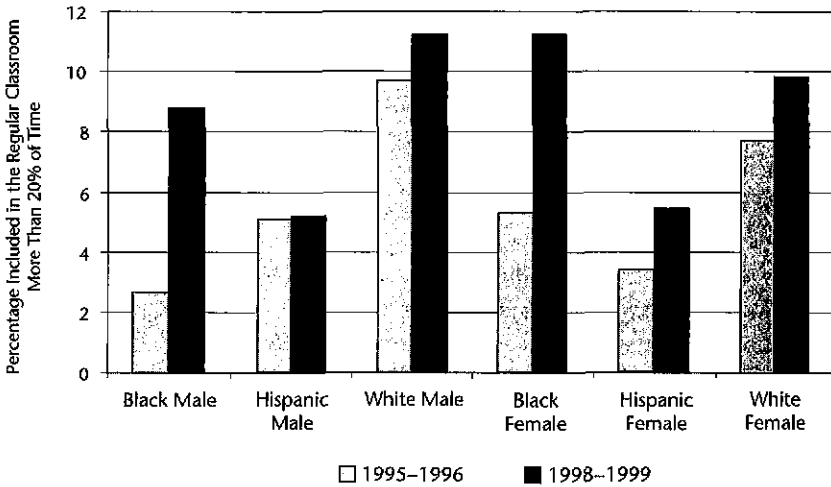


FIGURE 4
 Mental Retardation (MR) Inclusion Rates by Race and Gender, Connecticut
 (1995–1996 and 1998–1999 School Years)



Source: Conroy (1999).

For both the 1995–1996 and 1998–1999 school years, black and Hispanic male students with MR in Connecticut were less likely to be educated in an inclusive setting than their white male counterparts (Figure 4). The finding for Hispanic females with MR is also troubling, as they spend less time in the regular classroom setting than do their white female counterparts. Although the finding for black male MR students is consistent with the national and state findings presented in this study, the Connecticut data revealed that, although often underrepresented nationally for MR, Hispanics in Connecticut were both overrepresented for MR and overrepresented in more restrictive settings compared to whites in each of the three cognitive disability areas examined. Also unexpected was that the rate of inclusion for black female MR students in Connecticut (11.2%) was equal to that of white males (11.2%).

An investigation of Connecticut’s practices in special education has found extremely wide variations in labeling and placement practices across school districts. The OCR data found that mental retardation identification rates varied from less than 1 percent of the overall student population to more than 20 percent. For example, the high-minority districts of Bridgeport and New Haven had MR identification rates above 20 percent, while several dozen school dis-

districts label fewer than 5 percent (Conroy, 1999). Interestingly, Hartford labels only 3.8 percent of their special education students as MR. These variations in districts serving high percentages of minority students raise questions about the labeling differences in Connecticut's larger urban school districts.

The inconsistent levels of MR inclusion and the fact that blacks and Hispanics are nearly two to three times more likely than whites to be labeled MR is disturbing, because Connecticut students with MR spend a significant amount of time outside the regular education setting relative to students in the other special needs designations. In addition, the variations in inclusion rates among Connecticut districts suggest an inequitable distribution of services to students in the state. Finally, the inequitable access to the regular education classroom for black and Hispanic students relative to their white counterparts becomes a form of double jeopardy that punishes students twice—once for their MR label and once for the color of their skin.

Inclusion rates vary considerably across these selected districts (Table 7).¹¹ For example, Stamford students with MR spent an average of 5.64 hours per week in the regular education setting, while Naugatuck students eligible for MR spent over seventeen hours per week in the regular education classroom setting. The statewide data for Connecticut shows that white males and females enjoyed twice as much time in the regular classroom as black and Hispanic males and females (Conroy, 1995).

These extraordinary variations were found across ethnicity and inclusion variables, and as a result have important policy implications. The Connecticut study found that:

- placement and inclusion are strongly related to a student's classification
- labels vary sharply by ethnic group
- placement and integration are strongly affected by ethnicity
- MR students are far less integrated than other students with special needs
- the disproportionate labeling of minorities with MR combines with discriminatory placement and integration practices to place minority students in double jeopardy
- the general patterns indicative of ethnic bias and exclusionary effects did not change greatly from the 1986–1987 to 1995–1996 school years, but showed some improvement in 1998–1999. (Conroy, 1999)

Emotional Disturbance

As in the examination of mental retardation labeling, black and Hispanic students (both male and female) were more likely to be labeled with the emotional disturbance label. White ED students spend a significantly greater amount of

TABLE 7
 Variations in Mental Retardation Student Inclusion Rates for
 Selected Connecticut Districts (1998–1999)

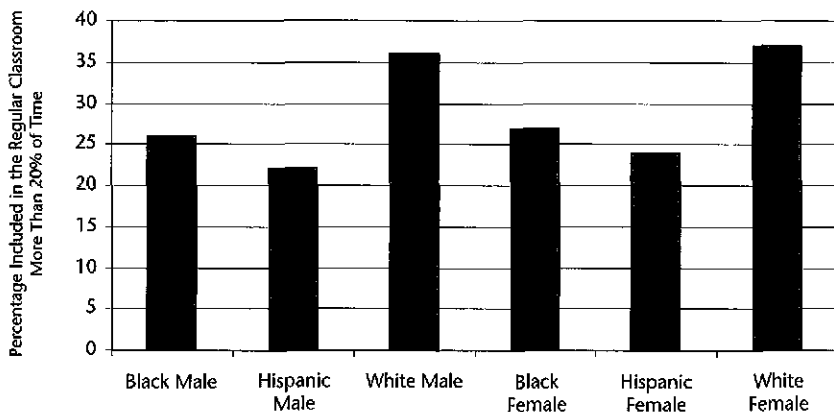
<i>Town</i>	<i>Average Hours per Week in Regular Education Classroom</i>	<i>Number of Students</i>
Stamford	5.64	135
New Britain	5.85	162
Hartford	7.04	252
West Haven	7.33	137
New Haven	7.50	675
Enfield	7.85	66
Danbury	8.22	94
Bridgeport	8.44	609
East Hartford	8.48	51
Waterbury	8.63	253
Norwich	8.68	84
Hamden	8.96	65
New London	9.69	93
West Hartford	10.00	54
Meriden	10.22	162
Norwalk	10.57	130
Middletown	11.47	50
Manchester	12.34	59
Stratford	12.89	59
Naugatuck	17.46	93

Source: The 1998–1999 School Year, Connecticut Integrated Special Services Student Information System (ISSIS) student-based Information system by which the Connecticut School Districts accounts to the State Department of Education for students identified or served under the provisions of Public Law 89-313. The School District annually submits on the specified dates Form ED 331, Special Education Census, and Form ED 332, Funding Eligibility, for each student eligible for special education and/or related services.

time than blacks and Hispanics in the regular education classroom (Figure 5). Other data revealed that the labeling rates for black students deemed eligible for ED are similar to those at national and state levels, but for Hispanics, the rates are higher than would be expected. An average of 37 percent of white ED students spend their day in the regular classrooms, while only an average of 25 percent of black and Hispanic ED students were able to share a regular education classroom (Conroy, 1999).

FIGURE 5

Emotional Disturbance (ED) Inclusion Rates by Race and Gender, Connecticut (1998–1999 School Year)



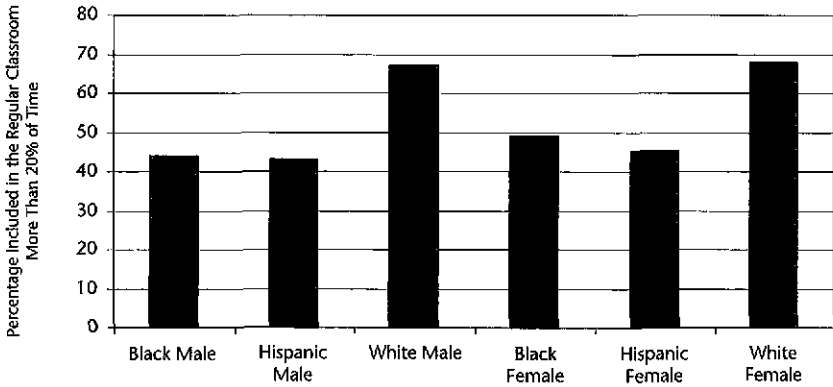
Source: Conroy (1999).

Specific Learning Disability

The inclusion rates for white students with SLD averaged 68 percent, while the inclusion rates averaged 45 percent for black and Hispanic students eligible for SLD (Figure 6). Once again, black and Hispanic students spend less time in the regular education classroom than white students with similar special needs designations.

The inclusion rate disparities in Connecticut between black and Hispanic special education students and their white counterparts is problematic. The federal definition of regular classroom is being educated with nondisabled peers at least 80 percent of the time. Many black and Hispanic students in Connecticut are being doubly segregated, both from their own peers, and from school districts rich in resources (Conroy, 1999). The double jeopardy problem applies to both black and Hispanic special needs students in Connecticut because they are first disproportionately identified for special education and then segregated to a much greater extent than their white counterparts. The data in Tables 1, 2, and 3 suggest that this phenomenon may exist in many states, especially for black children.

FIGURE 6
Specific Learning Disability (SLD) Inclusion Rates by Race and Gender,
Connecticut (1998–1999 School Year)



Source: Conroy (1999).

SUMMARY

Disproportionality, especially for African American males in both identification *and* placement, is extremely high in some states and school districts, and of substantial and significant magnitude in the majority of states and school districts analyzed. Given that the Individual with Disabilities Education Act, as amended in 1997, requires states to intervene where racial disproportionality in either identification or placement is significant, this research suggests that many, if not most, states should now be engaged with many school districts in attempting to remedy these problems.

But it is unlikely that advocates and policymakers have ready access to the kind of information examined here. As noted, the data from Connecticut were made available only through the process of legal discovery in a class action lawsuit. Therefore, state and federal departments of education should be required to report both identification rates and restrictiveness by race and disability category together. Most important, this level of detail must be available to the public and community advocates. Without public reporting, it is unlikely that state education administrators will feel sufficient pressure to meet their legal duty to act as required by federal law.

NOTES

1. Although the law states "regular," we use the term *general* as a substitute wherever appropriate.
2. Further levels of restrictiveness, such as receiving services in a hospital or residential program, all fall within 100 percent outside the regular classroom.
3. Time spent outside the regular education setting is greater than 20 percent of the time.
4. *P.J., et al. v. State of Connecticut, Board of Education, et al.* May 18, 2001—Settlement Agreement.
5. Mild retardation, moderate retardation, and severe retardation are definitions of degrees of mental retardation used by the U.S. Office of Civil Rights.
6. American Indian/Alaskan Native, Asian/Pacific Islander, Blacks, and Hispanics
7. The SLD figure is based on the sampled membership of Hispanics in the 1997–1998 OCR dataset (i.e., 6,904,713) and the number of Hispanic students considered eligible for SLD designation (i.e., 444,436).
8. For example, Hispanics, although generally underrepresented for MR, ED, and SLD, did exhibit a pronounced increase in identification rate and some instances of overrepresentation in those districts where they constituted relatively larger percentage of the overall population (Harry, 1994; Parrish, this volume).
9. The Integrated Special Student Information System (ISSIS) is a student-based information system by which the Connecticut School District accounts to the State Department of Education for students identified or served under the provisions of Public Law 89-313. The School District shall submit annually on the specified dates Form ED 331, Special Education Census, and Form ED 332, Funding Eligibility, for each student eligible for special education and/or related services.
10. 1993 *C.A.R.C. v. State of Connecticut Board of Education* class action lawsuit.
11. Only districts with a minimum of fifty students were included to ensure stability.

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CHAPTER FOUR

Of Rocks and Soft Places: Using Qualitative Methods to Investigate Disproportionality

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Disproportionality in special education placements occurs through a process of social construction by which decisions about disability and its appropriate treatments are negotiated according to official and unofficial beliefs and practices. The idea that disabilities are socially constructed is not new (Bogdan & Knoll, 1988; Mehan, Hartwick, & Meihls, 1986), nor is it difficult to demonstrate. One need only recall the 1969 decision of the American Association on Mental Retardation (AAMR) to change the cutoff point for mental retardation from an IQ score of 85 to 70. As has frequently been observed, that decision effected a swift "cure" for thousands of individuals labeled mentally retarded (Mercer, 1973). Equally vulnerable to change is the construct of learning disability, whose definition has relied on a discrepancy between students' scores on an IQ test and their scores on a measure of academic performance (Artiles, Trent, & Kuan, 1997). The longstanding debate over the validity of this criterion (Fletcher et al., 1998; Fletcher & Morris, 1986; Stanovich, 1991), as well as researchers' observations of variable implementation of eligibility criteria (MacMillan, Gresham, & Bocian, 1998), suggest that it may not be long before the conceptualization and operationalization of this disability also undergo radical revision. The category of emotional disorders, which is equally controversial, continues to defy efforts at standardization. The reliance on checklists and anecdotal information from teachers, as well as the notorious unreliability of

projective testing (Gresham, 1993; Knoff, 1993; Motta, Little, & Tobin, 1993), demonstrate the social-construction process at work.

To say that disabilities are socially constructed is not to say that differences in performance and ability do not exist among students. It does say, however, that we do not always know if measured performance reflects ability, and that the point at which differences result in one child being labeled disabled and another not are matters of social decisionmaking. This is the main reason that the disproportionate designation of minorities as disabled is problematic. The second reason is that there continues to be doubt that placement in special education programs results in beneficial outcomes for many students (Kavale, 1990). If the process is a matter of social decisionmaking that leads to questionable outcomes, then there is clearly a problem.

GAPS IN OUR UNDERSTANDING OF DISPROPORTIONALITY

To discover what lies behind disproportionality, then, research must use methods that can document the social processes that lead to it. Statistical analysis can be used to provide a powerful teasing out of the variables that are associated with disproportionality, as can be seen in the research of Oswald, Coutinho, Best, and Singh (1999). That research displays the complex interplay among numerous key variables, such as size of group in a district and various aspects of socioeconomic status. What we still need to learn is why these patterns occur: What is the chain of events that sets students from certain kinds of backgrounds, in certain kinds of school districts, on the road to special education placement? What is the thinking of those making the decisions that lead to these patterns? What are the students actually like? Why are these students referred while others are not? What is the role of parents in the process, and how do they perceive it?

Equally important are the kinds of questions that can lead to solutions rather than only to identifying problems: What policies and practices protect students from inappropriate referral? What kinds of information assist professionals in making decisions that truly individualize the process, rather than merely ensuring compliance with district guidelines? How do thoughtful teachers distinguish between children they can help and those with needs truly beyond the capacity of the typical general education classroom? How do caring professionals ensure that even the most denigrated parent is treated with respect when he or she comes to a referral or placement conference?

Ethnographic research is particularly well suited to address these questions. Despite its focus on the controversial and potentially divisive issue of overrepresentation, the overall goal of this study is to identify exemplary pro-

cesses that can counteract whatever negative circumstances and practices contribute to inappropriate placements in special education. Our work is based on a combination of three data collection strategies: the extensive use of open-ended interviews that elicit the perspectives of insiders to the process; observations of insiders' actions; and the examination of relevant school documents. This triangulation of methods is complemented by triangulation of data sources, which include school and school district personnel, family members, and the students themselves. The conceptual basis for understanding disproportionality derives from the work of Heller, Holtzman, and Messick (1982), who argue that disproportionality is a problem if any aspect of the process that leads to it is biased against the group of concern. Thus, our data collection attends to all phases of the placement process—the classroom ecologies from which students are referred to special education, the reasons for referral, the decisionmaking process that leads to assessment, the actual assessment, and the resulting placement.

We designed the research process following Strauss and Corbin's conditional matrix (1998), by which conditions surrounding an event are conceptualized as a series of concentric circles, from the most proximal to the most distal. Thus we envisioned the research as a funnel, through which we began by studying the most distal elements—that is, nationwide, statewide, and districtwide patterns of ethnic distribution of students in special education. We then proceeded to study the official policies for placement in the school district and the rates of special education placement in various regions of the district, and then at particular schools.

After selecting twelve schools that offered a variety of demographic features, we then developed a broad picture of those schools through interviews with school personnel, observations of all K–3 regular education classrooms, and observations of a sample of support and/or placement conferences. The research funnel narrowed further as we selected two classrooms in each school to observe intensively, focusing on those children about whom teachers were concerned and who might be referred to the special education process. We observed these children in various school settings, and observed support and/or placement conferences and psychological evaluations wherever possible. We followed students into their post-evaluation placements, whether in general or special education, and also observed in all of the special education classrooms in their schools. In this chapter we focus on one key aspect of the decisionmaking process: the issue of the reliance on psychometric testing for eligibility for special education services. We chose this issue because, after years of debate on its appropriateness, psychological evaluation continues to be the centerpiece of the special education placement process.

PSYCHOLOGICAL ASSESSMENT AS THE CENTERPIECE OF SPECIAL EDUCATION PLACEMENT

In the context of overrepresentation, the debate around evaluation has focused on whether or not psychological tests are racially and/or culturally biased. The traditional approach to evaluating the presence of bias in psychological assessment has been to analyze the tests themselves for validity. While many scholars (e.g., Jensen, 1974; Sandoval, 1979) have argued that statistical analyses can and do prove nonbias in testing, others (e.g., Figueroa, 1983; Travers, 1982) have countered this argument. Further, some scholars (e.g., Dent, 1976; Hilliard, 1977) have submitted that bias is self-evident in that the tests inevitably reflect the cultural knowledge base and cognitive and linguistic orientations of their creators. Another aspect of the debate on validity is represented by the notion of "consequential validity" (Popham, 1997; Shepard, 1997), which means that the evaluation of test validity must include the uses to which the test is put. Specifically, proponents of this view argue that the outcomes should promote social justice for the individuals tested. Snow (1995), in a comprehensive and balanced review of the arguments around validity, called for continued research on the contextual aspects of learning and testing, on racial and cultural bias in testing, and on the improvement of special education programs. He concluded that "students should not be classified into separate programs without good evidence that such separate treatment indeed results in educational advantages over what would have been expected for each student without such classification" (p. 36).

In the case of our research, while the presence and influence of bias are central to our concerns, our focus is not on whether racial or cultural bias is built into the tests themselves. Rather, we are focused on how school personnel handle the presence of biases of various types, the extent to which such biases are allowed to infiltrate the assessment process, and how biases can be minimized.

Further, we must note that the construct of race as traditionally understood in the United States is greatly modified in the context of a multicultural, multilingual setting where white Americans are in the minority.¹ In this context, race cannot be used as a monolithic construct that carries connotations of specific circumstances, cultures, or ethnicities. Rather, it can only refer to the apparent physiognomy of individuals. Indeed, one cannot consider racial bias in this setting without simultaneously considering attitudes toward culture, language, national origin, and socioeconomic status. For example, in this setting students who appear to be black may be U.S. born, or may be from the English-speaking Caribbean, or from Haiti, the Dominican Republic, or a number of other countries. This means that these black students may speak a

variety of languages and/or dialects, including American Standard English, African American Vernacular English, Caribbean Standard English, English- or French-based Creoles, French, Spanish, and varieties of Spanish. It also means that the cultural practices of these students' families may be very different from those of mainstream America, and equally different from one another. The same variety is also true of their socioeconomic status; for example, tremendous disparities are found among groups designated as Hispanic. Further, these Hispanic and black groups are perceived among themselves, and by the local community, as holding differing places on the social ladder. The biases of school personnel, therefore, come from many sources and go in many directions, and within-group bias is as likely to exist as intergroup bias.

We frame our question this way: To what extent is the actual assessment a discrete and objectively conducted event? Is it separable from everything that has led up to it, or to what extent is it influenced by prior events, external pressures, and personal beliefs and biases? To what extent is this interrelatedness positive or negative in its impact on children? By the time the case gets to the point of psychological assessment, to what extent do prior events and impressions infiltrate and influence the assessment? We are not the first to raise this question. Mehan, Hartwick, and Meihls (1986), in a five-year ethnographic study, focused on how team decisions were made and concluded that "placement outcomes were more ratifications of actions that had taken place at previous stages of the decisionmaking process than decisions reached in formal meetings" (p. 164). Thus, although the assessment is at the center of the referral and placement process, it is not a discrete occurrence. In fact, Reschly (2000) argues that the psychological evaluation should not be seen as the chief event in special education placement, since children who get to the psychologist's table are there by virtue of a history of failure in the regular education classroom.

There are many steps between observing a child's low performance and the decision to evaluate. It is the response of teachers and administrators to the child's poor performance that moves the process forward. The assessment process, on paper a rigorous scientific method, in reality comprises a series of human interactions, at the center of which is a person of considerable skill who must respond to numerous pressures. These include the needs of the child, the needs of the teachers and administrators, the demands of parents, and a set of external pressures such as high-stakes testing, the school's reputation in the district, and the demand for timely resolution of the presenting problems. These challenges reflect the real life of urban schools.

Despite ongoing debate, psychological assessment continues to be interpreted by most practitioners as a rigorous, scientific method that serves as the gateway to special education—one might say the "rock" that ensures that a

& Spira, 1987). The latter study, however, offered the caveat that teacher judgments did display gender and ethnicity biases. Certainly, it is well known that 90 percent of referred students will be identified as having a disability (Algozzine, Christenson, & Ysseldyke, 1982), and several scholars have pointed to the teacher's decision to refer as the key to the entire process (e.g., Pugach, 1985). Our observations and interviews suggest that we should extend this line of thinking to ask, To what extent do teachers' informal explanations of the causes of children's difficulties actually influence the assessment process and subsequent decisions about placement?

As mentioned above, in this school district the psychologist is typically a part of the team (i.e., Child Study Team) that is charged with deciding whether a child's referral should move forward to evaluation or be returned to the regular classroom teacher to implement alternative instructional strategies. Our data show a range of approaches taken by psychologists in these conferences. Some tend to play the role of the specialist without inviting much input from teachers, while others are more inclusive of team members' views. For example, one psychologist would often ask the referring teacher a question such as, "Do you think the difficulties are just a reaction to the home situation, or do you think there's an intrinsic problem here?" Their intention is to get the view of someone who knows the child well. This psychologist seems to acknowledge the limitations of the discrete test that she will give the child; by the same token, it seems likely that the teacher's diagnosis will affect the psychologist's view.

In another school, a teacher expressed dismay after a team conference because he felt that the psychologist had expected him to agree with her recommendation that a child be placed on medication for hyperactivity. The teacher felt that the psychologist had been pushing her own agenda and had not validated his efforts to work with the child in the classroom. The varying relationships between the psychologist and the school-based team are evident in these interactions. The psychologist who plays more of a specialist role is visibly less interactive and personal with the school personnel. Informal conversations before conferences also reveal considerable interplay of opinion between teachers and psychologists.

The Influence of School Personnel's Impressions of the Family The foregoing issue, school personnel's impressions of children, is usually related to their impressions of the family. Our interviews and observations document school personnel's unabashed expression of negative opinions about the families of children referred. In our interviews, general statements about the role of dysfunctional families in children's disabilities are so pervasive as to indicate a powerful predisposition to blame families for children's learning and behavioral dif-

ficulties. These comments are generally tied to implicit or explicit references to ethnicity, culture, and/or socioeconomic status of the families. Such views are particularly evident in conferences for children who have been referred for behavior problems. Indeed, the tone of the conversation about parents is often of a nature that would never take place were the parent present. When the parent is present, the negative expectations are more subtle but still evident. Despite this widespread pattern, there are individuals who present a much more positive view of families, and the difference in their attitudes is clearly visible in the respectful tone of their interactions with family members.

An example of such a negative mindset was evident in the following situation. The day before a placement conference, there was some discussion between an administrator and a teacher regarding whether or not the mother was expected to attend the conference. One person thought she had written to say that she would not come, while the other said she had told him she would come. The concluding comment to the discussion was that her word may not be too reliable since she "has nine kids; some of them are with her and the others are farmed out somewhere else." (The reality of this family situation is that the four younger children live with the mother while the five older ones live with their father's family in a nearby state.) When the conference began the next day and the mother was not yet present, one member responded by commenting explicitly that the mother's lack of attendance clearly showed that she does not care about her child. In reality, the parent was actually in the school building for the meeting (and had arrived early), but had been detained momentarily in the office on another matter. As the meeting progressed after the mother arrived, the team's condescending behavior toward her diminished as she proved herself to be well prepared and well informed on all matters pertaining to her child.

In a conference at another school, a different psychologist commented to the researcher prior to beginning the assessment that the child came from a dysfunctional family. Her reason for this conclusion was that the mother was incarcerated and there seemed to be "a lot of people living in the house." This information had been gleaned from the teacher and from the child's social history. The child performed well on the Wechsler Intelligence Scale for Children (3rd ed., WISC III), with a combined score of 108. However, she became steadily less responsive to the projective testing, especially after the psychologist asked specific questions about her mother. When the psychologist came to do the House Tree Person test with this child, the child drew a picture with about nine people, who she said were her family. However, on being asked to identify them, the child specified about three or four of the figures and then shrugged her shoulders and became silent. The psychologist told the researcher

afterward that this was indicative of the dysfunctionality in the home. Visits to the child's home revealed that, although her mother was incarcerated, this child lived in an apparently stable extended family headed by a grandmother, two aunts, and six children, all cousins. The prominent display in the living room of trophies and awards earned by the child and others in the home indicated the value placed on these children and their accomplishments.

There are several competing explanations for the child's reluctance to participate in the projective testing. For one, this intelligent child could easily have sensed that the psychologist's questions about her mother reflected some negative judgment. Without opportunity to establish a trusting relationship with this adult, why should the child reveal potentially damaging information? Second, the child may well have been instructed by her family not to tell strangers details of their family life. Third, the child herself may have been experiencing some embarrassment about her mother's absence. Indeed, in the subsequent placement conference, attended by the child's grandmother and aunt, the grandmother expressed the opinion that "There's nothing wrong with my granddaughter. She just wants her mother." The child was subsequently placed in a self-contained class for behavior disorders, and the receiving teacher commented within two weeks of the placement that she could not understand why the child was placed in the program since her behavior was fine from her first day in the class.

Our data also indicate examples where the teacher's diagnosis is not corroborated by the psychological evaluation. However, in these cases the psychologist may have social consequences to meet as a result of his/her determination. For example, one psychologist found that a child referred for emotional disturbance did not qualify for services under that disability. The school staff involved were irate when they heard that this was the outcome of the assessment and they went to the conference ready to do battle with the psychologist. However, the psychologist solved the problem by classifying the child as eligible for services under the category "Other Health Impaired, with ADHD" (Attention Deficit Hyperactivity Disorder).

At another school, a teacher who had been complaining for several months about a child's behavior came to the point of deciding whether to refer. In discussing the child, she commented that his mother was in a mental institution, so she speculated as to whether that was part of the problem. She described the child's tendency to gaze around the room and be inattentive, and wondered whether he might be hearing voices. However, when the teacher was asked to write detailed anecdotal records of the child's behavioral problems, the list included only items such as writing on his desk, gazing around, and playing with his pencil. The psychologist tested this child, including projective testing, and

concluded that there was no indication whatever of emotional disturbance or any kind of behavioral disorder. Nevertheless, the psychologist's sense that there was pressure from the administration to place this child seems to have affected the outcome. We detail this in the following section.

External Pressures for Identification and Placement Beyond teachers' perspectives, psychologists are also influenced in their choices by the pressure they feel to identify children for special education. In the foregoing case, there was considerable pressure in the school for the referral of failing children in order to get them the special education services they were perceived to need, and also to protect the school's scores in statewide testing. As we noted above, the psychologist did not find the child eligible for emotional disturbance, which was the main reason for referral. She did conclude, however, that although the child did not really have a learning disability (LD), he could be qualified for this program because of low math scores. The child's reading was on or close to grade level. The psychologist commented that the placement would be good for the child because he would be placed with a very nurturing teacher and would benefit from the individualized attention. Reflecting on this, it is not possible to tease out whether it was the psychologist's concern for the child that swayed her decision or whether she was trying to meet the expectations of the school personnel. Whichever is the best explanation, the fact remains that the decision to place this child was based on factors related to personal concerns or social relationships, not on a rigorous gatekeeping process.

Another psychologist spoke quite openly about the pressure from administrators and teachers and indicated that she does her best to meet these needs by choosing instruments that will be likely to "find" the disability suspected by school personnel. When a student is found to qualify for special education services based on the psychologist's assessment, this is considered validation for the referring teacher. The school district keeps track of how many students are referred and placed in each school, and those teachers and schools that have a high percentage of referred students qualifying are praised, since their referrals are seen as having been appropriate.

The Exclusion of Information on Classroom Ecology The foregoing sections point to several beliefs and perspectives that influence the assessment. Yet there is one obvious factor that is generally ignored—the ecology of the classroom from which the child has come. Keogh has repeatedly called for research on the contextual elements that may contribute to children's failure to learn (Keogh, 1998; Keogh & Speece, 1996). On the issue of behavior, Kellam, Ling, Merisca, Brown, and Jalongo (1998) demonstrated that the experience of a dis-

orderly classroom atmosphere in the first grade predicted a trajectory of increasingly aggressive behavior for boys who were initially resistant to school discipline. Classroom ecology is certainly a key issue, yet our numerous observations of conferences show few examples of this information being taken into account in the decisionmaking process. Interestingly, the only cases where we observed this involved a strong teacher who readily acknowledged that perhaps a child would do better with a different teacher; this solution was tried and with good success. We have seen classrooms characterized by weak or nonexistent instruction and behavior management, and have never heard the question raised as to whether a child might learn more or behave better in a different classroom. Clearly, the staff members present in a conference must continue to work together after the conference, so if the issue is the teacher rather than the child, it is difficult to get this information on the table. It appears from informal conversations with teachers that it is well known among them who are perceived to be strong and weak teachers, but colleagues are reluctant to jeopardize their relationships with one another. The psychologist, on the other hand, has probably been in only a handful of classrooms in the school and typically does not observe in the rooms of children referred to the support team. Our research has several examples of children referred for potential behavior disorders who are coming from classrooms where disorderly behavior is the norm because of the teacher's lack of skills.

The Effects of Operational Definitions on Choice of Assessment Instruments and Placement Decisions The actual event of psychological assessment is the capstone event of a long process. As we mentioned earlier, changing the terminology from *handicap* to *services* usually does not alter what is done to determine eligibility. The testing is still designed to find or not find a disability. With regard to intellectual disabilities, the discrepancy and exclusionary criteria and the IQ score as a proxy for intelligence are at the heart of the muddy waters of assessment. The history of overrepresentation in the mental retardation category and the greater stigma associated with that category have led to a preference for the learning disability label. Both categories rely on the use of an IQ measure, a criterion that can be interpreted as working both for and against minorities. It works for minorities in that it may protect them from inappropriate placement in the learning disability category, yet it may deny them that placement even when it is appropriate. Further, it may work against them in that it may relegate them to the more stigmatizing category of mental retardation. Let us explain briefly.

First, it is now generally understood among experts that an IQ test is essentially an achievement test, based on exposure to certain beliefs and information

to which the children of educated and middle-class families are more likely to have had access (Garcia & Pearson, 1994; Goodnow, 1976; Mercer, 1973; Williams, 1974). Thus, the poor and/or minority child is less likely to display a discrepancy, since his or her score is likely to be lower to begin with. Second, as Collins and Camblin (1983) pointed out almost two decades ago, the exclusionary criterion, by which the child's deficits should not be attributable to environmental circumstances, further decreases the likelihood that the poor and/or minority child will be designated LD. The field is looking for intrinsic deficit, not environmentally induced low achievement. The discrepancy criterion, however, specifies that this deficit has an element of surprise, because the child's intelligence is, overall, normal. If being intelligent is to be measured by an IQ score, then it is harder for the poor or minority child to meet this definition, since some minorities are known to score lower on these measures. Thus the learning disability category has *not* traditionally been one in which minorities are overrepresented. Recently, however, the figures in certain states and school districts show an increase in the assignment of minorities to this category (U.S. Department of Education, Office for Civil Rights, 1999), and the reasons for this have been well described by Gottlieb, Gottlieb, and Wishner (1994).

If the discrepancy is not achieved, then the child whose IQ score is low enough will qualify for mental retardation, while the child whose IQ surpasses the cutoff score for that category will not qualify for special education services. This child presumably will fall between the cracks. Our data indicate that psychologists who, for various reasons outlined in the rest of this paper, believe that the child should be placed may then make decisions that will allow them to manipulate the child's classification in a way to receive special education services. Thus, they may choose an IQ instrument on which the child can score higher in order to show a 15-point discrepancy between IQ and achievement. Another option is to choose an instrument known to be less verbally loaded, so as to give the minority child an opportunity to be assessed more on nonverbal than on language performance. At one placement conference, the psychologist and other participants discussed a third-grade nonreader who was now at a high intermediate level of English-language proficiency. The psychologist reported that the student's IQ score, according to the Kaufman Assessment Battery for Children (KABC) IQ test, was 74, which the psychologist at first described as being in the low average range. Later in the meeting, however, she referred to the student's IQ as average. The team found that the student qualified as LD, with a discrepancy between his IQ of 74 and his reading achievement of 38, and recommended placement in an LD program.

A similar phenomenon occurs with regard to the interaction of LD and emotional handicap or behavioral disorder (EH/BD). In some cases it appears

that students are pushed toward these latter categories (as we described earlier) and in other cases are protected from them. One six-year-old Cuban American first grader had been referred by his teachers primarily for concerns about his emotional and behavioral functioning. He was a native Spanish speaker classified as ESOL (English for Speakers of Other Languages) Level 4, meaning that he had very good but not fully proficient English-language skills, according to the district's criteria. During the child's staffing the psychologist explained that she had noticed indications of depression and low self-concept. She recommended that the parent take the boy to see a psychiatrist to see why he was depressed and easily distracted, and to find out about medicine to treat his hyperactivity. However, she later told the researcher that although she thought the child was clinically depressed, she had not written this in her report because she had not wanted his case "to go EH" (i.e., did not want him placed in a program for children with emotional handicaps). She preferred the LD category and said, "Sometimes emotional problems are caused by a learning disability. You know, the child gets frustrated because he doesn't know how to do it, and he doesn't know how to handle it." Even though he was working on grade level and his achievement test scores (e.g., WIAT Reading = 98, Numerical Operations = 97, Spelling = 101) were *higher* than his WISC III scores (Verbal = 83, Performance = 90, Composite = 85), she said that he qualified for LD "because he needed individualized attention" and "because of processing deficits" (he was slow in auditory processing and needed to hear directions multiple times). She later explained, "The procedures manual says that if a child is below seven years old, he doesn't have to have the 15-point discrepancy, which is one standard deviation. The procedures manual just states that the child has to be doing poorly academically, because the norms at that age are sometimes deflated. So, he got lucky because he got everything done before he was seven years old." Clearly this psychologist was trying to help the child.

Factors That Influence Psychologists' Selection of Instruments and Conducting of the Assessment Different training, different beliefs about the efficacy of certain instruments for different populations, and the host of external influences described above result in considerable variation in psychologists' choice and administration of instruments. Our data show this in relation to both IQ and projective testing.

Presently, the area of greatest concern regarding the overrepresentation of African Americans is the Serious Emotional Disorder (SED) category. The determination of eligibility for this category relies heavily on projective testing. Yet the validity of these tests continues to be the subject of serious debate and controversy. Certainly, if the challengers of these tests are correct (Gresham,

1993; Knoff, 1993; Motta, Little, & Tobin, 1993), it is difficult for a psychologist to interpret children's responses without being influenced by the kinds of prior information discussed earlier—teachers' informal diagnoses and negative perceptions about family circumstances. Further, the concept of consequential validity is particularly relevant when children who qualify for SED services are placed in extremely restrictive settings. In the case of projective testing, our discussions with psychologists reveal that, although these tests are commonly used, there are different approaches to them. For example, those who use the Thematic Apperception Test report using it in different ways, such as using all items in the test or only a few selected items. Similarly, some psychologists routinely complete a battery of four or five tests, while others use only a couple if the child seems to be scoring well—that is, not showing signs of emotional disturbance.

Psychologists may make their selection of instruments on the basis of their own philosophies of the applicability of certain tests to certain populations. For example, some psychologists choose the WISC while others use the KABC. Although all are testing children from low-socioeconomic black and Hispanic families, those who use the KABC explain that it is "less verbally loaded" and is therefore more appropriate for children from diverse cultural and linguistic backgrounds. One psychologist offered the opinion that the IQ tests do measure "inborn intelligence."

The tremendous heterogeneity of this school district leads some psychologists to conclude that the IQ test is simply incapable of explaining low performance in the case of children whose cultural experiences are very different from those of their American peers. Children from countries where education is minimally available, such as Haiti or some Central American countries, are particularly challenging to evaluate. For example, in our research, school personnel who have intimate knowledge of Haiti explain that the U.S. method of relying on chronological age for grade placement results in many children being placed in grades two or three years above the level they were at in Haiti. This discontinuity in instructional level is a clear recipe for failure, which, for many students, ultimately results in their being assigned a label of disability. Psychologists who are concerned about this must negotiate the challenge of providing services while finding a way to give the child the greatest benefit of the doubt about his or her potential. This concern sometimes results in children being found to be eligible for an LD program despite the conviction of other team members that the children should really "qualify" for an Educable Mental Retardation (EMR) or EH program (as in the example provided in the previous section). In such cases, school personnel express the opinion that the psychologist has redone the testing with an easier test so as to get a higher IQ score to allow for the LD

placement. The psychologist, however, argues that he or she used a battery of appropriate tests to get a true picture of the child's abilities. In such cases, the psychologist may have to withstand considerable disapproval from his or her colleagues.

Psychologists are also influenced by their opinions about the effectiveness of special education. One psychologist expressed a strong belief that she often puts children in special education "to save their lives." Even though she may not think the program is excellent, she believes that the smaller class size and a potentially individualized program serve as a protection for the child. Another psychologist expressed the opposite opinion, that it is much better to deliver services in the mainstream, especially in view of what she saw as the overly restrictive nature of the typical classroom for students designated emotionally handicapped. This psychologist also emphasized the relative nature of both the mental retardation and emotional disturbance categories and the dangers inherent in their application. In the case of the former, she said that is very easy to "make an error" with children from low-socioeconomic and minority backgrounds, and for the latter category she emphasized that standards vary from school to school according to the expectations of the neighborhood. Psychologists also expressed the view that there is greater stigma attached to the EH, BD, or SED classifications than the LD category.

IMPLICATIONS

What are the implications of this picture of a variable, even unpredictable, process of psychological assessment? Certainly one implication is that the process is subjective, if not capricious. This is not to say that well-informed subjectivity is out of place in the assessment process. On the contrary, we believe that it is appropriate for qualified professionals to make informed educational decisions. However, we believe that it is crucial for educators to acknowledge that the placement process is neither scientific nor a true assessment of children's learning potential. Rather, psychological assessment as currently practiced seeks to maintain its status as the rock of special education evaluation by clinging to a mythology that causes practitioners to engage in a series of juggling acts. As experts, they must balance their views against those of colleagues who really know the children. On the other hand, engaging the knowledge of others may either enhance or contaminate the process. They must also decide whether to juggle their tools to fit the demands of bureaucrats as well as the demands of children and families from enormously varying backgrounds. As the gatekeepers to special education, they must uphold the belief that they practice science.

Why are we concerned about the methods used to examine these questions? Only close-up observation of social processes can reveal the power of "soft places"—of unofficial, undocumented aspects of professional practice—to influence that which is considered to be scientific and objective. Qualitative research investigates human processes and enables us to document the complexities and disparities of the assessment process. Qualitative research does not claim to be generalizable, since its samples are small and not representative. However, rigorously conducted ethnographic techniques will produce findings that, under similar circumstances with similar populations, are likely to recur. We do not seek to establish statistical probability but to present rich, convincing portraits that can lead us to anticipate how and why individuals act in real-life social situations. Research that documents the social nature of the trajectory of children referred to special education underscores the need for change in assessment procedures. If the referral, evaluation, and placement process is of questionable validity yet results in the stigma of disability, and in some cases significant segregation from the mainstream, it needs to be revamped. We do not really need to know for certain that it will, in terms of probability, lead to overidentification, but that it can, and why. Well-documented and convincing accounts of how individuals respond to everyday situations demonstrate the social nature of educational decisionmaking.

RECOMMENDATIONS

The field is not short of suggestions for revamping the system, many of which offer a combination of careful qualitative observation of children's learning and systematic measurement of the real variable of concern—the child's actual academic achievement. For example, Reschly, Tilly, and Grimes (1999) and others (Fuchs & Fuchs, 1998) have offered systematic performance-based procedures for identifying which children should receive special education services without putting them through the current expensive and suspect assessment process. These approaches focus on developing a cycle in which assessment of academic performance prescribes instructional interventions, whose effectiveness is then systematically assessed. Several alternative procedures have been recommended as having potential for conducting linguistically and culturally sensitive assessments, such as portfolios and authentic assessment procedures, dynamic assessment, evaluation of the zone of proximal or potential development, and assessment via assisted learning and transfer (Brown, Campione, Webber, & McGilly, 1992; Dent, Mendocal, Pierce, & West, 1991; Figueroa, 1983; Gonzalez, Brusca-Vega, & Yawkey, 1997; Haywood, 1988; Rueda, 1997). Moll

(1990) makes yet a different point; he recommends a search for strengths rather than deficits by identifying and building on the cultural, linguistic, and social funds of knowledge that students and their families bring to the school setting. In a similar vein, our own research points to the potential strengths of school-wide models of parent and community participation, such as the Comer model, full-service schools, and effective Title I services. When properly implemented, all of the above approaches provide a network of support for children, rather than a set of practices based on the assumption that poor academic performance indicates a need for assessment of presumed intellectual potential.

With regard to the ecology of general education classrooms, the quality of the instruction and the classroom management of the referring teacher must be considered crucial variables. Further, and regardless of referral, classroom ecology should be the concern of every teacher and school administrator. The variable quality of instruction and management in our research settings suggests that school administrators have considerable power in determining what kind of classroom practice will be accepted and what will not. Some principals exercise this power so effectively that there is a reasonably uniform level of effective teacher performance throughout the school; others seem to tolerate classroom situations that any casual observer would recognize as conducive to minimal learning and unacceptable behavior. Principals' interventions to ensure high-quality classrooms include high visibility of the principal throughout the school building, special supports for teachers who are struggling, and deliberate decisionmaking regarding the provision of in-service training that meets teachers' needs.

Finally, it is important to note that federal and state guidelines stipulate that (a) multiple data sources should be considered when making eligibility decisions, (b) exclusionary criteria should be applied, and (c) alternative procedures should be used when assessing culturally and linguistically diverse students for whom standardized tests are not deemed appropriate (California Department of Education, 1999; National Joint Committee on Learning Disabilities, 1998; PL 105-17, 1997). Despite these guidelines, however, our data indicate that the placement process continues to be dominated by a rigid approach to the use of traditional psychological assessment as the gatekeeper, and that this is all the more dangerous because of *a failure to recognize the role of unofficial practices and influences*. We believe that the main reason for this pattern is that psychological assessment has been conceptualized as the rock of special education—the proof of disability and, therefore, eligibility for services. We submit that this failure to acknowledge the “soft places” of the assessment process has compounded the problem of overrepresentation. Detailed, qualitative

documentation of the social processes that really constitute assessment can dislodge psychological testing from its pedestal and lead to a more useful, less expensive, and less stigmatizing way of helping children with learning and behavioral difficulties.

NOTE

1. This study took place in a southern Florida urban community that is an important international center of Hispanic migration for the middle class and the poor, creating great economic division within that subgroup. It also has a multinational black and African American community with many Caribbean immigrants. Therefore, its racial and ethnic stratification is unlike other U.S. cities in, for example, the Northeast or Midwest. The patterns that are discussed in this chapter obviously are not simply about race; however, race plays into these processes in many complicated ways in a community in which race and ethnicity matter in terms of power and stereotypes.

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CHAPTER FIVE

Schools Make a Difference: The Overrepresentation of African American Youth in Special Education and the Juvenile Justice System

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INTRODUCTION

The percentage of African American children and youth identified as having emotional and behavioral disorders (EBD) who are suspended, expelled, or otherwise removed from local school settings, and who ultimately end up in the juvenile and/or adult correctional system, is far greater than comparable percentages for white youth. For example, while African American children represent only 15 percent of the U.S. school population (age 6–21), they comprise over 20 percent of students referred into special education and over 26 percent of youth identified by schools as emotionally and behaviorally disturbed (U.S. Department of Education, 2000). Nationally, black students are identified as emotionally disturbed at over one and one-half times the rate of white students (National Research Council [NRC], 2002). According to data presented elsewhere in this book, twenty-nine states have EBD identification rates for black students that are more than twice the rates for white students (see Parrish, this volume); furthermore, black males are over five times as likely as white females to be identified as emotionally disturbed (see Oswald, Coutinho, & Best, this volume).

In schools across the United States, African American students (independent of their identification for EBD) are more likely to be suspended and ex-

pelled and tend to receive harsher penalties for behavioral offenses than their white peers (Skiba, Michael, Nardo, & Peterson, 2000). While academic outcomes are poor for all youth with EBD, they are particularly dismal for African Americans. For example, the graduation rate for African American youth with EBD is 27.5 percent, compared to 48 percent for white youth with EBD (Osher & Osher, 1996).

In addition to their disproportionate identification for behavioral disorders and removal from school through suspension and expulsion, African American children also constitute 26 percent of school-age youth who are arrested, 30 percent of the cases in juvenile courts, 45 percent of youth in juvenile detention, and 46 percent of cases waived into the adult criminal courts. After leaving high school (Snyder & Sickmund, 1999), African American youth with disabilities are arrested at a 40 percent rate, compared to a 27 percent rate for whites (Oswald et al., this volume). The causes of these negative academic and behavioral outcomes include misinformed judgments and inappropriate and ineffective interventions by education, mental health, and juvenile justice professionals, which reflect the impact of race, class, and culture in both school and the larger community (Johnson, 1994; Nettles, Mucherah, & Jones, 2000).

This chapter uses a variety of data to explore the links between environmental risk factors, overidentification of African American students for special education, and the overrepresentation of African American children and youth in the juvenile justice system. The first primary risk factor is poverty, which disproportionately affects African American children and their psychological, emotional, and social development. Poverty predisposes a disproportionate number of African American children to a high risk for behavioral problems at school entry (e.g., NRC, 2002; NRC & Institute of Medicine, 2000). The second primary risk factor involves the interaction of African American children with the schools that they attend, which disproportionately lack the capacity to address students' needs though universal, early, and intensive behavioral supports and interventions (NRC, 2002). The third primary risk factor relates to the interaction of African American children and youth with community agencies (e.g., the juvenile justice system), which are less likely to address black students' mental health needs proactively and instead are more likely to arrest, adjudicate, and incarcerate these students (Isaacs, 1992; U.S. Public Health Service, 2000a, 2001).

This exploratory study addresses issues of under- and overidentification for special education services, as well as the impact of effective and ineffective school-based interventions. Our findings are consistent with the National Research Council's (2002) examination of racial disproportionality in special education, which suggests that "minority children are disproportionately poor, and

poverty is associated with . . . child care environments that are less supportive of early cognitive and emotional development” (p. ES3), and that “minority children are less likely to have experienced well-trained teachers [and] high-quality instruction that carefully puts the prerequisites for learning in place, combined with effective classroom management that minimizes chaos” (p. ES4). Our findings are also consistent with reports from the U.S. surgeon general that delineate the importance of prevention and culturally competent interventions, and of resources for school-based mental health (U.S. Public Health Service, 1999, 2000a, 2001).

THE IMPACT OF SCHOOLS ON OUTCOMES OF CHILDREN WITH EBD

The disproportionate identification of African American children as emotionally and behaviorally disturbed, their disproportionate removal from school through suspension and expulsion, and their systemic adjudication into the juvenile justice system can be analyzed within a life course/social field framework (Kellam & Rebok, 1992). The life course/social field theory is based on the hypothesis that people face specific task demands in various social contexts across major periods of their life span (Kellam & Rebok, 1992). The social tasks that we encounter in life are monitored by “natural raters” who perform policing and gatekeeping functions. For example, parents function as “natural raters” within the family, peers within the peer group, teachers in the classroom, principals in schools, supervisors in the workplace, and police officers and judges in the community (Kellam, 1990; Kellam & Ensminger, 1980). How well children handle the task demands made by natural raters influences their early opportunities for success, which in turn affects how well they meet task demands in future social arenas—for example, whether they can succeed in a career and live successfully in the larger community. The life course/social field framework employs longitudinal study to map an individual’s developmental progress, including the antecedents, mediators, and consequences of developmental experiences and behaviors. The school environment plays a critical role in the life course and social development of children.

The Promise of Supportive Schooling: Fostering Resilience and Academic Success

At their best, schools can provide a positive, supportive environmental context that fosters resilience (Blum, McNeely, & Rinehart, 2002; Fox et al., 1999). Schools can (and should) be places where students experience success and receive appropriate support services when needed (e.g., counseling, mentoring,

and tutoring) in a nonstigmatizing manner. From a public health perspective, schools can be a setting where necessary interventions can reach the largest number of children and youth at the lowest cost to society (Woodruff et al., 1999). In addition, by developing positive relations with families (Cartledge, Kea, & Simmons-Reed, 2002; Kea, 1997), schools can play an important role in linking the home and community with the goals of the school (Harry, 1992).

Use of the life course/social field framework helps to illuminate relationships between school-based factors and the reduction or exacerbation of negative behavioral, academic, and social outcomes for African American children and youth. For example, analysis of data from the Baltimore Prevention Study (Kellam, Merisca, Brown, & Jalongo, 1998) helps specify how environmental factors can mediate the ability of children to meet the task demands of school. A group of 1,100 students was randomly assigned to classes across nineteen elementary schools in five poor to middle-class Baltimore neighborhoods (65% of the first graders were African American). Students who were highly aggressive in first grade and placed into poorly managed classrooms were 2.5 times more likely to still be highly aggressive six years later than similarly aggressive first graders who were placed into well-managed first-grade classrooms.

The School's Contribution to Negative Developmental Outcomes

Researchers have identified a variety of school-based risk factors that contribute to negative developmental outcomes. These "mine fields" (Reid & Eddy, 1997, p. 344) can contribute to existing risk factors and further increase the risk of poor social outcomes (Caspi & Moffit, 1995). For example, poorly managed schools can be risk-prone contexts where children with behavioral problems frequently generate hostile and punitive reactions from teachers and peers and where early antisocial behavior is reinforced by inappropriate school responses (Reid & Eddy, 1997). Schools can also be a place where students at risk for behavioral problems get caught up in a self-sustaining cycle of classroom disruption and negative consequences (Dumas, Prinz, Smith, & Laughlin, 1999). This cycle includes academic failure, as teachers ignore or are unable to address the academic needs of students with behavioral problems, and forced segregation with antisocial peers, which often reinforces problem behavior (Dishion, McCord, & Poulin, 1999). Finally, schools can frequently be settings for public humiliation as children and youth experience academic failure, peer rejection, and adult sarcasm.

Compared with their white counterparts, black students are more likely to attend schools that have less social and material capital, fewer funds for curriculum and staff development, more inexperienced teachers, and poor teacher morale (Metz, 1997; Skiba, Knesting, & Bush, 2002). Black students are also more

likely to attend schools characterized by practices that contribute to the development or escalation of antisocial behavior (Sprague, 2002), such as:

- ineffective instruction
- inconsistent and punitive schoolwide, classroom, and individual behavior-management practices
- lack of opportunity to learn and practice prosocial interpersonal and self-management skills
- unclear rules and expectations regarding appropriate behavior
- failure to correct rule violations and reward adherence to them
- failure to assist students from backgrounds that place them at risk for not bonding with the schooling process

During the 1999–2000 school year, African American students with disabilities were more than three times as likely as whites to be given short-term suspensions. Similarly, they were 2.6 times more likely than whites to be removed from school for more than ten days. Further, African American students with disabilities (as well as Latino and Native American children with disabilities) were 67 percent more likely than whites to be removed on grounds of dangerousness by a hearing officer. When these data are examined on a state-by-state basis, the challenges posed by disproportionate identification practices appear to be even more stark. The risk of black and white students with disabilities being removed from school across all fifty states ranged as high as 25.9 percent for black students to a low of 7.02 percent for white students (Office of Special Education Programs, 2000).

AFRICAN AMERICAN CHILDREN AND YOUTH WITH EBD

The statistics on exposure of African American youth to the juvenile justice and adult correctional systems (see Table 1) are closely aligned with national outcome data for African American students identified with EBD. According to the most current longitudinal survey of students in special education (Valdes, Williamson, & Wagner, 1990), 66 percent of African American students identified for EBD received failing grades, compared to 38 percent of white students with EBD. Furthermore, twice as many African American students identified for EBD exited school as a result of dropping out (58.2%) as opposed to graduating (27.5%); this is a significant problem, because 73 percent of all students with EBD who drop out are arrested within three to five years of leaving school (U.S. Department of Education, 1994).

Students with EBD are over thirteen times more likely than other students with disabilities to be arrested while in school (Doren, Bullis, & Benz, 1996),

TABLE 1
Risk of Correctional Placement: Black Students Compared to White Students

25 States with Highest Risk Level

<i>State</i>	<i>Risk Comparison</i>
New Jersey	16.19
Rhode Island	15.19
New Hampshire	13.82
Ohio	12.00
Connecticut	10.66
New York	9.12
Wisconsin	8.38
Illinois	7.80
Alabama	6.49
Minnesota	6.29
Pennsylvania	5.87
South Dakota	5.27
Maryland	5.26
Missouri	5.03
California	5.01
Iowa	4.99
Louisiana	4.84
Kansas	4.52
Idaho	4.39
New Mexico	4.35
Oregon	4.35
Kentucky	4.30
North Carolina	4.23
Virginia	4.06
Michigan	4.05
United States	4.05

An odds comparison of 1.0 translates to equal risk for black students compared to white students. A higher number translates to higher relative risk.

Source: www.idea.org, Table AA14, Students Served under IDEA by Race/Ethnicity, Part B, 1999–2000 School Year, and Table AB11, Students Served in Correctional Facilities under IDEA, by Race/Ethnicity, Part B, 1999–2000 school year.

and more likely than other students with disabilities to be arrested after they leave school (Wagner, 1995). Once arrested, youth with EBD (and with cognitive disabilities) are more likely than their peers to be adjudicated, placed in restrictive settings, and spend more time in such settings than their peers (Osher, Rouse, Woodruff, Kendziora, & Quinn, 2002). Not surprisingly, a disproportionate number of incarcerated youth have behavioral and/or cognitive disabili-

ties.¹ Among these youth, those with EBD are at the greatest risk of incarceration: while they represented less than 10 percent of students with disabilities nationally in 1996, they constituted 42 percent of students with disabilities who were in correctional facilities (U.S. Department of Education, 1999b). Because schools only identify 1 percent rather than the 3 to 6 percent of students who may have such needs (NRC, 2002; U.S. Department of Education, 1999b), the actual percentage may be higher (Costello et al., 1996; Cuffe, 2000; Leone, 1991; Roberts, Attkisson, & Rosenblatt, 1998). For example, when the Diagnostic Interview Schedule for Children was administered to a randomly selected stratified sample, which included 1,005 African American youth age 10–18 who were detained in Cook County, Illinois, researchers found that nearly two-thirds of the males and nearly three-quarters of the females met the diagnostic criteria for one or more psychiatric disorders. Moreover, when conduct disorder was excluded, nearly 60 percent of the males and two-thirds of the females still met diagnostic criteria for one or more psychiatric disorders (Teplin, 2001).

Emotional and behavioral problems are produced and exacerbated by the interaction between individual characteristics and the social environment (Boyce et al., 1998). Though often treated as having a single disorder, many students with EBD have additional emotional, behavioral, and cognitive challenges, such as learning disabilities, attention deficit disorder, anxiety, depression, and conduct disorder (Caron & Rutter, 1991; Fessler, Rosenberg, & Rosenberg, 1991), which in turn place them at risk for substance abuse and delinquent behavior (Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1998). Students with EBD often experience aversive school environments marked by lowered academic expectations and support, academic frustration and failure, consistently negative responses from teachers, disciplinary referrals, segregation into settings with antisocial peers, suspension, and high dropout rates (Gunter & Denny, 1998; Wehby, Symons, Canale, & Go, 1998).

Students with EBD are frequently subjected to curricula that emphasize control and behavioral management and fail to provide them with the academic supports necessary to address scattered academic skills, attention problems, and organizational and learning deficits (Nelson, Jordan, & Rodrigues-Walling, 2002; Osher & Hanley, 1996). They rarely have the opportunity to succeed academically and to develop a positive identity as learners.

Addressing EBD effectively often requires both mental health and educational interventions. The failure to provide these interventions in the school setting contributes to the high number of youth with EBD who are involved with the juvenile justice or adult correctional systems. A study that compared mental health needs among a random sample of youth ($n = 473$) within the ju-

venile justice system found that 45.9 percent of youth on probation, 67.5 percent of youth who were incarcerated, and 88 percent of youth who were adjudicated to residential treatment centers had EBD (Lyons et al., 2001). Similarly, a study of 95 public and private juvenile facilities reported that 73 percent of the children in these facilities reported mental health problems during their screening (Abt Associates, 1994).

Problems in the School Setting: Over- and Underidentification

Data on the overrepresentation of African American youth in EBD programs are consistent with a general concern regarding the disproportionate representation of African Americans in disability categories (Sims, 1996). Although initial concerns focused primarily on disproportionate representation in mental retardation and learning disabled categories, issues related to the educational experiences of African American students identified with EBD are also now at the forefront.

Several factors are hypothesized to be an influence on racial disproportionality in special education placements:

The Referral Process Studies of the relationship between initial teacher referral and subsequent special education classifications suggest that subjective judgment by classroom teachers is a highly significant variable in identification (Foster, 1990). Teacher perceptions, gender, race, and socioeconomic status have also been identified as interactive variables in the referral process (Lomotey, 1990).

Assessment Bias The debate on issues of cultural bias centers on item selection and norming (Hilliard, 1991). Accuracy in the predictive validity of results based on culturally and socially biased instruments has been called into question (Reynolds, Lowe, & Saenz, 1999), with researchers noting the existence of biases that favor the experiences of the dominant culture (Figueroa, 1983).

Cultural Discontinuity Within classroom learning environments, cultural discontinuity has been identified as a significant factor in the educational problems experienced by minority students (Gay, 2000). Boykin's (1983) work on behavioral and perceptual learning styles among African American and white students suggests that, while similarities exist, so do culturally relevant distinctions, which may help explain student differences.

Systemic Factors Some proponents of reform argue that special education distorts the problem of school failure by focusing on student deficits rather than on problems in the delivery of general education (Comer, 1997; Edmonds, 1986; Skrtic, 1991). In addition, a number of researchers have pointed to the importance of systemic, schoolwide initiatives in improving outcomes for stu-

dents with or at risk for EBD (Dwyer & Osher, 2000; Walker, Colvin, & Ramsey, 1995).

Disproportionality in EBD programs raises complex issues. Although schools are more likely to identify African American students as having EBD, schools also fail to identify between one-half and two-thirds of all students who could be identified early in their academic development as needing support services (U.S. Department of Education, 1999a). Therefore, it is possible that, although African American students are overidentified in comparison to white students, they may still be underidentified in terms of need and access to preventive and early behavioral supports in the general education setting.

Underidentification also has significant implications. For example, students who are not identified for services under the Individuals with Disabilities Education Act have fewer due process rights in regard to educational planning, placement change, and school removal than those who are identified. In addition, because students with EBD are at greater risk for delinquent conduct than their peers, unidentified African American students with EBD may not receive the services and supports necessary for staying in school and out of the juvenile justice system (Morrison et al., 2001). For example, research on African American adolescents with mental health problems in juvenile justice facilities suggests that they are less likely than their white peers to have previously received mental health services (Marsteller, Brogan, & Smith, 1997). Furthermore, when they do receive services, African American youth tend to be diagnosed with more severe disorders (Isaacs, 1992) and are provided services in more restrictive and punitive settings (Sheppard & Benjamin-Coleman, 2001).

Although there are problems of underservicing African American students with EBD, given the shortcomings of interventions for students with EBD, overidentification of minorities is a major concern. While educational problems are a reality for all students with EBD, they are an even greater problem for African American students and other children of color who are more likely than white students with EBD to attend low-income schools, be placed in more segregated settings, and receive fewer vocational, counseling and therapy services (Valdes et al., 1990). In other words, African American students with EBD are deprived of opportunities to develop the social, intellectual, emotional, and vocational skills that will help them succeed outside of school.

Problems in the School Setting: Inappropriate Curriculum and Support Services

Once identified for special education, African American students face more significant problems regarding the curriculum they are exposed to and the quality of support services provided than do white students. This view is consistent

First, effective universal, schoolwide interventions that can prevent the development or exacerbation of EBD in children do exist (Dwyer & Osher, 2000; Osher, Dwyer, & Jackson, in press), but these interventions are rarely implemented on a scale that can effectively reduce the incidence of emotional and behavioral disorders. Furthermore, the school environment interacts with other risk factors to influence outcomes for African American children (Comer, 1997; Lomotey, 1990). One particular risk factor—inappropriate behavior as measured by natural raters (e.g., the teacher)—leads to referrals and removal from mainstream classrooms. Students identified by teachers and other school staff as exhibiting behavioral problems in and out of the classroom are typically male, come from low-income families, and are disproportionately members of cultural and ethnic minority groups (Friedman, Kutash, & Duchnowski, 1996). Decisions made by these natural raters lead to the removal of many African American students from mainstream classrooms and schools through pull-out programs, disciplinary referrals, placement changes, suspensions, and drop-outs (Larson, 1995; Lee & Burkam, 2001).

Second, while the Individuals with Disabilities Education Act requires school districts to identify all children with a disability, the success of most districts at properly identifying children with special needs is limited at best. School personnel not only fail to identify students with disabilities but also fail to diagnose and address disabilities correctly with surprising frequency. Black students with a learning disability are often misidentified as having EBD or mental retardation (Zabel & Nigro, 1999). While epidemiological estimates suggest a prevalence rate for EBD of between 2 percent and 5 percent (Costello et al., 1996; Roberts et al., 1998; U.S. Department of Education, 1999a), schools have historically identified a little less than 1 percent of students as eligible for services. State identification rates have ranged from .05 percent (Mississippi) to 1.56 percent (Minnesota) (U.S. Department of Education, 1999b).

Third, children with EBD are identified as being eligible for services at a later age than are other students with disabilities (U.S. Department of Education, 1999a). Because of a lack of appropriate and timely intervention, many of these children fall behind academically and have increased behavioral problems. These problems contribute to the tendency to view many African American youth as being socially maladjusted rather than as having a disability. This view of students, along with the failure to provide them with appropriate academic and behavioral supports, contributes to underidentification for services and to disproportionate suspension and expulsion rates (Noguera, 1997), as administrators may not want to provide expensive services or due process protections to these children.²

Finally, even if the child is identified as being eligible for special education supports, there is great local variety in the quality and location of services. For example, in the 1996–1997 school year, 50.48 percent of Minnesota students with EBD were served in regular classes, compared to only 9.55 percent of Mississippi's students with EBD (U.S. Department of Education, 1999b).

PROVIDING EFFECTIVE SUPPORTS TO AFRICAN AMERICAN STUDENTS WITH EMOTIONAL AND BEHAVIORAL DISORDERS

Failure to provide effective supports to African American students with and at risk of EBD appears to be directly related to poor academic and social outcomes, including poor grades, disciplinary referrals, suspension, dropping out, and expulsion. Fortunately, alternative approaches are available that can improve supports for these students (and others) (U.S. Department of Education, 1994). Effective approaches should combine three levels of intervention: schoolwide prevention strategies for all students; early intervention strategies for those students found to be at risk for behavioral problems; and targeted, individualized interventions for students with severe behavioral problems.

Providing Support for All Students

It is estimated that children in the United States spend approximately 15,000 hours in school between the first and twelfth grades (Koppish & Kirst, 1993). These hours can be spent in positive or negative social and academic activities, with adult role models who either support children in a positive fashion or subject them to aversive experiences (Metz, 1997). Similarly, time spent in school can involve positive peer interactions that can reinforce positive self-concepts and prosocial behaviors, or involve negative experiences that contribute to negative self-concepts and reinforce antisocial behaviors (Campbell-Whatley & Comer, 2000). Children's early developmental experiences are critical in helping to shape their self-concept, sense of personal efficacy, and motivation for learning, as well as their understanding of the larger world around them and their beliefs about their roles and status in school and society. Therefore, it is important to create learning environments that are supportive of children's total social, cognitive, physical, ethical, and emotional development, and that are responsive to their needs as individuals. With this said, students with or at risk for EBD can benefit from an effective foundation (Dwyer & Osher, 2000) that provides them with the emotional, behavioral, and academic supports that they need. This support should include a caring school community (Battistich, Solo-

classrooms. Research suggests that the number of students requiring this level of intervention within a healthy school environment should be no more than 3 percent to 5 percent of the student body (Osher & Hanley, 2001; U.S. Department of Education, 2001). For example, student support centers and individualized services for students with EBD can utilize the skills of both regular and special educators, and individualized services can also be provided in the mainstream classroom (Eber & Nelson, 1997). In Westerly, Rhode Island, public schools have established planning centers where students can receive emotional and behavioral support, resolve conflicts, get assistance with homework, and have a quiet place to relax, and also receive social services (Dodge, Keenan, & Lattanzi, 2002). On the rare occasions when students need to be placed in a separate school environment, it is important that these settings avoid negative, custodial environments and instead provide effective academic and behavioral instruction and support, as well as collaborate with regular schools to facilitate successful reintegration into the regular education setting (Dwyer & Osher, 2000).

CONCLUSIONS

Many African American children go through school with learning and/or behavioral problems and disabilities that are unacknowledged, not addressed, or inappropriately identified. The behavior of these children is often responded to by teachers and other school staff in inappropriate and potentially harmful ways. The net result is that the educational system is allowing children with or at risk for EBD to be funneled into delinquency placements rather than supporting their educational needs through the development and maintenance of appropriate placements and services, including schoolwide interventions that can effectively reduce the need for special education services. Many African American children with or at risk for EBD progress from a system of inadequate school-based supports to suspension to expulsion or dropping out, and finally to placement in the juvenile justice system.

This chapter suggests that the overrepresentation of African American children in the correctional system represents, in part, the outcome of a flawed system of student support across two primary levels. The first systemic flaw stems from the generally inappropriate application of regular education support services to students of color. The second stems from the ineffective application of services to students of color once they are referred into the special education system.

Obviously, schools are not the only setting that can exacerbate the odds that children of color will experience school failure, negative behaviors, or expo-

sure to the juvenile justice system (Rutter, Giller, & Hagell, 1998). Family and community structures also play critical roles in preventing school failure and promoting positive child and youth development, but as the work of Kellam et al. (1998), Reid and Eddy (1997), and others suggests, schools can and should perform a central role in the positive development of children and youth, along with implementing a sound, research-based strategy for reducing and eliminating behavioral risk factors for all students.

The success or failure of schools in supporting positive outcomes for all students depends on their structure, organizational culture, cultural competence, and capacity to provide every student, regardless of background, with the academic, behavioral, and emotional supports to build on their strengths and fully address their needs. Schools can address risk factors and build protective supports for students by comprehensively implementing a three-level approach: 1) building a protective schoolwide foundation through universal interventions; 2) preventing the onset or exacerbation of learning and behavioral problems through selective and targeted early intervention; and 3) addressing more intensive needs through individualized interventions for students with the greatest level of need.

While this approach appears simple, implementing it successfully is not easy in a society marked by racial intolerance and a general stigma against mental health problems. As the late Ron Edmonds (1979) stated:

We can, whenever and wherever we choose to, successfully teach all children whose schooling is of interest to us. We already know more than we need to do that. Whether or not we do it must finally depend on how we feel about the fact that we haven't so far. (p. 24)

NOTES

1. The precise number is not clear. While a Department of Justice study suggests that 70 percent of incarcerated youth have educational disabilities (Burrell & Warboys, 2000) and some clinically trained juvenile justice staff members report even higher numbers of youth with mental health needs, other survey data report significantly lower percentages. For the best overview of this variation, see Rutherford, Bullis, Anderson, & Griller-Clark (2002). This variation in findings reflects five factors. First, there are false positives and negatives in identifying students as having EBD. Second, some correctional facilities do not have access to special education records, particularly for youth who have dropped out of school. Third, some correctional facilities lack diagnostic capabilities or have little interest in identifying youth for services that they are not staffed to provide. Fourth, there is a great variability in state identification rates (Osher & Hanley, 1995). In the case of EBD, the variability ranges from less than .03 percent of all students to more than 2 percent (U.S. Department of Education, 1999b). Fifth, the

surveys reflect youth in different types of settings (Lyons, Baerger, Quigley, Erlich, & Griffin, 2001).

2. While the social maladjustment clause of the Individuals with Disabilities Education Act only excludes students who are not otherwise eligible for services, schools frequently exclude students who have conduct disorder from services, instead defining them as socially maladjusted, although there are no valid theoretical or empirical grounds for differentiating between conduct disorders and other emotional and behavioral disorders (Cohen, 1994; Nelson, 1992; Nelson & Rutherford, 1988; Skiba & Grizzle, 1992; Stein & Merrell, 1992).

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