out of the entire middle school studied ($N = 986$), most (87%) of the discipline referrals were represented by Hispanic males who received special education services. The study revealed that there was an overrepresentation of Hispanic and African American referral recipients and an underrepresentation of Caucasian and Asian students. In addition, students who received special education services also were overrepresented. The total school population of students with special education services is 11%; however, 13% of all referrals were received by them. After determining that Hispanic students who receive special education services received the most school referrals a deeper look into that population was conducted.

Special services serve many disabilities, but the focus of this investigation was on students with learning disabilities. There were 55 Hispanic students with learning disabilities at this school; therefore, all of them participated in the study. The comparison group consisted of 55 Hispanic students without learning disabilities. Data included the retrieval of school-wide discipline data listing information from the school based computer program, the BDRS, and personal characteristics. Data

revealed that compared to Hispanic students without learning disabilities, Hispanic students with learning disabilities were receiving almost double the referrals. Further, in comparing the data for both groups, males received the most discipline referrals whether or not they had a learning disability. In reviewing the data from the BDRS, the groups with learning disabilities had many more behaviors of concern. They tended to be more aggressive, irresponsible and inattentive, socially withdrawn, and fearful and anxious. The subcategory most concerning for the students with learning disabilities was Fearful/Anxious, while the group without learning disabilities was rated as having greater aggressive and acting out behavior. Certain predictors (i.e., gender, current grade level, first semester grade point average, and learning disability) had a high correlation with the quantity of discipline referrals and the BDRS factor score. According to the results, the predictor variable that contributed most towards Aggressive/Acting out behavior was the number of discipline referrals and the presence of a learning disability. The predictor variable that contributed most to Irresponsible/Inattentiveness behavior was the presence of a learning disability and grade point average. The presence of a learning disability was the highest predictor of Socially Withdrawn and Fearful/Anxious behavior. Data showed that gender and grade level had almost no relationship on

problematic behavior. These results indicate that Hispanic adolescent students with learning disabilities have specific social, emotional and behavioral needs that must be addressed in order to assist them learn to their best ability and making the learning environment safe and orderly for all learners.

Implications

After collecting and evaluating data on the academic, behavioral, and emotional characteristics of Hispanic adolescents with and without learning disabilities from a low socioeconomic middle school from north central Texas, significant findings from the review of literature were compared with results from the analyses in answering the research questions. Due to the high number of Hispanic students who often tend to lag behind in many areas compared to other subgroups (Llagas, 2003; Ozer et al., 2003), Hispanic students who have learning disabilities have a higher possibility of being negatively affected academically and socially; thus, leading to more of a chance for academic and social failure in school (Hall, 2007; MacMillan, 1991). The data confirmed what other's research concluded. Hispanic students with learning disabilities proved to have more problematic behaviors. Hispanic students with learning disabilities need extra assistance in schools in order to be more successful due to the

fact that they received almost double the school discipline referrals and higher problematic behaviors rated on the BDRS. Learning disabilities affect the emotional and academic child as a whole, so school boards and administrators need to contribute more time and funds towards assisting these students with their emotional needs that affect their behavior and academics.

Recommendations

Due to past violent acts in schools that have led to many people being hurt or deceased, the whole child has been the focus of education. Especially students with emotional/behavioral disorders have had extra school support in order to address their academic, emotional, behavioral and/or social deficits (Kistner, Osborne, LaVerrier, 1988). Many professionals in the education field believe that if educators target the emotional and behavioral characteristics for different groups of students a more differential whole education can be presented at school. This research shows that different groups of Hispanic and learning disabled students have different needs; therefore, different modes and means of academic, emotional, behavioral, and social education need to be accessible to these specific students. For example, Hispanic students with learning disabilities have more fearful/anxious

behavior, while Hispanic students without learning disabilities have more aggressive/acting out behavior.

A couple recommendations for school districts are (a) provide differential social skill instruction to Hispanic students and non-Hispanic students with and without learning disabilities and (b) provide small group social skill instruction to specific groups of Hispanic students by gender and age. Several recommendations are also offered for future research to address more in depth needs. Additional research should be conducted to (a) determine which methods are more effective to meet the diverse academic, emotional, behavioral, and social needs for different disabilities; (b) determine if Hispanic students with learning disabilities in north central Texas differ in needs compared to Hispanic students with learning disabilities in other geographic regions of the United States; and (c) which programs are currently available for all students and which work best for specific groups of students.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Arcus, D. (2002). School shooting fatalities and school corporal punishment: A look at the states. *Aggressive Behavior, 28*, 173-183.
- Arllen, N., Gable, R. A., Kaufman, J., & Lloyd, J. (1992). Meeting the challenge of students with conduct disorders. *Council for Exceptional Children, 15*, 18-26.
- Barkley, R. A. (1994). What to look for in a school for a child with ADHD. *ADHD Report, 2*(3), 1-3.
- Barkley, R. A., & Grodzinsky, G. M. (1994). Are tests of frontal lobe functions useful in the diagnosis of attention deficit disorders? *Clinical Neuropsychologists, 8*, 121-139.
- Batsche, G. M., & Knoff, H. M. (1994). Bullies and their victims: Understanding a pervasive problem in the schools. *School Psychology Review, 23*, 165-174.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorder*. New York: International Universities Press.

- Bender, W. N. (1985). Differential diagnosis based on the task-related behavior of learning disabled and low-achieving adolescents. *Learning Disability Quarterly*, 8, 261-266.
- Bender, W. N., & Wall, M. E. (1994). Social-emotional development of students with learning disabilities. *Learning Disabilities Quarterly*, 17, 323-341.
- Bishop, G. D. (1994). *Health psychology: Integrating mind and body*. Boston: Allyn and Bacon.
- Boetsch, E. A., Green, P. A., & Pennington, B. F. (1996). Psychosocial correlates of dyslexia across the life span. *Development and Psychopathology*, 8, 539-562.
- Brumback R. A., & Staton, R. D. (1983). Learning disability and childhood depression, *American Journal of Orthopsychiatry*, 53, 269-281.
- Brumback, R. A., Staton, R. D., & Wilson, H. (1980). Neuropsychological study of children during and after remission of endogenous depressive episodes. *Perceptual and Motor Skills*, 50, 1163-1167.
- Bullock, L. M., & Wilson, M. J. (1989). *Behavior dimensions rating scale*. Allen, TX: DLM.

Bursuck, W. (1989). A comparison of students with learning disabilities to low achieving and higher achieving students on three dimensions of social competence. *Journal of Learning Disabilities, 22*, 188-194.

Casas, M., & Vasquez, M. (1996). Counseling the Hispanic: A guiding framework for a diverse population. In P. B. Pederson, J. G. Draguns, W. J. Lanner, & J. E. Trimble (Eds.), *Counseling across cultures* (pp. 146-175). Thousand Oaks, CA: Sage.

Centers for Disease Control and Prevention, National Center on Health Statistics. (2006). Retrieved December 20, 2008, from <http://www.cdc.gov/nchs/fastats/disable.htm>

Cosden, M., Brown, C., & Elliot, K. (2002). Development of self-understanding and self-esteem in children and adults with learning disabilities. In B.Y.L. Wong, & M. Donahue (Eds.), *Social dimensions of learning disabilities* (pp. 33-51). Mahwah, NJ: Erlbaum.

Crick, N. R., Casas, J. F., & Mosher, M. (1997). Relational and overt aggression in preschool. *Development in Psychology, 33*, 579-588.

- Cruickshank, W. M. (1983). Learning disabilities: A neurophysiological dysfunction. *Journal of Learning Disabilities, 16*(1), 27-29.
- Curran, D. K. (1987). *Adolescent suicidal behavior*. Washington, DC: Hemisphere.
- Daniel, S. S., Walsh, A. K., Goldston, D.B., Arnold, E.M., et al. (2006). Suicidality, school dropout and reading problems among adolescents. *Journal of Learning Disabilities, 39*(6), 507-516.
- Dollinger, S. J., Horn, J. L., & Boarini, D. (1988). Disturbed sleep and worries among adolescents. *American Journal of Orthopsychiatry, 58*, 428-434.
- Dyson, L. L. (1996). The experiences of families of children with learning disabilities: Parental stress, family functioning, and sibling self-concept. *Journal of Learning Disabilities, 29*, 280-286.
- Elliott, D. S., Hamburg, B. A., & Williams, K. R. (1998). *Violence in American schools*. New York: Cambridge University Press.
- Ellen, A. S. (1989). Discriminate validity of teacher ratings for normal, learning disabled, and emotionally handicapped boys. *Journal of School Psychology, 27*, 15-25.

- Ferrell-Smith, F. (2003). *School violence: Tackling schoolyard bully*. Paper presented at National Conference of State Legislatures, Denver CO.
- Fessler, M. A., Rosenberg, M. S., & Rosenberg, L.A. (1991) Concomitant learning disabilities and learning problems among students with behavioral/emotional disorders. *Behavioral Disorders, 16*, 97-106.
- Gay, L. R., & Airasian, P. (2003). *Educational research: Competencies for analysis and application* (7th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Geisthardt, C., & Munsch, J. (1996). Coping with school stress: A comparison of adolescents with and without learning disabilities. *Journal of Learning Disabilities, 29*(3), 287-296.
- Goldman, L. R., & Koduru, S. (2000). Chemicals in the environment and developmental toxicity to children: A public health and policy perspective. *Environmental Health Perspectives, 108*(3), 443-448.
- Goldstein, P., Paul, G.G., & Sanfilippo-Cohen, S. (1985). Depression and achievement in subgroups of children with learning disabilities. *Journal of Applied Developmental Psychology, 6*, 263-275.

- Gorski, J. D., & Pilotto, L. (1993). Interpersonal violence among youth: A challenge for school personnel. *Educational Psychology Review, 5*, 35-61.
- Grayson, T. E. (1998). Dropout prevention and special services. In F. R. Rusch, & J. G. Chadsey (Eds.), *Beyond high school: Transition from school to work* (pp. 77-98). Belmont, CA: Wadsworth.
- Green, R. J. (1990). Family communication and children's learning disabilities: Evidence for Cole's theory of interactivity. *Journal of Learning Disabilities, 23*, 145-147.
- Gregg, N., Hoy, C., King, M., Moreland, C., & Jagota, M. (1992). The MMPI-2 profile of adults with learning disabilities in university and rehabilitation settings. *Journal of Learning Disabilities, 25*, 386-395.
- Gresham, F. M., Elliott, S. N., & Evans-Fernandez, S. E. (1993). *Student self-concept scale manual*. Circle Pines, MN: American Guidance Service.
- Guetzloe, E. C., (1988). *Youth suicide: What the educator should know*. Reston, VA: Council for Exceptional Children.

- Hall, D. (2007, August). Graduation matters: Improving accountability for high school graduation. *The Education Trust*. Retrieved January 13, 2009, from <http://www2.edtrust.org/NR/rdonlyres/5AEDABBC-79B7-47E5-9C66-7403BF76C3E2/0/GradMatters.pdf>
- Hammill, D. D. (1990). On defining learning disabilities: An emerging consensus. *Journal of Learning Disabilities*, 23, 74-84.
- Hayes, M. L., & Sloat, R. S. (1988). Preventing suicide in learning disabled children and adolescents. *Academic Therapy*, 24, 221-230.
- Hayes, M. L., & Sloat, R. S. (1990). Suicide and the gifted adolescent. *Journal for the Education of the Gifted*, 13, 229-244.
- Hindman, M., & Widem, P. (1980). Special issue: The multi-disabled. *Alcohol Health and Research World*, 5(1), 5-10.
- Hoover, J. H., Oliver, R., & Thompson, K. A. (1993). Perceived victimization by school bullies: New research and future directions. *Journal of Humanistic Education and Development*, 32, 76-84.
- Huntington, D. D., & Bender, W. N. (2001). Adolescents with learning disabilities at risk? Emotional well-being,

depression, suicide. *Journal of Learning Disabilities*, 26, 159-166.

Individuals with Disabilities Education Act. (2004). Retrieved November 02, 2008, from <http://thomas.loc.gov/cgi-bin/query/z?c108:h.1350.enr>

Jaslow, C. K. (1978). *Violence in the schools* (Report No. ED165084). Washington, DC: National Institute of Education. (ERIC Document Reproduction Service No. ED 165084)

Kauffman, J.M., Cullinan, D., & Epstein, M.H. (1987). Characteristics of students placed in special programs for the serious emotionally disturbed. *Behavioral Disorders*, 12, 175-184.

Kelcher, T. (2000). *Racial disparities related to school zero tolerance policies: Testimony to the U.S. commission on civil rights* (Report No. UD034244). Oakland, CA: Applied Research Center. (ERIC Document Reproduction Service No. 454324)

Keogh, B. K. (1983). Individual differences in temperament: A contributor to the personal-social and educational competence of learning disabled children. In J.D. McKinney & L. Feagans (Eds.). *Current topics on learning disabilities* (Vol. 1, pp. 33-56). Norwood, NJ: Ablex.

- Kingery, P. M., Coggeshall, M.B., & Alford, A. A. (1998).
Violence at school: Recent evidence from four national
surveys. *Psychology in the Schools, 35*, 247-258.
- Kinney, J., & Leaton, G. (1996). *Lossening the grip* (3rd ed).
St. Louis: Times Mirror/Mosby.
- Kistner, J. A., Osborne, M., & LaVerrier, L. (1988). Casual
attributions of learning disabled children: Developmental
patterns and relation to academic progress. *Journal of
Educational Psychology, 80*, 82-83.
- Kostelnik, M., Whiren, A., Soderman, A., & Gregory, K. (2006).
Guiding children's social development: Theory to practice
(5th ed.). New York: Thomas Delmar.
- Kovacs, M. (1992). *Children's Depression Inventory*. North
Tonawanda, NY: Multi-Health Systems.
- Larson, K. A., & Turner, K. D. (2002). *Best practices for
serving court-involved youth with learning, attention and
behavioral disabilities*. Monograph series on education,
disability, and juvenile justice. Washington, DC: American
Institutes for Research.
- Leary, M. R., Kowalski, R. M., Smith, L., & Phillips, S. (2003).
Teasing, rejection, and violence: Case studies of the
school shootings. *Aggressive Behavior, 29*, 202-214.

- Lee, V. E., Croninger, R. G., Linn E., & Chen, X. (1996). The culture of sexual harassment in secondary schools. *American Educational Research Journal*, 33, 383-417.
- Livingston, R. (1985). Depressive illness and learning difficulties: Research needs and practical implications. *Journal of Learning Disabilities*, 18, 518-520.
- Llagas, C. (2003). Status and trends in the education of Hispanics. *The Education Statistics Quarterly*, 5(2): Topic: Crosscutting statistics. Retrieved December 29, 2008, from http://nces.ed.gov/programs/quarterly/vol_5/5/q7_3.asp.html
- Lynch M, & Cicchetti, D. (1998). An ecological-transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children's symptomatology. *Developmental Psychology*, 10, 235-257.
- Maag, J. W., & Behrens, J. T. (1989). Depression and cognitive self-statements of learning disabled and seriously emotionally disturbed adolescents. *The Journal of Special Education*, 23, 17-27.
- Maag, J. W., Rutherford, R. B., & Parks, B. T. (1988). Secondary school professionals' ability to identify depression in adolescents. *Adolescence*, 23, 73-82.

- MacMillan, D. L. (1991). *Hidden youth: Dropouts from special education*. Reston, VA: Council for Exceptional Children.
- Margalit, M., & Almough, K. (1991). Classroom behavior and family climate in students with learning disabilities and hyperactive behavior. *Journal of Learning Disabilities, 24*, 206-412.
- Margalit, M., & Raviv, A. (1984). LD's expressions of anxiety in terms of minor somatic complaints. *Journal of Learning Disabilities, 17*, 226-228.
- Margalit, M., & Shulman, S. (1986). Autonomy perceptions and anxiety expressions of learning disabled adolescents. *Journal of Learning Disabilities, 19*, 291-293.
- Margalit, M., & Zak, I. (1984). Anxiety and self-concept of learning disabled children. *Journal of Learning Disabilities, 17*, 537-539.
- Maslow, A. (1954). *Motivation and personality*. New York: Harper & Brothers.
- Mayes, S. D., Calhoun, S. L., & Crowell, E. W. (1998). WISC-III Freedom from Distractibility as a measure of attention in children with and without attention deficit hyperactivity disorder. *Journal of Attention Disorders, 2*, 217-227.

- McConaughy, S.H. (1986). Social competence and behavioral problems of learning disabled boys aged 12-16. *Journal of Learning Disabilities, 19*, 101-106.
- McConaughy, S.H., & Ritter, D.R. (1986). Social competence and behavioral problems of learning disabled boys aged 6-11. *Journal of Learning Disabilities, 19*, 39-45.
- McHugh, M. (2008). New study shows earning power of a diploma: Research from Northeastern University details the heavy economic cost of dropping out. *Focus on Reconnecting Youth, 15*(3). Retrieved December 29, 2008, from <http://www.thenotebook.org/spring-2008/08207/fairhill-community-high-school-phoenix-rising>
- Milan, R., Loh, E., Chow, J., & Wilson, A. (1997). Assessment of symptoms of attention-deficit hyperactivity disorder in adults with substance use disorders. *Psychiatric Services, 48*(11), 1378-1380.
- Miller, G, E. (1994). School violence mini-series: Impressions and implications. *School Psychology Review, 23*, 257-261.
- Morrison, G., Furlong, M. J., & Morrison, R. L. (1994). School violence to school safety: Reframing the issue for school psychologists. *School Psychology Review, 23*(2), 236-256.

Morrison, G. M., Furlong, M. J., & Smith, G. (1994). Factors associated with the experience of school violence among general education, leadership class, opportunity class, and special day class pupils. *Education and Treatment of Children, 17*, 356-369.

Muenning, P. (2005, October). *Health returns to education interventions*. Paper presented at the symposium on the social costs of inadequate education, Teachers College, Columbia University, New York, NY. Retrieved December 27, 2008 from <http://www.tc.columbia.edu/centers/EquityCampaign/symposium/resourceDetails.asp?PresId=5>

National Center for Education Statistics, (2007). Status and Trends in the Education of Racial and Ethnic Minorities (NCES No: 2007-039). Washington, DC: U.S. Department of Education.

National Institute of Mental Health, (2007). Suicide in the U.S.: Statistics and Prevention. Retrieved December 27, 2008, from <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml#children>

- O'Carroll, P., Berman, A., Maris, R., Moscicki, E., Tanney, B., & Silverman, M. (1996). Beyond the Tower of Babel: A nomenclature for suicidology. *Suicide and Life-Threatening Behavior, 26*, 237-252.
- Olweus, D. (1991). Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program. In D. J. Pepler, & K. H. Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 411-448). Hillsdale, NJ: Erlbaum.
- Ozer, E. M., Park, M. J., Brindis, C., & Irwin, C. E. (2003). *National Adolescent Health America's adolescents: Are they healthy?* Information Center, School of Medicine, University of California.
- Paget, K. D., & Reynolds, C. R. (1984). Dimensions, levels, and reliabilities on the Revised Children's Manifest Anxiety Scale with learning disabled children. *Journal of Learning Disabilities, 17*, 137-141.
- Palladino, P., Poli, P., Masi, G., & Marcheschi, M. (2000). The relation between metacognition and depressive symptoms in preadolescents with learning disabilities in inclusive classrooms: Support of Borkowski's model. *Learning Disabilities Research & Practice, 15*, 142-148.

- Pastor P. N., & Reuben, C. A. (2008). Diagnosed attention deficit hyperactivity disorder and learning disability: United States, 2004-2006. National Center for Health Statistics. *Vital Health Stat*, 10(237).
- Peck, M. L., (1985). Crisis intervention treatment with chronically and acutely suicidal adolescents. In M. Peck, N. M. Farbelow, & R. Litman (Eds.), *Youth suicide* (pp.1-33). New York: Springer-Verlag.
- Pfeffer, C. R. (1986). *The suicidal child*. New York: Guilford Press.
- Ramirez, R. R., & de la Cruz, P. G. (2002). The Hispanic population in the United States: March 2002. Washington, DC: United States Census Bureau.
- Ritter, D. R. (1989). Social competence and problem behavior of adolescent girls with learning disabilities. *Journal of Learning Disabilities*, 22, 460-461.
- Rotter, J. B. (1975). Some problems and misconceptions related to the construct of internal versus external control of reinforcement. *Journal of Consulting and Clinical Psychology*, 43, 56-67.
- Skiba, R.J., Peterson, R., & Williams, T. (1997). Office referrals and suspension: Disciplinary intervention in

middle schools. *Education and Treatment of Children*, 20, 295-315.

Silver, L. B. (1999). *Learning disabilities and attention deficit hyperactivity disorder: They don't stand alone*. Paper presented at the CASA-NCLD Conference on Substance Abuse and Learning Disabilities, New York, NY.

Stevenson, D. T., & Romney, D. M. (1984). Depression in learning disabled children. *Journal of Learning Disabilities*, 17, 579-582.

Smedley, A., & Smedley, B. (2005). Race as biology is fiction, racism as social problem is real: Anthropological and historical perspectives on the social construction of race. *American Psychologists*, 60, 16-26.

Substance Abuse and Mental Health Services. (1999, January). *Substance abuse: People with disabilities at high risk*. U.S. Department of Health and Human Services. Retrieved December 1, 2008, from <http://www.drugabusestatistics.samhsa.gov/>

Svetaz, M. V., Ireland, M., & Blum, R. (2000). Adolescents with learning disabilities: Risk and protective factors associated with emotional well-being: Findings from the

- National Longitudinal Study of Adolescent Health. *The Journal of Adolescent Health*, 27, 340-348.
- Tapia, J. (2004). Latino households and schooling: Economic and sociocultural factors affecting students' learning and academic performance. *International Journal of Qualitative Studies in Education*, 17(3), 415-437.
- Texas Education Agency. The Academic Excellence Indicator System (AEIS) 2005-2006. Retrieved November 19, 2008, from <http://ritter.tea.state.tx.us/perfreport/aeis/2006/index.html>
- Tolan, P., & Guerra, N. (1994). *What works in reducing adolescent violence: An empirical review of the field*. Boulder, CO: University of Colorado, Institute for Behavioral Sciences.
- U.S. Bureau of the Census. (2008). *Hispanic Population in the United States*. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration. Retrieved November 25, 2008 from, http://www.census.gov/population/www/socdemo/hispanic/hispanic_pop_presentation.html
- U.S. Bureau of the Census. (2004). *Educational attainment in the United States: 2003*. Washington, DC: U.S. Department of

Commerce, Economics and Statistics Administration.

Retrieved March 8, 2009 from,

<http://www.census.gov/prod/2004pubs/p20-550.pdf>

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Washington, DC:

Author. Retrieved December 13, 2008, from

<http://www.surgeongeneral.gov/library/mentalhealth/summary.html>

Valencia, R. (2000, November). Inequalities and the schooling of minority students in Texas: Historical and contemporary conditions. *Hispanic Journal of Behavioral Sciences*, 22(4), 445-459.

Wagner, M., D'Amico, R., Marder, C., Newman, L., & Blackorby, J. (1992). What happens next? Trends in postschool outcomes for of all youth with disabilities. *The Second Comprehensive Report from the National Longitudinal Transition Study of Special Education Students*. Menlo Park, CA: SRI International.

Warner, B. S., Weist, M. D., & Krulak, A. (1999). Risk factors for school violence. *Urban Education*, 34(1), 52-68.

Workforce Training and Education Coordinating Board. (2009).
Dropout Fact Sheet. Retrieved March 3, 2009, from
<http://www.wtb.wa.gov/Media DropOutFactSheet.asp>

Wright-Stawderman, C., & Watson, B. L. (1992). The prevalence
of depressive symptoms in children with learning
disabilities. *Journal of Learning Disabilities, 25*, 258-
264.

Zenz, T., & Langelett, G. (2004). Special education in
Wisconsin's juvenile detention system. *The Journal of
Correctional Education, 55*(1), 60-68.