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# THE SOCIAL VALIDATION OF BEHAVIORS INCLUDED IN THE CRITICAL EVENTS INDEX OF THE SYSTEMATIC SCREENING FOR BEHAVIOR DISORDERS IN MALE SAUDI ARABIA PRIMARY SCHOOLS

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By

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DISSERTATION

Submitted in Partial Fulfillment of the  
Requirements for the Degree of

**Doctor of Philosophy  
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Albuquerque, New Mexico

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## **Dedication**

I dedicate this dissertation to my mother, wife and children. Their encouragement, patience, understanding, and most of all affection, provide me with the power needed to complete this work.

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I am heartily thankful to my advisor Dr. Loretta Serna, whose encouragement, guidance and support from the initial to the final level enabled me to develop an understanding of the subject.

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Emad A Alwan

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**ABSTRACT**

The purpose of this study was to: (a) identify which behaviors from the Systematic Screening for Behavior Disorders (SSBD) Critical Events Index occur in male Saudi Arabia primary schools and how often teachers perceive their occurrence; (b) determine the extent of concern male Saudi Arabia primary school teachers report regarding these behaviors; and (c) investigate male Saudi Arabia primary school teachers' perception regarding the importance of taking courses that emphasize students' behavior problems and how to deal with them. A sample of 381 male participants responded to the call to participate in the study. These participants were recruited from six different regions from Saudi Arabia. A questionnaire and four open-ended questions were used to collect the data. Quantitative analyses were conducted to answer the research questions.

Findings revealed that all the behaviors included in the SSBD occur (to some extent) in Saudi Arabia primary schools with the exception of one behavior. Behaviors that occurred more frequently included both internalizing and externalizing behavior problems. Teachers

were concerned to some degree about all the behaviors included, but were more concerned about the externalizing behavior problems. Similar results were found when the data were analyzed according to the geographic regions of participants and by participants' years spent in service. Participants also reported other behaviors occurred in their classrooms that are not included in the SSBD. While general education teachers see more behavior problems than special education teachers, they were less concerned about these behaviors compared to special education teachers.

While all participants valued the importance of the courses concerning student's behavior problems, the majority of participants had not taken any of this course work during their pre-service preparation studies because these courses were not offered at the universities/colleges where they had studied. Others who did take such courses indicated that they were not useful for many reasons. They provided some useful suggestions to make these courses more effective. Among the several limitations related to this study, one must note that only male teachers participated in the study and therefore, the results apply only to male teachers and students. Recommendations for educators and legislators were provided.

## Table of Contents

<b>List of Figures.....</b>	<b>xiii</b>
<b>List of Tables .....</b>	<b>xiv</b>
<b>Chapter One Introduction .....</b>	<b>1</b>
History of the IDEA Definition and Identification of Students with EBD in the United States.....	3
The History of EBD Prominent Definitions .....	3
Bower's study and definition.....	4
IDEA federal definition. ....	7
National Mental Health and Special Education Coalition definition.....	10
Continued Debates Regarding Definitions .....	13
Identification of Children with EBD in the U.S. ....	14
Historical Issues in Saudi Arabia Regarding the Definition, Identification and Servicing of Students with EBD.....	16
Teacher training in EBD. ....	18
The EBD definition in Saudi Arabia.....	18
Historical Framework .....	20
Statement of the Problem.....	20
Purpose of the Study.....	21
The Possible Benefits of this Study .....	22
Research Questions.....	22
Terms and Definitions.....	23
Limitations of the Study.....	24



Organization of the Study .....	24
Overview .....	25
<b>Chapter Two Literature Review.....</b>	<b>26</b>
The Importance of Learning about EBD and its Prevalence among School Children	28
Prevalence of Emotional and Behavioral Disorders .....	29
Issues Related to Teachers of Students with EBD .....	30
Factors Leading to the U.S. Teacher Shortages for Students with EBD .....	31
Inadequate Training of Teachers of Students with EBD .....	36
Supporting Teachers of Students with EBD .....	37
Studies in Saudi Arabia.....	38
Student Behaviors that Concern Teachers: A Global Perspective.....	40
Search Process .....	41
Criteria for selecting the studies. ....	41
Final pool. ....	42
Overview.....	42
United States of America .....	43
England .....	47
Australia .....	48
Turkey.....	49
Jamaica.....	50
Canada.....	52
China .....	52
EBD in Saudi Arabia .....	55

Prevalence of EBD in Saudi Arabia.....	56
Unpublished studies in Saudi Arabia.....	57
The Consequences of EBD in U.S. Schools.....	59
At-risk of dropping out of school.....	59
Comorbidity with learning disabilities.....	60
Violence and aggression.....	61
Antisocial behavior.....	62
Social skills deficits.....	63
EBD Screening and Assessment Tools.....	64
The Scale for Assessing Emotional Disturbance (SAED).....	65
Behavior Rating Profile-Second Edition (BRP-2).....	66
Behavioral and Emotional Rating Scale - Second Edition (BERS-2).....	68
Systematic Screening for Behavior Disorders (SSBD).....	69
The Importance of Social Validity and Its Measures.....	74
Background Information about Special Education Services in Saudi Arabia.....	75
Preparation of Teachers of EBD Students in Saudi Arabia.....	77
Summary.....	80
<b>Chapter Three Method.....</b>	<b>83</b>
Overview.....	83
Research Design and Questions.....	84
The General Population and Cultural Setting of Saudi Arabia.....	85
Participants.....	86
Participants' education and qualifications.....	86

Years spent teaching .....	86
Regions of participants .....	86
Survey Instrument.....	87
Reliability.....	88
Translation of the questionnaire.....	88
Procedures.....	89
Preliminary data collection procedures.....	89
Sample selection. ....	89
Inclusion and exclusion criteria. ....	90
Treating missing data.....	90
Data collection. ....	90
Data analysis. ....	93
Ethical Considerations .....	93
Summary.....	94
<b>Chapter Four Results .....</b>	<b>95</b>
Questionnaire and Data Entry Reliability.....	95
Answers to Research Questions.....	96
Research Question 1 .....	96
Results by the regions of participants. ....	100
Results by participants classified by their years spent teaching. ....	101
General education vs. special education teachers. ....	103
Research Question 2 .....	104
Results by regions of participants.....	106

Results by participants' classified by their years spent teaching.....	109
General education vs. special education teachers.....	111
Answers to Research Question 3 and Open-Ended Questions .....	112
Research Question 3 .....	112
Open-Ended Question 34.....	115
Open-Ended Question 35.....	118
Summary.....	119
<b>Chapter Five Discussion.....</b>	<b>120</b>
Questionnaire and Participants .....	120
Findings and Discussion.....	121
Research Question 1 .....	121
Behaviors identified by regions of participants.....	122
Behaviors identified by participants' years of experience.....	123
Behaviors identified by general education vs. special education teachers. ..	124
Research Question 2 .....	124
Behaviors identified by regions of participants.....	124
Results by participants Classified by their years spent teaching.....	125
General education vs. special education teachers.....	127
Research Question 3 .....	128
Open-ended Questions.....	133
Research Question 34 .....	133
Research Question 35 .....	136
Limitations of the Study.....	137

Participants.....	137
Questionnaire Development.....	137
Data Collection .....	137
Open-Ended Question.....	138
Suggestions for Future Implications and Studies.....	138
Using the SSBD in Saudi Arabia .....	138
Teacher Training.....	138
Parent-Teacher Relationships .....	139
University-School Partnerships .....	141
Future Studies .....	141
Conclusion .....	144
<b>References.....</b>	<b>145</b>
<b>Appendices.....</b>	<b>163</b>
Appendix A English version of Instruments.....	164
Appendix B Arabic Version of the Questionnaire.....	169
Appendix C Open-ended responses .....	174
Appendix D General Education VS Special Education.....	183
Appendix E Most Occurring Behaviors and Most Concerning Behaviors.....	187
Appendix F Informed Consent Cover Letter for Anonymous Surveys .....	188
Appendix G Institutional Review Board Approval .....	189

**List of Figures**

Figure 1. Categories of students who receive educational services in Saudi Arabia..... 77

Figure 2. Comparison of most occurring and most concerning behaviors. .... 187

### List of Tables

Table 1	Summary Statistics on Special Education Services in Saudi Arabia.....	17
Table 2	Terms Used, Databases Searched, and Number of Articles Found .....	42
Table 3	Courses Provided for EBD Teachers at King Saud University .....	79
Table 4	Number of Schools that Met the Inclusion Criteria and Number of Questionnaires Distributed.....	92
Table 5	Descriptive Statistics for Each Item in Question 1 .....	98
Table 6	The Most Common Behaviors Selected By Participants Classified by Their Years Spent Teaching.....	102
Table 7	The Least Common Behaviors Selected by Participants Classified by Years Spent Teaching.....	103
Table 8	Ranking of Behaviors of Concern from the Highest to the Lowest Mean .....	105
Table 9	The Most Concerning Behaviors Selected by Participants Classified by Years Spent Teaching.....	110
Table 10	The Least Concerning Behaviors Selected by Participants Classified by Years Spent Teaching.....	111
Table 11	Behaviors Included in the SSBD Mapped Under Federal Criteria of ED .....	142
Table 12	Hyperactivity Behavior.....	174
Table 13	Lying Behavior .....	175
Table 14	Being Dominant Over Others Behavior.....	176
Table 15	Wasting Classroom Time Behavior.....	177
Table 16	Lack of Motivation Behavior.....	178
Table 17	Answers for Question 35 .....	179

Table 18	Answers for Question 36 .....	180
Table 19	Answers for Question 37 .....	181
Table 20	The Most Common Behaviors Selected by General Education Teachers .....	183
Table 21	The Most Common Behaviors Selected by Special Education Teachers .....	184
Table 22	The Most Concerning Behaviors Selected by General Education Teachers .....	185
Table 23	The Most Concerning Behaviors Selected by Special Education Teachers .....	186



## Chapter One

### Introduction

Over the last 50 years, the United States of America's educational system has made great gains in servicing students with disabilities in the public schools (K-12). One area where education researchers have made considerable progress is the identification of students that can receive services. Researchers from the Data Accountability Center (2010) report that 6,007,832 students with diagnosed disabilities received services under the Individuals with Disabilities Education Act (IDEA) of 2007. This number represents 8.96% of the total school age population (Data Accountability Center, 2010).

Accordingly, when researchers calculate the number of students with Emotional and Behavioral Disorders (EBD) obtaining special education services, this group makes up 7.7% of all students under Individuals with Disabilities Education Act (IDEA)(Cole, 2010). Researchers in various professions reported that because of the difficulties related to classification and prevalence reporting, many more students with EBD are not identified and, therefore, are not receiving the services they need (e.g., Kauffman, Mock, & Simpson, 2007).

If one recognizes the reports of notable researchers such as Kauffman et al. (2007), it is concerning that a large number of children are not identified as having EBD. Even more concerning is that services are not being provided for these students. This concern is especially relevant when considering possible short- and long-term consequences these students experience as a result of their behaviors related to EBD. As one looks at the life events of students who have EBD, it is acknowledged that they experience many consequences that are directly related to their disability. For instance, 43% to 56% of these students leave school before graduating (Smith, Katsiyannis, & Ryan, 2011). Many of them also experience additional complexities due to diagnosed or

undiagnosed learning difficulties (Rock, Fessler, & Church, 1997) and social skills deficits (Patterson, Jollvette, & Crosby, 2006). As these children become adolescents and adults, the long-term outcomes can be daunting. For example, the experience of school failure as a result of poor academic achievement (Kauffman, 2001) may lead to difficulties in finding and maintaining employment (Dunlap et al., 2006). Due to their inappropriate interpersonal/social behavior, many students with EBD cannot establish and maintain successful relationships, have marital problems, and experience a higher than average divorce rate (Maag, 2006). Additionally, the lack of appropriate social judgment and problem-solving abilities propels them toward involvement in the judicial system (Smith, Katsiyannis, & Ryan, 2011).

Because of the poor outcome data, many researchers and educators indicate that early identification of these students will help provide better services and enhance the lives of these students (Trout, Epstein, Nelson, & Reid, 2006). The findings of longitudinal studies on prevention and early intervention of children at risk for EBD indicate that many of the EBD consequences mentioned above can be reduced (Trout, et al., 2006). However, the key to successful preventative interventions is the early identification process of these children. This identification process has encountered many problems and will continue to have problems in the future due to several factors. One primary factor is the issue related to the U.S. IDEA definition of EBD (Kauffman & Landrum, 2009).

Regardless of the problems with the U.S. federal definition, the country of Saudi Arabia has adopted this same definition as its own. Whether this definition can be applied to a different country and culture has yet to be tested. What is evident is the emergence of this definition in Saudi Arabia will contribute to the identification and prevalence of children with EBD in this country.

Thus, this chapter will present an overview of the: (a) historical issues in the United States with regard to the IDEA definition and early identification of students with EBD; and (b) historical and current issues of the definition, identification, and servicing of students with potential EBD issues in Saudi Arabia. The chapter will then provide the purpose, significance, and research questions of this study. Finally, the terminology used in this manuscript will be explained.

### **History of the IDEA Definition and Identification of Students with EBD in the United States**

When identifying students with EBD, we must consider the definition that is used to delineate this concept. How we define emotional and behavioral disorders implies the views society establishes to create an understanding of the term EBD. The importance of an acceptable definition is paramount, as it can determine how we will conceptualize this disability, identify students with EBD, as well as determine the outcome of students in the public schools (Kauffman & Landrum, 2009).

The public school system in the United States (U.S.) has a long and thoughtful history regarding the definition and identification of students with EBD. The following discussion will first review the history of three definitions as well as the issues that have been, and are currently, being debated. Then, an overview of recognized identification tools that have been researched and used in the U.S. will be discussed.

#### **The History of EBD Prominent Definitions**

Although the United States acknowledges several definitions of EBD, only three definitions, as they relate to IDEA, will be discussed at this time: (a) Eli Bower's definition; (b) the U.S. federal definition; and (c) the National Mental Health and Special Education Coalition definition.

**Bower's study and definition.** Historically, Eli Bower could be considered the father of the current IDEA definition for EBD. In the 1950s, Bower and the California State Department of Education conducted a study that aimed to identify students with “Emotional Disturbance.” The primary purpose of this study was to determine whether student information obtained from teachers was helpful in the process of identifying children who are emotionally disturbed.

In two reports, Bower (1957; 1960) indicated that he recruited approximately 4,448 to 5,500 students, grades 4-6, who were enrolled in 200 classes and 75 school districts in the state of California to participate in his study. In the initial stage of the study, Bower employed the professional opinions of mental health providers (e.g., psychologists) within the different schools to identify students who were viewed as having “Emotional Disturbance” or were receiving some sort of counseling for emotional problems. Once the students were identified, the classroom teachers of these students were contacted. These teachers were recruited to participate without informing them that their classroom was chosen because of the identified student. This process was carried out to avoid any teacher bias toward the identified child. The instruction given to these teachers was that they were to observe or study all children in their classes and fill out the required measures on each child.

Participating teachers were then asked to collect data from nine different measures on each student in their classes. The kinds of information required and the instruments used to collect this information had been discussed and agreed upon by research staff and clinicians who participated in the study. This information included the following measures for each child: (a) group intelligence tests; (b) group achievement tests in arithmetic and reading; (c) a group-administered personality inventory entitled “Thinking About Yourself;” (d) a sociogram entitled “The Class Play;” (e) age-grade relationship

information; (f) number of absences; (g) ratings of socioeconomic index based on father's occupation; (h) teacher's rating of the child's physical status; and (i) teacher's rating of the child's emotional status (Bower, 1957, p.144).

Bower (1957) used the information from these nine measures to determine if the identified students with "emotional disturbance" were significantly different when compared to other children in the same classes. Furthermore, Bower wanted to determine whether these measures were useful to teachers when asked to differentiate children with Emotional Disturbance (ED) from other children.

Participant teachers were asked to complete each measure sent by the California State Department of Education and return it to the department. Results of the analysis revealed that the professionally identified children with ED performed significantly lower on group IQ tests. The performance of the target children with ED, regarding reading and arithmetic scores, was significantly lower than other children -- especially in arithmetic. Also, the results indicated greater self-dissatisfaction and greater discrepancy in the area of self-perception when children with ED were compared to other children. Finally, no significant relationship was found between children with ED and other children in this study with regard to socioeconomic level and age.

Regarding teachers' ratings, Bower (1960) indicated that teachers rated 87% of children with ED as being the "most poorly adjusted" when comparing them to other students in the class. Bower also reported that teachers rated 11% of the children identified as having ED as overly withdrawn compared to 6% of other children. Thirty-eight percent of the target children were regarded as having self-regulation problems. This percentage was significantly higher when compared to only 5.5% of other children in their classroom. Additionally, teachers indicated that 52% of the children identified as having ED were rated as having academic problems compared to 10% of other children in

their class. Finally, regarding the physical status of the each child in the classroom, there was only one significant difference found. Teachers indicated that a physical disability could be identified in 11% of children with ED compared to 5.7% of other children not identified as having ED.

Bower (1957) used the results of this study to create his definition of ED as it related to public school children. He also evaluated the social and academic concerns that were gleaned from parents and professionals such as policy developers, school managers, and teachers. As a result, Bower argued in favor of the utilization of the term “Emotionally Handicapped” instead of “Emotionally Disturbed” or “Socially Maladjusted.” His argument was based on different considerations including economic and legislative issues and operational and parental views. Finally, Bower identified five characteristics of behavior in defining his term “Emotionally Handicapped:”

- “1. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal conditions.
4. A general, pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms, pains, or fears associated with personal or school problems. (Bower, 1960, pp.8-9)

Once Bower began to publish the results of his study in journals (e.g., 1957) and books (e.g., 1960), researchers began to analyze his methods, procedures, and results with a critical eye. Among the many analyses, Mensh (1961) criticized the Bower study because of its lack of “depth” in that 100 pages out of 130 were devoted to text and the Appendix, while the number of pages describing the study's method was limited.

Furthermore, Mensh noticed that the number of participants in this study was not clearly articulated. At different points, Bower stated the number of students involved in the study was 5,500, 5,000, and over 40,000. Because the procedures and description of the study seemed to be flawed, Mensh and other researchers questioned whether one could rely on the proposed definition when identifying children in the public schools.

Merrell and Walker (2004) provided a more recent reflection of Bower's problematic definition. They explained that Bower's definition triggered much criticism because of its inaccuracy and obvious lack of research-based decision rules. Accordingly, Kauffman and Landrum (2009) concurred that Bower's definition depends to a large extent on the subjectivity of the researcher's decision-making process and not by scientific rules.

Merrell and Walker (2004) went on to suggest that as current day researchers review the critiques of Bower's study and definition, they should bear in mind that the study was implemented over 50 years ago. The circumstances were different in the 1960s and research procedures that are used today were rare when the study took place. Specifically, Merrell and Walker explained that when Bower proposed his definition, the newly developed quantitative multivariate analysis such as structural equation modeling, factor analysis, and cluster analysis did not exist. Merrell and Walker concluded that despite the time-related variables, Bower was able to identify behavioral, emotional, and social difficulties of children. Additionally, he was able to identify two kinds of emotional and behavioral problems: externalizing and internalizing – descriptors that we still use today. Finally, Merrell and Walker acknowledged that these efforts were considered advanced by behavioral researchers at that time.

**IDEA federal definition.** Bower's definition of "Emotionally Handicapped" was adopted by the U.S. Department of Education in 1975 (Kauffman, 2001) and is currently

integrated within the Individuals with Disabilities Education Improvement Act –IDEA (2004). With each reauthorization of IDEA the term was changed, with the 2004 reauthorization changing the term to “Emotional Disturbance” (ED), and is currently defined as follows:

(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c) (4) (i) of this section (Individuals With Disabilities Education Act, 2004 a).

The current IDEA term, “Emotionally Disturbed” (ED), was designated in 2004 and is used in today’s U.S. federal legislation. The term is deemed as a precise descriptor of the difficulties of the children and youth socialization experience in the educational system (Kauffman & Landrum, 2009). Prior to this current term, IDEA used the descriptor of “Seriously Emotionally Disturbed.” Professionals were critical of this term and stated that the descriptor of “seriously” in the use of the initial definition triggered



several problems. To illustrate, the term “seriously” lead to the selection of only those children with severe impairment. Many children were excluded because they might not be considered “seriously” emotionally disturbed (Kavale, Forness & Duncan, 1996).

As professionals continued to critique the federal definition, additional problems were noted. For example, the definition uses the term “inability to learn that cannot be explained by intellectual, sensory, or health factors.” This has confused many professionals and parents as it is unclear how to interpret these criteria. When considering an inability to learn, many individuals may wonder if a learning disability/difficulty is necessary in the diagnosis (Forness, Bennett, & Tose, 1983). As the definition is currently written, one might question whether the emotional difficulty could be directly related to the “inability to learn.”

Another problem related to the federal definition concerns the area of social adjustment. Some researchers (e.g. Kavale et al., 1996) have considered a child’s “inability to build or maintain satisfactory relationships with teachers or peers” (which is one of the characteristics of children with ED as demonstrated by federal definition) as a social adjustment problem. Yet, this definition excludes children who exhibit social maladjustment. The inconsistency regarding what is or is not social maladjustment can cause confusion for academic researchers and educators alike. For example, some researchers may perceive specific emotional disorders, such as anxiety and depression, as social maladjustment problems. If these psychiatric disorders are classified as social maladjustment problems under IDEA, children who exhibit them are automatically excluded from the diagnosis and will not receive potentially beneficial services (Forness, 1992).

The fourth characteristic under the definition, clearly states that a “general mood of unhappiness, or depression” should be considered as a descriptor of ED. In fact, the

exclusion of social maladjustment problems of children is itself a problem (Forness & Knitzer, 1992). This issue has existed since the five characteristics were adopted from the Bower definition and study. Bower considered children as ED only if they exhibit social and emotional problems in school under the categories he determined from the study – leaving out many students having difficulty adapting to their environmental and personal circumstances (Forness & Knitzer, 1992).

Finally, in their analysis, Kauffman and Landrum (2009) have taken issue with the qualifiers of “marked degree and for a long period of time.” In essence, these qualifiers are arbitrary depending on the interpretation of time and severity. These researchers also noticed that it is impossible for a student to show any of these characteristics to a “marked degree and for a long period of time” without causing a negative influence on their academic performance. Thus, one can make the case that using this definition will allow a child to academically fail until the educational system is sure that they are exhibiting characteristics to a “marked degree and for a long period of time.”

**National Mental Health and Special Education Coalition definition.** While U.S. citizens and school-related professionals have lived with the current federal definition, many professionals in the area of EBD have grown uncomfortable with the definition. Under this definition, many children have been misdiagnosed or never diagnosed at all (Forness & Knitzer, 1992). Forness and his colleague further argued that some children have qualified for services under the IDEA definition but some children have not qualified when another definition was used, making the attainment of services difficult. Also, because of the difficulty of diagnosing children under the IDEA definition, many children have been getting inappropriate services or no services at all (Kauffman, Mock, & Simpson, 2007).

As the diversity of the United States population continues to increase, other issues have been identified. Researchers have begun to recognize that the IDEA definition leaves out several dimensions of social and emotional issues. One such dimension is the culture of a child and his/her family (Kauffman, et al., 2007). Kauffman and his colleagues explained that the behavior a child exhibits in school might be directly linked to a larger culture that does not adhere to the culture of the school. Because of the diverse populations in the U.S. and other countries, the culture of children must be taken into consideration when determining whether a child has an emotional or behavioral issue.

In response to the problems found in the federal/Bower definition and the realization that many mental health and educational institutions promoted different definitions, the National Mental Health and Special Education Coalition was founded. This coalition was spearheaded by Steve Forness and Jane Knitzer. These two leaders gathered mental health professionals as well as educators from 30 different organizations. Their charge was to create a new definition (Merrell & Walker, 2004). The newly proposed definition was sought to acquire agreement among a wide range of professionals in order to convince the 1997 U.S. Congress to adopt it as a new federal definition. This goal was not achieved as it was opposed by the National School Board Association (NSBA) (Kauffman & Landrum, 2009).

Although the definition was not adopted, professionals still see it as the most desirable. The following discussion will shed light on this alternative. Immediately, the National Mental Health and Special Education Coalition's elected to use the term "Emotional or Behavior Disorders" rather than "Emotionally Disturbed." This decision was made as it is the preferred term of professional in the field. It is defined as follows:

(i) The term emotional or behavioral disorder means a disability characterized by behavioral or emotional responses in school so different from appropriate age, cultural, or ethnic norms that they adversely affect educational performance.

Educational performance includes academic, social, vocational, and personal skills. Such a disability:

(A) is more than a temporary, expected response to stressful events in the environment.

(B) is consistently exhibited in two different settings, at least one of which is school-related; and

(C) is unresponsive to direct intervention in general education or the child's condition is such that general education interventions would be insufficient.

(ii) Emotional and behavioral disorders can co-exist with other disabilities.

(iii) This category may include children or youth with schizophrenic disorders affective disorders, anxiety disorders, or other sustained disorders of conduct or adjustment when they adversely affect educational performance in accordance with section (i). (Forness & Knitzer, 1992, p. 14)

Many professionals prefer this definition to the federal definition for many reasons (Kauffman & Landrum, 2009; Merrell & Walker, 2004). One reason for the preference is that although it maintains the essential elements of the federal definition, it also eliminates some of the problems found in it. For instance, it confirms the possibility of co-existence of other types of disabilities with emotional and behavioral disorders (Kauffman & Landrum, 2009). Additionally, it points out that children with this particular disability show characteristics of emotional and behavioral disorders in at least two settings. For example, the child would exhibit these behaviors at home in addition to the school setting (Merrell & Walker, 2004).

When this definition was proposed for inclusion during the reauthorization of IDEA in 1997, it was opposed by the National School Boards Association (NSBA). The NSBA convinced Congress not to adopt the definition claiming that it would lead to the identification of many students who have not been previously identified as EBD; this, in turn, would lead to an increase in special education costs (Merrell & Walker, 2004). Merrell and Walker (2004), who explained this ultimate defeat, provided a rebuttal to the NSBA's claim:

Analogous studies comparing the current ED and proposed EBD definitions, conducted by Cluett and colleagues (1998), demonstrated that the Coalition EBD definition not only resulted in a slightly smaller total number of identified students than the current ED definition, but also identified a diagnostic sample that was less likely to be mis-identified in other special education categories or over-represented with members of ethnic minority groups than the current definition (p. 907).

### **Continued Debates Regarding Definitions**

To this date, professionals in the area of EBD continue to seek the adoption of this definition as well as the use of the preferred term of EBD. Additionally, professionals continue to question and debate the issues regarding the definition of EBD. The field of emotional and behavioral disorders continues to undergo meaningful debates concerning its definition, with minimal agreement about definitional and diagnostic criteria (Kavale et al., 1996). As outlined by Heward (1996), there are three primary reasons for this debate. The first reason is the notion that the concept of disordered behavior is really a social one; there is no apparent conformity across disciplines, cultures, and social groups regarding what comprises good mental health. Next, Heward states that there are many theories of emotional disturbance. These theories foster different concepts and

terminologies that do not necessarily coincide with one another, making it difficult to create a single consistent definition. Lastly, it is a challenging task to measure and interpret disordered behavior overtime and across various settings.

The lack of consensus about the definition prevents uniform implementation of identification practices. For example, just before 2004, when Serious Emotional Disturbance (SED) was the term utilized by federal and state governments, the prevalence of students benefiting from special education under this category was 0.69% (Kavale, Forness, & Duncan, 1996). Kavale and his colleagues gave example of this inconsistency by stating that these school prevalence rates actually ranged from 0.03% in Mississippi to 1.69% in Connecticut (Kavale, Forness, & Duncan, 1996). Presently, the estimated school prevalence rates of EBD range from 0.5% to 20% (Kauffman & Landrum, 2009).

Although the confusion regarding definitions still exists, researchers in the United States seek effective methods for identifying students with EBD. Diagnostic tools continue to be developed and services are being implemented for these students.

#### **Identification of Children with EBD in the U.S.**

As explained by Hersen (2006), reliable assessment processes must have certain characteristics including: (a) validity (measuring what is supposed to be measured);(b) an agreed upon definition for the construct or behavior to be measured; (c) avoiding errors, if possible; and (d) reliability (acquiring similar results if the assessment is conducted many times under the same conditions). When applying these characteristics for EBD assessment, it is clear that the inconsistency of the federal definition of EBD is problematic.

Assessing a student for EBD is a serious and complex issue given the negative stigma associated with the label and the general ambiguities of the federal definition (Fisher, Doyon, Saldaña, & Allen, 2007). Kauffman and Landrum (2009) pointed out

that (as stated by federal regulations) the process of evaluating children for eligibility requires a multidisciplinary team (MDT) in order to collect data through many sources. Furthermore, McConaughy and Ritter (2002) stated that behavior often varies from setting to setting. Therefore, data should be collected from multiple environments to get a thorough idea about the behavior of the children being assessed.

In addition to data collected from multiple environments, Rudolph and Epstein (2000) pointed out that the assessment process must identify the strengths and the weaknesses of the student. However, the starting point in the assessment process is the use of the federal definition to determine to what extent a student exhibits each characteristic included in the definition (Kauffman & Landrum, 2009). There are notable assessment tools commercially available to identify children with EBD in the U.S. Among the most common ones are: The Scale for Assessing Emotional Disturbance (SAED), Behavior Rating Profile-Second Edition (BRP-2), and Behavioral and Emotional Rating Scale - Second Edition (BERS-2). Additionally, the screening tool entitled the Systematic Screening for Behavior Disorders (SSBD) is the only U.S. screening tool available in the area of EBD. It is this screening tool that has been extensively validated and advocated in the field of special education. For this reason, the SSBD was selected for use in this study. Detailed descriptions of these tools are provided in Chapter two.

With all the debates and difficulties regarding the U.S. federal definition and identification of children with EBD, the field of EBD is constantly changing. Furthermore, the field of EBD in the U.S. has influenced the global mental health community and educational systems. For example, as the U.S. began developing their EBD federal definition of IDEA over 50 years ago, so too, was Saudi Arabia beginning to conceptualize their education system. Special education, as in the U.S., was included in

their educational system. The following discussion will outline the evolution of the education system in Saudi Arabia and its adoption of several U.S. educational system elements.

### **Historical Issues in Saudi Arabia Regarding the Definition, Identification and Servicing of Students with EBD**

Historically, there have been two Ministries responsible for providing Saudi citizens with appropriate levels of education: the Ministry of Education and the Ministry of Higher Education. The first was established in 1953 and is responsible for providing three levels of general education: elementary, secondary, and high school. It was also responsible of teachers' preparation programs, special education programs in schools, and adult education (specifically for illiterate people who are often older people) (Al Salloom, 1991). The second ministry is responsible for providing education for university students.

Approximately 10 years after the establishment of the Ministry of Education, the Ministry created a new division called the Department of Special Education. Its mission was to provide students with different kinds of disabilities with necessary services. Eventually, the name of this department was changed to the Directorate General of Special Education (DGSE) and was expanded to include three main departments: "Educational Administration for the Blind, Educational Administration for the Deaf, and Educational Administration for Mental Retardation" (Almosa, 1999, p. 23). In 1996, the DGSE was removed from the direct control of the Ministry of Education, and a supervisor general was assigned to oversee it. Since that time, a dramatic improvement in the identification and services for students with disabilities occurred. Additionally, the number and quality of services provided by DGSE were increased to include other special education categories.



According to the latest DGSE mission statement, the services they provide include the following categories of exceptionality: learning disabilities, emotional/behavioral disorders, autism, communication disorders, intellectual disabilities, physical and multiple disabilities, and deafness and blindness. DGSE's services include identifying children needing special education services and designing appropriate services in an integrated environment. Table 1 presents the categories of children who receive special education services, the number of institutes and programs in Saudi Arabia, and the number of students who receive these services in the country (The Directorate General of Special Education, 2007).

Table 1

*Summary Statistics on Special Education Services in Saudi Arabia*

Type of Disability	Number of Students	Number of Institutes and Programs
<b>Hearing Impairment</b>		
Deaf	4,913	300
Hard of Hearing	3,771	120
<b>Visual Impairment</b>		
Blind	1,606	216
Low Vision	2,070	2
Intellectual Disabilities	15,856	805
Learning Disabilities	11,919	1,237
Gifted & Talented	17,234	314
Multi-disabled	504	62
Students with Autism	515	65
Physical Disabilities	1,642	1
More than one Type	1,059	8
<b>Total</b>	<b>61,089</b>	<b>3,130</b>

Table 1 does not include information about students with EBD. Exclusion of this category has occurred for several reasons. Currently, there are no screening and assessment tools used for children with EBD in Saudi Arabia, and there is a severe lack of research in this area. As a result, it is impossible to calculate the prevalence of children with EBD in Saudi Arabia. For this reason, The Directorate General of Special Education (2007), did not include the category of children with EBD among other categories of special education services as presented in Table 1. Several circumstances may contribute to this shortcoming, including a severe lack of teachers who are specialized in this area, lack of funding, and a general lack of awareness of EBD in the schools.

**Teacher training in EBD.** It appears that there is a plan to provide services for children with EBD in Saudi Arabia in the near future. This can be deduced from ongoing preparation programs for teachers of children with EBD. At the moment, only three Saudi educational organizations offer a special education degree in EBD. These organizations are: King Saud University (KSU), College of Teachers in Jeddah City, and the University of Al-Taif. However, all of these programs are new with no graduates to date.

**The EBD definition in Saudi Arabia.** Although teachers are being trained in the area of EBD, the availability of these teachers does not guarantee appropriate services. These teachers will encounter problems identifying students with EBD because of the absence of screening /assessment tools. However, it is advantageous that the definition used in Saudi Arabia for EBD is the U.S. federal definition of emotional disturbance (ED). By using the U.S. federal definition, it might be feasible for Saudi Arabia to use U.S. assessment/screening tools. In fact, the use of the U.S. definition of ED is not an isolated incident. The U.S. federal definitions are also used for other special education categories in Saudi Arabia. This situation may exist because the education system in

Saudi Arabia is similar to the U.S. educational system. Early in the 1960s, and shortly after the country was established, the Saudi government sent hundreds of students to study in the U.S. Those students became officials who are responsible for the educational system in the country today.

Because of this parallel between the two countries, the definitions and issues regarding EBD are similar. It is likely that, as in the U.S., disagreement between professionals regarding which definition is better is present, but may be resolved as the field develops. Additionally, the use of the U.S. federal definition may raise questions for Saudi Arabian researchers. For example, in the federal definition, one of the five main characteristics of ED is “inappropriate types of behavior or feelings under normal circumstances.” The question is, what types of inappropriate behavior or feelings do Saudi students demonstrate? Are they similar or different to those of the U.S. students? Who decides if they are similar or not? The importance of these questions stems from the fact that despite the use of the U.S. definition in Saudi Arabia, the types of behavior demonstrated by Saudi children may be completely different from those demonstrated by U.S. children. If so, using the screening and assessment tools used in the U.S. may be problematic. Therefore, a study to determine what kind of EBDs are being demonstrated by Saudi children is very important in order to decide: (a) whether Saudi teachers should use the U.S. screening and assessment tools; and (b) if the behaviors exhibited by Saudi children parallel the descriptions in the U.S. federal definition. After such a study has been completed, and depending on the results, the following step would be to make minor adjustments to U.S. tools if the behaviors are similar, or to design new tools if the behaviors are completely different. This would ensure that the tools are well suited for Saudi students.

## **Historical Framework**

This chapter traced the development of the current U.S. federal definition for EBD. Additionally, a review of the debate regarding the most appropriate definition and the preferred professional definition was presented. This historical account is important, as Saudi Arabia has adopted this federal definition and servicing of their students with EBD.

The chapter also presented the history of the Saudi Arabian Educational System and the establishment of their special education system. Because of the link between the U.S. federal definition and its adoption by the Saudi Arabian educational system, the same issues that are experienced by the U.S. special educational system might be inherent in Saudi Arabian special education system with regard to children with EBD. For example, the implication of the adoption of this definition is great, as it directly influences the screening and assessment tools selected to identify these children. Whether Saudi Arabia will inherit the same issues that the United States is experiencing is yet to be determined. What should be considered at this stage of the development of special education services for students with EBD is that Saudi Arabia researchers must be careful in their selection of screening and assessment tools. This selection must be methodical in nature as cultural and social implications for these children are influenced by their decisions.

The remainder of this chapter will address the: (a) statement of the problem, (b) purpose, (c) benefits, (d) research questions of this study, and (e) limitations. Finally, the terms and definitions used in this study are presented.

## **Statement of the Problem**

In Saudi Arabia there are no tools to screen for and assess students with Emotional and Behavioral Disorders. In addition, when tools are imported for use in Saudi Arabia,

they are often designed based on research from other countries. The search in different data bases revealed that there is only one study that has focused on students with EBD in Saudi Arabia (Abdel-Fattah, Asal, Al-Asmary, Al-Helali, Al-Jabban, & Arafa, 2004). This study only addressed the prevalence and risk factors of EBD among Saudi students and did not investigate the identification of the students. Therefore, there is a great need for research in this area to (a) identify the behavior problems that occur in primary schools in the country, and (b) identify the differences between the kinds of behavior problems that occur with Saudi students and the behavior problems of U.S. students. Addressing these issues will aid in the development of assessment and screening tools that are sensitive to Saudi Arabia.

To achieve this end, the use of teachers in the Saudi Arabia schools might be advantages. The employment of teachers' perceptions concerning problem behaviors will promote the notion that teachers can contribute to the identification of problem behaviors that are observed in the classroom and validate the use of screening tools as well as certain categories of the U.S. definition.

### **Purpose of the Study**

The purpose of this study is three-fold: (a) to identify which behaviors from the Systematic Screening for Behavior Disorders (SSBD) Critical Events Index occur in male Saudi Arabia primary schools and how often teachers perceive their occurrence; (b) to determine the extent of concern male Saudi Arabia primary school teachers report regarding these behaviors; and (c) to investigate male Saudi Arabia primary school teachers' perceptions regarding the importance of taking courses that emphasize students' behavior problems and how to deal with them.

### **The Possible Benefits of this Study**

Knowing the most common behavior problems in Saudi Arabian primary schools helps identify the difficulties Saudi teachers encounter every day. The social validation of the behaviors included in the SSBD Critical Events Index assists in deciding if the SSBD can be used in Saudi Arabia schools. The possible benefits of this study go beyond the SSBD. If the teachers identify critical behaviors found in the SSBD, this will help establish the identification of students with EBD. Also, it may help construct a broader understanding about whether to establish new screening and assessment tools, modify existing ones, or use existing ones to identify children with EBD. Educators may use this study's findings to design teacher preparation programs that provide teachers with skills needed to deal with students' behavior problems. Legislators may use this study's findings to review current practices regarding EBD in Saudi schools and to determine whether there is a need to make some changes.

### **Research Questions**

Three research questions were designed to meet the purpose of this study. The questions address teachers' perceptions as follows:

1. Which behaviors from the SSBD Critical Events Index occur in male Saudi Arabia primary schools and how often do teachers perceive they occur?
2. To what extent are those behaviors of concern for male Saudi Arabia primary school?
3. Do male primary school teachers in Saudi Arabia value the importance of course work and field experience that will equip them with information needed to deal with students' behavior problems?

## **Terms and Definitions**

It is important to define and clarify the terms used in this study to establish common understanding. The terms used are as follows:

### **Emotional and Behavioral Disorders (EBD)**

This term is currently the preferred terminology used by professionals in the field of special education (Kauffman & Lundrum, 2009). It is recognized that the term used in U.S. and Saudi Arabia is Emotional Disturbance (ED). For the purpose of this study, the term EBD which is the preferred term by specialists in this area will be used despite the federal definition use of the term ED. The federal definition contains five main characteristics and three limiting criteria. These five characteristics are: “(a) an inability to learn that cannot be explained by intellectual, sensory or health factors, (b) an inability to build or maintain satisfactory relationships with peers or teachers, (c) inappropriate types of behavior or feelings under normal circumstances, (d) a general pervasive mood of unhappiness or depression, and (e) a tendency to develop physical symptoms or fears associated with personal or school problems” (Individuals with Disabilities Education Act, 2004). The three limiting criteria for this definition are severity, duration, and impact on school performance (Kavale et al., 1996).

### **Systematic Screening for Behavior Disorders (SSBD)**

The Systematic Screening for Behavior Disorders (Walker & Severson, 1992) is a multiple gating screening procedure used for the identification of elementary-age pupils who are at risk for Emotional and Behavioral Disorders. It consists of three interrelated assessment stages with teacher judgment as the primary information provider in screening stages one and two, and direct observation of the students (usually conducted by a person other than the teacher) as the main source in stage three. In the first stage the classroom teacher is required to list 10 students who are exhibiting internalizing behaviors and 10

students who are exhibiting externalizing behaviors and then rank order them according to the degree or extent each exhibits internalizing or externalizing behavior. The student who demonstrates the behavior to the greatest degree is ranked first, and so on, until all 10 students in each category are rank ordered.

According to the SSBD manual, stage two aims to describe and measure specific behavior problems and behavioral deficits exhibited by the three highest ranked internalizing and externalizing students identified by the teachers in the first stage. The first three highest ranked students in each category will move to this stage. The teacher will be given a Critical Events Index Checklist (used in this study) and Combined Frequency Index for Adaptive and Maladaptive Behavior. The Critical Events Index Checklist included 33 items. The Adaptive and Maladaptive Behavior Checklist included 12 and 11 items respectively (additional information about the SSBD and its decision rules can be found in Chapter 2).

### **Limitations of the Study**

In Saudi Arabia, male and female schools are separated and teachers teach in only their respective genders. This study was conducted with male teachers only. Therefore the results apply for male students and teachers only. Other limitations to this study included: (a) a pilot study and validity measures were not conducted, (b) randomization of teachers was not achieved, (c) researcher and helpers were unable to follow-up with teachers who did not respond to the survey, and (d) inability to establish trustworthiness for open-ended questions.

### **Organization of the Study**

This study is organized into five chapters. Chapter one includes the introduction to the study. The second chapter is a review of the literature. It includes the importance of learning about EBD in schools, issues related to teachers of students with EBD,



worldwide perspectives on students' behaviors which cause teachers concern, special education and EBD services in Saudi Arabia, EBD consequences, EBD identification and assessment tools, and the importance of social validity and its measures.

Chapter three delineates the methodology to be used in addressing these research questions. It includes methods, procedural details, and data analysis. Chapter four presents the findings of the analysis conducted to address each of the research questions. Chapter five discusses the findings of the study in relation to the literature, as well as conclusions and recommendations.

### **Overview**

This chapter presented a historical framework for understanding the issues related to the definition and identification of EBD as well as the overview of the study. The overview included the background, statement of the problem, purpose of the study, possible benefits of this study, research questions, terms and definitions, limitations, and organization of the study. The next chapter will present a literature review, related work, and background on Saudi Arabia.

## Chapter Two

### Literature Review

It has long been recognized that students who present emotional and behavioral disorders (EBD) challenge the teacher's ability to initiate and maintain successful learning environment (e.g., Kyriacou, 1986). This issue is important for three reasons. First, many children with EBD are now included within the general education public school systems in various countries (Poulou & Norwich, 2000). Because of this inclusion, more general education teachers interact with students who might be exhibiting difficult emotional and behavioral problems. Second, for many students with EBD, school is the only place where they may receive appropriate services that address their disability (Sawka, McCurdy, & Mannella, 2002).

Finally without knowledgeable teachers, these students are at risk for failure in their classrooms. Researchers note that little training is given to teachers in the area of classroom management, and as a result of insufficient pre-service teachers preparation programs, teachers are not adequately equipped to manage students with EBD (State, Kern, Starosta, & Mukherjee, 2011). This lack of knowledge and training may cause teachers to respond in ways that adversely contribute to the behaviors of students with EBD (Cowley, 2003). Therefore, it is important that teachers understand how the various emotional and behavioral disorders manifest in the process of student educational attainment in order to effectively treat and provide appropriate services for them.

Children with EBD often experience many adverse long- and short-term educational consequences. The early identification of children with EBD would help to minimize these consequences and assist in designing appropriate interventions that suit the students' different needs. By being aware of different kinds of EBD and how they manifest in children, the cause of behaviors, and the interventions needed to address these

challenges, teachers can enhance children's chances of succeeding. To address the need for early identification, however it is important first to identify different types of students' emotional and behavioral problems. With this knowledge, researchers can then create appropriate identification tools. To date, the majority of screening and assessment tools available in many countries are based on research done with teachers. Teachers participating in research studies were asked about the kinds of emotional and behavioral problems students present in their classrooms. Based on their answers, tools such as Achenbach's (1991) Child Behavior Checklist and Walker et al.'s (1992) Systematic Screening for Behavior Disorders (SSBD) were developed.

Because these screening and assessment tools are well known in the field of EBD, different countries are employing some of them without giving enough consideration to cultural and linguistic differences. Since these tools and tests were created and normed in culturally and linguistically different countries, such use may result in erroneous interpretations and placement. In Saudi Arabia, there is generally a paucity of research on EBD.

Yet, as with the current practice of other nations, the use of these screening and assessment tools have not been investigated in Saudi Arabia. Therefore, the present study sought to investigate whether it is appropriate to use the available screening and assessment tools developed in the U.S, specifically the Critical Events Index of the SSBD, in Saudi Arabia. The Critical Events Index of the SSBD includes a variety of emotional and behavioral problems that occur in U.S. classrooms and Saudi teachers were asked if these problems occur in their classrooms. Finally, if the behaviors occurred in their classrooms, the teachers were asked whether they were concerned that these behaviors exist. These are important steps for future research in the early screening of students with EBD in Saudi Arabia.

The first section of this literature review will discuss the importance of teacher knowledge of EBD in schools and its prevalence. The second section will discuss issues related to teachers of students with EBD, including: (a) reasons teachers of students with EBD leave or remain in the profession; (b) the lack of adequate preparation programs for these teachers; and (c) the recommendations to support teachers who work with students with EBD.

The third section will address a comparative international perspective relating to the classroom behavioral problems that concern teachers. The fourth section will discuss current school services for children with EBD including an overview of the research available in Saudi Arabia. The fifth section will address the possible consequences experienced by children with EBD in U.S. schools (e.g., at risk of dropping out of schools, learning disabilities, violence and aggression, and antisocial behavior). Then a discussion of the purpose and core characteristics of some identification and assessment tools for EBD will follow. The seventh section briefly describes the importance of social validity and its measures in a cross-cultural context. Finally, this chapter will conclude by providing background information about special education services as well as EBD teacher preparation programs in Saudi Arabia.

### **The Importance of Learning about EBD and its Prevalence among School Children**

As researchers track the progression of EBD in children, adolescents, and adults, it is well established that many indicators are seen in the early years of their development. These indicators include weak educational accomplishments, inadequate interpersonal skills, along with greater intensity of mental-health issues (e.g., Hemphill, 1996; Walker et al., 2004). Since many of these children are taught in general and educational classes in public schools throughout the U.S. and in other countries (Poulou & Norwich, 2000),

the issue of teacher effectiveness for students with EBD is an international consideration (Brouwers & Tomic, 2000; Gardill, DuPaul, & Kyle, 1996).

When considering teacher effectiveness of students with EBD, teachers who do not have sufficient training may feel unsuccessful in their attempts to teach these children. For example, Brouwers and Tomic (2000) indicated that teachers frequently feel overwhelmed and stressed in their handling of students with EBD in their classroom. These feelings can lead to the implementation of inefficient and unsuccessful interventions for these children. If repeated failure is experienced by these teachers, the academic and social learning of children with EBD will not occur. Thus, it is essential that researchers investigate the dynamics and prevalence of EBD in youngsters during the early years of schooling. In doing so, early identification, appropriate interventions, and more successful outcomes can occur.

### **Prevalence of Emotional and Behavioral Disorders**

Estimates of the number of children experiencing emotional and behavioral disorders varies significantly. Research to identify the number of students who have emotional and/or behavioral problems started decades ago. In a longitudinal study, Rubin and Balow (1978) reported that 58.6% of the students studied were included in the report even if there was only one occasion of exhibiting behavioral problems. Ten years later, Wheldall and Merrett (1988), analyzed research about the prevalence of behavior problems in elementary schools. They found prevalence rates ranged from 6% to 25%. Pickering, Szaday, and Duerdoth (1998) noticed that teachers could identify fewer than one student in every class who exhibited behavioral problems and required further educational assessment. In a more recent study, Cole (2010) reported an EBD prevalence rate of 7.7% of the total population of children with disabilities in the public schools.

Obviously, different sources present significant differences in prevalence estimates. As discussed in Chapter 1, a possible reason for this disparity is the variation in the definition of what constitutes a behavioral problem (Heward, 1996). Also, as explained by Kauffman and Lundrum (2009), the concept of EBD is “a social reality” and is similar to other concepts, such as poverty and justice that depend on the way we perceive them as acceptable or intolerable.

Brauner and Stephens (2006) suggested several other reasons for this disparity. First, differences in prevalence rates could be related to the different purposes for conducting the studies, such as developmental perspectives and patterns of symptoms. A second reason could be attributed to the variety of methods used to select the participants in the different studies. Third, in studies specifically aimed to estimate the prevalence of EBD, different researchers used multiple diagnoses of disorders obtained from various kinds of reports and measures. On the whole, Brauner and Stephens noted that studies with greater prevalence rates represented a more inclusive cut-off point, while the studies with lower prevalence rates tended to be triggered by more conservative and less inclusive cut-off points.

Having discussed the importance of learning about EBD as well as its prevalence among schoolchildren, the subsequent section will address several issues associated with teachers of students with EBD. The discussion will include: (a) the reasons that teachers of students with EBD continue working in the field or leave it; (b) the problems with their preparation programs; and (c) the support these teachers receive.

### **Issues Related to Teachers of Students with EBD**

This section will first discuss reasons that teachers of students with emotional and behavioral disorders leave or remain in their field. Then it will shed light on the problem

of inadequate pre-service training of those teachers, and will end with recommendations provided by some researchers to support those teachers.

### **Factors Leading to the U.S. Teacher Shortages for Students with EBD**

According to Cole (2010), people are perceived to be the most important resource to deliver successful education and care for children classified as EBD. However, there is a severe shortage of teachers who are qualified to work with students with EBD (Henderson, Klein, Gonzalez, & Bradley, 2005). Approximately a third of all new teachers in the area of EBD depart from the profession after just three years of service (Henderson et al., 2005). The reasons given for their departures were dissatisfaction, career diversion, and finding better jobs (Albrecht, Mounstevan, & Olorunda, 2009). In analyzing the high teacher attrition in general, researchers also acknowledged that inadequate production and training of new teachers contributes to the shortage of teachers (Billingsley, 2004).

Along with the attrition studies in special education, researchers have identified common risk factors that lead teachers to remain or leave their current setting. Adera and Bullock (2010) conducted a study to analyze the views of teachers of students with EBD with regard to their particular work stressors and to investigate whether their level of preparedness and satisfaction have an effect on their career decisions. The researchers chose their participants through a stratified random sample of educators who were previously involved in activities with Council for Children with Behavioral Disorders (CCBD). It was supposed that those who participated in CCBD events were knowledgeable about issues related to students with EBD.

An electronic survey and focus group sessions were used to collect the data. The survey consisted of close-ended and a few open-ended questions that aimed to collect demographic information, work stressors inside and outside the classroom that lead to

dissatisfaction, qualifications, preparedness of teachers to implement program components, and teachers' plans regarding their career decisions over the next five years. The focus group aimed to give the participants the chance to elaborate and assist in clarifying variables.

The findings suggested that teachers' decisions to leave their jobs are closely related to stressors in and out of the classrooms. Stressors in the classrooms include diverse skills and abilities among students, challenging behaviors that are out of control, and incongruent school expectations. Stressors outside the classroom include vague procedures and duties teachers must perform, the amount of work required of them, and not enough cooperation and involvement by parents.

Regarding instructional practices such as: (a) accommodations and modifications, (b) behavior management, (c) research-based instructional strategies, and (d) developing and implementing IEPs, the majority of participants saw themselves well prepared and qualified to perform these practices. Despite this report, more than 55% of participants revealed that they were planning to leave their current jobs within five years, and another 12% were planning to retire within the same period. However, no relationship was found between teacher qualifications and decisions to remain or leave their jobs.

In an earlier investigation, Henderson et al. (2005) compared teachers of students with EBD to other special education teachers with regards to years of teaching, working conditions, degrees, pre-service instruction, teaching skills, and long term planning. The data used were taken from the national study of Personal Needs in Special Education (SPeNSE) conducted on the academic year 1999- 2000. The researchers surveyed special education administrators and service providers. The items in these surveys were adopted from instruments previously used -- especially from the School and Staffing Survey (National Center for Education Statistics, 2002).



Results of this study also indicated that teachers of students with EBD spent fewer years working in the teaching profession, when compared to different special education and general education teachers. When investigating the type of schools in which these teachers work, 78% of the teachers of students with EBD worked in regular elementary or secondary schools compared to 96% of non-EBD teachers. The teachers of students with EBD also indicated that they were often assigned to special education schools and other kinds of alternative schools.

Other analyses of these data showed that teachers of students with EBD deal with a homogeneous group. Students in their classrooms have an average of two different kinds of disabilities. Other special education teachers instruct children with various disabilities. Furthermore, teachers of students with EBD were less credentialed than other special education teachers. The differences between the two types of teachers, regarding the number of them who hold master's degrees or who were fully certified for their main teaching assignment, was that more teachers of students with EBD seems to work under an emergency certificate.

Finally, Henderson et al. (2005) discovered minor variations in the knowledge and skills taught in teachers' pre-service programs. A small number of teachers of students with EBD received pre-service preparation in “planning effective lessons, teaching reading or pre-reading skills, interpreting the results of standardized tests, using literature in addressing problems or issues encountered in teaching, administering case management activities, collaborating with non-special education teachers, and collaborating with related services personnel” (p.12). One area of preparation that seemed to be lacking was assessing and managing both appropriate and inappropriate behavior. In this area, these teachers rated themselves as less skillful; yet, it is difficult to ascertain whether they had training in assessment and behavior management. Regardless

of these differences, when analyzing both sets of teachers' plans to leave or remain in their current jobs, no important differences were detected.

In another study, Albrecht et al. (2009) investigated the effects of stressful conditions for teachers of students with EBD. The investigators wanted to identify common factors found in those EBD teachers who are at risks of quitting their teaching positions and those factors that contribute to EBD teachers remaining in their jobs. A 28-item survey instrument was employed to collect the data. With this survey, Albrecht et al. investigated the relationship between the variables of: (a) administrative support, (b) work load, (c) teachers preparation, and (d) retention at the job site, in addition to demographic information.

The participants in this study were 776 members of the Council for Children with Behavior Disorders (CCBD) representing various areas of the U.S. More than 4000 members were asked to participate in the study through the CCBD media. Moreover, a flier advertising the study was distributed at a national conference for Exceptional Children (CEC) in Louisville, Kentucky- 2007.

The results from this study indicate that approximately 78% confirmed their willingness to remain in their current setting. The data indicate a relationship between the availability of administrative help and teachers' retention. Nearly 84% of those who intended to stay in their positions indicated having enough administrative support. Those teachers wanting to leave their position (32%) did not indicate strong administrative support. A similar trend was seen when comparing the amount of administrative help and teachers' retention. Responses indicate that 87.3% of teachers who intended to stay in their position reported that this kind of support was available daily, while 12.7% was found for those who intended to leave.

Another relationship found in this investigation involved the amount of time spent as well as the decision remain in /depart from the job. Specifically, those who reported 10 years or more of teaching experience remained in the job in comparison to those who spent two to five years in their job. Similarly, 90% of teachers who intended to stay in their positions used Positive Behavior Interventions and Supports (PBIS) as well as a token economy, whereas 75% of teachers who planned to leave used token economy procedures as well as non PBIS strategies.

The results of the analysis revealed other reasons provided by teachers who tended to leave or stay. Those who tended to leave talked about promotions, better salary, negative factors included unhappiness, pressure of work, burn out, and lack of achievement. Those who were about to retire were in a third category. In contrast, those who planned to remain in their job mentioned varied reasons such as: administrative support, help provided by colleagues and parents, happiness in their position satisfaction, care about students' well being, comfort and familiarity, and difficulty with changing position.

One qualitative study by Prather-Jones (2011) investigated reasons, including personal characteristics, that teachers of students with EBD continue working in their current settings. An in-depth interview was used to collect the data from a total of 13 participants (teachers). The participants were selected based on purposeful and snowball sampling techniques.

The investigator discovered that there are multiple reasons why teachers of students with EBD remain in their field. The first is their personal enthusiasm toward students with EBD. Participants explained that even though there are rarely any tangible rewards from their positions, they could find and acknowledge rewards from minimum student achievements. The second feature of teachers who remain is their tendency not to

consider themselves as the target for negative student behaviors. All 13 participants agreed that this personal characteristic is essential for a long-term career in this field. They also acknowledge their limitations in that their students may not obtain important academic or social achievement. The fourth attribute is flexibility; those who are able to change and adjust themselves to deal with different situations and employ techniques that work for a specific child, often remain in their profession compared to rigid inflexible teachers. Finally, participants stated that this last characteristic is the key factor to successfully teaching this population: possessing a common desire for educating children with EBD as well as overall concern about this category of children.

### **Inadequate Training of Teachers of Students with EBD**

Researchers also identified another primary issue that is often ignored but may contribute significantly toward teachers of students with EBD decision to remain or leave the field. This issue is the lack of adequate training (State et al., 2011). Koller, Osterlind, Paris and Weston (2004) conducted a study with experienced and first year teachers in the area of EBD. These teachers were asked if they felt prepared to identify and handle the emotional and behavioral concerns of children in their classrooms. Both groups affirmed that they received inadequate training in this area during their pre-service studies. According to Tsouloupas, Carson, Matthews, Grawitch and Barber (2010), teachers who constantly doubt their ability in setting up a well managed classroom environment are more likely to experience emotional distress, which may influence their decision to continue working in the profession or at their current school. Koller et al., stated that despite large number of teachers reported that they taught students with mental health, those teachers were not sure about their capability to handle their problems.

Sawaka, McCurdy, and Mannella (2002) pointed out that due to inadequate training, teachers often are not successful in their implementation of research-supported

practices. In their study, only 5% of teachers attributed their knowledge about instructional and managing behaviors to coursework during their university experience (Sawaka et al., 2002).

### **Supporting Teachers of Students with EBD**

The previous studies discussed reasons that teachers stay or leave the field of EBD, and the recommendations to help these teachers. Albrecht et al. (2009) encouraged new teachers to view themselves as a member of a team and start building effective relationships with administrators and other teachers. Moreover, they recommended that new teachers develop a network of support. This network could include guidance from veteran teachers who understand the difficulties teachers undergo during their early years of service and could suggest stress management techniques. Finally, these teachers were also advised to participate in activities outside of the work environment while also maintaining healthy and balanced habits including a regular fitness program, a consistent sleeping routine, and a healthy diet. Such habits facilitate acquiring and sustaining emotional and physical health (Albrecht, et al., 2009).

Sawaka et al. (2002) corroborate the recommendations by Albrecht et al. In their study, Sawaka et al. implemented a Strengthening Emotional Support Services (SESS) program to train teachers to help students with EBD succeed in school. Teachers in this program were provided with consultation as well as empirically supported strategies to use with students with EBD. The majority of the 64 teachers who participated in this training program said that expert teachers and in-service workshops encouraged them to implement specific teaching strategies compared to the pre-service training they received.

Students with EBD should not only be serviced by special education teachers alone but also by general education teachers, as this allows for a greater understanding of the struggles surrounding EBD. According to State, Kern, Starosta, and Mukherjee

(2011), the research clearly indicates that teachers struggle when addressing EBD issues of students in their classrooms and point out a general lack of training for teachers in this area. In their study, State et al. (2011) found that pre-service teachers obtain very little training (0-22 hours) in addressing social, emotional, and behavioral problems.

Hemmeter, Santos and Ostrosky (2008) found that early childhood educators were appropriately trained on subjects such as family interaction, precautionary practices, and encouraging social emotional development. On the other hand, their study revealed that these teachers were less prepared to work with children with problematic behavior. Other researchers (e.g., Shonkoff & Phillips, 2000) found that there is a strong relationship between children's social-emotional development during the pre-school years and their subsequent achievement in school and life. This relationship shed light on the importance of providing early childhood educators with the necessary information to deal effectively with pre-school children with or at risk for EBD.

Overall, the literature seems to indicate that there are certain factors influencing teachers' decisions to leave or remain in the field of EBD. Many of these factors are directly related to pre-service preparation programs. Therefore, these programs could be changed to improve the retention rates of future teachers who work with children with EBD. Working environments also influence retention. To create better working environments, teachers could be provided with in-service support such as workshops; support systems that would include all those involved in the education of children such as other teachers, parents and administration.; and opportunities for promotion to increase job satisfaction.

### **Studies in Saudi Arabia**

In Saudi Arabia, the situation regarding teachers of students with EBD is different from that of the U.S. This difference exists because there are not any programs dedicated

to serve students with EBD in Saudi schools. This paucity of programs has resulted in a severe lack of teachers who are specialized in this area. However, the awareness of this need is growing; there are at least three ongoing programs in Saudi universities that aim to prepare teachers to work with this category of children.

To date, no studies were found that investigated preparation programs of teachers of students with EBD. But, there are a couple of lone studies that evaluated the preparation programs of teachers of students with intellectual disability (ID) (regarded as mental retardation (MR) during the actual study) and teachers of students with learning disabilities (LD) in Saudi Arabia. By discussing these two studies, one may also anticipate that future teachers of students with EBD in Saudi Arabia may have similar views to those teachers in the area of ID and LD.

Althabet (2002) conducted a study to examine the perceptions of teachers of students with intellectual disability with regard to their preparation program at King Saud University. A survey method that contained 36 items dealing with four domains was implemented. These included: (a) coursework; (b) internship; (c) professors' grading; and (d) professors' teaching skills. A number of 390 teachers instructing students in special schools as well as in inclusive settings took part in this study. Findings showed that, in general, the teachers viewed their preparation program positively. On a five-point Likert-type scale, the teachers rated the internship as well as the professors grading as a mean of 3.65 and 3.05 respectively. The scores for the professors' teaching skills and coursework were lower ( $M=2.82$  and  $M=2.76$ , respectively). Despite their overall positive view, the teachers were not completely pleased with their professors' teaching skills and their coursework.

In the second study, Hussain (2009) examined the area of learning disabilities (LD). Specifically, the undergraduate special education students from a teacher

preparation program studying learning disabilities at King Saud University participated in the study. A survey method was employed to collect the data. The survey consisted of five areas of interest. Like Althabet, Hussain looked at internship and professors' teaching skills. However, Hussain includes classroom applications and the teachers' personal learning experience. A total of 160 teachers participated in this study by rating each item on a five-point Likert scale. Findings revealed that, overall, teachers of LD students considered their preparation program as effective.

Participants rated the five subscales as follows: (a) coursework (M= 2.01); (b) internship quality (M=2.90); (c) classroom application (M=2.65); (d) professors' teaching skills (M=2.42); and (e) personal learning experience (M= 3.14). Again, despite the somewhat overall positive view, participants rated two areas as not being effective: coursework and professors' teaching skills.

Taking both studies into consideration, the participants seemingly had similar views about their preparation program. At the same time, participants in both studies rated their coursework and professors teaching skills lower than other items on the subscales.

Having discussed issues related to teachers of students with EBD, the next section will address the kinds of student behavioral problems that teachers consider to be sources of concern. Typically, teachers would prefer having no behavioral problems in their classrooms. However, since this is not possible, they may accept and effectively deal with some behavioral problems and find it difficult to tolerate others.

### **Student Behaviors that Concern Teachers: A Global Perspective**

Although the issue of behavior problems in the classroom is not a new one, it is increasingly more important as students' emotional and behavioral difficulties require teachers around the world to deal with serious internalizing and externalizing behaviors.



The concern for teachers is that they are required to address behavioral difficulties in the classroom. If teachers are able to identify different behaviors that students exhibit and recommend appropriate interventions/services, perhaps their students will receive and benefit from needed services. This section of the literature review will bring to light the global behavioral issues that teachers manage in the general education classroom. The review provides an overview of international perspectives that have taken place during a 95-year period. These studies will be presented according to the countries where they occurred: (a) U.S., (b) England, (c) Australia, (d) Turkey, (e) Jamaica, (f) Canada, and (g) China.

### **Search Process**

The following search engines were used for this literature review: PsycINFO and Educational Resources Information Center (ERIC) databases. In addition, the references of studies found in the initial search were screened to find other similar studies that might meet the criteria for this search. Many terms were used in the search process. Table 2 outlines the terms used, the names of the databases searched, and the number of articles found.

**Criteria for selecting the studies.** The studies selected were based on the following criteria: (a) conducted mainly with primary school students (5-12 years old) and teachers; (b) were published in peer reviewed journals (no date limit was imposed); (c) described a range of behavior problems that occur in classrooms, (d) were not standardization studies of scale or assessment/screening tools; (e) participant teachers were not only asked to choose from a list of behaviors but also given the chance to report behaviors they encounter; (f) students were not classified with any disabilities; and (g) studies chosen were not reviews of studies. Review studies were used to make comparisons with the findings of this literature review at the end of this section.

Table 2

*Terms Used, Databases Searched, and Number of Articles Found*

The term used	Data base	Number of articles found
Most common behavior problems and Primary school	PsycINFO	0
	Eric first search	12
Behavior problem and primary school	PsycINFO	419
	Eric first search	405
Emotional and behavioral problems and primary school	PsycINFO	70
	Eric first search	87
Most concerning behavioral problems and primary school	PsycINFO	0
	Eric first search	2
Behaviors of concern and primary school	PsycINFO	26
	Eric first search	29
Behavior problem and elementary school (abstract )	PsycINFO	595
	Eric first search	305
Teachers' perception of students behavior problem in elementary schools (abstract )	PsycINFO	39
	Eric first search	122

**Final pool.** After implementing the criteria for this study, 12 of the original 2111 studies met all of the above selection criteria. The vast majority of the studies found were excluded because they were not related to the topic of this study or they were studies of interventions. Also, many articles were excluded because the students had disabilities. Others were standardization studies. Very few articles were literature reviews and, because they did not meet all the criteria, were excluded.

**Overview.** In the following studies addressing behavior problems in the classroom, the majority of researchers investigated the kinds of behavior problems

exhibited by primary school students in general education classrooms. With few exceptions, most of the studies were conducted between 1980s and early 2000. The reasons for these observations are not clear. However, one possibility is that these researchers were trying to expand Bower's (1957) idea that teachers are the best source of knowledge when investigating problem behaviors of school-aged children. By the 1990s, terminology was being adopted to describe specific emotional and behavioral disorders. A second possibility is that the new terminology contributed to teachers in developed countries being able to identify characteristics of children who exhibit such disorders and therefore, help researchers predict prevalence of EBD in the classroom. Finally, as more studies continued to surface, teachers were asked more specific questions such as: Do you have students who are hyperactive or exhibit conduct disorders? The research indicates that teachers were able to talk about their perceptions using particular terminology.

### **United States of America**

In the United States, and as part of his seminal study, Wickman (1928) surveyed 27 teachers in a Cleveland school about the kinds of behavioral problems they encountered in their teaching careers. Wickman used teachers' ratings to report on the seriousness of 50 items representing "troublesome behavior." Wickman explained to teachers that the word "seriousness" meant unacceptable behavior problems that pose difficulties in the classroom. His findings suggested that teachers were mostly concerned about aggressive behavior, acting out, and disobedience and least concerned about personality and emotional problems. Wickman's study is regarded as the first of its kind.

Safran and Safran (1984) conducted a study with a sample of 46 elementary school teachers attending graduate courses at Ohio University. Participants were asked to complete the "Teachers' Tolerance Scale." This scale consists of 39 questions specifically developed for this study and assessed teachers' tolerance of elementary

school students' behavior problems. A total of 11 clusters of behaviors were listed in the scale. These behaviors included: "negative aggression," "poor peer cooperation," "impatience," "inattention," "work organization," "socially withdrawn," "irrelevant thinking," "blaming," "confusion," "need for direction," and "failure anxiety" (p.239). The researchers used descriptive statistics and rank-ordered the data to report the results. Participants selected "aggression," "poor peer cooperation," "impatience," and "inattention" behaviors as the least tolerated behaviors.

Kauffman, Lloyd, and McGee (1989) used Walker and Rankin's SBS Inventory (Walker & Rankin, 1983) to investigate teachers' expectations with regard to students' behaviors. Kauffman et al. wanted to see which of these behaviors teachers found difficult to deal with and, subsequently, required technical assistance. This inventory had four parts. The first described adaptive behaviors (56 items), the second described maladaptive behaviors (51 items), the third asked teachers to select those items from the first and second parts that required outside assistance when occurring in their classrooms. The final part consisted of 24 items that described behavioral characteristics often found in children with special needs. Teachers were asked which of these characteristics would lead them to refuse placement of students in their classroom and whether providing them with appropriate assistance would lead them to accept those students.

The sample of this study consisted of 61 teachers (34 elementary, 22 secondary, five were not assigned a specific level). The results indicated that both elementary and secondary schoolteachers did not accept maladaptive behaviors - specifically aggressive, disruptive, and antisocial behaviors. They also perceived behaviors that are personally threatening as challenges to their authority. Both groups of teachers perceived the aptitude listening and obeying the rules and instructions as necessary to be a successful student. However, elementary teachers identified other behaviors as unacceptable. Such

behaviors include: behaviors that involved anger or frustration (e.g. pouting) as well as interpersonal relationship (e.g., social initiations problems and asking irrelevant questions).

The majority of teachers in this study believed that it was not their responsibility to deal with unacceptable behaviors and that students with these kinds of behaviors should be ameliorated before they entered their classes. Others agreed to deal with these behaviors with assistance.

Algozzine, Christain, Marr, McClanahan, and White (2008) conducted a research study that involved two demographic investigations that focused on problem behaviors occurring in five U.S. elementary schools. In the first study, an elementary school located in a disadvantaged neighborhood was selected. This school contained children who came from poor families and were more likely to drop out of school with a tendency toward high rates of behavior problems. The dropout and EBD predictions were based on past performance data taken from the children's school records. The authors monitored and analyzed discipline referrals for all students through the use of referral form and computer software called the Student "Discipline Tracking System." This system gathered general information about the child who committed the offense including his/her name, identification number, and date. It also included a list of 24 behavior problems and a space that allowed the teachers to report any other behavior or provide more descriptions of the offence committed by the child. The researchers monitored this tracking system daily for all of the students in this school (the number of students involved was not mentioned).

The results revealed that "fighting, being disruptive, being noncompliant, making inappropriate physical contact, using bad language, making other inappropriate and loud

noises, talking inappropriately, and being disrespectful toward others accounted for about 85% of the office referrals” (Algozzine et al., p.97).

In the second study, the researchers observed behavioral offenses of students on three variables in four different schools. These variables include: (a) how often the behaviors occurred, (b) where the offence took place, and (c) the kinds of offence that took place. These students were similar to the students in the first study, however, the schools in the second study adopted a school-wide discipline program. Also, unlike the first study, the administrators of the four schools reported a higher percentage of disabilities (10-14%) in their schools. The data collection method used in this study was similar to the one that was used in the first study. These schools used the “School-Wide Information System” (SWIS) a system that is used to assist in the process of monitoring the effectiveness of school-wide intervention plans through tracking referral data (May et al., 2003).

The procedures for the SWIS data collection involved the following. When a student was referred to the office for a disciplinary problem, the office staff completed a form that included the child's name as well as the following designated variable (i.e., the location of the incident, the kind of problem behavior, the number of behavior problems exhibited, the possible reason for the problem, whether there were other students involved, and the action taken by the teacher). This form also included similar categories of behavior that were used in the first study.

Results showed that the most common behavior problems that occurred in all schools were disruptions (42%), aggression/fighting (22%), and disrespect (22%). Other behaviors that occurred but were not common or frequent included inappropriate language as well as propriety damage, and theft. Approximately 75% of the problems occurred in the classroom, followed by cafeteria (7%), hall (6%), and playground and

gym (4% each). A very small number of referrals happened in other locations. Results also indicated that there were some differences between schools regarding the grade level of students who were referred to the office. The results also showed that male students were referred three times more often than female students across all of the most common behavior problems.

### **England**

Wheldall and Merrett (1988) carried out a study designed to investigate classroom behaviors that primary school teachers find most problematic. They surveyed 198 teachers (73% were female) in a West Midlands Local Education Authority (LEA) in England about the types of behavior found problematic, how frequent they occurred, and who exhibited more problematic behaviors: boy students or girl students. The survey used in this study was a modified version of the survey they used in a study they conducted in 1984. The modification was based on a pilot study in which they asked 57 teachers to complete the survey and suggest changes and additions to the categories. The teachers' feedback resulted in 10 categories of behaviors. These categories included: "eating, making unnecessary noise, disobedience, talking out of turn, idleness/slowness, unpunctuality, hindering other children, physical aggression, untidiness, and out of seat" (p.26). Participants were provided with examples for each category.

Results indicated that both male and female teachers regarded boys as more problematic and annoying than girls. Also, teachers estimated that in a class size of (on average) 27 students, 4.3 students (3 boys) were regarded as having behavior problems. Participant teachers reported that two behaviors were the most frequently observed: talking without being called and hindering others. Behaviors such as disobedience, idleness, and physical aggression were reported as being particularly irritating but only

relevant to a small number of students. The findings also revealed that boys were more troublesome than girls.

### **Australia**

In western Sydney, Stephenson, Linfoot, and Martin (2000) investigated teachers' perceptions of the most concerning behaviors of students from five to eight years old and the kind of support they need in order to deal with them. A total of 130 teachers participated in this study. The teachers were asked to respond to a questionnaire created by the researchers. It included 20 items that were categorized into eight subscales. These subscales related to: "(a) distractibility, (b) disobedience, (c) delinquency, and (d) aggression. Examples of these items included: does not follow established class rules and distractibility or attention span as a problem/does not listen" (p.230).

The results from this study showed that teachers felt more concerned and required some support regarding students' attention in class (i.e., distractibility and problems with listening). Other points of concern include the physical aggression of students and the extreme need for the teachers. This disruption in the classroom resulted in a great deal of off task behaviors. Teachers expressed their need for more support to deal with these behaviors. When analyzing the results by subscales, teachers felt more concerned and expressed their need for help with behaviors that denote aggression followed by distractibility, disobedience, and delinquency.

In a study with multiple purposes, conducted by Walker and Lamon (1987), 179 Australian elementary school teachers were surveyed regarding student behaviors that concerned them in the management of their classrooms. Their findings revealed that, in general, Australian teachers rated maladaptive behaviors as unacceptable, but they were more concerned with behaviors that might denote distractibility, aggression, excessive demand for attention, and disruption of the activity of others.



## Turkey

In a study conducted in Turkey, Durmuscelebi (2007) investigated the most common and least accepted behavior problems. A total of 245 teachers in private and state primary schools in Kayseri City were surveyed. The survey consisted of 28 items designed by the researchers and based upon similar surveys as well as input from other experts.

Although the result showed no significant difference when comparing the two schools' behaviors, it was noted that those teachers who worked in state schools experienced larger numbers of behavior problems. The six most common behavior problems were: “complaint about friends, talking without permission, studying without a plan, not listening to the teacher, doing other things during the lesson, and fighting with friends” (p.380). The behaviors that were least acceptable among teachers were “cheating, eating something during the lesson, coming late to school, not respecting the teacher, taking and using a friend's equipment without permission, and despising and excluding friends” (p.377).

Turnuklu and Galton (2001) compared students' behavior problems in Turkish and English primary schools. A total of 20 teachers, 12 Turkish and eight English, participated in this study. Observations and interviews were used to collect data about behavior management techniques teachers used and the types of behavior problems students exhibited. The authors developed a structured behavior management observation scale to suit both Turkish and English primary classroom teachers based on previous studies conducted by Wragg (1993) and Wragg, Kerry, Dooley, and McClintock (1979). To measure the reliability of the observation scale, an intra-observer agreement method was used. To determine reliability coefficient, Flander's modification of Scott's coefficient was used. The results showed that the reliability coefficient was (0.76).

Results indicated that noisy or illicit talking (51.4% Turkish and 49.5% English) and inappropriate movement (27.1% Turkish and 27% English) were the two most frequent behavior problems in both the Turkish and English classrooms. The third most frequent behavior problem reported by the English teachers was inappropriate use of materials (10.1%), while teachers from Turkey did not see this behavior as often (1.7%). Interrupting another pupil was the third most frequent behavior problem reported by Turkish teachers (9.3%), while in the English sample it was the fourth most frequent (7.9%).

### **Jamaica**

Lambert et al. (2001) investigated behavior and emotional problems in observed Jamaican elementary classrooms. They wanted to know if two different observers (i.e. classroom teacher or an outside observer would yield different results). Seventy-eight primary school students (half of them were boys and half were girls), were selected from six schools (three rural and three urban schools) to participate in this study. The 78 students were randomly selected and were observed in 78 different classrooms. The parents of at least 10 students in each classroom received permission letters stating that their child may be selected to participate in the study. When the child was selected, the teacher was asked to complete a Jamaican Teacher's Report Form (JTRF) (Lambert et al., 1994). The JTRF was designed after the Teacher Report form of the Child Behavior Checklist (Achenbach, 1991).

Because Jamaica does not have a reference with regard to emotional and behavior disorders for their youth, this study relied on U.S. descriptions and assessment tools to conduct the study. The teachers were not given any information about U. S. behavior problem. Despite the limited teachers' knowledge, they were asked to report on the following behavior problem: "withdrawn, somatic complaints, anxious/depressed, thought

problems, attention problems, delinquent behavior, social problems, and aggressive behavior” (Lambert et al. 2001, p.553). A second order principal factor analysis was conducted by the authors and was resulted in internalizing and externalizing groupings of the behavior problems.

On the other hand, the observer used the Direct Observation Form (DOF) of the Child Behavior Checklist (Achenbach, 1986). The DOF included two main areas: on/off-task ratings and individual problem ratings. The individual problem ratings had 96 individual behavior problems and an item labeled “other problems” that allowed teachers to add any additional behavior problems that were not included in the behaviors listed. The researchers reported that the analysis of these 96 behavior problems, using principal components, resulted in six categories: “withdrawn-inattentive, nervous-obsessive, depressed, hyperactive, attention demanding and aggressive” (p.552). Two groups of behavior problems; internalizing and externalizing, resulted from factor analyses.

There was an overlap between the JTRF and DOF in that 86 items were similar. This overlap allowed a comparison between teacher and observer ratings. Teachers reported a significantly higher number of behavior problems than observers. The researchers did not find significant differences between genders. The highest means, as indicated by both teacher and observer ratings, were for hyperactivity and attention problems. Withdrawn behavior was the third highest mean for observers and the fifth highest for teachers. Aggressive behavior was the third highest mean for teachers and the fourth highest for observers. Teachers rated “anxious/depressed” as the fourth highest mean while observers rated this behavior as the fifth highest mean. Overall, as indicated by Pearson correlations, a negative no significant correlation was found between observer and teacher ratings.

**Canada**

McCready and Soloway (2010) investigated teachers' perceptions of challenging student behaviors of Toronto Canada's inner-city schools. A total of 50 teachers (70% female) employed in four schools participated in this study. The schools were located in neighborhoods that were designated as needing more monetary and material investment. The researchers met with administrators and teachers in the four participating schools to cooperatively write the research questions. These teams agreed to use interviews and focus groups to collect the data. They developed four research questions in a semi-structured interview protocol. One of these questions queried teachers as to "What types of behavior and classroom management situations are the most challenging for you to deal with? Please explain why they are challenging."

The researchers analyzed the participants' transcripts by grouping challenging behaviors by their type. This analysis resulted in four kinds of challenging behaviors. These behaviors included: physical behaviors (i.e., pushing, kicking, hitting, and fleeing), verbal behaviors (i.e., yelling, swearing, inappropriate tone, and underdeveloped communication skills), miscellaneous noncompliance (i.e. being oppositional, defiance, stubbornness, testing boundaries), and academic disengagement (i.e., disinterest in reading, unable to accomplish assignment in a designated time period, and cheating on tests).

**China**

Shen, Zhang, Zhang, Caldarella, Richardson, and Shatzer (2009) investigated Chinese teachers' perceptions of classroom behavior problems. The researchers developed a questionnaire using questions from the research of Wheldall and Merrett (1988). They first interviewed 18 teachers (16 were female) about the kinds of behavior problems they encountered in their classrooms and which behaviors occurred more

frequently than others. Two of the researchers classified the teachers' responses into 10 categories. Another two expert teachers read the description of these 10 categories to make sure they were clear and accurate. Based on the Wheldall and Merrett (1988) questionnaire items, the researchers created an initial pool of items for their questionnaire. The agreed upon items were translated into the Chinese dialect being used. Additionally, the researchers added some items regarding students' behaviors that were the most difficult to tolerate, and whether some specific behavior problems negatively affected child development. The questionnaire was then given to a second group of 38 teachers who were asked to examine the wording and report on the time needed to complete the questionnaire. Based on these teachers' feedback, a final revision of the questionnaire was made.

The data collection process started with researchers visiting the different schools located in five Chinese provinces. After meeting the principals, they gave them their questionnaires to distribute among the teachers. The principals distributed the questionnaire to 550 teachers. These teachers were ensured anonymity and asked to complete consent forms. A total of 527 questionnaires were returned.

Descriptive statistics were used to report the findings. The Spearman's rank order correlation was used to examine the relationship between how the teachers ranked behaviors according to the most common behavior problems, most troublesome, most difficult to tolerate, and the behaviors that had the most negative impact on students' development. The results indicated that non-attention was the most common (57.9%). The teachers reported that non-attention was the most difficult behavior problem to solve as well as the one having the most detrimental impact on students' ability to achieve in school. The behavior "talking out of turn" was reported by 18% of the teachers. This behavior was considered the next most common behavior as well as the second most

difficult behavior to tolerate. Interestingly, these teachers did not indicate that talking out behaviors were detrimental to a child's school success.

The third most frequent behavior was over-active behavior (14.2%). Other significant behaviors were both internalizing and externalizing behaviors. These behaviors include: not following the task (3.2%), uncooperative (2.7%), withdrawn (1.3%), laughing at others (0.9%), disruptive (0.8%), non-compliance (0.6%), and emotional disturbance (0.4%). The behavior “laughing at others” was ranked third regarding its impact on child development and the first most difficult to tolerate behavior.

Overall, the research findings described above revealed two main themes. The first is related to the seriousness of the behaviors. The second is related to the way students manifest these behaviors. Regarding the first theme, these research findings demonstrate that the majority of teachers selected minor behaviors as the most common as well as the most concerning. It seems that even though the behaviors selected were not serious, but the frequency of occurrence played a crucial role in the selection of these behaviors. Overall findings also revealed that regardless of the frequency of occurrence, teachers felt concerned about serious behaviors such as violence and aggression. This finding is similar to Beaman and Wheldall (1997) who reviewed studies on types of classroom behaviors in Australia and compared them to other countries. They found that most troublesome behaviors considered by teachers are often harmless but frequently occur and, therefore, are considered a continuous source of concern for teachers. Furthermore, this issue of minor but frequent student behaviors was one of the key conclusions of the Elton Report in the United Kingdom (1989). Lord Elton noted that physical violence against teachers was relatively rare while the essential issues were the continuous stream of relatively minimal disruptions.

Regarding the second theme, it seems that teachers identified the externalizing forms of behaviors more than the internalizing forms of behaviors. This is also similar to the finding of Chazan (1994) who reviewed the literature relating to the attitudes of teachers to different types of (EBD). He noticed that teachers are more inclined to regard acting-out externalized behavior (e.g. being aggressive, destructive, disruptive, and/or hyperactive) more negatively as compared to withdrawn, internalized behavior (e.g., timidity, excessive anxiety, and lack of confidence).

Earlier in 1928 Wickman proposed that because teachers identify the aggressive forms of behavioral problems more clearly, they evaluate these types of behaviors as more serious than the withdrawn types. Chazan (1994) noticed that there is a tendency among teachers to regard pupils exhibiting internalized behavior problems, such as social withdrawal, as not demanding as urgent attention as those acting out and being overly aggressive. Safran (1989) noticed that American studies of teacher manageability have found that internally directed behavior, such as being withdrawn, and academic/cognitive behavior, such as having difficulties in managing the work, are relatively much harder to handle than negative aggressive behaviors.

Having reviewed the behavioral problems that are a source of concern for teachers around the world, the following section will shed light on the current situation of EBD in Saudi Arabia. It will discuss the problem of research shortage in the country as well as providing an overview of some studies related to EBD conducted in Saudi Arabia.

### **EBD in Saudi Arabia**

In Saudi Arabia, the education and treatment of children with EBD in the community, and in schools particularly, is unclear because there is a severe lack of published research in this area. To identify research related to children with EBD in Saudi Arabia, an electronic search was conducted through the only available databases in

Saudi Arabia: King Abdulazeez City for Information and Technology as well as the international search engines,, ERIC, and Psychinfo. The following key words were used:

1. Behavior problems in Saudi Arabia
2. Behavior difficulties in Saudi Arabia
3. Emotional and behavioral difficulties in Saudi Arabia
4. Misbehavior in Saudi Arabia/Saudi schools and,
5. Prevalence of Emotional and Behavioral difficulties/disorders in Saudi Arabia.

The results of the search found only one published study (Abdel-Fattah, Asal, Al-AsmaryAl-Helali, Al-Jabban, &Arafa, 2004). There were no other published studies or books about behavioral problems in Saudi Arabia. Subsequently, an additional search was conducted using Google- and Yahoo-related search engines. In addition to using the same key words, both Arabic and English language searches were conducted. Again, no relevant information was found.

**Prevalence of EBD in Saudi Arabia.** Only one study addressing the prevalence and risk factors of EBD among Saudi students was found. Abdel-Fattah et al. (2004) conducted a study targeting male children of Al-Abnae schools. These schools provide education for the sons of the employees of the Saudi Ministry of Defense in Al Taif Governorate. The number of participants was 1,313, with 65.2% primary schoolchildren and 34.8% intermediate schoolchildren. To achieve the goals of the study, two phases were implemented. In the first phase, the researchers screened all participants by using across-sectional approach to identify students with emotional and behavioral problems. In the second phase, the researchers used a case-control approach to study risk factors.

In the first phase, the Child Behavior Checklist “Parents’ Form” (Achenbach, 1991) was used. The results indicated that according to the parents’ report, approximately 8.3% of surveyed children and adolescents have emotional and behavioral



disturbance. The most common emotional and/or behavioral problems among primary school students who participated in this study were “anxiety (13.5%), schizophrenia (11.9%), depression (8.6%), somatic disorders (7.0%), obsession (6.9%), hyperactivity (6.1%), aggression (4.0%), and delinquency (3.6%). Among adolescents who participated in this study, the most common emotional and/or behavioral problems reported were anxiety (13.5%), somatic disorders (12.2%), obsession (10.8%), aggression (8.1%), schizophrenia (6.8%), delinquency and depression (4.1% each)” (Abdel-Fattah et al., 2004, p.3).

The number of children and adolescents identified with these specific EBDs was somewhat unexpected. Since this study included only male teachers and was conducted in a small area of the country, these limitations must not be ignored. Other studies that include both males and females are required. Additionally, future researchers should use a more representative sample in order to reach more accurate estimates.

**Unpublished studies in Saudi Arabia.** Alwan (2006) conducted an unpublished study that aimed to examine the responses of primary school teachers in Saudi Arabia regarding students’ behavioral problems in their classrooms. There were four research objectives for this study: (a) to discover the kinds of student behavior problems that concern primary school teachers in Saudi Arabia; (b) to identify teachers’ causal attributions of student behavior problems; (c) to identify the support they access; and (d) to determine the strategies they used to deal with problematic students and whether their selection of intervention strategies had been affected by their causal attributions of student behavior problems.

In order to achieve these objectives, a survey method was implemented. The study population was comprised of a sample of 76 teachers from five different regions of the country. The questionnaire consisted of five sections; four of the sections were taken

from a previous study conducted by Stephenson et al. (2000). Some changes were made to the questionnaire to suit the Saudi context. The findings of this study suggested that primary school teachers in Saudi Arabia were concerned more about behaviors that proved distracting from learning in the classroom (e.g, too much speaking). This finding is similar to findings in other studies including: Turnklu and Galton, (2001); Walker and Lamon (1987); and Wheldall and Merrett (1988).

Alwan's (2006) additional findings indicated that frequent, minor classroom misbehaviors were also a main source of concern for teachers. Similar findings were reported by Lord Elton (Elton Report, 1989). Alwan also reported that most primary school teachers in Saudi Arabia attributed students' behavioral problems to adverse family circumstances and little to teachers and structural teaching factors. These findings support the so-called "self-serving bias" (Brown & Rogers, 1991), wherein teachers tend to locate EBD issues within the student or family, rather than to teaching-related factors. Finally, in response to students' misbehavior, Alwan found that teachers preferred to use positive-intervention strategies, such as strategies that teach the students how to behave according to proper classroom conduct. The findings also reveal that Saudi teachers used support available in schools, such as that of other teachers or counselors, considerably more than non-school-based professional support.

The paucity of research regarding students with EBD has demonstrated there appear to be culturally sensitive assessment and identification tools used with children with EBD in Saudi Arabia, and there is a severe lack of research in this area. As a result, little is known about the children of Saudi Arabia who are EBD. Hence, educators will have difficulty providing educational and behavioral services for these children. If these services are not provided, students in Saudi Arabia with EBD are likely to experience the same consequences of other underserved children with EBD around the world. The

following section will discuss the consequences of EBD as demonstrated by research conducted in the U.S.

### **The Consequences of EBD in U.S. Schools**

In giving his contemporary perspective of the prevalence of EBD among school-aged children, Kauffman and his colleagues (Kauffman, Brigham, & Mock, 2004) indicated that 10 - 20% of the children between the ages of 5 and 18 experience mental health issues. Unfortunately, only 1% or less of these children are identified as having EBD by the U.S. federal definition (Kauffman et al, 2004). With so many children (identified or not) experiencing emotional and behavioral disorders, the need for early intervention is crucial. Without any identification mechanisms or intervention services, these children can experience severe consequences as a result of their behaviors. The following section gives an overview of some consequences students with EBD experience when intensive interventions are not implemented. These consequences include (but are not inclusive): at risk of dropping out of school, comorbidity with other disabilities that result in academic and social failure, violence and aggression, antisocial behavior, and social skills deficits.

**At-risk of dropping out of school.** According to the U.S. Department of Education (2005), 65% of students with EBD drop out of school. Moreover, when comparing the dropout rates of students with EBD and their peers with and without disabilities, Kronick and Hargis (1998) reported that those with EBD have the highest dropout rate. These statistics indicate that students with EBD are the most uneducated when considering all children in public schools.

Many of the children who drop out of school exhibit several identifiable characteristics. Of these students, many come from single-parent families where the parent did not finish school (Kaminski, 1993). Others are students from rural areas

(Helge, 1990) or students who repeatedly keep moving from one school to another due to academic failures, behavioral issues with the school, or unstable home environments (Gaustad, 1991).

As reported by the 26th Annual Report to Congress (2006), students who left school attributed their decision to many reasons. They pointed out that they cannot identify with the culture of the school, and they perceived schools as boring places. They reported that a general lack of drive, a wide range of educational difficulties, along with personal life problems contribute to their decision to leave school.

When addressing the consequences of dropping out of school, researchers outline many damaging effects on the future of these students. For example, with limited education, many of these students have difficulty finding and keeping employment (Dunlap et al., 2006). The social problems that originate from dropping out of school have a greater negative influence on family cohesion, marriage life, and financial success (Maag, 2006; Smith et al., 2011). Additionally, statistics show that 47.7% of youth within the juvenile correction system and served under IDEA are classified as having emotional disturbance (Quinn, Rutherford, Leone, Osher, & Poirier, 2005).

**Comorbidity with learning disabilities.** According to Kauffman and Landrum (2009), research since the 1960s has shown that the majority of students with EBD exhibit obvious academic deficiency. Trout, Nordness, and Pierce (2003) determined that problem behaviors are correlated with poor academic performance. Similarly, Lopes (2005) noticed that there is an overlap between the characteristics of children with EBD and children with learning disabilities (LD). It is estimated that between 24% and 52% of children with LD have clinically serious social and emotional disorders (Rourke & Fuerst, 1991). At the same time, studies on children with EBD discovered that between 38% and 75% have learning difficulties (Cantwell & Forness, 1982). Esser, Schmidt and Woerner

(1990) stated that the occurrence of specific learning disabilities can be a powerful predictor of psychiatric disorders in 8-year-old children. Additionally, children with EBD and LD have similar characteristics in that both exhibit poor social skills which results in being less accepted by their peers in social and academic settings (Bursuck, 1989).

Interestingly, the federal definition of LD is worth noting as it excludes those children with learning difficulties that are a direct result of emotional and behavioral disorders. The federal definition of LD states that “Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage” (IDEA, 2004,b).

In fact, this overlap between EBD and LD has confounded differential diagnosis efforts and restricted the utility of screening and assessment instrumentation (Algozzine & Ysseldyke, 1983). This co-occurrence of EBD and LD could cause some problems during the assessment or intervention stages for both categories. Hence, it's very helpful to understand causality between EBD and LD.

**Violence and aggression.** It seems that students who are hostile at an early age are inclined to show aggressive behavior in their maturity. For example, Huesmann, Eron, Lefkowitz, and Walder (1984) found that children who were more aggressive than their peers at eight years old were also more aggressive as 30-year-olds. Coie and his colleagues (Coie, Lochman & Terry, 1992) reported that children who are aggressive toward their peers in elementary school have difficulty making and keeping friends and are more liable to exhibit different behavioral disorders in early adolescence. Similarly, Hughes and Cavell (1995) claimed that aggression was essentially the most consistent correlate of peer rejection as well as an essential predictor of criminality and a turbulent adult life. Tremblay et al. (1996) discovered that aggressive boys in kindergarten are at

high risk for delinquency and adjustment problems during their early teenage years.

Finally, Reid, Patterson, and Snyder (2002) reported that in their study 100% of boys who had been arrested before reaching the age of 10, also were arrested on the average of three times before reaching the age of 17.

Walker, Ramsey, and Gresham (2004) noted that between 6-8% of children who were aggressive in their early ages often are responsible for the largest number of crimes. These statistics shed light on the importance of early identification of this vulnerable population. Early identification and the provision of appropriate intervention would be a worthwhile investment (Lipsey & Derzon, 1998).

**Antisocial behavior.** Antisocial behavior is defined as “behavior that lacks consideration for others and that may cause damage to society, whether intentionally or through negligence, as opposed to pro-social behavior, behavior that helps or benefits society” (Berger, 2003, p. 302). Walker, Colvin, and Ramsey (1995) reported that antisocial behaviors are types of psychopathology commonly found in children and youth, and are responsible for the majority of referrals to mental health services. Furthermore, Walker et al. (2004) indicated that preschoolers who showed early symptoms of antisocial behavior usually failed to outgrow them through adolescence. Intervention was needed to break the antisocial pattern.

In an additional report, Berger (2003) pointed out that prolonged antisocial behavior might be a sign of an antisocial personality disorder. Concomitantly, Farrington (1995) found that children who displayed antisocial behavior in their teenage years had developed antisocial behavior during childhood. If not addressed with primary or secondary interventions, antisocial behavior can, over time, require more intensive interventions. These intensive individualized services may involve families, school staff, community organization personnel, administrators, and support staff (Walker, Colvin, &

Ramsey, 1995). The selection of appropriate services requires comprehensive screening and assessment of the problem and involves flexible, comprehensive, and sustained interventions (Walker et al., 1995).

**Social skills deficits.** The majority of students who are identified as having EBD exhibit deficiencies in interpersonal social skills (Patterson, Jollivette, & Crosby 2006). Walker (1983) defined social skills as “a set of competencies that (a) allow an individual to initiate and maintain positive social relationships, (b) contribute to peer acceptance and to a satisfactory school adjustment, and (c) allow an individual to cope effectively with the larger social environment” (p. 27). Additionally, the findings of many investigations revealed that students with EBD struggle with issues such as expressing needs, changing their behaviors to suit a specific social setting, and understanding social cues (e.g., Olmeda & Kaufmann, 2003). Studies have revealed that deficits in social competence may be associated with inadequate educational accomplishment (Kauffman, 2001), poor peer relationships bringing about peer rejection (DeRosier, 2004), and psychopathology that often continues into adulthood (Meadows, Neel, Parker, & Timo, 1991). Furthermore, the problematic behaviors exhibited by students with EBD may inhibit the attainment of social, academic, and vocational skills and adversely affect adult adjustment (Gresham, 1998).

Taking all these differences into consideration, Rutherford, Quinn, and Mathur (2004) proposed possible explanations for the deficits. These explanations may include developmental delays, cultural discrepancies, blurred or incompatible expectations, together with insufficient commitment or opportunity to show suitable skills.

With great concern over the difficulties of students with EBD, Gresham and his colleagues proposed a classification of these behaviors. Gresham, Sugai, and Horner, (2001) noted that there are three types of social skills deficiency: deficiency in obtaining

social skills, deficiency in using them, and deficiency in mastering them. Children with the first type lack the knowledge or awareness of a skill (Rutherford et al., 2004), while those with the second type often possess the skills but are not able or motivated to perform them in appropriate contexts (Gresham et al., 2001). Meanwhile, those with the third type know the skills and are willing to use them, but they perform the skills inappropriately (Gresham et al., 2001). Knowing about a child's type of social skills deficiency may help in designing appropriate intervention methods.

Having discussed some of the consequences of EBD, the following section will present the different kinds of assessment and identification tools available to screen and assess EBD. The section will conclude with a discussion of the SSBD scale that this study will utilize.

### **EBD Screening and Assessment Tools**

Because students with EBD are subjected to many negative short- and long-term consequences, it is very important to screen for, identify, and provide early interventions for children with EBD. However, screening for behavior disorders and assessing a student for EBD is a serious and complex issue. Among the many factors researchers and educators are concerned with are: (a) the negative stigma associated with the label, (b) the general ambiguities of the federal definition, and (c) the lack of consensus in how to identify students with EBD (Fisher, Doyon, Saldaña, & Allen, 2007).

To obtain a thorough idea about students' behavior, the information should be collected in different settings as children's behavior often varies from setting to setting (McConaughy & Ritter, 2002). As any screening process aims to identify problems, good screening and assessment tools should also identify the strengths the child exhibits (e.g., is able to play the guitar). These strengths might allow a teacher to accentuate what the



student does well when addressing IEP goals and identify the variables contributing to motivation (Rudolph & Epstein, 2000).

In 1997, Jenkins reported that there was a serious lack of proactive measures that were effective in screening and identifying students at risk of EBD. However, a more recent report by Severson, Walker, Hope-Doolittle, Kratochwill, and Gresham (2007) confirmed that the development of effective measures has improved dramatically over the last two decades. The improvement of these tools can be attributed to the development of research methodology. For example, researchers have identified many ways to determine the validity and reliability of measurements in different fields including special education. Therefore, researchers such as Lane et al. (2010) emphasized that in order for these EBD assessment tools to be effective, they must show sufficient evidence of validity, reliability, and feasibility.

With these criteria firmly established, the following discussion introduces instruments used in the United States. These screening and assessment tools are among the most researched and respected in the area of EBD.

**The Scale for Assessing Emotional Disturbance (SAED).** The SAED (Epstein & Cullinan, 1998) is an assessment tool that is used to identify children who meet the U.S. federal definition criteria of emotional disturbance (ED) (Epstein & Cullinan, 1998). The SAED is designed to assess children ranging in age from 5-18 and can be administered by any individual who knows the child including a parent, teacher, psychologist, or caregiver. The scale consists of eight subscales. These eight subscales include: “inability to learn (8 items), relationship problems (6 items), inappropriate behavior (10 items), unhappiness or depression (7 items), physical symptoms or fears (8 items), social maladjustment (6 items), and overall competence (7 items)” (Dumont & Rauch, 2000, p. 24). One additional item that addresses the academic skills of youth was also included.

In the past, the SAED was criticized for many reasons. In their review of the SAED, Dumont and Rauch (2000) pointed out that despite the federal definition of ED including limiting criteria; it seems that SAED is poorly operationalized by the overall criteria. A case in point is the ED criteria “over a long period of time.” Dumont and Rauch explained that the SAED manual notes that in the standardization process, raters should be able to observe the children for approximately two months. During this time, the raters observe and evaluate the children based on the length of contact with the rater not how long the child has been exhibiting the characteristic. According to Dumont and Rauch (2000), this issue is a source of concern in addition to the fact that the recommended waiting period before assessing a student is considered an arbitrary time period and may not be standard across states. Furthermore, SAED does not offer information about the strengths of the child, which is required when constructing a child’s individualized educational plan (Dumont & Rauch, 2004).

The SAED manual reports reliability for two groups of children: children with EBD and children without EBD. The average coefficient alpha for all subscales exceeded .75, which is acceptable. The manual also reports standard error of measurement for the two groups. Test-retest reliability was examined twice with a sample of 53 students and a sample of 33 students who were identified with EBD. Students in the two studies were rated twice by their teachers within a two-week interval. Both studies yielded statistically significant test- retest reliability at the .0001 level. Inter-rater reliability was also examined for all subscales and resulted at or above .80s reliability coefficients in most of the subscales. The reliability of two subscales was lower with a score of .51 for physical symptoms and .61 for unhappiness or depression.

**Behavior Rating Profile-Second Edition (BRP-2).** The BRP-2 (Brown & Hammill, 1990) is an assessment tool that was designed for three purposes. Javorsky

(1999) addresses these purposes as follows. The first purpose is to identify students with behavioral, emotional, personal, and social adjustment problems. The second purpose of the BRP-2 is to create a hypothesis to guide additional assessment. The third purpose is to assist in planning and assessing related intervention programs and addresses the problems with other behavioral scales.

The BRP-2 is a norm-referenced instrument that asks parents, teachers and peers to rate a student behavior in different settings. Ellers, Ellers, and Bradley-Johnson (1989) noted that the first edition of this scale has several characteristics that distinguish it from other similar scales. First, this scale obtains information from different sources including teachers, classmates, parents, and the student. Second, it covers a wide range of age between 6-18. Third, the normative sample used was a sample that has similar demographic characteristics as determined by the U.S. census.

The scale consists of six instruments normed individually on large populations from 26 U.S. states. Five instruments are rating scales and the sixth is a sociogram (Behavior Rating Profile - Second Edition, 1990). The BRB-2 manual reports two kinds of reliability: test-retest reliability and split-half reliability. The manual reports many studies on test-retest reliability and generally found that this scale is reliable. This was done for the five scales with a range of .77 to .98 reported for the coefficients.

The manual also reports evidence of validity. Construct validity was assessed by an item-total correlation method of computing item discrimination coefficients. Brown and Hammill (1990) measured the degree of relationship between each item and the constructs, abilities, or attributes presumed to make up the scale. Brown and Hammill claimed that all the relations are significant and range from .43 to .83. Also, they assessed the correlation between the BRP-2 and the Walker Problem Behavior Identification Checklist (WPBIC) for four groups of 27 students each. Three of the four

groups were attending public school classes and were a group of students with normal behavior, a group of LD students, and a group of EBD students. The fourth group consisted of EBD students who receive services in an institutional setting. Except with normal children, all of the correlations with the handicapped students were significant and exceeded .35, suggesting evidence of the BRP-2 scale's validity.

The authors established correlations between the BRP-2 and many other scales such as the "Vineland Social Maturity Scale" (VSMS), the "Test of Early Socioemotional Development" (TOESD), the "Index of Children's Personality Characteristics" (IPC), and many other scales. They concluded that, overall, the correlations are significant.

**Behavioral and Emotional Rating Scale -Second Edition (BERS-2).**The BERS-2 is another assessment tool designed by Epstein (2004). Epstein developed a different kind of norm-referenced assessment as he wanted to look at the assets or strengths of the students. The BERS-2 is developed for both mental health clinics and education settings (Epstein, Mooney, Ryser, & Pierce, 2004). Epstein (2004) reported that the BERS-2 measures the students' abilities in areas such as emotional and behavioral strengths. This scale has three subscales: Youth Rating Scale, Parent Rating Scale, and Teacher Rating Scale (Epstein et al., 2004). The BERS-2 measures the strengths that are inter-and intrapersonal in nature as well as family and school involvement. Additionally, Epstein targets students' skills that might indicate a student's ability to get a job in a particular area.

According to the BERS-2 manual (Epstein, 2004), in the norm process, the author recruited students who were not diagnosed with any disability as well as children with ED. In order to measure the internal consistency of the BERS-2, subtests were performed with two categories of children: children with disabilities and children with ED. The internal consistency was greater than .80 for both groups and was .95 for the scale overall.

Other researchers reported similar findings (e.g., Epstein, et al. (2004); Mooney, Epstein, Ryser, & Pierce, 2005).

In regard to reliability evidence, the BERS-2 manual discusses three types of test error: content sampling, time sampling, and inter-rater reliability. Although Epstein conducted many studies to assess each of these types of reliability with many groups of children who differed in age and who were with or without EBD, he did not state the exact reliability scores. He claimed that the reliability is consistently high across all three types of test error.

The manual extensively reports many studies that provide evidence of validity including criterion validity and construct validity for the three subscales. According to the author, the BERS-2 is a valid measure of strength among students with EBD.

**Systematic Screening for Behavior Disorders (SSBD).** Systematic Screening for Behavior Disorders (Walker & Severson, 1992) is a screening tool that consists of stages termed as “a multiple gating system” (Lane et al., 2010, p. 100). It was designed to screen elementary-age children with regard to externalizing and internalizing behaviors (Lane et al., 2010). The SSBD consists of three assessment stages. The classroom teacher is responsible for conducting the first and second stages. In the third stage a person, such as a psychologist or another teacher, usually conducts behavioral observations in academic and play situations. In the first stage, the classroom teacher is required to consult the classroom roster and then list 10 students who are exhibiting internalizing behaviors and 10 students who are exhibiting externalizing behaviors. The same students should not be on both lists. Once the teachers have listed these students, the teachers are instructed to rank order their lists according to the degree or extent each student exhibits internalizing or externalizing behavior. The student who demonstrates

the behavior to the greatest degree is ranked first, and so on, until all 10 students in each category are rank ordered.

According to the SSBD manual, stage two aims to identify significant problems that would determine the behavioral deficits demonstrated by the three highest ranked students. Both internalizing and externalizing behavior would be identified by the teacher in the first stage. The first three highest ranked students in each category will move to the second stage. After the ranking process, the teacher will be given a “Critical Events Checklist” and “Combined Frequency Index” for Adaptive and Maladaptive Behavior. The Critical Events Checklist includes 33 items. The Adaptive and Maladaptive Behavior categories include 12 and 11 items, respectively. For students exhibiting externalizing behaviors, the process of moving them directly to stage three occurs if he/she has a score of five or more on the Critical Events Checklist. Alternatively, a student must have a score of one or more critical events and receive a total adaptive score of 30 or less and a maladaptive score of 35 or more to move to stage three. For students exhibiting internalizing behaviors, the criteria to move to stage three include two steps: the first is to have a score of four or more on the Critical Events Scale. If the student meets the cut-off criteria for these two checklists, the child progresses to stage three.

In the third stage, the researcher or outside personal is solely responsible for collecting the data. Direct observations of student behaviors are independently recorded in an academic and free time situations. Students should be observed on two different occasions. According to the SSBD manual, stage three observations serve three purposes in the screening–identification process:

1. They verify or confirm the teacher’s ranking/rating of student behavior in stages one and two.

2. They provide direct measures of the two most important behavioral adjustments children are required to make in school (i.e., to teachers and peers, respectively).
3. They make it possible to assess the student's normative level(s) in relation to classroom and peer adjustment areas (Walker & Severson 1992, p.20).

There are two ways for a student who exhibits internalizing behaviors to pass this stage and be considered as a candidate having EBD. The first is based on the computed average percent of time the student has been academically engaged during classroom observation. The student must have 45% or less Academic Engaged Time (AET) to pass this stage. The second passing criterion utilizes the Peer Social Behavior (PSB) codes of "alone" and "parallel play." After completing the observation, the observer adds the percentage of time spent alone and the percentage of time spent in parallel or direct play to derive a combined overall score. The passing criterion for students in grades 1-3 is 40%. The passing criterion for students in grades 4-6 is 35%. Students who score less than these percentages are referred for further assessment for EBD.

According to Walker et al. (1988), the SSBD correctly classified 89.47% of pupils who had been identified as exhibiting externalizing, internalizing, or normal behavior by their respective teachers in the screening stage one phase. One apparent advantage of using the SSBD is its reliance on teacher judgment. Gerber and Semmel (1984) stated that the teachers' judgment is the most accurate measure and that traditional psychometric procedures should be validated vis-à-vis teachers' judgment, not vice versa, as is currently the case. Forness and Kavale (1985) advocated for a more instrumental role for the classroom teacher in the screening and identification of EBD among the school-aged population.

***Reliability and validity of the SSBD.*** The SSBD manual extensively reports evidence of validity and many kinds of reliability. According to the manual, the test-retest reliability for stages one and two was investigated by Walker et al. (1990) who asked 40 teachers of elementary students to complete stages one and two on two occasions at 31-day intervals. For the first stage, the mean test-retest for externalizing and internalizing were .88 and .74, respectively. For the second stage, the researchers used Pearson correlations (r). Results indicate correlations of .81, for Critical Events Index and .87 for Adaptive and Maladaptive Behavior Rating Scale

Internal consistency was also reported in the SSBD manual. In his study Walker et al. (1988) employed 18 teachers to rate eight students twice on the Adaptive and Maladaptive Behavior Rating Scale. Results showed that the adaptive alpha was .85 and .88 respectively and for maladaptive was .82 and .87. Inter-rater agreement was also reported. The manual reports that studies investigated inter-rater reliability of the academic engage time ranged between 90-100%. The inter-rater reliability of peer social behavior ranged between 80-90%.

The manual reports many kinds of validity. It first describes item validity for adaptive and maladaptive behavior ratings using the SSBD standardization sample (n=4500). According to the manual, all items exceeded the minimum criterion of .30. Concurrent validity was established by measuring the correlation between the SSBD stage two and the “Walker–McConnel Scale of Social Competence and School Adjustment” and with direct observation code measures recorded by the Classroom Adjustment Code (CAC). Results indicated that the correlations between the two instruments were  $-.57$  ( $p < .001$ ),  $.79$  ( $p < .001$ ), and  $-.44$  ( $p < .001$ ) which provide partial support for the concurrent validity of the SSBD stage two.



As presented in the manual, many studies were conducted by the authors to determine the discriminant validity of the SSBD. Examples of these studies include: Walker et al. (1990); Eisert, Walker, Severson, and Block (1989); and Block-Pedego, Walker, Severson, Todis and Barckley (1989). According to the authors, the results of these studies suggest strong evidence of the SSBD's ability to identify and differentiate between externalizing and internalizing students from other normal students who do not exhibit these kinds of behavior problems.

***Reasons for selecting the SSBD for this study.*** While the previous tools, outlined in this discussion, are helpful in identifying EBD behavior for this study, I chose to utilize a tool that is designed specifically for screening children in the primary level. The SSBD also has a version that is used to screen children as young as three years old. This version is called the "Early Screening Project" (ESP) (Walker, Severson, & Feil, 1995). Furthermore, this tool is the only screening tool for children with EBD that allows all students in a given classroom to be screened by the teacher at the same time and in a short amount of time (Jenkins, 1997).

Moreover, the SSBD Critical Events Index shows a wide range of classroom behaviors that are often found in primary schoolchildren with EBD, as determined by many researchers. Furthermore, this tool identifies externalizing and internalizing behavioral problems, which allows this study to measure teachers' awareness of these two kinds of behavioral disorders.

While the SSBD provides teachers, academicians, and researchers a critical mechanism to understand EBD in the U.S. context, there are many questions and problems that may arise when applying this scale in a cross-cultural/national setting. One concern is the issue of applicability of this tool for children in Saudi Arabia. Because this tool was developed and normed in the U.S., with students that are linguistically and

culturally different, it is unclear if teachers are able to identify these behaviors in their classrooms of Saudi students. Because the SSBD is a screening tool, another question is whether teachers' perceptions are able to identify behaviors taken from the SSBD so the identified behaviors can be applied to the U.S. federal definition that has been adopted by Saudi Arabia. Therefore, it is important to socially validate the behaviors found in the screening tool to the Saudi Arabian context before applying it in Saudi schools.

### **The Importance of Social Validity and its Measures**

The application of social validity measures in research has earned noticeable interest and multiple perspectives and explanations among behavioral analysts (Schwartz, 1991). Wolf (1978) first defined social validity as “ (a) the social significance of the goals of a treatment, (b) the social appropriateness of the treatment procedures, and (c) the social importance of the effects of treatments” (p.207). Although the Wolf definition gives clear direction, the concept of social validity has not been utilized consistently in the literature. Kennedy (1992) stated that “social validity is connected with the social desirability and that the usefulness of social validity is an attempt to go beyond ‘clinical judgment’ to derive information from the broader social environment of the individual(s) whose behavior is being changed” (p. 147).

Measures of social validity can be analyzed in terms of three distinct dimensions: (a) dimensions that concentrate on the kind of information utilized; (b) dimensions derived from the focus of information that is collected; and (c) dimensions based upon the time between intervention and the assessment process (Kennedy, 1992). Also, there is no consensus concerning how to conduct social validity assessments. However, there is an agreement that whenever we intend to strengthen the quality and validity of these assessments, the involvement of consumers in the evaluation procedure needs to be increased (Schwartz & Baer, 1991).

Additionally, Kennedy (1992) pointed out that there are two basic procedures used to collect social validation measures: subjective evaluation and normative comparison. Subjective evaluation procedures involve the collection of consumers' ratings (e.g. experts, relatives, teachers, students). Kennedy (2005) considered content experts as subjective evaluators with regard to the social importance of a study or an educational issue. Van Houten (1979) further discussed the procedure of normative comparisons as procedures that rely on the comparability of a person's performance before or after an intervention by including a group of individuals whose behavior is perceived as appropriate or desirable.

Recently, with the dramatic improvement in all different kinds of media including TV and the internet, one cannot deny the crucial effect media play in our lives. Schwartz and Bear (1991) described both other people and organizations, such as TV stations, as the "extended community." Members of the extended community are identified by Kennedy (2002) as those individuals "who do not have direct contact with consumers but who may be interested in the potential beneficial or detrimental effects of a study" (p.222). Kennedy also included media reports as a form of subjective evaluation of social/education issues. He included legislators, media reports, and content experts among those who may be interested in researcher efforts or social conditions/interventions. Thus, one might consider that the news media can contribute to the acknowledgment of the importance of societal problems.

### **Background Information about Special Education Services in Saudi Arabia**

The right to an education is a critical function of the nation-states' social responsibility towards their citizens. This social contract extends to children with special needs. In Saudi Arabia, as in many countries, this right is guaranteed and clearly stated in the Ministry of Education's constitution. The Saudi Arabian Ministry of Education was

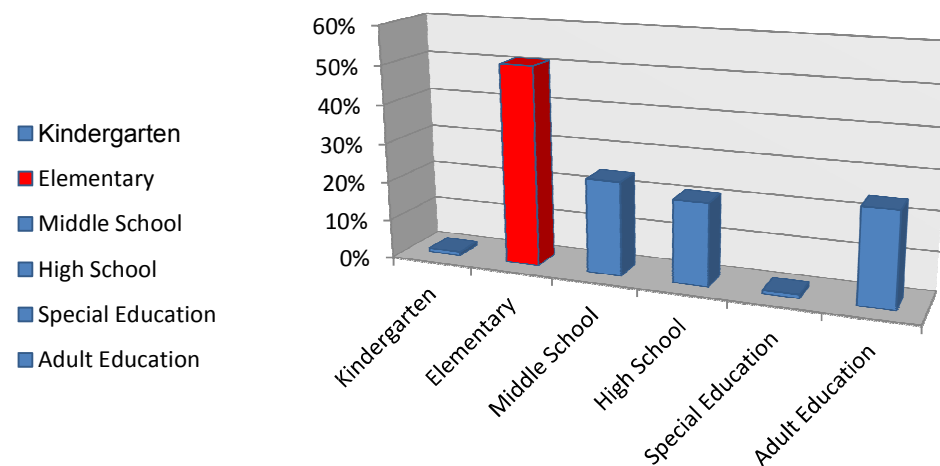
established in 1954 with the primary philosophy that education is a right that should be available and accessible to all members of society. The belief that education is a right that the citizens uphold, vis-à-vis the state, allowed the Saudi Kingdom to support policy that reinforced the idiom "Education For All." This approach towards education allowed the Ministry to construct multiple institutions that address the educational needs of their citizens including: public education (primary, secondary and high school), teachers preparation and training programs, special education, adult education, and literacy campaigns (World Education Forum, 2000). The policy that emerged in the 1970s revolutionized how education was structured in the Kingdom, as Saudi society would build on this foundation to modernize through the twentieth century.

In response to this policy, the Directorate General of Special Education (DGSE) was formed to oversee the services for students of special needs. This division is a part of the Ministry of Education. According to the latest development of the DGSE mission statement, the services they provide include the following categories of exceptionality: learning disabilities, emotional/behavioral disorders, autism, intellectual disability, communication disorders, physical and multiple disabilities, and deafness and blindness.

Students with special needs in Saudi Arabia receive multiple services free of charge including textbooks, visual and hearing aids, health services, transportation, and monthly allowances. Teachers and other personnel who work with children with special needs also receive an extra allowance (between 20-30%) over their normal salary.

While the Saudi educational ministry is responding to the needs of individuals with disabilities, it still lacks resources in many areas. As demonstrated in Figure 1, students with special needs represent only 1% of the total number of students in Saudi schools. This may be because many special education services exist in major urban centers, while families living in rural regions of Saudi Arabia may find it difficult to

travel to receive the services their children need. Furthermore, a paucity of screening and assessment tools utilized officially to determine eligibility for services. Figure 1 presents the percentages of Saudi students in each educational level (The Directorate General of Special Education, 2007).



*Figure 1.* Categories of students who receive educational services in Saudi Arabia.

### **Preparation of Teachers of EBD Students in Saudi Arabia**

As shown in the first chapter, Table 1, students with EBD are not included in the categories of children with different disabilities who receive special education services. This may be for multiple reasons including a severe lack of teachers who are specialized in this area, lack of funding, and lack of awareness of EBD. However, recently, there has been a tremendous shift by universities and colleges to establish teacher preparation programs for teachers of children with EBD.

To date, only three Saudi educational organizations offer a special education degree in EBD. These organizations are: King Saud University (KSU), College of Teachers in Jeddah City, and the University of Al-Taif. However, all of these programs are new with no graduates to date. An online search of these institutions' websites found

that only the King Saud University website provides detailed information about its courses on EBD training.

In order to receive a Bachelor's degree in EBD in the Department of Special Education Program at KSU, students must register for 128 total credit hours. There are 21 hours in the College of Education that students must complete, 15 hours of university general courses, and 92 hours of special education requirements. At the beginning of the third year in the program (Level 5), the students select their specialized area and often 51 credit hours of general coursework have to be achieved. For those who want to specialize in EBD, the following courses, as presented in Table 3, should be taken (Bachelor's degree requirements at King Saud University, College of Education, Department of Special Education, 2011).

Table 3

*Courses Provided for EBD Teachers at King Saud University*

Course Code	Course Name	Credit Hours
Level 5		
IC 103	The Islamic Economic System	2
ITE 241	Instructional Technology and Communication	3
SPED 253	Introduction to Mental Retardation	3
SPED 254	Introduction to Learning Disabilities	3
SPED 268	Introduction to Emotional and Behavioral Disorders	3
SPED 275	Introduction to Autism	3
SPED 385	Educating Exceptional Children in Regular Classrooms	3
Level 6		
IC 104	Fundamentals of Islamic Political System	2
SPED 266	Theories of Emotional and Behavioral Difficulties and Autism	2
SPED 306	Behavior Modification and Management	3
SPED 304	Developmental Learning Disabilities	3
SPED 371	Curriculum Development for Exceptional Children	3
SPED 390	Working With Parents of Exceptional Children	3
SPED 392	English Text and Terminology	2
Level 7		
ITE 250	Producing and Utilizing Instructional Media	1
PSY 461	Research Methods in Psychology	2
SPED 356	Case Study in Emotional and Behavioral Disorders	3
SPED 407	Methods of Teaching Students With Autism	3
SPED 411	Administration and Supervision in Special Education	2
SPED 440	Issues in Special Education	3
Level 8		
SPED 480	Field Experience in Emotional and Behavioral Disorders	12

While these programs are creating a generation of teachers who are able to address the needs of EBD students, it will be very difficult for them to get jobs in their

chosen fields; there are no programs for children with EBD in Saudi schools. Although the category of children with EBD is recognized by the Ministry constitution as an important educational category, the EBD program is not included in the list of services currently provided by the Ministry of Education for students with special needs as previously presented in the first chapter (Table 1). These circumstances can change as students are screened and identified for services. By cultivating the use of the SSBD, the validity of providing services to students with EBD is in the near future.

### **Summary**

The academic research on emotional and behavioral disorders has developed tremendously in recent years. Many definitions of EBD appeared as multiple research projects attempted to capture EBD and how it impacts the lives of children. As a result, a considerable disparity in prevalence estimates occurred because of the variation in definitions of what constitutes problematic behavior. However, most professionals recognize that none of the definitions are adequate to describe every behavior (Kauffman & Landrum, 2009). Thus, the term utilized to describe this category of children evolved from serious emotional disturbance (SED) in 1960 to the contemporary term emotional disturbance (ED), and now with professionals preferring to use emotional and behavioral disorders (EBD).

In addition to the problem of defining EBD, teachers of students with EBD encounter many problems that may lead them to leave the field. Some of these problems are related to the working environment in the schools and others are connected with inadequate pre-service preparation programs. Researchers have found many ways to overcome these problems to improve these teachers' working environment.

Studies on students' behaviors that cause teachers concern revealed that teachers consider aggression and delinquency as the predominant behaviors unacceptable under



any circumstances in the school environment. However, the majority of teachers also felt concerned about behaviors that do not appear to be very serious but that do occur frequently.

The current situation of EBD in Saudi Arabia is ambiguous due to the lack of research in this field. The limited research that does exist is often unpublished or lacks strong methodological approaches. Teacher preparation programs in Saudi universities are in their infancy and no teachers have graduated from them yet. Furthermore, it is likely that those who will graduate from these programs will have difficulties finding jobs, as the Ministry of Education in Saudi Arabia has not prepared schools and other educational institutions to include programs for EBD students.

The U.S. students with EBD experience negative social, political, and economic consequences including being at high risk of dropping out of school, generating learning disabilities, being more prone to violence and aggression, participating in anti-social behavior, and experiencing social skills deficits. The process of early identification of children with EBD is critically important to avoid the long-term effects of these negative consequences. There are many screening and assessment tools commercially available. Unfortunately, not all of them are effective. However, some important characteristics such as sufficient validity, reliability, and feasibility should be present to help judge the effectiveness of these tools (Lane et al., 2010).

The Systematic Screening for Behavior Disorders (SSBD) is the instrument chosen for this study. It is cost efficient and could proactively screen all students in a socially acceptable amount of time (Walker, 1994) as well as screen for externalizing and internalizing behaviors exhibited by students. The SSBD also has strong evidence of validity and reliability in screening for EBD. Thus, for this project the social validity of the behaviors included in the SSBD Critical Events Index will be measured in Saudi

Arabia to find out if Saudi students exhibit similar identifiable behaviors, and if teachers are concerned when these behaviors are exhibited in their classroom. Finally, by mapping the teacher identified behaviors to the federal definition, a screening tool that can meet the specifications of the definition can be established.

## Chapter Three

### Method

#### Overview

In the Kingdom of Saudi Arabia, there is a paucity of culturally sensitive screening tools for identifying children with emotional and behavioral disorders (EBD). As an initial step in finding such a tool, it is important to, (a) identify the kinds of behavior problems demonstrated by Saudi Arabia primary school students, and (b) determine which of those behaviors are considered by teachers as a source of concern. The absence of research on this topic in Saudi Arabia makes it impossible to decide if screening and assessment tools from other countries can be used to identify Saudi students with EBD. This issue is relevant because of the possible differences between Saudi culture and other cultures regarding the behavioral expectations of children. Therefore, this study investigated the identification of behavior problems that occur in primary schools in Saudi Arabia and which of these behaviors concern teachers.

The rationale for this study stems from the adoption of the U.S. federal definition of emotional disturbance (ED) in Saudi Arabia. This definition has proven to have flaws that could impact the identification of students as well as influence the type of potential screening and assessment tools used to identify students with EBD. The absence of screening/ assessment tools to identify children with EBD in Saudi Arabia is another reason for conducting this study.

The Systematic Screening for Behavior Disorders (SSBD) (Walker & Severson, 1992) was chosen for use in this study for many reasons, including the fact that it is the only screening tool for EBD that is designed for children in primary schools. Also, the SSBD includes a Critical Events Index. This index consists of two dimensions, externalizing and internalizing behaviors, and encompasses a broad range of school

behavior disorders that occur in the elementary-age range (Walker, et al., 1988). These behaviors (externalizing and internalizing) were chosen based on research done with U.S. teachers who were asked about the common behavior problems that occur in their classrooms. Many studies conducted in the U.S. found that the SSBD has sufficient evidence of validity and reliability (see Chapter 2).

In April of 2010, Dr. Hill Walker (first author of the SSBD) was contacted concerning the use of the items on the Critical Events Index of the SSBD. The purpose of the study was discussed and a request to translate the items listed on the Critical Events Index of the SSBD was made. Dr. Walker gave verbal permission to translate the items of the Critical Events Index, for the purposes of this study, only.

Because the SSBD is only available in the English language, it is difficult to ask teachers from non-English speaking countries to respond to questions regarding the behavior problems identified in the United States. Therefore, the behaviors were translated into Arabic, and primary school teachers in Saudi Arabia were asked how often these behaviors occur in their classrooms and whether these behaviors concern them.

### **Research Design and Questions**

A descriptive analysis of the questionnaire data was used. This questionnaire included 33 items. The strategy was to analyze the teachers' responses to a number of fixed questions with regard to frequencies, means, standard deviation, and categories. The purpose of descriptive analysis is to summarize a data set instead of using the data to learn about the population. This is called "inferential statistics" (Fraenkel & Wallen, 2008). This kind of analysis provides summary data, such as the percentage and the frequencies, in addition to the measures of central tendency, including mean, mode, median, and standard deviation (Fraenkel & Wallen, 2008).

The following research questions were addressed in this study:

1. Which behaviors from the SSBD Critical Events Index occur in male Saudi primary schools and how often do teachers perceive they occur?
2. To what extent are those behaviors of concern for male Saudi Arabia primary school teachers?
3. Do male primary school teachers in Saudi Arabia value the importance of coursework and field experience that will equip them with information needed to deal with students' behavior problems?

### **The General Population and Cultural Setting of Saudi Arabia**

Most students in Saudi Arabia attend public schools. The student population, in general, is quite diverse in socioeconomic status and background. Each region of Saudi Arabia is different. For example, some students come from families who are "beduin," or farmers. Other students can be described as "hadar," meaning those who live in cities and work in government sectors. Therefore, some regions can be described, in general, as beduin or hadar regions because of the majority of people who live in them.

Generally, students in Saudi Arabia are not officially classified by any means (i.e., people are described as Saudis regardless of their color, socioeconomic status, or ethnic background). This designation is also applied to schools. A school can include students whose families are beduin, hadar, and farmers. A school may also include students from affluent, middle class, or poor families. All public schools in Saudi Arabia receive equal government funding, regardless of their location.

In Saudi Arabia, male and female students attend separate schools. Male teachers teach in schools for boys, and female teachers teach in schools for girls. This study targeted male primary school teachers in the Kingdom of Saudi Arabia. Specifically, six regions of the country were targeted: Riyadh (capital and central region of Saudi Arabia),

Tabuk (north), Western Province, Eastern Province, Gizan (southwest), and Assir (south). These regions represent the main regions of the country where the majority of the Saudi population is situated. The population of these regions represents 87.7% of Saudi Arabia's total population according to the latest census 2010 (Saudi Arabia Census Bureau, 2010). Students attending these schools range between 6-12 years of age.

### **Participants**

Approximately 1000 questionnaires were distributed. A total of 423 questionnaires were returned, resulting in a response rate of 42.3% of all surveyed teachers. Forty-two questionnaires were excluded because of missing information related to the close-ended questions. This resulted in a useable pool of 381 respondents. Of these respondents, 285 (75%) were general education teachers, 62 teachers (16.3%) were special education teachers, and other teachers, such as sports and arts teachers, represented 8.7% of the sample. All teachers were male.

**Participants' education and qualifications.** Three quarters of participants (75.1%) had a bachelor's degree. Forty-eight teachers (12.6%) held a diploma. Forty-two teachers (11.5%) received a diploma after a bachelor's degree. Finally, three teachers (0.8%) had other educational qualifications, such as master's or Ph.D. degrees.

**Years spent teaching.** Survey participants were at various stages of their teaching careers. The majority of the participants, 305 (80.1%), had more than five years of teaching experience. Specifically, 57 (15%) had 6-10 years, 108 (28.3%) had 11-15 years, 67 (17.6%) had 16-20 years, and 73 (19.2%) had more than 21 years of teaching experience. Only 76 (19.9%) had less than five years of teaching experience.

**Regions of participants.** The participants came from six different regions of Saudi Arabia. A total of 94 participants (24.7%) were from Western Province, followed by 70 participants (18.4%) from Eastern Province, 69 participants (18.1%) from Tabuk,

68 participants (17.8%) from Riyadh, 48 participants (12.6%) from Gizan, and 32 participants (8.4%) from Assir.

### **Survey Instrument**

Since the main purpose of this study was to obtain perceptions and opinions from a large number of primary school teachers, a questionnaire was used (see Appendix A). Fraenkel and Wallen (2008) explained that a questionnaire is used to describe some aspects or characteristics of a group of people, such as their attitudes, opinions, abilities, and beliefs, through asking questions. The information collected by the questionnaire is often acquired from a sample selected from a population instead of every member of the population (Fraenkel & Wallen, 2008).

This questionnaire queried male primary school teachers in Saudi Arabia about whether the behaviors listed in the SSBD Critical Events Index occur in their classrooms, how often they occur, and to what extent those behaviors were of concern to them. This questionnaire included 33 items based on the SSBD Critical Events Index. The behaviors included in the SSBD Critical Events Index are more descriptive than specified. For example, instead of using the term “Attention Deficit Hyperactivity Disorder” (ADHD), some of the behaviors that are indicative of ADHD or symptoms often found in children with ADHD were described.

Five-point and four-point Likert-type scales were used. Teachers were asked to estimate the frequency with which each behavior occurred and how much this behavior concerned them. Using the five-point Likert-type scale, teachers were instructed to circle the number “1” if the behavior *never* occurred. If a behavior had occurred *rarely*, the teachers circled the number “2.” If a behavior had occurred *sometimes*, the teachers circled the number “3.” The number “4” represented *often* and the number “5” indicated the behavior *always* occurred (see Appendix A).

The four-point Likert-type scale indicated the teacher's level of concern about each specific behavior. If a behavior did not concern the teacher, he was instructed to circle *not at all*, which was represented by the number "1." If he was concerned *a little* by a behavior he was instructed to circle the number "2." The number "3" represented *somewhat* and the number "4" indicated the teacher had *a lot* of concern (see Appendix A).

Four additional open-ended questions were included. The first question queried teachers' opinion of whether there are other important behaviors (not included on the list) that occur in their classrooms. The second question was used to investigate the teachers' understanding of the terminology included in the survey. That is, did the participants understand the terminology used to describe the behavior problems? The third question was intended to find out if participants attended courses during their university/college studies that prepared them to deal with students' behavior problems. And the last question was designed to determine the participants' perceptions of the importance of such courses.

**Reliability.** To calculate reliability, Cronbach's alpha ( $\alpha$ ) (Cronbach, 1951), which is frequently used to estimate the internal consistency or reliability across items of a test, was used to determine the reliability of the questionnaire utilized in this study. Results indicated that Cronbach's alpha for the entire 33 items related to the frequency of behavior occurrence is  $\alpha = 0.912$ . Cronbach's alpha for the items in Question 2, which is related to teachers' level of concern about the 33 behaviors/items is  $\alpha = 0.946$ . This indicates that the instrument had a high level of internal consistency.

**Translation of the questionnaire.** Brislin's (1970) technique of back translation was used in this study. Initially, an Arab graduate student in the Department of Language, Literacy, and Sociocultural Studies at the University of New Mexico was



asked to translate the survey from English to Arabic. The resulting translation was given to an Arabic language teacher to check for grammatical mistakes. This grammatically checked version was given to different Arabic-speaking graduate students in the same department to translate the questionnaire back into English and check its accuracy against the original version. This copy and the original copy were given to a university professor who is fluent in English and Arabic to decide if both copies conveyed the same meaning (see the English version of the questionnaire in Appendix A and the Arabic version in Appendix B).

### **Procedures**

**Preliminary data collection procedures.** As required by the Saudi Arabian-Cultural Mission to the U.S., my major advisor/professor at the University of New Mexico sent an official letter to them. The purpose of this letter was to explain the need for a field trip to Saudi Arabia in order to conduct this study. The letter also included information about the study, such as the purpose and why it was important to conduct the study in Saudi Arabia. Then, the Saudi Arabian-Cultural Mission to the U.S. responded with an official letter to my sponsor, King Khalid University (KKU), accompanied by the research proposal and a request to approve the field trip. The College of Education at KKU issued another official letter to the Ministry of Education explaining the importance of the study and how it could benefit children with EBD. This letter included the researcher's information, such as my full name, job title, institution, and contact information. The Ministry of Education responded by approving the study and issued an official letter asking the male primary schools' principals to facilitate the researcher's mission in conducting this study. This letter was attached to all questionnaires.

**Sample selection.** Based on the Ministry of Education database, a list of all the male primary schools located in six different regions of Saudi Arabia was obtained. A

randomized method was used to identify the schools from which to draw the teacher participants. The schools were divided according to region. The name of each school was written on a small piece of paper and put in a bowl according to region. Ten percent of the total number of schools in each region was drawn from each bowl.

Because it was impossible to predict the number of teachers at each school, one envelope containing 10 questionnaires with return envelopes was distributed to each principals of each school. The principals of these randomly selected schools were directed to send out an announcement to all the teachers inviting 10 teachers willing to fill out the questionnaire to do so. Those teachers choosing to fill out the questionnaire were the final participants of the study.

**Inclusion and exclusion criteria.** All government male primary schools in Saudi Arabia were targeted except male primary schools located in military and National Guard bases, university campuses, and medical cities and research centers. This exclusion criterion was implemented as acquiring permission to perform research in these schools required additional difficult and time-consuming procedures.

**Treating missing data.** Questionnaires that had missing data were eliminated. Specifically, questionnaires missing one or more item (Likert-type) were excluded. This exclusion decision was made because missing items would result in unequal numbers of participants responding to each item. The outcome would result in means based on unequal numbers of participants that would make the comparison between different means inaccurate. Questionnaire items with missing open-ended responses were not excluded.

**Data collection.** Based on previous research done in Saudi Arabia, the response rate for questionnaires often ranges between 45%-70%. Therefore, approximately 1,000 questionnaires were distributed in order to have a sample size of a minimum of 400

responses. The primary researcher and some helpers distributed the questionnaires. The helpers were male special education teachers who are friends of the researcher and work in the targeted regions. The helpers were contacted by phone and email and were given a thorough explanation of the study and their roles they were expected to fulfill. The instructions concerning the distribution of the questionnaire included the names of schools selected, instructions for principals on how to distribute the questionnaires to teachers and how to contact the researcher if something needs to be explained, and how to collect the questionnaires and send them back to the researcher.

The researcher's helpers were paid for the cost of mailing the questionnaires to the researcher, in addition to 500 Saudi Riyals, \$133 each, to cover the cost of transportation between schools. The data collection process started in June of 2011 and completed by September of 2011. Steps involved in the data collection process were as follows:

1. A list of all male primary schools in each region was acquired from the ministry of education database.
2. The names of the schools in each region were written on small pieces of paper and put in a bowl and helpers withdrew 10% of the total number.
3. The selected schools were contacted.
4. Each helper, except helpers from Riyadh and Eastern Province regions, was given an envelope that contained 10-15 small sealed envelopes, depending on the number of schools in his area. The helper from Riyadh was given 25 small sealed envelopes and the helper from Eastern province was given 20 small sealed envelopes. This deviation in the distribution was due to the fact that the number of schools in these regions that met inclusion criteria was much bigger than in other regions. Table 4 describes the number of schools in each region after applying inclusion and exclusion criteria.

5. Each small envelope contained 10 questionnaires in addition to empty envelopes. Each helper gave the sealed envelopes that contain the questionnaires to the randomly selected schools' principals and asked the principals to distribute the questionnaires to teachers who were willing to participate, collect them and put them in the envelopes provided, seal the envelopes, and give them back to the helper.

Table 4

*Number of Schools that Met the Inclusion Criteria and Number of Questionnaires Distributed*

Region	Number of Schools after Applying Exclusion Criteria	Number of Schools Targeted	Number of Questionnaires Distributed
Riyadh	250	25	250
Tabuk	136	14	140
Eastern Province	148	15	150
Western Province	193	20	200
Gizan	111	10	100
Assir	135	14	140
Total	973	94	980

The helpers waited two to three days before returning to the schools. Principals were told to contact the helpers if additional questionnaires arrived after the helper had left. Not all teachers who chose to participate returned the questionnaire. However, no further contact with teachers who did not return the questionnaire was made. This decision was made because the helpers did not have any information concerning which teachers chose to participate. The questionnaire included contact information for the primary researcher and participants were urged to contact him if they had questions or concerns. The researcher did not receive any calls or emails from participants.

**Data analysis.** The scales used in this study were a five-point Likert-type scale and a four-point Likert-type scale. The responses to the questionnaires were coded and the SPSS Graduate Pack 17.0 was used to analyze the data. In order to address the demographic questions, such as the geographic area and years of experience, this information was coded and analyzed by the SPSS.

Descriptive statistics such as frequencies, means, and standard deviation were used to analyze the closed-ended questions (Items 1-33). The first part of the survey was a five-point Likert-type scale as follows: 1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *often*, 5 = *always*. To help interpret the means, the midpoints of the five-point-scales were established. Accordingly, 1.00 – 1.49 = *never*, 1.50 – 2.49 = *rarely*, 2.50 – 3.49 = *sometimes*, 3.50 – 4.49 = *often*, 4.50 – 5.00 = *always*. Similarly, midpoints were established to interpret the means of the four-point scales: 1.00 – 1.49 = *not at all*, 1.50 – 2.49 = *a little*, 2.50 – 3.49 = *somewhat*, 3.50 – 4.00 = *a lot*.

To analyze the open-ended questions, teachers' responses to each question were read carefully to see if there were certain topics, terms, phrases or points of view that were mentioned regularly by teachers. Then, the researcher created tally tables to group these similar responses. Additional rows were created within the tables if new topics appeared. In some cases teachers used different words to explain the same point of view. In such cases, and due to the translation from Arabic to English, the researcher used his own words to reflect each point of view.

### **Ethical Considerations**

Some ethical considerations were taken into account before starting this study. First, an approval from the university Institutional Review Board (IRB) was acquired (see appendix G). Second, consent from King Khalid University and the Ministry of Education was obtained before distributing the questionnaires to participating schools.

Third, participant teachers were informed about the study through a cover letter attached to each questionnaire describing the purpose of the study and their right not to participate or complete any question, regardless of the reason. Fourth, participants were informed through this letter about the procedures the researcher would use to protect their confidentiality and anonymity. Specifically, the participants were told that the researcher would be using a coding system during the gathering and processing of the data. Finally, the researcher cannot identify participants since participants were not asked to provide their names or any other private information that can be used to identify them.

### **Summary**

This chapter discussed the design of the study. Issues such as sampling procedures, the design of the research instrument, and the methods used to administer the instrument were explained. Research questions and the statistical methods used to analyze the collected data were given. Tabulations of the data obtained from the questionnaire instrument are contained in next chapter, along with detailed analyses of the findings.

## Chapter Four

### Results

This study was designed to: (a) identify which behaviors from the Systematic Screening for Behavior Disorders (SSBD), Critical Events Index occur in male Saudi primary schools and how often teachers perceive they occur in the classroom; (b) determine the extent of concern male Saudi teachers report regarding these behaviors; and (c) investigate male Saudi Arabia primary school teachers' perception regarding the importance of taking courses that emphasize students' behavior problems and how to deal with them. Quantitative analyses including frequencies, percentages, means, and standard deviation were employed.

The results are presented in two sections. The first section includes results of the questionnaire that covered the following questions: (a) which behaviors from the SSBD Critical Events Index occur in male Saudi primary school and how often do teachers perceive they occur?; and (b) to what extent are those behaviors of concern for male primary school teachers in Saudi Arabia? The second section presents the results from the open-ended questions. This section also addresses the results of the third question: do male primary school teachers in Saudi Arabia value the importance of coursework and field experience that equip them with information needed to deal with students' behavioral problems?

#### **Questionnaire and Data Entry Reliability**

Forty-two percent of the questionnaires distributed ( $n = 423$ ) were completed and returned. Forty-two questionnaires were eliminated because of missing information. Questionnaires that missed one or more item (Likert-type) were excluded. Questionnaires with missing open-ended responses were not excluded. The questionnaire contained 41

questions. Data were entered into the SPSS statistical software program. In order to maintain reliability in data entry, data entry checks were conducted.

Initially, all data were entered and re-checked, one by one, by the principal investigator. The principal investigator used SPSS to check the data before conducting the actual analysis by using descriptive statistics including: frequencies, percentages, means, and standard deviation. Each data point was checked to ensure it was within the limits for the particular data item. For example, the occurrence of a behavior was defined as: 1 for *never*, 2 for *rarely*, 3 for *sometimes*, 4 for *often*, and 5 for *always*. The data check findings had a maximum value of 5 and a minimum of 1. Any number lower than 1 or higher than 5 was considered to be an error.

### **Answers to Research Questions**

This study addressed three questions. Means were calculated for items (behaviors) in Questions 1 and 2 to interpret the findings. The findings for each research question are addressed in separate sections. First, the overall data are presented. Then the data are presented by the region of the participants, by the number of years participants have spent teaching, and by teachers in general education vs. special education.

#### **Research Question 1**

*Which behaviors from the SSBD Critical Events Index occur in male Saudi primary schools and how often do teachers perceive they occur?*

A 33-item questionnaire was used to answer this question. The items included in this questionnaire were taken from the Systematic Screening for Behavior Disorders, Critical Events Index (Walker & Severson, 1992). Findings revealed that the highest mean was for the item “ignore teacher warnings or reprimands” ( $M = 3.33$ ,  $SD = 1.16$ ). This item belongs to the category *sometimes*, which means that none of the items in this



questionnaire fell into the other two higher categories, *often* and *always*. The lowest mean was for the item “talk of killing himself/herself, report having suicidal thoughts or being preoccupied with death” ( $M = 1.32$ ,  $SD = 0.61$ ). This item is the only one which fell into the *never* range. However, while this behavior occurs in the classroom setting, it does in very rare occasions.

As presented in Table 4, both internalizing and externalizing behaviors occur in male Saudi primary schools. In fact, behaviors that occur more frequently are a mix of externalizing and internalizing kinds of behaviors. For instance, the first six behaviors that occurred more frequently are distributed equally between externalizing and internalizing behaviors (three each).

Table 5 presents the descriptive statistics (frequency, percent, mean, and standard deviation) for each item ranked from the highest to the lowest mean.

Table 5

*Descriptive Statistics for Each Item in Question 1*

<b>Behavior</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b><i>M</i></b>	<b><i>SD</i></b>
	<b>Frequency/ Percent</b>	<b>Frequency/ Percent</b>	<b>Frequency/ Percent</b>	<b>Frequency/ Percent</b>	<b>Frequency/ Percent</b>		
Ignore teacher warnings or reprimands	19 (5%)	75 (19.7%)	129 (33.9%)	74 (19.7%)	84 (22%)	3.33	1.16
Use obscene language or swears	38(10%)	91 (23.9%)	141 (37%)	43 (11.3%)	68 (17.8%)	3.03	1.00
Have severely restricted activity levels	46 (12.1%)	90 (23.6%)	155 (40.7%)	78 (20.55%)	12 (3.1%)	2.79	1.00
Exhibit painful shyness	19 (5%)	141 (37%)	178 (46.7%)	36 (9.4%)	7 (1.8%)	2.66	0.79
Are teased, neglected, and/or avoided by peers	42 (11%)	134(37.5%)	145 (38.1%)	42 (11%)	9 (2.4%)	2.56	0.91
Damage others' property	40 (10.5%)	125(32.8%)	191 (50.1%)	17 (4.5%)	8 (2.1%)	2.54	0.82
Physical aggression with other students or adults	73 (19.2%)	118 (31%)	132 (34.6%)	39(10.2%)	19 (5%)	2.50	1.00
Exhibit sad affect, depression and feelings of worthlessness	55 (14.4%)	145(40.5%)	11 (29.1%)	51 (13.4%)	10 (2.6%)	2.50	0.98
Exhibit large weight loss or gain over past three months	61 (16%)	148(38.3%)	131 (34.4%)	26 (6.8%)	15 (3.9%)	2.43	0.97
Exhibit cruelty to animals	74 (19.4%)	140(36.7%)	115 (30.2%)	30 (7.9%)	22 (5.8%)	2.43	1.00
Make lewd or obscene gestures	96 (25.2%)	103 (27%)	127 (33.3%)	30 (7.9%)	25 (6.6%)	2.43	1.14
Complain of severe headaches or other somatic complaints	64 (18.8%)	167(43.8%)	86 (22.6%)	55 (14.4%)	9 (2.4%)	2.41	1.00
Steal	55(14.4%)	153(40.2%)	158 (41.5%)	14 (3.7%)	1 (.3%)	2.30	0.77
Have severe lack of interest in activities	64 (16.8%)	153(40.2%)	138 (36.2%)	11 (2.9%)	15 (3.9%)	2.37	0.93
Vomit after eating	68 (17.8%)	208(54.6%)	84 (22%)	6 (1.6%)	15 (3.9%)	2.19	0.88

Behavior	Never	Rarely	Sometimes	Often	Always	<i>M</i>	<i>SD</i>
	Frequency/ Percent	Frequency/ Percent	Frequency/ Percent	Frequency/ Percent	Frequency/ Percent		
Exhibit thought disorders or get lost in own thoughts	106 (27.8%)	149(39.1%)	95 (24.9%)	17 (4.5%)	14 (3.7%)	2.17	1.00
Tantrum	84 (22%)	187(49.1%)	93 (24.4%)	13 (3.4%)	4(1%)	2.12	0.82
Show evidence of physical abuse	127 (33.3%)	140(36.7%)	91(23.9%)	7 (1.8%)	16 (4.2%)	2.06	1.00
Engage in inappropriate sexual behaviors	152 (39.9%)	113(29.7%)	99 (26%)	10 (2.6%)	7 (1.8%)	1.96	0.96
Demonstrate obsessive-compulsive behaviors	128 (33.6%)	155(40.7%)	87 (22.8%)	9(2.4%)	2 (5%)	1.95	0.84
Are enuretic (inadequate bladder control or bed wetting)	148 (30.8%)	142(37.3%)	58 (15.2%)	32 (8.4%)	1(.3%)	1.93	0.94
Suddenly cry or display inappropriate affect in normal situations	126 (33.1%)	186(48.8%)	50 (13.1%)	18 (4.7%)	1 (.3%)	1.90	0.81
Physically assaulting adults	133 (34.9%)	176(.46.2%)	60 (15.7%)	11 (2.9%)	1 (.3%)	1.87	0.79
Sexually molest other children	159 (41.7%)	128 (33.6%)	84 (22%)	9 (2.4%)	1 (.3%)	1.85	0.85
Attempt to seriously injure another using weapons or objects	140 (36.7%)	179 (47%)	54(14.2%)	7 (1.8%)	1 (.3%)	1.81	0.75
Report being sexually abused	214 (56.2%)	73 (19.2%)	67 (16.7%)	9 (2.4%)	18 (4.7%)	1.80	1.10
Are encopretic (inadequate bowel control)	181 (47.5%)	140 (36.7%)	55 (14.4%)	5 (1.3%)	0 (0%)	1.69	0.76
Show evidence of drug use	221 (58%)	104 (27.3%)	36 (9.4%)	19 (5%)	1 (.3%)	1.62	0.86
Set fire	159 (51.2%)	149 (39.1%)	32 (8.4%)	4 (1%)	1 (.3%)	1.60	0.70
Are self-abusive, cutting or bruising self, head banging	216 (56.7%)	125 (33.1%)	19 (5%)	18 (4.7%)	2 (.5%)	1.59	0.83
Have auditory or visual hallucinations	221 (58%)	102 (26.8%)	54 (14.2%)	3 (.8%)	1 (.3%)	1.58	0.77
Report having nightmares or significant sleep disturbances	220 (57.7%)	114 (29.9%)	41 (10.8%)	3 (.8%)	3 (.8%)	1.56	0.77
Talk of killing himself/herself, report having suicidal thoughts or being preoccupied with death	283 (74.3%)	75 (19.7%)	21 (5.5%)	1 (.3%)	1(.3%)	1.32	0.61

Overall, the majority of behaviors (24 behaviors) have means between 1.50-2.49 and, therefore, classified as *rarely* occur. The other remaining 8 behaviors fall under the *sometimes* category.

**Results by the regions of participants.** The previous section described the overall trend of the finding. This section presents the analysis of data according to the regions of Saudi Arabia where participants teach. These regions are Riyadh, Tabuk, Western Province, Eastern Province, Gizan and Assir.

The three most common behaviors in Riyadh are: “use obscene language or gesture” ( $M = 3.38, SD = 1.10$ ), “have severely restricted activity level” ( $M = 3.1, SD = 1.09$ ), and “physical aggression with other student” ( $M = 3.05, SD = 1.08$ ). The three least common behaviors are: “are encopretic” ( $M = 1.55, SD = 0.63$ ), “talk of killing self” ( $M = 1.55, SD = 0.58$ ), and “physically assaulting adults” ( $M = 1.57, SD = 0.60$ ).

In Tabuk, the three most common behaviors are: "use obscene language or swears" ( $M = 2.81, SD = 0.97$ ), “exhibit painful shyness” ( $M = 2.71, SD = 0.98$ ), and “damage others’ property” ( $M = 2.6, SD = 0.82$ ). The three least common behaviors are: “talk of killing self” ( $M = 1.15, SD = 0.64$ ), “have auditory or visual hallucinations” ( $M = 1.21, SD = 0.53$ ), and sexually molest other children” ( $M = 1.36, SD = 0.40$ ).

In Western Province, the three most common behaviors are: “ignore teacher warnings or reprimands” ( $M = 3.29, SD = 1.02$ ), “use obscene language or swears” ( $M = 2.82, SD = 1.09$ ), and “have severely restricted activity levels” ( $M = 2.6, SD = 0.97$ ). The three least common behaviors are: “talk of killing himself/herself” ( $M = 1.3, SD = 0.77$ ), “have auditory or visual hallucinations” ( $M = 1.45, SD = 0.59$ ), and “are self-abusive” ( $M = 1.46, SD = 0.54$ ).

In Eastern Province, the three most common behaviors are: “ignore teacher warnings or reprimands” ( $M = 3.81, SD = 1.37$ ), “use obscene language or swearing”

( $M = 3.75$ ,  $SD = 1.47$ ), and “have severely restricted activity” ( $M = 3.1$ ,  $SD = 1.19$ ). The three least common behaviors are: “show evidence of drug use” ( $M = 1.35$ ,  $SD = 0.79$ ), “report having nightmares” ( $M = 1.41$ ,  $SD = 0.62$ ), and “have auditory or visual hallucinations” ( $M = 1.42$ ,  $SD = 0.76$ ).

In Gizan, the three most common behaviors are: “ignore teacher warnings or reprimands” ( $M = 3.5$ ,  $SD = 1.05$ ), followed by “have severely restricted activity” ( $M = 3.14$ ,  $SD = 0.87$ ), and “use obscene language or swears” ( $M = 2.89$ ,  $SD = 1.11$ ). The three least common behaviors are: “talk of killing himself/herself” ( $M = 1.08$ ,  $SD = 0.51$ ), “report having nightmares” ( $M = 1.16$ ,  $SD = 0.42$ ), and “show evidence of drug use” ( $M = 1.22$ ,  $SD = 0.27$ ).

Finally, in Assir, the three most common behaviors are: “ignore teacher warnings or reprimands” ( $M = 2.65$ ,  $SD = 1.09$ ), followed by “have severely restricted activity” ( $M = 2.4$ ,  $SD = 0.91$ ), and “use obscene language or swears” ( $M = 2.37$ ,  $SD = 1.15$ ). The three least common behaviors are encopretic; “talk of killing himself/herself” ( $M = 1.31$ ,  $SD = 0.54$ ), followed by “have auditory or visual hallucinations” ( $M = 1.31$ ,  $SD = 0.73$ ), and “show evidence of drug use” ( $M = 1.34$ ,  $SD = 0.64$ ).

**Results by participants classified by their years spent teaching.** Participants were classified into five groups based on the number of years they have been teaching: group 1 (1-5 years), group 2 (6-10 years), group 3 (11-15 years), group 4 (16-20 years), and group 5 (over 20 years).

Two of the three most common behaviors, “ignore teacher warnings or reprimands” and “use obscene language or swears,” were reported by teachers in all five groups. The behavior “have severely restricted activity levels” was among the first three most common behaviors in two groups. Participants in the 6-10 years teaching group reported the behavior “exhibit large weight loss or gain over past three months” as the

second most common behavior. This behavior in the overall results ranked ninth. The behavior “exhibit painful shyness” ranked second in the 16-20 years teaching group. This behavior ranked fourth in the overall results. Teachers in the over 20 years teaching group reported the behavior “exhibit cruelty to animals” as the third most common behavior, while it ranked tenth in the overall results. Table 6 shows the means and standard deviations of the first three most common behaviors for each group.

Table 6

*The Most Common Behaviors Selected By Participants Classified by Their Years Spent Teaching*

Group Number	Number of Years Teaching	Most Common Behaviors	<i>M</i>	<i>SD</i>
1	1-5	Ignore teacher warnings or reprimands	3.60	1.16
		Use obscene language or swears	3.05	1.19
2	6-10	Ignore teacher warnings or reprimands	3.43	1.00
		Exhibit large weight loss or gain over past three months	3.24	1.16
3	11-15	Ignore teacher warnings or reprimands	3.29	1.00
		Use obscene language or swears	2.82	1.10
4	16-20	Ignore teacher warnings or reprimands	3.49	1.21
		Use obscene language or swears	3.05	1.12
		Exhibit painful shyness	2.80	0.67
5	Over 20	Ignore teacher warnings or reprimands	3.15	1.40
		Use obscene language or swears	3.09	1.37
		Exhibit cruelty to animals	2.72	1.40

Regarding the least common behaviors, “have auditory or visual hallucinations” and “talk of killing himself/herself” were reported by the participants in four groups. “Report having nightmares or significant sleep disturbances” and “show evidence of drug use” were reported by two groups of teachers as among the three most common

behaviors. Behaviors reported to be among the three least common are: “are encopretic (inadequate bowel control),” “demonstrate obsessive-compulsive behaviors,” and “are self-abusive.” Table 7 shows the means and standard deviation for the three least common behaviors in each group.

Table 7

*The Least Common Behaviors Selected by Participants Classified by Years Spent*

*Teaching*

Group Number	Number of Years Teaching	Least Common Behavior	<i>M</i>	<i>SD</i>
1	1-5	Are encopretic (inadequate bowel control)	1.48	0.57
		Demonstrate obsessive-compulsive behaviors	1.43	0.66
		Talk of killing himself/herself	1.43	0.57
2	6-10	Have auditory or visual hallucinations	1.49	0.57
		Report having nightmares or significant sleep disturbances	1.40	0.75
		Show evidence of drug use	1.31	0.71
3	11-15	Are self-abusive, cutting or bruising self, head banging	1.46	0.77
		Have auditory or visual hallucinations	1.45	0.59
		Talk of killing himself/herself	1.30	0.52
4	16-20	Have auditory or visual hallucinations	1.55	0.68
		Report having nightmares or significant sleep disturbances	1.40	0.79
			1.11	0.37
5	Over 20	Talk of killing himself/herself	1.30	0.61
		Have auditory or visual hallucinations	1.27	0.51
		Show evidence of drug use	1.19	0.61
		Talk of killing himself/herself		

**General education vs. special education teachers.** Additional analysis revealed that, despite the overall results indicating that only one behavior fell in the *never*

category, special education teachers' have four behaviors in this category. These behaviors are: “report having nightmares or significant sleep disturbances” ( $M = 1.29$ ,  $SD = 0.55$ ), “have auditory or visual hallucinations” ( $M = 1.48$ ,  $SD = 0.71$ ), “report being sexually abused” ( $M = 1.38$ ,  $SD = 0.92$ ), and “talk of killing himself, report having suicidal thoughts” ( $M = 1.08$ ,  $SD = 0.32$ ). General education teachers have only one behavior under this category “talk of killing himself, report having suicidal thoughts” ( $M = 1.41$ ,  $SD = 0.66$ ).

In general, it seems that general education teachers in Saudi Arabia see more behaviors than special education teachers. General education teachers report more behaviors in the category “sometime” (7 behaviors) than special education teachers (3 behaviors). (See Table 19 in Appendix C and Table 20 in Appendix D). However, both chose the behavior “ignore teachers warning or reprimands” as the most common behavior.

### **Research Question 2**

*To what extent are those behaviors of concern for male primary school teachers in Saudi Arabia?*

A questionnaire was used to answer this question (see the questionnaire in Appendix A column B). Using a four-point likert type scale. Teachers were asked: “*How much is this behavior a problem for you*”. Analysis of the answers revealed that the highest mean is for the item “ignore teacher warnings or reprimands” ( $M = 2.97$ ). This item fell into the *somewhat* range, which means that none of the items in this questionnaire fell into the highest category, *a lot*. The lowest mean was for the item “exhibit large weight loss or gain over past three months” ( $M = 1.64$ ) and “exhibit painful shyness” ( $M = 1.65$ ). Both behaviors fell into the *rarely* category, which means none of



the behaviors in this questionnaire fell in the *not at all* category. Table 8 presents the behaviors of concern according to their rank from the highest to the lowest mean.

Table 8

*Ranking of Behaviors of Concern from the Highest to the Lowest Mean*

Behavior	<i>M</i>	<i>SD</i>
Ignore teacher warnings or reprimands	2.97	0.90
Steal	2.88	1.1
Make lewd or obscene gestures	2.82	1.2
Damage others' property	2.82	0.95
Engage in inappropriate sexual behaviors	2.78	1.2
Use obscene language or swears	2.74	1.0
Report being sexually abused	2.72	1.3
Physical aggression with other students or adults	2.67	1.1
Sexually molest other children	2.64	1.2
Show evidence of physical abuse	2.63	1.3
Show evidence of drug use	2.59	1.3
Physically assaulting adults	2.58	1.1
Exhibit sad affect, depression, and feelings of worthlessness to such an extent as to interfere with normal peer and classroom activities	2.58	0.98
Attempt to seriously injure another using weapons or objects	2.58	1.2
Are teased, neglected, and/or avoided by peers	2.54	0.99
Exhibit cruelty to animals	2.51	1.0
Talk of killing himself/herself, report having suicidal thoughts, or being preoccupied with death	2.39	1.3
Are self-abusive, cutting or bruising self, head banging	2.32	1.2
Have severely restricted activity levels	2.32	0.89
Exhibit thought disorders or get lost in own thoughts	2.26	0.88
Demonstrate obsessive-compulsive behaviors	2.21	0.95
Tantrum	2.13	1.0

Table 8 Continued

Behavior	<i>M</i>	<i>SD</i>
Set fire	2.10	0.95
Complain of severe headaches or other somatic complaints such as stomachaches, nausea, dizziness, or vomiting	2.10	1.0
Have auditory or visual hallucinations	2.09	0.84
Suddenly cry or display highly inappropriate affect in normal situations	2.03	1.0
Are enuretic (inadequate bladder control or bed wetting)	1.98	0.97
Report having nightmares or significant sleep disturbances	1.85	0.87
Have severe lack of interest in activities which were previously of interest	1.82	1.0
Are encopretic (inadequate bowel control)	1.73	0.79
Vomit after eating	1.67	0.78
Exhibit painful shyness	1.65	0.79

It is noticeable that, despite that some behaviors rarely occur, the teachers generally feel more concerned about those behaviors; and while some behaviors occur more frequently, the teachers generally indicated less concerned about them. Figure 2 in Appendix E compares the occurrence of behaviors and teachers' level of concern about them utilizing means.

**Results by regions of participants.** The previous section presented the overall results for Question 2. This section reports the results of the same question by the respondents' region. In Riyadh, male teachers indicated the most concern about the behavior "steal" ( $M = 3.48$ ,  $SD = 0.93$ ), followed by "make lewd or obscene gestures" ( $M = 3.47$ ,  $SD = 1.0$ ), and finally "show evidence of drug use" ( $M = 3.44$ ,  $SD = 1.08$ ). The least concerning behaviors for them were: "exhibit painful shyness" ( $M = 1.76$ ,  $SD = 0.83$ ), "are encopretic" ( $M = 1.7$ ,  $SD = 0.82$ ), and "vomit after eating" ( $M = 1.7$ ,  $SD = 0.84$ ).

In Tabuk, male teachers indicated more concern about the following behaviors: “ignore teachers’ warnings” ( $M=3.11$ ,  $SD = 0.94$ ), “steal” ( $M = 2.89$ ,  $SD = 1.0$ ), and “make lewd or obscene gestures” ( $M = 2.76$ ,  $SD = 1.26$ ). The least concerning behaviors for teachers in this area were: “report having nightmares” ( $M = 1.56$ ,  $SD = .86$ ), “exhibit painful shyness” ( $M = 1.46$ ,  $SD = 0 .60$ ), and “exhibit large weight loss or gain over past three months” ( $M = 1.4$ ,  $SD = 0 .73$ ).

In Western Province, male teachers indicated more concern about the following behaviors: “ignore teachers’ warnings” ( $M=2.96$ ,  $SD = 0.96$ ), then “steal” ( $M = 2.79$ ,  $SD = 1.20$ ), and “make lewd or obscene gestures” ( $M = 2.37$ ,  $SD =1.33$ ). The least concerning behaviors for them were: “set fires” ( $M = 1.73$ ,  $SD = 0.98$ ), “vomit after eating” ( $M =1.53$ ,  $SD = 0.75$ ), and “exhibit large weight loss or gain over past three months” ( $M = 1.52$ ,  $SD = 0.65$ ).

Regarding Eastern Province, the first three most concerning behaviors for teachers were: “damage others’ property” ( $M = 2.78$ ,  $SD = 0.86$ ), then “exhibit sad affects, depression” ( $M=2.75$ ,  $SD = 0.84$ ), and finally “steal” ( $M = 2.62$ ,  $SD = 1.28$ ). They indicated less concern about: “exhibit painful shyness” ( $M = 1.74$ ,  $SD = 0.75$ ), “vomit after eating” ( $M = 1.71$ ,  $SD = 1.09$ ), and “are encopretic” ( $M = 1.71$ ,  $SD = 1.05$ ).

In Gizan, male teachers were more concerned about the behaviors “damage others property” ( $M = 3.47$ ,  $SD = 0.92$ ), followed by “report being sexually abused” ( $M = 3.45$ ,  $SD = 1.0$ ), and “engage in inappropriate sexual behaviors” ( $M = 3.43$ ,  $SD = 1.07$ ). The least concerning behaviors for them were “vomit after eating” ( $M = 1.85$ ,  $SD = 0 .70$ ), “exhibit large weight loss or gain over past three months” ( $M = 1.56$ ,  $SD= 0.79$ ), and “exhibit painful shyness” ( $M = 1.52$ ,  $SD = 0 .79$ ).

In Assir, the three most concerning behaviors for teachers were “use obscene language or swears” ( $M = 2.56$ ,  $SD = 1.10$ ), then “ignore teachers warnings” ( $M =2.56$ ,

$SD = .84$ ), and “steal” ( $M = 2.53, SD = 0.98$ ). The least concerning behaviors for them were “exhibit large weight loss or gain over past three months” ( $M = 1.59, SD = 0.55$ ), “exhibit painful shyness” ( $M = 1.53, SD = 0.71$ ), and “vomit after eating” ( $M = 1.53, SD = 0.80$ ).

Overall, regarding the answers to this question by region, the behavior “ignore teacher warnings or reprimands” is the first behavior teachers were concerned with in two regions: Tabuk and Western Province and is the second highest source of concern in Assir. The behavior “steal” was reported as the first source of concern in Riyadh, the second in Tabuk and Western Province, and the third in Eastern Province and Assir. The behavior “make lewd or obscene gestures”, was selected by teachers in Riyadh as their second source of concern, and was the third source of concern in Tabuk and Western Province. Teachers in Gizan and Eastern Province reported that the behavior “damage others’ property” is their first source of concern.

Two other behaviors reported among the first three behaviors that concern teachers in these regions are “engage in inappropriate sexual behaviors,” and “report being sexually abused”. Each of these behaviors was selected only once. However, it is noticeable that all of these behaviors were among the highest seven means in the overall results. This outcome indicates that Saudi primary school teachers all agreed on these behaviors as their most important source of concern.

Regarding the least concerning behaviors, two behaviors, “exhibit painful shyness” and “vomit after eating,” were reported by teachers in five regions. One behavior, “exhibit large weight loss or gain over the past three months,” was reported by teachers in four regions. Another two behaviors, “set fire” and “report having nightmares,” were reported only once. However, all of these behaviors, except one behavior: “set fire,” were ranked among the last six least concerning behaviors in the

overall results. The behavior, “set fire,” was reported by teachers in Western Province as the least concerning behavior. This behavior is ranked twenty-third in the overall results.

**Results by participants' classified by their years spent teaching.** Participants were classified into five groups based on the number of years they have been teaching: 1-5 years, 6-10 years, 11-15 years, 16-20 years, and over 20 years. Regarding the most concerning behaviors, teachers in four groups feel concern about the behavior “ignore teacher warnings or reprimands” and ranked it among the first three concerning behaviors. The behaviors “make lewd or obscene gestures” and “steal” were reported by three groups. The behaviors “damage others' property” and “report being sexually abused” were reported twice each. One behavior, “use obscene language or swears,” was reported only once. Table 9 presents the means and standard deviations for the three most concerning behaviors for each group.

Regarding the least concerning behaviors, four groups (see Table 10) reported the behavior “exhibit large weight loss or gain over past three months” as one of the three least concerning behaviors. The behaviors “vomit after eating” and “exhibit painful shyness” were reported by three groups each. Another four behaviors were reported only once: “are encopretic (inadequate bowel control),” “report having nightmares or significant sleep disturbances,” “have severe lack of interest in activities which were previously of interest,” and “talk of killing himself/herself.” The first three are among the least concerning behaviors in the overall results. However, the last behavior “Talk of killing himself/herself” which was reported by teachers in the group “teaching over 20 years” is ranked 17<sup>th</sup> in the overall results. Table 10 demonstrates the means and standard deviation for the three least concerning behaviors based on participants' years spent teaching.

Table 9

*The Most Concerning Behaviors Selected by Participants Classified by Years Spent Teaching*

Group Number	Number of Years Teaching	Most Concerning Behavior	<i>M</i>	<i>SD</i>
1	1-5	Steal	3.40	1.00
		Ignore teacher warnings or reprimands	3.30	0.74
		Make lewd or obscene gestures	3.15	1.30
2	6-10	Use obscene language or swears	3.29	0.90
		Damage others' property	3.32	0.81
		Report being sexually abused	3.26	1.11
3	11-15	Ignore teacher warnings or reprimands	2.96	0.96
		Steal	2.79	1.20
		Make lewd or obscene gestures	2.72	1.33
4	16-20	Make lewd or obscene gestures	3.31	0.97
		Ignore teacher warnings or reprimands	3.20	0.86
			3.20	1.10
5	Over 20	Report being sexually abused	2.80	1.10
		Steal	2.52	0.92
		Damage others' property	2.49	0.94

Table 10

*The Least Concerning Behaviors Selected by Participants Classified by Years Spent Teaching*

Group Number	Number of Years Teaching	Least Concerning Behaviors	<i>M</i>	<i>SD</i>
1	1-5	Exhibit large weight loss or gain over past three months	1.47	0.87
		Vomit after eating	1.44	0.75
		Are encopretic (inadequate bowel control)	1.19	0.65
2	6-10	Report having nightmares or significant sleep disturbances	1.50	0.89
		Exhibit painful shyness	1.45	0.62
		Exhibit large weight loss or gain over past three months	1.42	0.73
3	11-15	Set fire	1.73	0.98
		Vomit after eating	1.53	0.75
		Exhibit large weight loss or gain over past three months	1.52	0.65
4	16-20	Vomit after eating	1.95	0.53
		Exhibit large weight loss or gain over past three months	1.76	0.97
		Exhibit painful shyness	1.56	0.76
5	Over 20	Exhibit painful shyness	1.68	0.76
		Talk of killing himself/herself	1.65	1.0
		Have severe lack of interest in activities which were previously of interest	1.63	0.73

**General education vs. special education teachers.** Additional analysis for teachers' responses for this question revealed that special education male teachers' means of concern seem to be higher than general education teachers. Specifically, 16 behaviors

fall in the category *somewhat* as reported by special education teachers versus 11 behaviors reported by general education teachers. Among these 16 behaviors, nine behaviors exceeded the mean of 3 and one behavior approached the cutoff point of the category *often*. On the other hand, none of the 11 behaviors reported by male general education teachers reached the mean of 3. See Tables 21 & 22 in Appendix D.

### **Answers to Research Question 3 and Open-Ended Questions**

This section presents results from the open-ended questions of the questionnaire. It will first address the participants' answers for questions 36 and 37 that were designed to answer question three of the research questions. Then it will address teachers' responses to the other two open-ended questions.

There were 381 questionnaire respondents. However, only 212 completed the open-ended items; and not every respondent had comments for each item.

### **Research Question 3**

*Do male primary school teachers in Saudi Arabia value the importance of coursework and field experience that will equip them with information needed to deal with students' behavior problems?*

Two questions were utilized to answer this research question. The first question is: *Did you have any courses during your university/college experience that provided you with information about students' challenging behaviors and how to deal with them? If yes, describe these classes or experience.*

A total of 162 male primary school teachers in Saudi Arabia responded to this question. The majority of teachers answered "no," they did not have any courses that discussed students' challenging behaviors. Some teachers answered "yes." Some of those who positively answered this question provided the name of courses they attended. Others



provided some comments with regard to the contents of these courses and the people responsible for delivering them.

Some of the general education teachers provided only the name of the courses they attended, which included: “*Educational Psychology*” and “*The Psychology of Growth*.” Teachers with bachelor’s degrees in special education, in addition to the previous two courses, took only one additional class: “*Behavior Modification*.” Based on the limited information concerning this topic, it is difficult to conclude whether these courses specifically included information regarding students’ behavior problems.

The majority of those teachers who attended these courses had a number of opinions regarding the course content. Many of them believed that they received minimal information from these courses. The respondents addressed two main issues regarding these courses. The first related to course content and the second related to the university professors who taught them. Some participants explained that these courses were theoretically driven and isolated from actual practice in classrooms. Others commented that the information was out-of-date and seemed isolated from what was happening in real life or isolated from the students’ actual needs.

Comments relating to the university professors who taught these courses addressed the issue of the professors’ lack of awareness of real situations in schools - especially students’ behavioral and educational needs. Some respondents indicated that there was a disconnect between what happens in the schools where they are teaching and what they learned in the classroom. The professors were also criticized by some teachers of giving more attention to exam results than providing them with the necessary information and training needed to start working in schools. (See Table 18 in Appendix C for detailed information about the comments provided by teachers regarding this research question).

The participants also were asked the following question: *“How important do you think it is for teachers to have coursework and/or field experiences that address challenging students’ behavior?”*

One hundred and twenty-six male teachers responded to this question. Except for one teacher, all of the participants who responded to this question answered positively. Participants who responded to this question commented on many issues. Some of them provided comments with regard to the benefit they may acquire as a result of attending such courses. Others indicated that attending these courses would not guarantee benefits for several reasons. These reasons were related to the nature of the coursework and the people who provide the classes. Some participants talked about difficulties relating to their teaching load that need to be solved first to allow them to attend and benefit from these workshops.

Participants who talked about the benefit of coursework stated that such coursework could help them deal with challenging behaviors in a more effective manner. In addition, they reported that this course work could potentially reduce parental confrontations. Others commented that it could help them understand the different needs of students and the behaviors that could be expected from specific ages.

Some of the male participants suggested that in order for the coursework to be effective, the nature of the coursework should be changed. They explained that providing such coursework during one's university education is not enough. Moreover, they expressed their need for course work to be provided on an annual basis (e.g., workshops) to in-service teachers to update them on the latest developments in the field of EBD. Several male teachers suggested that the coursework content should include case studies, field experience, and other forms of interactive learning instead of a theory based education.

Other suggestions were oriented toward people who are responsible for the delivery of coursework. These suggestions included the importance of these courses being provided by experienced teachers instead of university professors. Several respondents commented that university professors are not fully aware of the changes in schools. They were concerned that they spend all their professional time at universities and not in the schools. This concern may be attributed to the lack, or even absence, of collaboration between schools and universities.

Some of the male teachers talked about the teaching load that may prevent them from fully benefiting from the coursework. They reported that their heavy teaching load (i.e. six 45-minute classes every day) may not allow them to attend any additional courses or workshops. Others pointed out that their teaching load prevents them from giving attention to individuals who need special interventions. They suggested that the Ministry of Education reduce their teaching load to allow them to deal more effectively with their students. (See Table 19 in Appendix C for detailed information about the comments provided by teachers regarding this research question.)

#### **Open-Ended Question 34**

*Are there any other common behaviors that occur in your classroom and are not included in the list? If yes, please list them below.*

Only 193 (50%) of participants male teachers answered this question. Among those who responded, 76 said “no”, indicating that there were not any other common behaviors that occur in their classroom. It was interesting to note that approximately 50% of the respondents did not answer this question. It is unknown whether they actually thought that there are no other behaviors occurring except those listed or if they simply did not complete this item. However, those male teachers who did list additional behaviors, mentioned behaviors such as hyperactivity, lies, being dominant over others,

wasting classroom time, misusing of technology, lack of motivation, forming groups based on tribes, and disrespecting teachers. Each behavior will be presented and discussed.

A large number of male teachers described some behaviors often found in children with attention deficit hyperactivity disorders (ADHD). Some male teachers used the specific term “hyperactivity,” while others described behaviors that denote ADHD, such as: students who move constantly, students who find it difficult to stay seated, and students who find it very difficult to wait for their turn. One male teacher said, “I have a student who seems to be distracted by a sound of mosquito in the next door classroom. (See Table 12 in Appendix C for detailed information about the comments provided by teachers regarding this problem).

Another problem identified by male teachers is students who constantly lie. Some respondents felt that this behavior is unacceptable regardless of the reasons. Several participants commented that some students, especially those who are physically stronger, use lies with support of other students to get their classmates in trouble with teachers. The male teachers reported that this scenario seems to occur when certain students refuse to adhere to the demands of the other student. This might be considered a bullying behavior. In fact, one teacher used the term “bullying”. (See Table 13 in Appendix C for detailed information about the comments provided by teachers regarding this issue).

Some respondents had a number of comments about some students' tendency for dominating or showing off. Some male teachers addressed the issue that some of the students, especially those who are physically stronger or those with higher academic performance, love to dominate discussion or show off their academic or sport abilities or use their physical strength to control other students. (See Table 13 in Appendix C for detailed information about the comments provided by teachers regarding this problem).

Some respondents addressed the problem of some students deliberately wasting class time. According to some participants, many students tend to talk too much, ask permission to leave the classroom multiple times during the class, talk about other issues that are not related to the subject being discussed, and come late to class. (See Table 14 in Appendix C for detailed information about the comments provided by teachers regarding this problem).

Many participants described behaviors that may be found in students who lack motivation. Those respondents reported behaviors including: students who continuously sleep in the classroom, deliberately do not do homework, lack attention during class, constantly leave their books and other classroom materials at home, come late to school, and escape the class or even the school in some cases. In fact, some of these behaviors can also be found in students with ADHD. (See Table 15 in Appendix C for detailed information about the comments provided by teachers regarding this problem).

The misuse of technology, especially mobile phones, is another problem mentioned by many Saudi primary school teachers. Teachers who commented on this issue mentioned three problems: sending and receiving inappropriate content, using strange ringtones, and calling each other during class.

Forming groups based on tribes was reported by 12 teachers. It is noticeable that the 12 teachers who reported this issue were from two areas: Tabuk and Riyadh. These regions of Saudi Arabia have large populations of Bedouin residents. Students in these groups share the same last name and belong to specific tribes (often Bedouin). In general, Saudi society consists of scores of tribes. Some of these tribes are big enough to include more than 100,000 members. Sometimes when students from different tribes are involved in a dispute (sometimes with physical aggression) other students who belong to the same tribes involve themselves as well and offer unconditional support to each other,

even though they know that they are participating in negative behavior. This usually happens more in Bedouin and other rural regions of Saudi than in metropolitan cities.

Disrespect of teachers was reported by 18 male teachers. According to those respondents, some students shout at teachers, violate classroom rules suggested by teachers, and make fun of teachers through drawings on the board or mimicking their body movements. This behavior and poor relationship with teachers can be classified under the second criteria of the federal definition: “inability to build or maintain satisfactory relationship.” It is also one of the symptoms of CD and ODD.

### **Open-Ended Question 35**

*Are the terminologies used to describe the behaviors in the list clear enough? Please explain any terminology you find confusing.*

A total of 154 respondents (40%) answered this question. It is not clear whether the other 60% had different opinions or simply did not complete this item. The majority of teachers who responded to this question answered, “yes” indicating that all the behaviors included are clear. However, many of respondents who answered “no” and some of those who answered "yes" commented that even though they understood all of the terminologies used, it would be difficult to know if some of these behaviors occur or not. Many of those who answered responded in this manner, and they delineated three specific behaviors: “exhibit cruelty to animals,” “set fire,” and “report having nightmares or significant sleep disturbances.” Because there are no animals in Saudi schools, they reported that it is impossible to know exactly how students deal with them. Others reported that the “set fire” behavior could be seen more easily at home than at school. Finally, according to some teachers, there was no way to know if students experience nightmares. (Table 16 in Appendix C presents the comments provided by the teachers who answered this question).

## Summary

This study has three purposes: (a) to identify which behaviors from the Systematic Screening for Behavior Disorders (SSBD) Critical Events Index occur in male Saudi primary schools and how often teachers perceive they occur, (b) to determine the extent of concern male Saudi teachers report regarding these behaviors, and (c) to investigate male Saudi Arabia primary school teachers' perception of the importance of taking courses that emphasize students' behavioral problems and how to deal with them.

Quantitative analysis showed that all behaviors except one occurred in Saudi primary schools. Also, behaviors that had the highest means were a mix between externalizing and internalizing behaviors. It also revealed that Saudi primary school teachers were more concern about externalizing behaviors.

The open-ended questionnaire provided beneficial, while sometimes surprising, responses. It revealed that there are behaviors that occur in Saudi schools that are not included in the SSBD. It also showed that Saudi teachers did not find any difficulty in understanding the terminologies described in the questionnaire. Saudi teachers agreed that taking courses about students with EBD is very important for creating a functioning classroom environment. The small number of Saudi teachers who did participate in the study and had courses about students' behavioral problems said that the courses were not effective for many reasons. However, both groups (those who took the courses and those who did not) provided multiple suggestions to improve these courses. Detailed descriptions of these results will be provided in the next chapter.

## **Chapter Five**

### **Discussion**

This study's primary purposes were to: (a) identify which behaviors from the Systematic Screening for Behavior Disorders (SSBD) Critical Events Index occur in male Saudi primary schools and how often teachers perceive they occur; (b) determine the extent of concern male Saudi teachers report regarding these behaviors; and (c) investigate male Saudi Arabia primary school teachers' perception regarding the importance of taking courses that emphasize students' behavior problems and how to deal with them.

This chapter summarizes the major findings of this study. First, this chapter will summarize the results for each research question with a discussion and recommendations will be presented. Second, the limitations of this study will be outlined. Finally, suggestions for future research as well as practical implications for Saudi universities and the Ministry of Education in Saudi Arabia will be discussed.

### **Questionnaire and Participants**

A questionnaire and open-ended questions were used to gather information to answer these research questions. The questionnaire had three parts: (1) four demographic questions; (2) 33 close-ended items; and (3) four open-ended questions.

A total of 381 completed questionnaires were analyzed. Overall, the majority of the participants, 305 (81.1%), had more than five years of teaching experience. Only 19.9% had one to five years of teaching experience and 73 teachers (19.2%) had more than 21 years of teaching experience. Since the majority of participants had more than five years of teaching experience, it is possible that those participants were exposed to a variety of students' behavior problems.



The Ministry of Education in Saudi Arabia requires all teachers to acquire at least a bachelor's degree. However, in the past, those who only had a teaching diploma after high school were accepted as teachers. Recently, this practice has changed; such teachers are being given an opportunity to upgrade their qualifications toward a bachelor's degree or they will be asked to leave their current jobs. This explains why the majority of the participants (75.1%) had a bachelor's degree. Also, 12.6% of the participants had a diploma and 11.5% had a diploma after a bachelor's degree. Participants with a master's degree or Ph.D. represented only 0.8%.

The majority of the participants were general classroom teachers (75%), followed by special education teachers (16.3%). The remaining participants were comprised of sports and arts teachers (8.7%). The participants were randomly recruited from six of the most populated regions in Saudi Arabia. Together, the population of these regions represents 87.7% of Saudi Arabia's total population according to the latest census (2010). Out of 381 participants in this study, 24.7 % were from Western Province, 18.4% came from Eastern Province, 18.1% from Tabuk, 17.8 % from Riyadh, 12.6 % from Gizan, and 8.4% from Assir. Overall, teachers from most populated regions in Saudi Arabia were represented in this study.

## **Findings and Discussion**

This section provides an outline and discussion of the findings for research questions 1, 2, and 3. Then, teachers' responses to the open-ended questions will be summarized and discussed.

### **Research Question 1**

*Which behaviors from the SSBD Critical Events Index occur in male Saudi primary schools and how often do teachers perceive they occur?*

Overall, only one behavior from the 33 different behaviors of the SSBD Critical Events Index fell into the *never* category. This behavior is “Talk of killing himself/herself, report having suicidal thoughts or being preoccupied with death”. This finding is encouraging in that this sample of Saudi Arabia primary school teachers identified 32 out of 33 behaviors represented in the SSBD Critical Events Index. However, it is notable that in the overall results, none of the behaviors were reported as occurring frequently. The highest mean was for the item “ignore teacher warning or reprimands.” This item falls into the *sometimes* category. Furthermore, 24 out of 33 behaviors fell into the *rarely* category, and only eight behaviors fell into the *sometimes* category. Additionally, the behaviors in the SSBD Critical Events Index were classified into internalizing and externalizing behaviors. Behaviors that occurred most frequently were found to include both externalizing and internalizing behaviors.

**Behaviors identified by regions of participants.** In four out of six regions the behavior “ignore teachers’ warnings or reprimands” was the most common behavior reported. This may explain why the overall mean of this behavior was the highest among all other behaviors. As previously indicated, none of the behaviors included is categorized under the *often* category in the overall results. However, the analysis of the male teachers’ responses to this question by region revealed that this behavior falls under this category in the Eastern province.

While participants in Riyadh and Tabuk chose “use obscene language” as the most common behavioral occurrence in their classrooms, the same behavior ranked second in the Eastern and Western Provinces, and third in Gizan and Assir. These rankings explain why this was reported as the second most common behavior in Saudi primary schools. Again, this behavior fell into the *often* category in the Eastern Province.

The behavior “has severely restricted activity level” had the second highest mean in the regions of Riyadh, Gizan, and Assir and the third highest mean in Eastern Province and Western Province. This behavior ranked third with regards to the overall results. The results by region reflect the overall results; teachers in all regions seem to see the same behaviors occurring in their classrooms.

The behavior “talk of killing himself/herself” had the lowest mean in the following four regions: Tabuk, Western Province, Gizan, and Assir and the second lowest mean in Riyadh. The behavior “report having nightmares” had the second lowest mean in Eastern Province and Gizan, while the behavior “have auditory or visual hallucinations” had the second lowest mean in Tabuk, Western Province, and Assir and the third lowest mean in Eastern Province. The behavior “show evidence of drug use” had the lowest mean in Gizan and Assir and the third lowest mean in Eastern Province. Overall, the least observed behaviors selected by teachers in the six regions are generally the least observed behaviors in the overall findings.

**Behaviors identified by participants' years of experience.** When analyzing results by years spent in-service, similar trends were found. Behaviors that were the most and least common in the overall results are found to be also the most and least common when analyzing data by years spent in service. However, male teachers who had 20 years of teaching experience reported the behavior “exhibit cruelty to animals” as the third most common behavior occurrence. This report may have occurred because those teachers have the experience to observe this behavior more than less experienced teachers.

Another exception was found in the least common behaviors. Male teachers who taught between one and five years reported the behavior “demonstrate obsessive-compulsive behaviors” as one of the least common behaviors. This behavior ranked 17<sup>th</sup>

in the overall results. The findings on years spent in teaching are almost compatible with the overall results regarding the most and the least reported behaviors.

**Behaviors identified by general education vs. special education teachers.** An additional analysis of Question 1 was conducted to compare general education and special education teachers' responses. The findings revealed that general education teachers in Saudi Arabia saw more behaviors than special education teachers. While only one behavior fell into the *never* category for general education teachers, special education teachers identified four behaviors in this category. This difference may reflect that general education teachers interact more often with students compared to special education teachers. Most special education teachers in Saudi Arabia work with individual students rather than groups of students or classrooms.

## **Research Question 2**

*To what extent are those behaviors of concern for male primary school teachers in Saudi Arabia?*

As presented in Chapter 4, the behavior "ignore teacher warnings or reprimands" has the highest mean ( $M = 2.97$ ), indicating that this behavior is of most concern. It seems that because this behavior is more recurrent than other behaviors, as reported in the participants' answers to Question 1, teachers feel more concerned about it. According to the study carried out by Kauffman et al. (1989), elementary and secondary school reported that classroom success is endangered because of some students' disobedience. Kauffman pointed out that teacher in his study perceived the students' ability to listen and to follow the rules and instructions as critical for classroom success.

**Behaviors identified by regions of participants.** As presented in chapter 4, the behavior "ignore teacher warnings or reprimands" is the first behavior teachers were concerned with in two regions: Tabuk and Western Province and is the second highest

source of concern in Assir. The behavior “steal” was reported as the first source of concern in Riyadh, the second in Tabuk and Western Province, and the third in Eastern Province and Assir. The behavior “make lewd or obscene gestures,” was selected by male teachers in Riyadh as their second source of concern, and was the third source of concern in Tabuk and Western Province. Male teachers in Gizan and Eastern Province reported that the behavior “damage others’ property” is their first source of concern. Two other behaviors reported among the first three behaviors that concern male teachers in these regions are “engage in inappropriate sexual behaviors,” and “report being sexually abused.” Each of these behaviors was selected only once. However, it is noticeable that all of these behaviors were among the highest seven means in the overall results. This indicates that Saudi primary school teachers agreed on these behaviors as their most important source of concern.

Regarding the least concerning behaviors, teachers in five regions reported two behaviors; “exhibit painful shyness” and “vomit after eating.” Teachers in four regions reported one behavior, “exhibit large weight loss or gain over the past three months,” as being least concerning. Another two behaviors, “set fire” and “report having nightmares,” were reported only once. However, all of these behaviors, except one behavior: “set fire,” were ranked among the last six least concerning behaviors in the overall results. The behavior, “set fire,” was reported by teachers in Western Province as the least concerning behavior. This behavior is ranked twenty-third in the overall results.

**Results by participants Classified by their years spent teaching.** Regarding the most concerning behaviors, teachers in four groups feel concern about the behavior “ignore teacher warnings or reprimands” and ranked it among the first three concerning behaviors. Three groups reported the behaviors “make lewd or obscene gestures” and “steal” as being most concerning. The behaviors “damage others' property” and “report

being sexually abused” were reported twice each. One behavior, “use obscene language or swears,” was reported only once.

Regarding the least concerning behaviors, the behavior “exhibit large weight loss or gain over past three months” as one of the three least concerning behaviors. The behaviors “vomit after eating” and “exhibit painful shyness” were reported by three groups each. Another four behaviors were reported only once: “are encopretic (inadequate bowel control),” “report having nightmares or significant sleep disturbances,” “have severe lack of interest in activities which were previously of interest,” and “talk of killing himself/herself.

Overall, the answers for Question (2), by regions and by years spent in teaching, revealed findings that are similar to the overall findings. In general, it seems that externalizing behaviors concern more Saudi teachers than internalizing behaviors. The first behavior, from the internalizing behaviors category, that concerned Saudi teachers is ranked 13<sup>th</sup> among the 33 behaviors listed. This behavior is “exhibit sad affect, depression, and feelings of worthlessness to such an extent as to interfere with normal peer and classroom activities.” The teachers’ response to this behavior may have occurred as the item contains the word “depression” which is well known culturally, and thus the teachers chose it. However, it is noted that all the behaviors that have the lowest means are internalizing behaviors. This finding could mean that Saudi teachers are not aware of the different kinds of emotional and behavioral problems impacting classroom adjustment. This point of view is supported by Alwan’s (2006) study that found that primary school teachers in Saudi Arabia attributed all students’ behavioral problems to family factors and less to differing emotional and behavioral disorders.

The nature of the question asked may also be the reason for selecting externalizing problems more often. Teachers were asked if the behavior problems listed were a

problem to them. If the questions were about the behavior problems that directly affect the students, they might have chosen internalizing problems as a greater concern.

However, the results are supported by other studies that attained a similar finding.

According to Chazan (1994), findings of studies since the 1920s revealed that teachers tend to regard externalizing behaviors such as aggression, and hyperactivity more negatively compared to, internalizing behaviors such as shyness and excessive anxiety

Wickman (1928) recognized this tendency among teachers to evaluate externalizing behaviors as more serious. He suggested that because teachers more clearly recognize the acting out forms of behavior problems, they evaluate these forms as more serious than the withdrawn behaviors. On the other hand, Chazan (1994) pointed out that teachers tend to regard pupils exhibiting internalizing behavior problems, such as social withdrawal, as not requiring urgent attention as those who represent externalizing behaviors.

In this study, the male teachers' answers for Question 1 suggest that internalizing behaviors are commonly observed. However, their answers for Question 2 can be interpreted in many ways as previously discussed.

**General education vs. special education teachers.** Findings also suggest that concern about the behaviors listed in the SSBD Critical Events Index were generally higher for special education teachers' than general education teachers as indicated by mean scores. A possible explanation for this finding is that special education teachers may be more aware of symptoms exhibited by many categories of children with special needs. It is also possible that because special education teachers attended a specific class on behavior modification, they were able to relate these behaviors to children exhibiting emotional and behavioral disorders.

### Research Question 3

*Do male primary school teachers in Saudi Arabia value the importance of course work and field experience that will equip them with information needed to deal with students' behavior problems?*

In order to answer this research question, two open-ended questions were utilized. The first question queried teachers as to whether they attended any courses addressing behavioral issues. The second question asked teachers what they think about the importance of such coursework. Specifically, teachers were asked the following question: *Did you have any courses during your university/college experience that provided you with information about students' challenging behaviors and how to deal with them? Yes/No. If yes, describe these classes or experiences.*

A total of 162 male teachers responded to this question. The majority of them stated that they did not take any courses that were designed to prepare them to deal with students' challenging behaviors. Others, especially those who got their degrees from colleges of education indicated they had very few courses. General education teachers who took these classes named two specific courses: *Educational Psychology* and *Psychology of Growth*. Special education teachers took one additional course: *Behavior Modification*. However, many teachers commented that they did not recognize any classrooms-related benefits that could be attributed to the content of these courses. The male teachers listed two reasons for this opinion. The first reason entailed the content of these courses. Male teachers reported they read about theories but did not have the chance to apply them. Others commented that the information provided in these courses was out of date; the content seemed removed from what was happening in real life and did not relate to students' actual needs.



The second reason for course dissatisfaction was that professors who taught these courses were not fully aware of the behaviors being exhibited in the classroom. The professors, as perceived by the teachers, gave more attention to exams. These teachers commented that the connection between knowledge and its application in the classroom was not taught. This concern was especially true for new teachers. These two criticisms are similar to the findings of a study conducted by Koller et al. (2004). In this study, the authors asked experienced and first-year teachers about their readiness to identify and handle specific mental health concerns in their classrooms. Both groups confirmed that they did not receive adequate training in this area during their undergraduate program.

These findings are also similar to the results of research conducted in Saudi Arabia by Althabet (2002) and Hussain (2009). Althabet conducted a study that investigated the perceptions of teachers of students with intellectual disability regarding their preparation program at King Saud University. The participants in this study rated the two subscales “professors teaching skills” and “coursework” lower than other subscales.

Hussain’s study surveyed graduates of the undergraduate special education teacher preparation program for teachers of students with learning difficulties at King Saud University. The findings indicated that the participants were not satisfied with their coursework or professors’ teaching skills. Participants rated the subscales “coursework” and “professors’ teaching skills” lowest among all subscales in the survey.

This lack of relevant coursework may explain why the teachers in Alwan's (2006) study attributed children's behavior problems to the parents. Teachers’ lack of awareness may enhance children’s problems if the teachers react in an unprofessional manner. The EBD literature suggests that teachers’ inappropriate actions have negative effects on students. For example, teachers who are rude, confrontational, bad-tempered, and

negative adversely contribute to students' behavior problems (Cowley, 2003). If teachers are aware of the different causes of students' problems, they may be more willing to seek out strategies and interventions that will support students who exhibit challenging behaviors.

Overall, the lack of adequate preparation of teachers in the area of EBD may lead teachers to doubt their ability in setting up a structured and supportive learning environment. The general lack of teachers' skills may result in possible emotional burnout, and eventually, teachers may leave the profession (Tsouloupas et al., 2010). Teachers in general education and teachers of students with EBD leave their jobs due to dissatisfaction, career diversion, and because they find better jobs (Albrecht et al., 2009). For Saudi teachers this is not possible since teachers cannot work in any other profession except teaching. The absence of choice means that Saudi teachers who are not satisfied with their jobs will continue teaching. This may impact their motivation, their behavioral and emotional states, and their students' academic and behavioral performance.

This previous question asked teachers if they attended courses about children behavior problem and the quality of the courses. The second open-ended question concerned teachers' perceptions concerning coursework in EBD. Specifically, participants were asked: *How important do you think it is for teachers to have coursework and/or field experiences that address students' challenging behavior?*

Almost all teachers who responded to this question stated that it was very important for teachers to have coursework and/or field experiences that address challenging behaviors of students. Some male teachers explained that such coursework could help them deal with students' challenging behaviors in a more effective manner and avoid possible unforeseeable problematic consequences with parents of students.

I believe that problems with parents stem from some teachers still using physical punishment. Physical punishment was officially prohibited in Saudi schools in 2002. However, some teachers still use it; and the irony is that some parents support this practice. Since the majority of teachers have not had any courses that equip them with the necessary information about how to deal with students' behavior problems, they tend to use different kinds of physical punishment. In many cases, this causes confrontations with parents who do not favor this punitive practice. Some parents decide to take action and file a report to educational officials (or sometimes the police) against teachers who physically punish their children. Other parents confront these abusive teachers physically.

Some male teachers commented that relevant coursework would help them understand students' different needs, anticipate behaviors according to specific age groups, and recognize the individual differences that might exist among them. If teachers can differentiate between typical and antisocial behaviors, then they may be able to respond more appropriately to the needs of their students.

A number of participant male teachers suggested procedural considerations for the successful delivery of this coursework. They recommended that coursework and field experience be offered on an annual basis and be updated according to the latest developments in the field of EBD. They also suggested that the coursework include case studies, field experience, and other forms of interactive learning instead of theories without methods of application. Furthermore, they suggested that experienced teachers, rather than university professors, should deliver the coursework. The teachers emphasized that university professors in Saudi Arabia are not fully aware of the challenges in classrooms since they do not spend time at the schools.

The lack of knowledge regarding the research in the area of students' behavior problems is an example of the lack of connection between university professors and schools. In this study, the teachers believed that professors lack knowledge about challenges in Saudi classrooms and, therefore, teachers aren't equipped to respond to the needs of students. However, the suggestion by Saudi teachers to have coursework provided on an annual basis by other teachers, rather than university professors, is not a new phenomenon. In Sawaka et al.'s (2002) study, teachers who participated in the Strengthening Emotional Support Services (SESS) program to train teachers to help students with EBD to succeed in schools reported that expert teachers and in-service workshops encouraged them to implement specific teaching strategies, more so than pre-service preparation programs.

Overall, Saudi universities are criticized for the extensive disconnect between the information they provide to their students and what is needed in everyday life (Al-Otaibi, 2007). Because of this discrepancy, it is understandable that teachers would like to receive additional coursework from experienced teachers in the field or by more knowledgeable professors. However, one reality that teachers experience is the lack of time to seek additional coursework.

A number of participants in this study suggested that their teaching load is very heavy and the Ministry of Education should reduce it to allow them to deal more effectively with individual students' needs. The numbers of students in Saudi classrooms often range between 20 and 35. Primary school teachers in Saudi Arabia teach six 45-minute classes every day. They also work at home correcting students' work and preparing for the following day's classes. As a result of this huge load, teachers often find it very hard to concentrate on individual students' needs and to attend workshops, regardless of their need for additional education.

In conclusion, participants' answers for these two questions suggest that, despite the lack of courses during their study at the university, they are fully aware of the importance of having such courses since they encounter students' emotional and behavioral problems every day in their classrooms. Additional research and planning is needed to meet the needs of teachers as well as their students.

### **Open-ended Questions**

#### **Research Question 34**

An open-ended question addressed the issue of other behaviors that teachers may be observing in their classrooms was asked. Teachers were to report any behaviors that were not addressed by the SSBD behaviors covered under research questions 1 and 2. This question is: *Are there any other common behaviors that occur in your classroom and are not included in the list? If yes, please list them below.*

Only 193 male teachers (50%) responded to this question. Many of those who commented on this question indicated that there were not any other behaviors. Those who positively answered this question listed some behaviors. Some male teachers described behaviors often found in children with attention deficit hyperactivity disorder (ADHD). The problem of ADHD in the classroom was also reported by other studies such as Safran and Safran (1984) who surveyed elementary teachers in Ohio and found that impatience and inattention were among the most common and least acceptable behaviors in the classroom.

Some respondents addressed the problem of lying. According to several participants, some students lie to avoid punishment. Other students, with help of their peers, lie to get other students in trouble with teachers. This behavior may be considered bullying. According to Searight, Rottnek, & Abby (2001), lying behavior falls under the DSM-IV-TR category of conduct disorders (CD).

The male teachers also described students who were “dominant” over others. As reported by these teachers, some students tend to show off their ability to answer questions by raising their hands and shouting over others who ask permission to answer. Students’ inability to wait for their turn to answer questions may be considered a symptom of ADHD.

The problem of wasting time in the classroom through negative behaviors such as talking excessively, asking permission multiple times during the class to leave the classroom, talking about other issues that are not related to the subject being discussed, and coming late to class was reported by many participants. Some of these behaviors, such as “talks excessively,” are also symptoms of hyperactivity as demonstrated by DSM-IV-TR checklist for hyperactivity (Sydney, 2006). Saudi teachers believe that these kinds of behaviors disrupt them and waste a lot of class time. Alwan (2006) found similar results. This researcher surveyed primary school teachers in Saudi Arabia and found that those teachers were most concerned with behaviors that proved distracting. Walker and Lamon (1987) reported comparable results.

A lack of motivation, which is demonstrated by behaviors such as continuously sleeping in the classroom, deliberately not doing homework, not paying attention during class, constantly leaving books and other classroom materials at home, coming late to school, and avoiding attending the class (or even the entire school day in some cases), was reported by many teachers. As these behaviors may denote a weak motivation to study, some of these behaviors (such as the lack of attention) are also observed in students who have ADHD (Sydney, 2006).

Some teachers talked about the problem of some students who misuse the technology, especially with mobile phones. This misuse includes behaviors such as sending and receiving inappropriate content via text messages, using strange ringtones,

and calling each other during the class. Bringing mobile phones to schools is prohibited in Saudi Arabia. The use of cell phones reflects another general problem regarding the disobedience of school rules.

These teachers reported two other concerning behaviors. These behaviors include forming groups based on tribes and being disrespectful to teachers. Students who form groups based on tribes offer unconditional support to each other even if they know what they are doing is wrong. This particular problem was reported as very common in the Bedouin and rural areas of the regions.

Many teachers reported that some students were disrespectful toward them. Some students violated classroom rules, made fun of teachers by drawing teachers' faces on the board, or mimicking their body movements. These behaviors may be considered aggression toward teachers, which is a DSM-IV-TR symptom for conduct disorder (Searight et al., 2001). These behaviors could also mean that these children are unable to build meaningful relationships with teachers. If so, this behavior can be classified under the second criteria of the U.S. federal definition "inability to build or maintain satisfactory relationship". It is also one of the symptoms of oppositional defiant disorder (ODD) since children with this kind of disorder sometimes act aggressively, with hostility directed toward authority figures such as teachers (De Moura & Burns, 2010).

The SSBD stage two phase also includes Combined Frequency Index for Adaptive and Maladaptive Behavior. Some of the behaviors mentioned by the male teachers are already included in the maladaptive students list of the SSBD. The maladaptive list includes 11 behaviors; three of them are mentioned by Saudi teachers as behaviors occurring in their classrooms and are not listed on the SSBD Critical Events Index. The behaviors listed as maladaptive behaviors are: (a) child tests or challenges teachers' imposed limits (e.g. classroom rules),(b) uses coercive tactics to force the submission of

peers (e.g. manipulates, threatens, etc.), and (c) creates a disturbance during class activities (e.g., is excessively noisy, bothers other students, leaves seat, etc.). Therefore, male teacher reports of other behaviors extend into additional checklist items found in the SSBD.

### **Research Question 35**

The second open-ended question asked male teachers if they understood all the items used in the questionnaires. Specifically, question 35 asked: *Are the terminologies used to describe the behaviors in the list clear enough? Please explain any terminology you find confusing.*

Question 35 was included to investigate two areas of the questionnaire. The first area was to ensure accuracy of the questionnaire and to attain information regarding whether the respondents were familiar with the terminology used. The second area of interest was to make sure that the translation from English to Arabic did not create any ambiguous meanings.

A total of 154 respondents answered this question. Most male teacher participants reported that all of the terminology for behaviors was clear. A number of teachers, however, mentioned that three specific behaviors were somewhat ambiguous: “exhibit cruelty to animals,” “set fire,” and “report having nightmares or significant sleep disturbance.” Those who discussed the first behavior explained that Saudi schools often do not allow animals on school campuses. Therefore, it is impossible to know exactly how students interact with them. Teachers who talked about the “set fire” behavior stated that this behavior can be seen more easily at home than at school. Finally, the respondents reported that there are no means to know if students experience nightmares.

If any of these behaviors occur regularly at home, parents should be encouraged to report them to school personnel. This information could help schools design thorough



individualized intervention plans to deal with students' behavior problems. For instance, a student who exhibits cruelty to animals may be more likely to exhibit similar aggressive behaviors towards schoolmates or even teachers. This behavior might develop into severe antisocial behavior if no appropriate interventions are implemented. Parents, therefore, may be encouraged to report and share their concerns about their children's behavior to school personnel and collaborate with interventionists to help ameliorate the concerned behavior.

### **Limitations of the Study**

This section will outline the limitations of this study. Issues concerning participants, questionnaire development, and data collection will be discussed.

### **Participants**

In Saudi Arabia, male and female schools are separated and teachers teach only their respective genders. This study was conducted with male teachers only. Therefore, the results apply for male students and teachers only. Another study targeting girls students in Saudi Arabia is required to find out about whether their behavior problems are similar to that of boys.

### **Questionnaire Development**

A pilot study was not conducted due to time limitations. Such a study would have also helped to find out about the validity of the questionnaire used in this study.

### **Data Collection**

Although the schools participating in this study were randomly selected, the random selection of teachers was not possible. All the teachers in these schools were given the chance to participate. However, not all of them chose to participate.

**Open-Ended Question**

The translation and interpretation of teachers' responses to the open-ended questions was conducted by only the researcher. The trustworthiness of this interpretation was not evaluated.

**Suggestions for Future Implications and Studies**

The findings of this study indicate several directions for future practical as well as future research that will enhance the growth of services for students with EBD in Saudi Arabia. Practical implications include the possible adoption of the SSBD, future changes in the teacher- training programs in Saudi Arabia, developing parent-teacher relationships, and improving pre-service training programs and university-school partnership. Finally, future research is discussed.

**Using the SSBD in Saudi Arabia**

As reported by Saudi teachers, all but one behavior listed on the Systematic Screening for Behavior Disorders (SSBD) Critical Events Index had been observed to some degree in their classrooms. Saudi teachers also reported a varying level of concern about each one of these behaviors. Because of this, one may suggest the SSBD be used to screen primary school children in Saudi Arabia for EBD.

**Teacher Training**

Based on the findings of this study, colleges of education and other institutions in Saudi Arabia that are responsible for teacher preparation programs may give specific attention to courses that prepare teachers to work with students with EBD. In doing so they may increase the quantity and quality of these courses. This implication can also be applied to special education departments because special education preparation programs for university students who are not specialized in EBD do not take enough courses that deal with student behaviors in classrooms.

Additionally, this study found that Saudi teachers were most concerned about externalizing behaviors. Because these teachers did not seem to be too concerned about internalizing behaviors, one might question the teachers' understanding of the drastic effects of internalizing behavior problems on the psychological well being and educational development of children. This question needs further investigation.

Understanding internalizing behavior problems is very important since teachers often report that these kinds of problems do not require interventions as immediate as do externalizing behaviors (Chazan, 1994). Furthermore, university programs might consider the importance of teachers' knowledge about EBD. If primary school teachers in Saudi Arabia understand the different kinds of emotional and behavioral disorders as well as how to identify students who have these issues, their ability to service these children may increase. This training could be done through extensive pre-service coursework, workshops, and in- service training sessions for teachers who are working in the classroom. Because of their busy schedules, these training sessions might take place prior to school beginning, either on the weekends or during holidays.

### **Parent-Teacher Relationships**

Another practical implication addresses the relationship between teachers and parents in Saudi Arabian primary schools. By enhancing the parent-teacher relationship, parents may feel safe to report serious emotional and behavioral issues that occur regularly in students' homes. This communication could help teachers understand their students more thoroughly and assist in building Individualized Educational programs (IEP) that would address behavioral concern.

The cooperation between schools and parents can be strongly encouraged in Saudi schools through the use of different strategies. Saudi schools may send letters or use parent councils to raise parents' awareness of the importance of school-parent

cooperation and to inform them about some signs of possible emotional and behavioral disorders. Schools can increase awareness of EBD by sending regular emails, phone calls, or behavior checklists to keep parents updated about their children's academic and behavior performance. Also, the Ministry of Education has the authority to encourage parent-teacher collaboration by promoting cooperation in the schools.

### **Improving Pre-Service Preparation Programs**

A large number of male Saudi teachers who participated in this study indicated they did not enroll in any university courses that addressed students' behavior problems. Even though some participants took some courses, they felt that those courses were not informative. The teachers indicated they did not acquire any information that was significant to them in the classroom. The teachers explained that the courses were theoretically based and that university professors were more interested in exam results than providing pre-service teachers with practical knowledge needed in classrooms. These responses reflect that the educational system in Saudi Arabia, in general, assesses students based on their ability to memorize as much information as possible rather than their performance in the classroom. One might suggest that educational programs reconsider outcome standards for pre-service teachers.

Some pre-service changes could include preparation of Saudi teachers to implement behavioral interventions with their students. This could be done through altering the procedures university professors use to evaluate their pre-service teachers. For example, instead of restricting evaluations to exams, professors might ask their student teachers to design projects, field studies, case studies, seminars, presentations, or other forms of creative assignments. These changes might help pre-service teachers connect the theories that they study with practice.

### **University-School Partnerships**

A final practical implication is that Saudi professors be more connected to the schools. By engaging in school-based research with students in general and special education, the professors may be able to instruct their teachers in more meaningful practices, as they would be more aware of students' needs.

University courses could focus on teachers learning new information about intervention strategies for students with EBD. These courses could be delivered by team-teaching courses with "expert" teachers and university professors. Professors could focus on changes that affect different fields of study including EBD. They could emphasize the development of technology, globalization and ways of living, and behavioral and cognitive-based interventions and develop their intervention strategies based on the needs of Saudi children with EBD. This knowledge could also be transferred to their pre-service teachers in order to equip them with the necessary information and skills for more effective classrooms strategies when dealing with students with EBD.

### **Future Studies**

Since this study is the first of its kind in the kingdom of Saudi Arabia, one recommendation is that it should be replicated. Also, a similar study should be conducted with female teachers since this study was conducted with only males. Furthermore, there is a severe lack of research in the area of EBD with students in Saudi Arabia. Other research studies could be done involving both genders.

Another social validity study that may add to the literature of identifying students with EBD in Saudi Arabia concerns the relationship between the items on the Critical Events Index and the U.S. federal definition for EBD that is used in Saudi Arabia. A study that focuses on using experts in the field of EBD might be employed. These experts would act as participants to determine if any agreement can be obtained regarding

correspondence of the behaviors included in the SSBD Critical Events Index to the categories found in the U.S. federal definition of ED. This type of study would be important in further validating the use of the SSBD as well as the use of the federal definition in Saudi Arabia. Also, if the behaviors found in the SSBD correspond to the categories found in the U.S. federal definition of ED, the results would further support the use of the SSBD in screening for children with EBD. Table 11 shows a possible sample of how the behaviors could be mapped to the U.S federal definition categories.

Procedures regarding the mapping would be developed so the study could be conducted.

Table 11

*Behaviors Included in the SSBD Mapped Under Federal Criteria of ED*

Federal Definition Criteria for ED	Behavior Items Scoring 2.00 and Above
1. Inability to learn that cannot be explained by intellectual, sensory, or health factors.	None
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers (Social Relationships)	-Ignores teachers -Teased/avoided -Physical aggression -Steals -Tantrums Assaults adults -Sexually molested -Serious injury to others

Table 11 Continued

Federal Definition Criteria for ED	Behavior Items Scoring 2.00 and Above
3. Inappropriate types of behavior or feelings under normal circumstances	-Obscene language and swearing -Damage to property -Cruelty to animals -Lewd gestures -Thought disorders -Sexual behavior -Sets fires -Self abusive -Hallucinations
4. A general pervasive mood of unhappiness or depression	-Restricted activity -Sad affect -Weight loss/gain -Headaches -Lack of interest -Nightmares/sleep disorders -Talk of killing self -Suddenly cries
5. A tendency to develop physical symptoms or fears associated with personal or school problems	-Shyness -Vomits -Obsessive/compulsive disorders -Enuresis -Encopretic
Not in any category	-Physical abuse  Sexual abuse  -Drug abuse

A series of studies that aim to discover similarities and differences between the behaviors of older Saudi and U.S. students also should be conducted. This type of study would help educators understand if patterns of behaviors change in both countries as

students grow older. In turn, these studies would assist in deciding if other similar U.S. tools, used to identify older U.S. students, can be implemented in Saudi Arabia. Finally, Saudi teachers' perceptions of internalizing problems should be investigated to find out if teachers are aware of the problems these kinds of behaviors may have on different aspects of child development.

### **Conclusion**

In conclusion, this study may be considered the first of its kind in the Kingdom of Saudi Arabia. One major accomplishment of this study is the results indicate that there is a potential use of the Systematic Screening for Behavior Disorders (SSBD) for screening primary school children for emotional and behavioral disorders in Saudi Arabia. This is a very important step in the process of the identifying and serving students with EBD.

Another important finding concerned the kinds of behaviors exhibited by primary schools students. Knowing these behaviors assist in understanding the difficulties Saudi teachers encounter every day. This understanding may urge officials to implement specific procedures to help both the student and the teacher.

Teachers' responses in this study shed light on the importance of making changes to educational practices in Saudi universities in order to match theories to practice. Such changes will result in better outcomes when teachers start working in the schools.

Despite these encouraging results, the field of EBD in Saudi Arabia is still in its infancy and the need for more research in this area is necessary and urgent.



## References

- Abdel-Fattah, M. M., Asal, A. A., Al-Asmary, S. M., Al-Helali, N. S., Al-Jabban, T. M., & Arafa, M. A. (2004). Emotional and behavioral problems among male Saudi school children and adolescents: Prevalence and risk factors. *German Journal of Psychiatry, 7*(1), 1-9.
- Achenbach, T. M. (1991). Manual for the child behavior checklist/4-18 and 1991 profile. Burlington, VT: University of Vermont, Department of Psychiatry.
- Adera, B. A., & Bullock, L. M. (2010). Job stressors and teacher job satisfaction in programs serving students with emotional and behavioral disorders. *Emotional and Behavioral Difficulties, 15*(1), 5-14.
- Albrecht, S.F., Johns, B. H., Mounstevan, J., & Olorunda, O. (2009). Working conditions as risk or resiliency factors for teachers of students with emotional and behavioral disabilities. *Psychology in the Schools, 46*(10), 1006-1022.
- Algozzine, B., & Ysseldyke, J. E. (1983). Learning disabilities as a subset of school failure: The over sophistication of a concept. *Exceptional Children, 50*, 242-246.
- Algozzine, K., Christain, C., Marr, M. B., McClanahan, T., & White, R. (2008). Demography of problem behavior in elementary schools. *Exceptionality, 16*, 93-104.
- Almosa, N. A. (1999). *Development of special education in the Ministry of Education: In commemoration of the centennial of the Kingdom of Saudi Arabia*. Riyadh, Saudi Arabia: Almomtaz Foundation for Publishing and Bookbinding.
- Alotaibi, M. (2007). On the compatibility of higher education output with the labour market requirements in Saudi Arabia. Retrieved from: <http://faculty.ksu.edu.sa>
- Al Salloom, H. (1991). *Education in Saudi Arabia (1st ed.)*. Washington, D C: The Saudi Arabian Cultural Mission in the United States of America.

- Althabet, I. N. (2002). *Perceptions of teachers of mental retardation regarding their preparation program at King Saud University in Saudi Arabia* (Unpublished doctoral dissertation). University of South Florida, Tampa, FL.
- Alwan, E. (2006). *How primary school teachers in Saudi Arabia respond to misbehavior in their classrooms* (Unpublished master's thesis). University of Nottingham, Nottingham, UK.
- Bachelor degree requirements at King Saud University, College of Education-department of special education, (2011). [Supplemental material]. *Emotional and Behavioral Disorders and Autism Educational Plan*. Retrieved from:  
[http://colleges.ksu.edu.sa/Arabic%20Colleges/CollegeOfEducation/Special\\_Education/Pages/Autisim\\_Path.aspx](http://colleges.ksu.edu.sa/Arabic%20Colleges/CollegeOfEducation/Special_Education/Pages/Autisim_Path.aspx)
- Beaman, R., & Wheldall, K. (1997). Teacher perceptions of troublesome classroom behavior: A review of recent research. *Special Education Perspectives*, 6(1), 49–55.
- Behavior rating profile - second edition (BRP-2) (1999). *Diagnostique*, 24(1), 33-40.
- Berger, K. S. (2003). *The developing person through childhood and adolescence*. New York, NY: Worth Publishers.
- Billingsley, B. S. (2004). Special education teacher retention and attrition: A critical analysis of the research literature. *The Journal of Special Education*, 38(1), 39-55.
- Block-Pedego, A., Walker, H. M., Severson, H. H., Todis, B., & Barckley, M. (1989). Behavioral correlates of social isolation occurring within free play settings. [Technical report]. Eugene OR: Oregon Research Institute.
- Bower, E. M. (1957). A process for identifying disturbed children. *A School Research Project Develops*, 4, 143-147.
- Bower, E. M. (1960). *Early identification of emotionally handicapped children in the schools*. Springfield, IL: Charles C. Thomas.

- Bower, E. M. (1981). *Early identification of emotionally handicapped children in school* (3rd ed.). Springfield, IL: Charles C. Thomas.
- Brauner, C., & Stephens, C. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public Health Reports, 121*, 303-310.
- Brouwers, A., & Tomic, W. (2000). A longitudinal study of teacher burnout and perceived self-efficacy in classroom management. *Teaching and Teacher Education, 16*, 239-253.
- Brown, L., & Hammill, D. D. (1990). *Behavior rating profile* (2<sup>nd</sup> ed.). Austin, TX: Pro-Ed.
- Brown, J. D., & Rogers, R. J. (1991). Self-serving attributions: The role of physiological arousal. *Personality and Social Psychology Bulletin, 17*, 501-506.
- Bursuck, W. (1989). A comparison of students with learning disabilities to low achieving and higher achieving students on three dimensions of social competence. *Journal of Learning Disabilities, 22*, 188-194.
- Cantwell, D., & Forness, S. R. (1982). Learning disorders. *Journal of the American Academy of Child Psychiatry, 21*, 417-419.
- Carter, S. L. (2009). *The social validity manual: A guide to subjective evaluation of behavior interventions*. London: Academic Press.
- Chazan, M. (1994). The attitudes of mainstream teachers towards pupils with emotional and behavioral difficulties. *European Journal of Special Needs Education, 9*, 261-274.
- Cluett, S. E., Forness, S. R., Ramey, S. L., Ramey, C. E., Hsu, C., Kavale, K. A. & Gresham, F. M. (1998). Consequences of differential diagnostic criteria on

- identification rates of children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 6, 130-140.
- Coie, J. D., Lochman, J. E., Terry, R., & Hyman, C. (1992). Predicting early adolescent disorder from childhood aggression and peer rejection. *Journal of Consulting and Clinical Psychology*, 60, 783-792.
- Cole, T. (2010). Ease practitioner stress to improve services for children and young people with SEBD. *Emotional and Behavioral Difficulties*, 15(1), 1-4.
- Cowley, S. (2003). *Getting the buggers to behave*. London: Continuum.
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16(3), 297-334.
- Data Accountability Center (2010). Individuals with Disabilities Education Act (IDEA) Data (Data files, Part B Child Count (2007), table 1-11). Retrieved from: [https://www.ideadata.org/arc\\_toc9.asp#partbCC](https://www.ideadata.org/arc_toc9.asp#partbCC).
- De Moura<sup>1</sup>, M. A., & Burns, G. L. (2010). Oppositional defiant behavior toward adults and oppositional defiant behavior toward other children: Evidence for two separate constructs with mothers' and fathers' ratings of Brazilian children. *Journal of Child Psychology and Psychiatry*, 51(1), 23–30.
- DeRosier, M. E. (2004). Building relationships and combating bullying: Effectiveness of a school-based social skills group intervention. *Journal of Clinical Child and Adolescent Psychology*, 33(1), 196-201.
- Dumont, R., & Rauch, M. (2000). Test review: Scale for assessing emotional disturbance (SAED), *Communiqué*, 28(8), 24-25.
- Dunlap, G., Strain, P. S., Fox, L., Carta, J., Conroy, M., Smith, B., Kern, L., Hemmeter, M.L., Timm, M., McCart, A., Sailor, W., Markey, U., Markey, D.J., Lardieri, S., ... Sowell, C. (2006). Prevention and intervention with young children's

- challenging behavior: A summary of current knowledge. *Behavioral Disorders*, 32, 29-45.
- Durmuscelebi, M. (2007). Investigating students' misbehavior in classroom management in state and private primary schools with a comparative approach. *Education*, 130(3), 377-383.
- Eisert, D. C., Walker, H. M., Severson, H., & Block, A. (1988). Patterns of social-behavioral competence in behavior disordered preschoolers. *Early Child Development and Care*, 41, 139-152.
- Ellers, R. B., Ellers, S. L., & Bradley-Johnson, S. (1989). Stability reliability of the behavior rating profile. *The Journal of School Psychology*, 27, 257-263.
- Elton Report (1989). *Discipline in schools*. London: HMSO.
- Epstein, M. H. (2004). *Behavioral and emotional rating scale*. Austin, TX: Pro.ed.
- Epstein, M. H., & Cullinan, D. (1998). *The scale for assessing emotional disturbance*. Austin, TX: Pro.ed.
- Epstein, M. H., Mooney, P., Ryser, G., & Pierce, C. D. (2004). *Validity and reliability of the behavioral and emotional rating scale: Youth rating scale* (2nd ed.). *Research on Social Work Practice*, 14(5), 358-367.
- Epstein, M. H., Nordness, P. D., Cullinan, D., & Hertzog, M. (2002). Scale for assessing emotional disturbance: Long-term test—retest reliability and convergent validity with kindergarten and first-grade students. *Remedial and Special Education*, 23(3), 141-148.
- Esser, G., Schmidt, M. H., & Woerner, W. (1990). Epidemiology and course of psychiatric disorders in school-age children: Results of a longitudinal study. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 31, 243-263.

- Farrington, D. (1995). Development of offending and antisocial behavior. *Journal of Child Psychology and Psychiatry*, 36, 929-963.
- Farrington, D. P., Gallagher, B., Morley, L., St. Ledger, R. J., & West, D. J. (1988). Are there any successful men from criminogenic backgrounds? *Psychiatry*, 51, 116-130.
- Fisher, E. S., Doyon, K. E., Saldaña, E., & Allen, M. R. (2007). Comprehensive assessment of emotional disturbance: A cross-validation approach. *The California School Psychologist*, 12, 47-58.
- Forness, S. R. (1992). Broadening the cultural-organizational perspective of exclusion of youth with social maladjustment: First invited reaction to the Maag and Howell paper. *Remedial and Special Education*, 13(1), 55-59.
- Forness, S. R., Bennett, L., & Tose, J. (1983). Academic deficit in emotionally disturbed children revisited. *Journal of American Academic of Child and Adolescent Psychiatry*, 22, 140-144.
- Forness, S. R., & Kavale, K. A. (1985). Effects of class size on attention, communication, and disruption of mildly mentally retarded children. *American Educational Research Journal*, 22, 403-412.
- Forness, S. R., & Knitzer, J. (1992). A new proposed definition and terminology to replace 'serious emotional disturbance' in Individuals with Disabilities Education Act. *School Psychology Review*, 21(1), 12-20.
- Fraenkel, J. R., & Wallen, N. E. (2008). *How to design and evaluate research in education*. New York, NY: McGraw Hill.
- Gardill, M. C., DuPaul, G. J., & Kyle, K. E. (1996). Classroom strategies for managing students with attention-deficit/hyperactivity disorder. *Intervention in School and Clinic*, 32, 89-94.

- Gaustad, J. (1991). *Identifying potential dropouts*. ERIC Clearinghouse on Educational Management, University of Oregon, Eugene.
- Gerber, M. M., & Semmel, M. I. (1984). Teachers as imperfect test: Re-conceptualizing the referral process. *Educational Psychology, 19*(3), 137-148.
- Gresham, F. M. (1998). Social skills training: Should we raze, remodel, or rebuild? *Behavioral Disorder, 24*(1), 19-25.
- Gresham, F., Sugai, G., & Horner, R. H. (2001). Interpreting outcomes of social skills training for students with high-incidence disabilities. *Exceptional Children, 67*, 331-344.
- Helge, D. (1990). *A national study regarding at-risk students*. Bellingham, WA: National Rural Development Institute.
- Hemmeter, M. L., Santos, R. M., & Ostrosky, M. M. (2008). Preparing early childhood educators to address young children's social-emotional development and challenging behavior: A survey of higher education programs in nine states. *Journal of Early Intervention, 30*(4), 321-340.
- Hemphill, S. A. (1996). Characteristics of conduct disordered children and their families: A review. *Australian Psychologist, 31*, 109-118.
- Henderson, K., Klein, S., Gonzalez, P., & Bradley, R. (2005). Teachers of children with emotional disturbance: A national look at preparation, teaching conditions, and practices. *Behavioral Disorder, 31*(1), 6-17.
- Hersen, M. (Ed.). (2006). *Clinician's handbook of child behavioral assessment*. Boston, MA: Academic Press.
- Heward, W. L. (1996). *Exceptional children: An introduction to special education*. Englewood Cliffs, NJ: Prentice-Hall.

- Huesmann, L. R., Eron, L. D., Lefkowitz, M. M., & Walder, L. O. (1984). The stability of aggression over time and generations. *Developmental Psychology*, *20*, 1120-1134.
- Hughes, J. N., & Cavell, T. A. (1995). Cognitive-affective approaches: Enhancing competence in aggressive children. In G. Cartledge & J. F. Milburn (Eds.), *Teaching social skills to children and youth: Innovative approaches* (3rd ed., pp. 199-236). Boston, MA: Allyn and Bacon.
- Hussain, O. A. (2009). Evaluation of preparation program for teachers specializing in learning disabilities in Saudi Arabia. (Unpublished doctoral dissertation). University of New Mexico, Albuquerque, New Mexico.
- Individuals With Disabilities Education Act, 34 C.F.R. § 300.8 (c)(4)(ii) (2004a). Retrieved from: <http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CA%2C300%252E8%2Cc%2C4%2Ci%2C>
- Individuals With Disabilities Education Act, 34 C.F.R. § 300.8 (c)(10) (2004b). Retrieved from : <http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CA%2C300%252E8%2Cc%2C10%2C>
- Javorsky, J. (1999). Behavior rating profile - second edition (BRP-2). *Diagnostic*, *24*(1) 33-40.
- Jenkins, D. C. (1997). *The use of the systematic screening for behavior disorders in a culturally diverse school*. (Unpublished doctoral dissertation). Graduate Faculty of Texas Tech University, Texas.
- Kaminski, K. L. (1993). Rural dropouts: A casual comparison. *Education*, *113*, 532-540.
- Kauffman, J. M. (2001). *Characteristics of emotional and behavioral disorders of children and youth*. Upper Saddle River, NJ: Merrill.



- Kauffman, J. M., Brigham, F. J., & Mock, D. R. (2004). Historical to contemporary perspectives on the field of emotional and behavioral disorders. In *Handbook of research in emotional and behavioral disorders* (pp. 15-31). New York: Guilford.
- Kauffman, J. M., & Landrum, T. J. (2005). *Characteristics of emotional and behavioral disorders of children and youth*. Upper Saddle River, NJ: Pearson Education.
- Kauffman, J. M., & Landrum, T. J. (2009). *Characteristics of emotional and behavioral disorders of children and youth*. Upper Saddle River, NJ: Pearson Education.
- Kauffman, J. M., Lioyd, J. W., & McGee, K. A. (1989). Adaptive and maladaptive behavior: Teachers' attitudes and their technical assistance needs. *Journal of Learning Disabilities, 21*(1), 19-22.
- Kauffman, J. M., Mock, D. R., & Simpson, R. L. (2007). Problems related to under service of students with emotional or behavioral disorders. *Behavioral Disorders, 33*(1), 43-57.
- Kavale, K. A., Forness, S. R., & Duncan, B. B. (1996). Defining emotional or behavioral disorders: Divergence and convergence. *Advances in Learning and Behavioral Disabilities, 10A*, 1-45.
- Kennedy, C. H. (1992). Trends in the measurement of social validity. *The Behavior Analyst, 15*(2), 147-156.
- Kennedy, C. H. (2002). The maintenance of behavior as an indicator of social validity. *Behavior Modification, 26*, 594-606.
- Kennedy, C. H. (2005). *Single case designs for educational research*. Boston, MA: Pearson Education.
- Koller, J. R., Osterlind, S. J., Paris, K., & Weston, K. J. (2004). Differences between novice and expert teachers' undergraduate preparation and ratings of importance

- in the area of children's mental health. *International Journal of Mental Health Promotion*, 6, 40-45.
- Kronick, R., & Hargis, C. (1998). Dropouts: Who drops out and why - and the recommended action (2nd ed.). Springfield, IL: Charles C. Thomas.
- Kyriacou, C. (1986). *Effective teaching in schools*. Oxford: Basil Blackwell.
- Lambert, M. C., Knight, F., Taylor, R., & Achenbach, T. M. (1994). Epidemiology of behavioral and emotional problems among children of Jamaica and the United States: Parent Reports. *Journal of Abnormal Child Psychology*, 22, 113–128.
- Lambert, M. C., Puig, M., Lyubansky, M., Rowan, G. T., Hill, M., Milburn, B., ... Hannah, S. D. (2010). Child behavior and emotional problems in Jamaican classrooms: A multi-method study using direct observations and teacher reports for ages 6-11. *International Journal of Intercultural Relations*, 25, 545–562.
- Landrum, T. J., Tankersley, M., & Kauffman, J. M. (2003). What is special about special education for students with emotional or behavioral disorders? *Journal of Special Education*, 3(7), 148-156.
- Lane, K. L., Kalberg, J. R., Lambert, E. W., Crnabori, M., & Bruhn, A. L. (2010). A comparison of systematic screening tools for emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 18(2), 100-112.
- Lipsey, M., & Derzon, J. (1998). Predictors of violence or serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber & D. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86-105). Thousand Oaks, CA: Sage.
- Lo, Y., Loe, S. A., & Cartledge, G. (2002). The effect of social skills instruction on the social behavior of students at risk for emotional or behavioral disorders. *Behavioral Disorders*, 27(4), 371-385.

- Lopes, J. (2005). Intervention with students with learning, emotional and behavior disorders: Why do we take so long to do it? *Education and Treatment of Children*, 28(4), 345-360.
- Maag J. W. (2006). Social skills training for students with emotional and behavioral disorders: A review of reviews. *Behavioral Disorders*, 3(1), 5-17.
- May, S., Ard, W., III, Todd, A. W., Horner, R. H., Glasgow, A., Sugai G., ... Sprague, J. R. (2003). *School wide information system*. Eugene, Oregon: Educational and Community Supports, University of Oregon.
- McConaughy, S., & Ritter, D. (2002). Best practices in multidimensional assessment of emotional and behavioral disorders. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV* (pp. 1303-1320). Bethesda, MD: NASP Publications.
- McCready, L. T., & Soloway, G. B. (2010). Teachers' perception of challenging student behaviors in model inner city schools. *Emotional and Behavioral Difficulties*, 15(2), 111-123.
- Meadows, N., Neel, R. S., Parker, G., & Timo, K. (1991). A validation of social skills for students with behavioral disorders. *Behavioral Disorders*, 16(3), 200-210.
- Mensh, I. N. (1961). Review of the book [Early Identification of Emotionally Handicapped Children in School]. *Journal of Health and Human Behavior*, 2(3), 229-231.
- Merrell, K. W., & Walker, H. M. (2004). Deconstructing a definition: Social maladjustment versus emotional disturbance and moving the EBD field forward. *Psychology in the Schools*, 41(8), 899-910.

- Mooney, P., Epstein, M. H., Ryser, G., & Pierce, C. D. (2005). Reliability and validity of the Behavioral and Emotional Rating Scale-Second Edition: Parent Rating Scale. *Children & Schools, 27*, 147-155.
- National Center on Education Statistics. (2002). Schools and staffing survey, 1999-2000: Overview of the data for public, private, public charter, and Bureau of Indian Affairs elementary and secondary schools. Retrieved from:<http://nces.ed.gov/pubs2002/2002313.pdf>.
- Olmeda, R. E., & Kauffman, J. M. (2003). Sociocultural considerations in social skills training: Research with African American students with emotional or behavior disorders. *Journal of Developmental and Physical Disabilities, 15*(2), 101-121.
- Patterson, S. D., Jollvette, K., & Crosby, C. (2006). Social skills training for students who demonstrate poor self-control. *Beyond Behavior, 15*(3), 23-27.
- Pickering, D., Szaday, C., & Duerdoth, P. (1988). *One in eleven: Special education needs in Catholic schools in Victoria*. Melbourne, Australia: Faculty of Special Education and Paramedical Studies, Victoria College, Burwood.
- Poulou, M., & Norwich, B. (2000). Teachers' causal attributions, cognitive, emotional and behavioral responses to students with emotional and behavioral difficulties. *British Journal of Educational Psychology, 70*, 559-581.
- Prather-Jones, P. (2011). Some people aren't cut out for it: The role of personality factors in the careers of teachers of students with EBD. *Remedial and Special Education, 23*(3), 179-191.
- Quinn, M. M., Rutherford, R. B., Leone, P. E., Osher, D. M., & Poirier, J. M. (2005). Youth with disability in juvenile corrections: A national survey. *Exceptional Children, 71*(3), 339-345.

- Reid, J. B., Patterson, G. R., & Snyder, J. J. (Eds.) (2002). *Antisocial behavior in children and adolescents: A developmental analysis and the Oregon model for intervention*. Washington DC: American Psychological Association.
- Rock, E.E., Fessler, M.A., & Church, R.P. (1997). The concomitance of learning disabilities and emotional/behavioral disorders: A conceptual model. *Journal of Learning Disabilities, 30*(3), 245-263.
- Rourke, B. P., & Fuerst, D. R. (1991). *Learning disabilities and psychosocial functioning: A neuropsychological perspective*. New York, NY: Guilford Press.
- Rubin, R.A., & Balow, B. (1978). Prevalence of teacher identified behavior problems: A longitudinal study. *Exceptional Children, 45*, 102-113.
- Rudolph, S. M., & Epstein, M. H. (2000). Empowering children and families through strength-based assessment. *Reclaiming Children and Youth, 8*, 207-209.
- Rutherford, R. B., Quinn, M. M., & Mathur, S. R. (2004). *Handbook of research in emotional and behavioral disorders*. New York, NY: Guilford Publications.
- Safran, S. P. (1989). Australian teachers' views of their effectiveness in behavior management. *International Journal of Disability Development and Education, 36*, 15-27.
- Safran, S. P., & Safran, J. S. (1984). Elementary teachers' tolerance of problem behaviors. *Elementary School Journal, 85*, 237-243.
- Saudi Arabia Census Bureau. (2010). Central Department of Statistics and Information: Retrieved from: <http://www.geohive.com/cntry/saudiarabia.aspx>
- Sawka, K. D., McCurdy, B. L., & Mannella, M. C. (2002). Strengthening emotional support services: An empirical model for training teachers of students with behavior disorders. *Journal of Emotional and Behavioral Disorders, 10*(4), 223-232.

- Schwartz, I. S. (1991). The study of consumer behavior and social validity: An essential partnership for applied behavior analysis. *Journal of Applied Behavior Analysis*, 24(2), 241-244.
- Schwartz, I. S., & Bear, D. M. (1991). Social validity assessment: Is current practice state of the art? *Journal of Applied Behavior Analysis*, 24, 189-204.
- Searight, H., Rottnek, F., & Abby, S. (2001). *Conduct Disorder: Diagnosis and treatment in primary care*. Retrieved from: <http://www.aafp.org/afp/20010415/1579.html>.
- Severson, H. H., Walker, H. M., Hope-Doolittle, J., Kratochwill, T. R., & Gresham, F. M. (2007). Proactive, early screening to detect behaviorally at-risk students: Issues approaches emerging innovations and professional practices. *Journal of School Psychology*, 45, 193-223.
- Shena, J., Zhanga, N., Zhang, C., Caldarella, P., Richardson, M. J., & Shatzer, R. H. (2009). Chinese elementary school teachers' perceptions of students' classroom behavior problems. *Educational Psychology*, 29(2), 187-201.
- Shonkoff, J. P., & Phillips, D. A. (Eds). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Smith, C. R., Katsiyannis, A., & Ryan, J. B. (2011). Challenges of serving students with emotional and behavioral disorders: Legal and policy considerations. *Behavioral Disorders*, 36, 185-194.
- State, T. M., Kern, L., Starosta, K. M., & Mukherjee, A. D. (2011). Elementary pre-service teacher preparation in the area of social, emotional, and behavioral problems. *School Mental Health*, 3, 13-23.

- Stephenson, J., Linfoot, K., & Martin, A. (2000). Behaviors of concern to teachers in the early years of school. *International Journal of Disability, Development and Education, 47*(3), 225-235.
- The Directorate General of Special Education. (2007). *Summary statistics on special education*. Retrieved from <http://www.se.gov.sa/>
- The National Association of School Psychologists. (2010). *Position statement on students with emotional and behavioral disorders*. Retrieved from: [http://www.nasponline.org/about\\_nasp/pospaper\\_sebd.aspx](http://www.nasponline.org/about_nasp/pospaper_sebd.aspx)
- Tremblay, R. E., Masse, L. C., Pagani, L., & Vitaro, F. (1996). From childhood physical aggression to adolescent maladjustment: The Montreal prevention experiment. In R. Dev. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 268-298). Thousand Oaks, CA: Sage Publications.
- Trout, A. L., Nordness, P. D., Pierce, C. D., & Epstein, M. H. (2003). Research on the academic status of children with emotional and behavioral disorders: A review of literature from 1961–2000. *Journal of Emotional and Behavioral Disorders, 11*, 198–210.
- Trout, A. L., Epstein, M. H., Nelson, J. R., Reid, R., & Ohlund, B. (2006). Profiles of young children teacher-identified as at risk for emotional disturbance: A pilot study. *Behavioral Disorders, 31*(2), 162-175.
- Tsouloupas, C. N., Carson, R. L., Matthews, R., Grawitch, M. J., & Barber, L. K. (2010). Exploring the association between teachers' perceived student misbehavior and emotional exhaustion: The importance of teacher efficacy beliefs and emotion regulation. *Educational Psychology, 30*(2) 173-189.

- Turnuklu, A., & Galton, M. (2001). Students' misbehavior in Turkish and English primary classrooms. *Educational Studies*, 27(3), 291-305.
- U.S. Department of Education (2002). Twenty-fourth annual report to Congress on implementation of the Individual with Disabilities Education Act. Retrieved from: <http://www2.ed.gov/about/reports/annual/osep/2002/index.html>
- U.S. Department of Education (2004). Definitions of disability terms. Retrieved from: <http://idea.ed.gov/explore/view/p/,root,regs,300,A,300%252E8,c>
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2006, April). *26th Annual (2004) Report to Congress on the Implementation of the Individuals with Disabilities Education Act, Vol. 1*. Washington, DC: Author: Retrieved from <http://www.ed.gov/about/reports/annual/osep/2004/26th-vol-1-front.pdf>
- U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS), Office of Special Education Programs (OSEP) (2005). Report of children with disabilities receiving special education under Part B of the Individuals With Disabilities Education Act, 2004. Washington, DC.
- Van Houten, R. (1979). Social validation: The evolution of standards of competency for target behaviors. *Journal of Applied Behavior Analysis*, 12, 581-591.
- Walker, H. M. (1992). *Systematic screening for behavior disorders*. [Technical manual.] Longmont, CO: Sopris West.
- Walker, H. M., & Lamon, W. E. (1987). Social behavior standard and expectations of Australian and U.S. teacher groups. *Journal of Special Education*, 21, 56-82.
- Walker, H. M., & Rankin, R. J. (1983). Assessing the behavioral expectations and demands of less restrictive settings. *School Psychology Review*, 12, 274-284.



- Walker, H. M., Colvin, G., & Gresham, F. M. (2004). *Antisocial behavior in school: Evidence based practices*. Belmont, CA: Wadsworth/Thompson Learning.
- Walker, H. M., Colvin, G., & Ramsey, E. (1995). *Antisocial behavior in school: Strategies and best practices*. Albany, NY: Brooks/Cole.
- Walker, H. M., Ramsay, E., & Gresham, F. M. (2004). *Antisocial behavior in school: Evidence-based practices (2nd ed.)*. Belmont, CA: Wadsworth/Thomson Learning.
- Walker, H. M., & Severson, H. H. (1992). *Systematic Screening for Behavior Disorders (2nd ed.)*. Longmont, CO: Sopris West.
- Walker, H. M., Severson, H. H., & Feil, E. G. (1995). *The early screening project: A proven child-find process*. Longmont, CO: Sopris West.
- Walker, H. M., Severson, H., Stiller, B., Williams, G., Haring, N., Shinn, M. A., & Todis, B. (1988). Systematic screening of pupils in the elementary age range at risk for behavior disorders: Development and trial testing of a multiple gating model. *Remedial and Special Education, 9*(3), 8-14.
- Wheldall, K., & Merrett, F. (1988). Which classroom behaviors do primary school teachers say they find most troublesome? *Educational Review, 40*, 13-27.
- Wickman, E. K. (1928). *Children's behavior and teacher's attitudes*. New York: Commonwealth Fund, Division of Publications.
- Wolf, M. M. (1978). Social validity: The case subjective measurements or how applied behavior analysis is findings its heart. *Journal of Applied Behavior Analysis, 11*, 203-214.
- Wragg, E. C. (1993). *Primary teaching skills*. London: Routledge.

Wragg, E. C., Kerry, T., Dooley, P., & McClintock J. (1979). *Nottingham class management observation schedule*. Nottingham, UK: Nottingham University, School of Education.

**Appendices**

Appendix A	English version of Instruments.....	164
Appendix B	Arabic Version of the Questionnaire.....	169
Appendix C	Open-ended responses.....	174
Appendix D	General Education VS Special Education.....	183
Appendix E	Most Occurring Behaviors and Most Concerning Behaviors.....	187
Appendix F	Informed Consent Cover Letter for Anonymous Surveys.....	188
Appendix G	Institutional Review Board Approval.....	189

## Appendix A

### English version of Instruments

#### Part1

#### Demographic information

Please choose only one panel/ square on each of the following items

#### Are you

- 1- General classroom teacher
- 2- Special education teacher
- 3- Other (please specify).....

#### What certificate do you hold?

- 1- Diploma
- 2- Bachelor
- 3- Diploma after Bachelor
- 4- Other (please specify).....

#### How long have you been teaching?

- 1- 1-5 years
- 2- 6-10 years
- 3- 11-15 years
- 4- 16-20 years
- 5- More than 21 years

#### Which region are you from?

## Part 2: The Questionnaire

In this section I would like to know about the types of behaviors that occur in your classroom. For each question I would like you to circle the number in Column A which describes how often these behaviors occur in your classroom. In column B circle the number which describes to what degree these behaviors a problem for you.

	A. How much did you see these behaviors					Behavior	B. How much is this behavior a problem for you			
	No	Never	Rarely	Sometimes	Often		Always	Not At all	A little	somewhat
	1	2	3	4	5		1	2	3	4
1.	1	2	3	4	5	Steal	1	2	3	4
2.	1	2	3	4	5	Set fire	1	2	3	4
3.	1	2	3	4	5	Vomit after eating	1	2	3	4
4.	1	2	3	4	5	Tantrum	1	2	3	4
5.	1	2	3	4	5	Physically assaulting adults	1	2	3	4
6.	1	2	3	4	5	Exhibit painful shyness	1	2	3	4
7.	1	2	3	4	5	Exhibit large weight loss or gain over past three months( Significant weight fluctuation would be in excess of 20% change in body weight)	1	2	3	4
8.	1	2	3	4	5	Exhibit sad affect, depression and feelings of worthlessness to such an extent as to interfere with normal peer and classroom activities.	1	2	3	4
9.	1	2	3	4	5	Physical aggression with other students or adults ( hitting, biting, choking, or throw things).	1	2	3	4
10	1	2	3	4	5	Damage others' property (academic materials, damaging personal possessions)	1	2	3	4

How much did you see these behaviors						Behavior	How much is this behavior a problem for you			
No.	Never 1	Rarely 2	Sometimes 3	Often 4	Always 5		Not at all	A little	somewhat	A lot
11.	1	2	3	4	5	Demonstrate obsessive-compulsive behaviors.(Student can't get his/her mind off certain thoughts or obsessions)	1	2	3	4
12.	1	2	3	4	5	Report having nightmares or significant sleep disturbances.	1	2	3	4
13.	1	2	3	4	5	Engage in inappropriate sexual behaviors (masturbation, express self)	1	2	3	4
14.	1	2	3	4	5	Are self-abusive, cutting or bruising self, head banging)	1	2	3	4
15.	1	2	3	4	5	Attempt to seriously injure another using weapons or objects.	1	2	3	4
16.	1	2	3	4	5	Suddenly cry or display highly inappropriate affect in normal situations.	1	2	3	4
17.	1	2	3	4	5	Complain of severe headaches or other somatic complaints such as stomachaches, nausea, dizziness, or vomiting.	1	2	3	4
18.	1	2	3	4	5	Talk of killing himself/herself, report having suicidal thoughts or being preoccupied with death.	1	2	3	4
19.	1	2	3	4	5	Exhibit thought disorders or get lost in own thoughts.	1	2	3	4
20.	1	2	3	4	5	Ignore teacher warnings or reprimands.	1	2	3	4
21.	1	2	3	4	5	Make lewd or obscene gestures	1	2	3	4
22..	1	2	3	4	5	Have auditory or visual hallucinations.	1	2	3	4

### Open-ended Questions

How much did you see these behaviors						Behavior	How much is this behavior a problem for you			
No.	Never 1	Rarely 2	Sometimes 3	Often 4	Always 5		Not at all	A little	somewhat	A lot
23.	1	2	3	4	5	Show evidence of drug use	1	2	3	4
24.	1	2	3	4	5	Report being sexually abused	1	2	3	4
25.	1	2	3	4	5	Use obscene language or swears.	1	2	3	4
26.	1	2	3	4	5	Exhibit cruelty to animals	1	2	3	4
27.	1	2	3	4	5	Are teased, neglected and/or avoided by peers.	1	2	3	4
28.	1	2	3	4	5	Have severely restricted activity levels.	1	2	3	4
29.	1	2	3	4	5	Are enuretic (inadequate bladder control or bed wetting)	1	2	3	4
30.	1	2	3	4	5	Are encopretic (inadequate bowel control)	1	2	3	4
31.	1	2	3	4	5	Sexually molest other children	1	2	3	4
32.	1	2	3	4	5	Have auditory or visual hallucinations.	1	2	3	4
33.	1	2	3	4	5	Have sever lack of interest in activities which were previously of interest	1	2	3	4

34. Are there any other common behaviors that occur in your classroom and are not included in the list?. If yes, please list them below.

.....

.....

.....

.....

.....  
.....

35. Are the terminologies used to describe the behaviors in the list clear enough? Please explain any terminology you find confusing.....

.....  
.....  
.....

36. Did you have any courses during your university/ college experience that provided you with information about students' challenging behaviors and how to deal with them?

Yes      No

If yes, describe these classes or experience.

.....  
.....  
.....  
.....  
.....

37. How important do you think it is for teachers to have coursework and/ or field experiences that address challenging students' behavior?

.....  
.....  
.....



## Appendix B

## Arabic Version of the Questionnaire

## بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

عزيري المعلم رعاك الله

السلام عليكم ورحمة الله وبركاته وبعد

في البداية أتقدم لكم بجزيل الشكر على اختياركم المساهمة في هذه الدراسة من خلال تعبئة هذا الإستبيان والذي هو جزء من دراسة تهدف لمعرفة أكثر أنماط السلوك الغير ملائم شيوعاً لدى الطلاب. الهدف النهائي هو تصميم مقياس يتم بموجبه تصنيف الطلاب حسب نوعية السلوك الصادر منهم ومن ثم تقديم العلاج المتخصص و الملائم لكل حالة على حده . من شأن الإجابة بدقة على هذه الأسئلة المساهمة في الوصول لهذا الهدف بإذن الله.

البيانات التي سيتم جمعها من خلال هذه الأستبانة ستعامل بسرية تامة إذ لا حاجة لذكر الإسم ولن يطلع عليها أي شخص باستثناء الباحث.  
أخي المعلم تأكد من إكمالك لجميع فقرات الإستبانة. أي نقص يصعب الوصول لنتائج موثوقة .  
وأخيراً لا يفوتني إلا أن أعبر لكم عن جزيل شكري و صادق أمتناني على المشاركة.

الباحث

عماد بن عبده علوان

طالب دكتوراة

الولايات المتحدة الأمريكية

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الجزء الأول  
المعلومات الشخصية

أ- هل أنت

1- معلم تعليم عام

2- معلم تربية خاصة

غير ذلك ( الرجاء التوضيح )

.....3-

ب- ماهي مؤهلاتك العلمية

1- دبلوم

2- بكالوريوس

3- دبلوم بعدا لبكالوريوس

.....4- غير ذلك ( الرجاء التوضيح )

ت- كم مضى لك في الخدمة

1- 5 سنوات

6- 10 سنوات

11- 15 سنة

16- 20 سنة

أكثر من 21 سنة

ث- ماهي الإدارة التعليمية التي تتبع لها

.....

### الجزء الثاني: الإستبيان

في هذا الجزء أود معرفة أكثر أنواع السلوك شيوعاً في الصفوف التي تقوم بتدريسها. لكل سؤال أو دمنك وضع دائرة على الرقم في العمود (أ) من (1-5) والذي يصف درجة شيوع هذا السلوك في الصفوف التي تقوم بتدريسها. في العمود (ب) ضع دائرة على الرقم من (1-4) الذي يمثل الدرجة التي يعتبر من خلالها هذا السلوك مصدر قلق بالنسبة لك.

(أ) ما مقدار حصول هذا السلوك في الصفوف التي تدرسها؟						السلوك الطلاب يمارس السلوك التالي أو تظهر عليه العلامات التالية	(ب) هل يمثل هذا السلوك أي مشكلة بالنسبة لك؟			
م	لا يحصل	يحصل نادراً	يحصل أحياناً	يحصل غالباً	يحصل بشكل دائم		لا على الإطلاق	نادراً	أحياناً	كثيراً
	1	2	3	4	5		1	2	3	4
1.	1	2	3	4	5	السرقه	1	2	3	4
2.	1	2	3	4	5	إشعال النيران ( بعض الطلاب يقومون بإشعال النيران باستخدام الكبريت أو الولاعة )	1	2	3	4
3.	1	2	3	4	5	الإستفراغ بعد الأكل	1	2	3	4
4.	1	2	3	4	5	غضب مفاجيء مصحوب ببكاء وعدم الرغبة في إنجاز عمل ما	1	2	3	4
5.	1	2	3	4	5	إعتداء جسدي على البالغين ( الضرب, القذف باي شيء )	1	2	3	4
6.	1	2	3	4	5	شديد الحياء	1	2	3	4
7.	1	2	3	4	5	يظهر عليه زيادة أو نقص سريع في الوزن ( خلال فترة قصيرة مثلاً ثلاثة شهور)	1	2	3	4
8.	1	2	3	4	5	لديه إحباط شديد وعدم ثقة في النفس مما يؤثر على مشاركته في الأنشطة الصفية	1	2	3	4
9.	1	2	3	4	5	عنف جسدي (ضرب- عض - خنق ) للزملاء أو المدرسين	1	2	3	4
10.	1	2	3	4	5	تحطيم أغراض الآخرين أو الأغراض الشخصية	1	2	3	4
11.	1	2	3	4	5	لديه مخاوف دائمة وأفكار غير واقعية لا يستطيع التخلي عنها	1	2	3	4
12.	1	2	3	4	5	من خلال تعاملك مع أولياء الأمور علمت أن بعض الطلاب يعانون من عدم القدرة على النوم أو أحلام مزعجة بشكل دائم	1	2	3	4
13.	1	2	3	4	5	سلوكيات ذات طابع جنسي ( تصرفات جنسية )	1	2	3	

(ب) ما مقدار حصول هذا السلوك في الصفوف التي تدرسها؟						السلوك	(أ) هل يمثل هذا السلوك أي مشكلة بالنسبة لك؟			
							لا يحصل	يحصل نادراً	يحصل أحياناً	يحصل غالباً
تسلسل	1	2	3	4	5		1	2	3	4
14.	1	2	3	4	5	الإيذاء الجسدي للنفس (عض النفس- جرح بأداة حادة - ضرب الرأس بالحائط أو أي جسم آخر)	1	2	3	4
15.	1	2	3	4	5	محاولة جرح الآخرين باستخدام سلاح حاد أو أي أدوات أخرى	1	2	3	4
16.	1	2	3	4	5	يبكي بشكل مفاجيء في ظروف طبيعية ومن غير أي سبب	1	2	3	4
17.	1	2	3	4	5	الشكوى من صداع حاد أو الام في المعدة ) الرغبة في التقىء - صعوبة في التوازن أثناء المشي)	1	2	3	4
18.	1	2	3	4	5	تحدث عن الرغبة في قتل النفس أو سبق وحاول الانتحار أو لديه هوس عن الموت	1	2	3	4
19.	1	2	3	4	5	أفكاره متداخلة ( يصعب فهم ما يقول - يخلط الأمور أثناء الكلام	1	2	3	4
20.	1	2	3	4	5	يتجاهل تحذيرات المعلمين أو العقاب	1	2	3	4
21.	1	2	3	4	5	يقوم ببعض الإيماءات والإشارات ذات الإيحاءات الجنسية	1	2	3	4
22.	1	2	3	4	5	يبدو عليه أنه تعرض للضرب	1	2	3	4
23.	1	2	3	4	5	علامات إدمان للمخدرات	1	2	3	4
24.	1	2	3	4	5	سبق وأعتدي عليه جنسياً	1	2	3	4
25.	1	2	3	4	5	يستخدم كلمات فاحشة ويحلف بكثرة	1	2	3	4
26.	1	2	3	4	5	يتعامل مع الحيوانات بقسوة	1	2	3	4
27.	1	2	3	4	5	منبوذ من الطلاب ويتعرض للسخرية	1	2	3	4
28.	1	2	3	4	5	محدود أو عديم المشاركة في الأنشطة	1	2	3	4
29.	1	2	3	4	5	يبذل ملابساً ( صعوبة في التحكم في البول)	1	2	3	4
30.	1	2	3	4	5	يبذل ملابساً ( صعوبة في التحكم في الغائط)	1	2	3	4
31.	1	2	3	4	5	يحاول الاعتداء الجنسي على الآخرين	1	2	3	4
32.	1	2	3	4	5	لديه هلوسات سمعية أو بصرية ( يتخيل سماع أو رؤية بعض الأشياء)	1	2	3	4
33.	1	2	3	4	5	فقد الرغبة في القيام بأنشطة كان متميز بها أو معروفة عنه	1	2	3	4

34. هل هناك أي سلوكيات أخرى تحصل في الصفوف التي تدرسها وليست موجودة ضمن القائمة السابقة؟ الرجاء ذكر هذه السلوكيات إن وجدت.

.....

.....

35. هل السلوكيات (1-33) الموصوفة سابقاً واضحة بالنسبة لك؟ الرجاء ذكر أي سلوكيات غير واضح

.....

.....

36. أثناء دراستك الجامعية/الكلية هل درست أي مواد تتعلق بسلوكيات الطلاب وكيفية إدارتها ؟

نعم..... لا .....

إذا كانت الإجابة بنعم الرجاء وصف هذه المواد

.....

.....

37. ما مدى أهمية أن توفر الجامعات مواد دراسية أو دورات تدريبية تساعد المعلمين على فهم مشاكل الطلاب

السلوكية والتعامل الفعال معها.

.....

.....

## Appendix C

### Open-ended responses

Table 12

#### *Hyperactivity Behavior*

Term Used	Term Used
Hyperactivity	Some students move from one side of the class to other side to talk or annoy their mates many times during the class
Some students move constantly/regularly and find it difficult to stay seated.	Some students cannot spend a single minute concentrating on their work
Some students run between columns many times.	Find it very difficult to wait for turn
Do not think about the consequences of their behaviors	Some students easily distracted

Table 13

*Lying Behavior*

Term Used	Term Used
Lying	Some students or sometimes a group of students lie to cause trouble for a student or another group of students.
Some students lie when they asked why they did not do their homework	Some students who are physically stronger lie to keep other weaker students under their control (often the weaker students cannot defend themselves).
Some students lie when they asked why they behaved badly.	Some students with high academic performance tend to show off by rising their hands and voices to show their ability to answer every question.

Table 14

*Being Dominant Over Others Behavior*

Term Used	Term Used
Stronger children control weaker children often by using bullying or by threatening them.	When teachers ask question, some students rise their both hands, stand up, and raise their voices over the others
Some students do not allow others to participate in discussion by interrupting them regularly	When ignored, ( i.e. the teacher knows the child know the answer for a question or the child point of view is not convincing) some students refuse to participate in the remaining activities or look angry.
Some students speak loudly trying to hide other students voices	During sport activities, some students select players who they think are the best and put them in their teams to win the game/ other students manipulate the rules to win.



Table 15

*Wasting Classroom Time Behavior*

Term Used	Term Used
Some students are talkative and interrupt the classroom activity many times by asking too many questions.	Some students regularly inter the classroom late ( teachers often wait until the number of students is complete to start )
Some students leave the classroom many times claiming that they want to go to bathroom or buy something.	Some students argue with other students or discuss argumentative topics such as sports in order to avoid doing unfavorable/difficult activities.
Some students ask questions that are not related to the subject being discussed	

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Table 16

*Lack of Motivation Behavior*

Term Used	Term Used
Some students regularly sleep in the classroom.	Some students regularly leave their books and other classroom materials at home
Some students regularly do not do homework.	Some students regularly cause troubles in order to be sent to principal
Some students seem not interesting and therefore do not pay attention to teachers.	Some students regularly come late to school, seem sleepy, and do not participate in the classroom activities

Table 17

*Answers for Question 35*

Comments	Comments
Yes they are clear	No some of them are not clear
Yes I understand them, but how I know if my students deal badly with the animals .We do not have animals in our schools	No not all of them. In fact the majority are understandable, but how I know if my students deal badly with the animals .We do not have animals in our schools
Yes I understand them, but “set fire" behavior can be seen at home not school.	No not all of them, Yes I understand the majority, but “set fire" behavior can be seen at home not school.
Yes I understand them, but it is difficult/ impossible to know if my students suffer from nightmares.	No not all of them ,Yes I understand the majority ,but it is difficult/ impossible to know if my students suffer from nightmares

Table 18

*Answers for Question 36*

Comments	Comments
No I did not	Yes, I took two/three classes; Educational Psychology and the Psychology of Growth/behavior modification. But we were given information that are old and did not provide us with knowledge we need now because what is going on our schools is different from what we were taught.
Yes, I took two classes; Educational Psychology and the Psychology of Growth	Yes, I took two /three classes; Educational Psychology and the Psychology of Growth/behavior modification. But I think our professor were not aware of the realities in schools. The courses were theoretically driven
Yes, I took three classes; Educational Psychology, the Psychology of Growth and Behavior Modification	Yes, I took two /three classes; Educational Psychology and the Psychology of Growth/behavior modification. But I believe the professors would not teach us these courses if they were aware of the actual academical and behavioral needs of students in our schools these days.
Yes, I took two /three classes; Educational Psychology and the Psychology of Growth/behavior modification. But, these courses were talking about theories and I have not had the chance to apply them.	Yes I took some classes, but it seemed that our professors were interested more in how we do in exams not what we really understand or need when we start working in schools.

Table 19

*Answers for Question 37*

Comments	Comments
No, it is not important	Yes I took some classes, but it seemed that our professors were interested more in how we do in exams not what we really understand or need when we start working in schools.
Yes, it is important	The way these courses are provided should be changed. Teachers want to know how to apply what they learn .Theories are not beneficial alone.
Yes, it is important because such courses would help me to deal effectively with students who have behavior problems.	We should apply immediately what we learn through filed experience and case studies.
Yes, it is important because such courses would help me to deal effectively with my students and avoid confrontation with parents.	These courses should be provided regularly for in-service teachers.
Yes, it is important because such courses would help me to understand my students' needs.	I think we need experienced teachers to provide us with information or courses about students' behavior problem because they are aware more about the situation in schools compared to university professors.

Yes, it is important because such courses would help me to anticipate my students behaviors based on their ages and understand what is normal behavior and what is not and be prepared to deal with them.

These courses should be provided for teachers who are in-service to provide them with up-to date information because students' behaviors change and we see behaviors nowadays that were unthinkable few years ago.

It is difficult to attend courses or workshops because my teaching load is very big. The ministry should reduce our loads first.

Even if I attend these workshops, it is difficult to apply the information we acquire and give specific attention to individuals because my teaching load is high and there are many students in my classrooms.

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## Appendix D

### General Education VS Special Education

Table 20

*The Most Common Behaviors Selected by General Education Teachers*

Behavior	Mean	Behavior	Mean
Exhibit painful shyness	22.56	Ignore teacher warnings or reprimands.	3.35
Physical aggression with other students or adults	22.56	Use obscene language or swears.	3.14
Damage others' property	2.54	Are teased, neglected and/or avoided by peers.	2.62
Have severely restricted activity levels.	2.82		

Table 21

*The Most Common Behaviors Selected by Special Education Teachers*

Behavior	Mean	Behavior	Mean
Exhibit painful shyness	22.93	Ignore teacher warnings or reprimands.	3.04
Damage others' property	2.80	Make lewd or obscene gestures	2.56



Table 22

*The Most Concerning Behaviors Selected by General Education Teachers*

Behavior	Mean	SD
Ignore teacher warnings or reprimands.	2.91	0.92
Steal	2.90	1.17
Damage others' property	2.75	0.95
Make lewd or obscene gestures	2.68	1.26
Use obscene language or swears.	2.65	1.04
Report being sexually abused	2.61	1.32
Engage in inappropriate sexual behaviors	2.60	1.28
Physical aggression with other students or adults	2.58	1.15
Exhibit sad affect, depression and feelings of worthlessness to such an extent as to interfere with normal peer and classroom activities	2.52	1.0
Sexually molest other children	2.50	1.30
Physically assaulting adults	2.50	1.19

Table 23

*The Most Concerning Behaviors Selected by Special Education Teachers*

Behavior	Mean	SD
Engage in inappropriate sexual behaviors	3.48	1.05
Make lewd or obscene gestures	3.37	1.02
Show evidence of physical abuse	3.27	1.05
Attempt to seriously injure another using weapons or objects	3.17	1.18
Show evidence of drug use	3.14	1.22
Sexually molest other children	3.11	1.25
Report being sexually abused	3.11	1.22
Ignore teacher warnings or reprimands.	3.08	0.70
Damage others' property	3.06	0.88
Use obscene language or swears.	2.96	1.13
Talk of killing himself report having suicidal thoughts	2.95	1.33
Physical aggression with other students or adults	2.90	0.74
Steal	2.77	0.89
Physically assaulting adults	2.75	0.82
Demonstrate obsessive compulsive behaviors.	2.66	1.11
such an extent as to interfere with normal peer and classroom activities	2.64	0.87
Exhibit sad affect, depression and feelings of worthlessness to such an extent as to interfere with normal peer and classroom activities		

### Appendix E

#### Most Occurring Behaviors and Most Concerning Behaviors

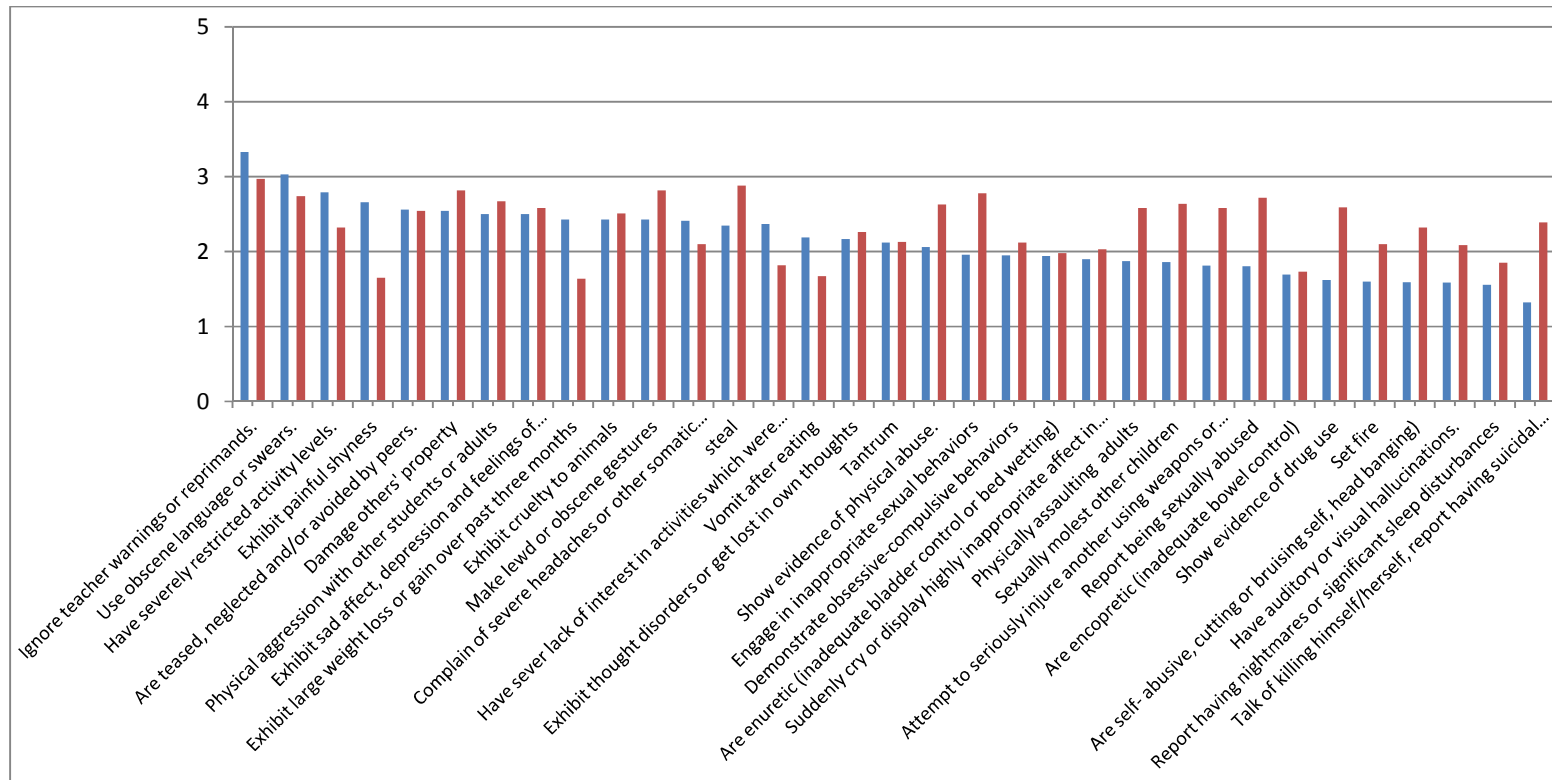


Figure 2. Comparison of most occurring and most concerning behaviors.

## Appendix F

### Informed Consent Cover Letter for Anonymous Surveys

**University of New Mexico**  
**Informed Consent Cover Letter for Anonymous Surveys**

**STUDY TITLE**

The Social Validation of the Behaviors Included in the Systematic Screening for Behavior Disorders in Saudi Arabia Primary Schools

Emad Alwan from the Department of Educational Specialties, UNM, U.S.A is conducting a research study. The purpose of the study is socially validate the behaviors included in the Systematic Screening for Behavior Disorders (SSBD) with Primary School Teachers in Saudi Arabia. You are being asked to participate in this study because you're a primary school teachers in Saudi Arabia .

Your participation will involve answering a questionnaire and some open-ended questions aim to get your opinion about the behaviors occur in your classroom. The survey should take about 15-20 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. There are no names or identifying information associated with this survey. The survey includes questions such as "how often the behavior "steal" occur in your classroom and how much this behavior is a problem for you?". You can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. All data will be kept for two years in a locked file in Emad Alwan's office and then destroyed.

The findings from this project will provide information on the kinds of behavior problems in Saudi primary schools and which of those behaviors are considered a source of concern for teachers. Furthermore, to find out if those teachers are prepared to deal with students' behavior problems. If published, results will be presented in summary form only.

If you have any questions about this research project, please feel free to call me at Saudi Telephone: +966551899717 or in the US at (505)9087716. If you have questions regarding your legal rights as a research subject, you may call the UNM Human Research Protections Office at (505) 272-1129.

By returning this survey in the envelope provided, you will be agreeing to participate in the above described research study.

Thank you for your consideration.

Sincerely,

Researcher's Name:  
Emad Alwan

HRPO #:  
11-312

Page 1 of 1

Version:  
05-09-11

APPROVED:  
05-09-2011

OFFICIAL USE ONLY




**UNM**

*Human Research Protections Office*

The University of New Mexico Institutional Review Board (HRRC/MCIRB)

## Appendix G

## Institutional Review Board Approval



THE UNIVERSITY of  
NEW MEXICO  
Main Campus Institutional Review Board  
Human Research Protections Office  
MSC08 4560  
1 University of New Mexico-Albuquerque, NM 87131-0001  
<http://hsc.unm.edu/som/research/HRRC/>

09-Jun-2011

Responsible Faculty: Loretta Serna  
Investigator: Emad A Alwan  
Dept/College: Educational Specialties Ed Spec

**SUBJECT: IRB Determination of Exempt Status**  
**Protocol #: 11-312**  
**Project Title: The Social Validation of the Behaviors Included in the Systematic Screening for Behavior Disorders in Saudi Arabia Primary Schools**  
**Approval Date: 09-Jun-2011**


The Main Campus Institutional Review Board has reviewed the above-mentioned research protocol and determined that the research is *exempt* from the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) under category 2, based on the following:

1. Exemption Determination Form dated 05-27-11.
2. Kingdom of Saudi Arabia translated support letter dated 05-20-11.
3. Inform Consent for Anonymous Surveys dated 05-27-11.
4. Dissertation Proposal and Approval of Committee Action dated 05-27-11.
5. Appendix A, Parts 1 (Demographic information) and 2 (The Questionnaire) English version dated 05-27-11

Because it has been granted exemption, this research project is not subject to continuing review.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the IRB of any changes to this research. A change in the research may disqualify this project from exempt status. Reference the protocol number and title in all documents related to this protocol.

Sincerely,



J. Scott Tonigan, PhD  
Chair  
Main Campus IRB