A Search for Variables Affecting Underidentification of Behaviorally Disordered Students

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ABSTRACT

Recently, several factors possibly contributing to underidentification and under-service to students with behavioral disorders have been suggested. The present study sought to examine the variable of average per pupil expenditure, size of minority population, and learning disabilities service level across states designated as high behavioral disorders service states and low behavioral disorders service states. Results show that no statistically significant difference between these two groups of states was found on any of the three variables examined. While a wide range of variability (0.03 to 3.09%) in service level to students with behavioral disorders was found among the 50 states and the District of Columbia, the analysis does not support any of the variables tested as explanations for the observed variability. Finally, implications of the findings of the study and possible explanations for the observed variability are discussed.

In recent years the proportion of schoolage students being served as behaviorally disordered or emotionally disturbed (these terms are used generically and treated as synonymous in this paper) has been increasing (Algozzine & Korinek, 1985). However, unlike two other major categories of handicapped students—learning disabled and mentally retarded— which have service levels near or above their official prevalence levels, behaviorally disordered students continue to be underidentified and underserved even by very conservative estimates of prevalence (Kauffman, 1984). Kauffman reports that prevalence studies would suggest that about 6% of children and youth in the United States could be classified as disturbed. He suggests one-third (2%) be considered as a conservative estimate of prevalence. The Seventh Annual Report to Congress on the Implementation of Public Law 94-142 (Division of Educational Services, 1985) indicates that about .72% of school age children are receiving special education services for emotional disturbance. A number of explanations have been suggested to account for the observed discrepancy between service level and prevalence estimate.

The explanations offered have included problems related to the label seriously emotionally disturbed (Huntze, 1985; Wood, 1983), problems with the definition of seriously emotionally disturbed in PL 94-142 (Bower, 1982; Center, 1985; Grosenick & Huntze, 1980), problems related to identification (Huntze, 1985; Kauffman, 1984; Wood & Smith, 1985), and social policy, which is in part a product of political and economic forces (Kauffman, 1984; Paul, 1985).

A recent study (Tallmadge, Gamel, Munson, & Hanley, 1985), conducted for Congress by SRA Technologies, concluded that there was no need to change either the seriously emotionally disturbed label or its definition in PL 94-142. If the findings of this study are accepted, we must conclude that the discrepancy between service and prevalence level estimates cannot be accounted for by problems arising from the label, definition, or identification procedures based upon the definition, at least to any significant degree. On the other hand, one could argue as Paul (1985) might that the study by Tallmadge et al. (1985) is invalid and was biased by social policy factors.

Long (1983) attempted to identify factors associated with underidentification and under-service of emotionally disturbed children. From her investigation, Long concluded that
factors associated with underidentification were fourfold: average per pupil expenditure, size of a school district's minority population, attitudes toward the label emotionally disturbed, and failure to screen the schoolage population for emotional disturbance. In other words, underfunded school districts with high minority enrollments, who failed to screen students and/or who thought the label emotionally disturbed was stigmatizing, tended to underidentify and underserve emotionally disturbed students. Assuming these findings to be valid, one could argue that they largely exist due to social policy influences related to political and economic forces. This would be true particularly in the case of funding and minority enrollments. On the other hand, one could argue that they exist due to technical problems. This would be true particularly in the case of labeling and screening.

Regardless of where one views the problem of underidentification to have its roots, another question that arises is, what happens to the emotionally disturbed student who is not so identified? Chalfant (1985) has suggested that one reason many school systems overidentify and overserve the learning disabled is that they underidentify certain other handicapping conditions. Chalfant further asserted that one of the handicapping conditions that may be contributing to overidentification of students as learning disabled is emotional disturbance. In other words, if there are policy factors or technical problems mitigating against identification of students as emotionally disturbed, there might exist a tendency to identify students who are emotionally disturbed as learning disabled in order to provide them with special education services.

The present study, therefore, was designed to investigate two of the factors, average per pupil expenditure and size of minority enrollment, as suggested by Long (1983), and the possible tendency to identify emotionally disturbed students as learning disabled, as suggested by Chalfant (1985). To test these suggestions, state-by-state data on a national basis were examined. The research hypothesis was that relatively low average expenditure, large minority populations, and large learning disabled populations would be associated with a relatively low service level for behavioral disorders, and the converse would be associated with a relatively high service level for behavioral disorders.

**METHOD**

To test the hypothesis that low average per pupil expenditure, large minority enrollments, and a high service level for learning disabled students would be associated with a low service level for students with behavioral disorders, data on service levels for behavioral disorders and learning disabilities were obtained from the *Seventh Annual Report to Congress on the Implementation of Public Law 94-142* (Division of Educational Services, 1985). The data presented in this report are based on statistical data provided by each state on the number of children between the ages of 6 and 17 ruled eligible and provided with special education services by that state for a particular handicap.

It should be noted that there is some variability among the states in their definition of emotional disturbance as well as the label used for this population. The data from the *Seventh Annual Report to Congress on the Implementation of PL 94-142* (Division of Educational Services, 1985) and used in this study did not differentiate according to definitional or labeling variation, nor level of service provided. The percentage figure used represents the children served of the total number of schoolage children in the state. The latter figure was obtained from the *U.S. Statistical Abstracts* (1985). Data on the average per pupil expenditure and size of the minority (nonwhite) population, as a proportion of total population, were also obtained from the *U.S. Statistical Abstracts* (1985). These figures were obtained for all 50 states and the District of Columbia (see Table 1). The states were ranked by behavioral disorder service level. Next, relatively low service states were designated as those at or below the 25th percentile and relatively high service states were designated as those at or above the 75th percentile. The range in service level was from .03 to 3.09, as a percentage of population between 6 and 17 years of age, with a mean service level of 1.72%. The low service group had a service level range of from .03 to .27% (N = 12). The high service group had a service level range of from .92 to 3.09% (N = 14).
A table of the respective BD and LD service levels, size of a state's minority population, and average per pupil expenditure for the 50 states and the District of Columbia.

<table>
<thead>
<tr>
<th>State</th>
<th>%BD</th>
<th>%LD</th>
<th>%Minority</th>
<th>Pupil Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>WV</td>
<td>0.41</td>
<td>3.92</td>
<td>04.0</td>
<td>2,587</td>
</tr>
<tr>
<td>WI</td>
<td>1.05</td>
<td>3.05</td>
<td>05.5</td>
<td>3,553</td>
</tr>
<tr>
<td>WY</td>
<td>0.82</td>
<td>5.01</td>
<td>05.0</td>
<td>4,488</td>
</tr>
</tbody>
</table>

RESULTS

The data collected were analyzed by using the Statistical Package for the Social Sciences (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). A oneway ANOVA was applied to test for significant differences between the two dependent variables and the three independent variables. The difference between the two groups for learning disability service level was not significant (p < .3264). The difference between the two groups on average per pupil expenditure was not significant (p < .5455). The oneway ANOVA between the two groups for proportion of population classified as minority failed to meet the test for homogeneity of variance (p < .001).

Because the assumption of homogeneity of variance was violated and because of the small N, a nonparametric Kruskal-Wallis oneway ANOVA of ranks (Huck, Cormier, & Bounds, 1974) was also run to test for differences. The Kruskal-Wallis was not significant for the minority population variable (p < .2470), nor was it significant for either of the other two variables. Two states, Massachusetts and South Dakota, were referred to as noncategorical states in the report from which service level data were obtained. The report, however, does specify a behavioral disorders service level for each of these states. Since it was unclear whether or not the specified service level referred solely to behavioral disorders or a combination of handicaps, the analysis was done both with and without the data from these two states. Only minor differences in the two analyses were obtained. Finally, no statistically significant differences, using either a .05 or .10 criterion, were obtained.

DISCUSSION

The results of this study failed to uncover significant differences between low and high service states, relative to the level of service provided behaviorally disordered students, on any of the three independent variables examined. Based on these findings, it would not appear that the two variables (average expenditure and minority population) from Long's (1983) study hold up when looked at on a statewide basis across the various sites. In fairness, it should be pointed out that the previous study did not compare states but rather districts within a state. However, it would seem reasonable to assume that even if there is variability within a state in funding levels and minority enrollments, the overall level in a given state relative to another should, when taken as an aggregate, reflect the same trends found in district to district comparisons. Thus, if there is a clear relation between the two variables tested and behavioral disorder service level, it should be reflected in the state to state comparisons. This was not the case.

The third variable derived from Chalfant's (1985) suggestion that concern about stigmatization might lead to a tendency to misclassify students as learning disabled also failed to reach significance. While this suggestion appears to have face validity (i.e., sounds reasonable), one would expect that if there were any systematic and widespread tendency, that states with a low service level for behavioral disorders would have a higher level for learning disabilities than states with a high service level for behavioral disorders. Again, this was not the case.

Some indirect evidence in support of the misclassification of behaviorally disordered students as learning disabled was found in a recent study (Center & Wascom, 1986), although the study applied only to females. These researchers found that teachers' percep-
tion of antisocial behavior in learning disabled students was greater for females than for males. A misclassification bias in favor of females was one of several possible explanations for this finding that was discussed. A different finding in the present investigation might have been obtained for the misclassification variable if relative service levels had been compared by sex rather than as a unitary variable.

The present study cannot provide an explanation for the obvious underidentification and underservice for behaviorally disordered children. What this study does suggest is that funding levels across the various states and the size of minority enrollments in the public schools of the various states do not appear to be related to variability in service level for the behaviorally disordered among the states. This study does not support the suggestion that behaviorally disabled children are being placed in learning disabled classes.

Earlier, it was suggested that underservice could be a result of either technical problems (e.g., difficulties with the definition of behaviorally disordered) or social policy. If underservice for behaviorally disordered students is due to either of these possible causes, they are not affecting all states equally, as evidenced by the range of variability (.03 to 3.09%) in service for behaviorally disordered students among the various states. Since some states have managed to develop a relatively high service level for behaviorally disordered students, it may be that the major factor in relatively low service states is social policy and not technical problems. It might be of interest to compare low and high service states on their degree of conformity to the political ideology of the current administration in Washington to see if there is a relationship between political ideology and behavioral disorder service level among the various states. If such an investigation should yield a positive finding, Paul's (1985) contention that the political ideology of the current administration in Washington favors underidentification and underservice for behaviorally disordered students would be supported.

One mechanism that might be used by a state whose social policy did not favor service for behaviorally disordered students would be to use a very restrictive interpretation of the definition of seriously emotionally disturbed. Center (1985) has previously expressed concern about definitional interpretation and how it might be used to suppress the development of service for behaviorally disordered students. A study investigating differences among the states in their interpretation of the definition of seriously emotionally disturbed and their service level to behaviorally disordered students is presently in progress.

REFERENCES


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