

Head Start and Mental Health: An Argument for Early Screening and Intervention

Edward G. Feil *

In contrast to many preschool providers, Head Start, as a general rule, focuses upon the mental health of its families. Social development, including parenting practices and social services, has been an integral component of Head Start services from the beginning. Yet the utilization of proactive mental health strategies has not been universal by any means. According to the Head Start Performance Information Report (PIR) for the academic year 1995–1996, the percentage of children identified with emotional/behavioral disorders (0.7%) is in stark contrast to the 11–23% estimates of behavior problems in preschool-age children in other studies (Earls, 1980). In contrast, speech and language impairments are by far the most prevalent disability identified, representing 66% of the disabilities diagnosed and 9.5% of all children served by Head Start. For many Head Start service providers, the paucity of mental health referrals is due to a myriad of barriers, from the dearth of effective services to stigmatization. Perhaps more importantly, children and families in need of services are not identified. One reason for poor identification could be due to the lack of appropriate, user-friendly screening procedures. This paper addresses the need for proactive screening procedures and a promising screening procedure for use in Head Start.

PREVALENCE OF EMOTIONAL/BEHAVIORAL PROBLEMS

The generic descriptor, "behavior problems," is one of the many terms describing children and youth who exhibit aggressive, withdrawn, anti-social, disruptive, and/or deviant behavior. Other commonly used terms describing similar phenomena are conduct disorders, antisocial behavior, emotionally disturbed, emotional/behavioral disorders, separation anxiety, and social maladjustment. The actual prevalence of children with behavior problems is very difficult to ascertain. Figures and statistics vary greatly in the relevant literature. For example, Bower (1982) stated that approximately 10% of all students have moderate to serious emotional problems, while Brandenburg, Friedman, and Silver (1990) suggest that at least 7% of all students may have emotional problems serious enough to warrant treatment. A U.S. Government report for the nation as a whole reports that fewer than 1% of all children are currently served

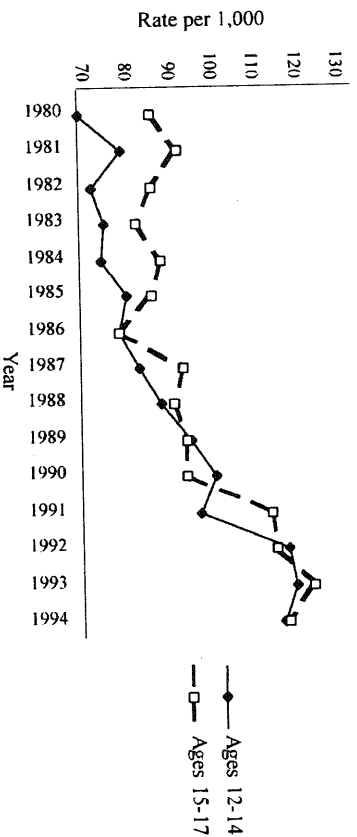
* Although this is the proceedings from a 2-day roundtable on mental health issues in Head Start, the author has provided the complete paper that he presented at that time.

under the category of Seriously Emotional Disturbed which is mirrored with a paucity of referrals for mental health services (Division of Educational Services, 1990). The disparity between prevalence estimates and data on the percentage of children served indicates a significant deficiency in the early identification of children exhibiting serious emotional/behavioral problems such as antisocial behavior patterns and conduct disorder.

VIOLENT CRIME AND AGGRESSION AMONG CHILDREN

While young children do not commit violent crime (with a few recent notable exceptions), the seeds for such delinquent behavior are frequently sown in early childhood (Patterson, Reid, & Dishion, 1992; Loeber, 1990). While these behaviors are of a different intensity as problem behaviors in later childhood and adolescence, they do stem from the same sources and act as kernels from which more serious and possibly life-threatening behaviors grow. For example, a preschool child is not going to steal cars, but will commit a similarly impulsive act of taking a peer's toy. There is quite a difference between the two acts, the intensity and impact on society, but the relationship between the two behaviors is clear, that is, they have in common impulsivity, lack of empathy, and disregard for social norms. From an overview of children's well-being indicators, the Federal Interagency Forum on Child and Family Statistics found that victims of violent crime are getting younger and younger, matching the rate for older youth 15-17 (see Figure 1, Federal Interagency Forum on Child and Family Statistics, 1997).

Figure 1.
Youth Victims of Violent Crime



DEVELOPMENT OF ANTISOCIAL BEHAVIOR AMONG YOUNG CHILDREN

Researchers now distinguish between two distinct forms of antisocial behavior patterns referred to as early versus later starters, or life-course persistent versus adolescent-limited antisocial behavior (Hamalainen & Pulkkinen, 1996; Moffitt, 1994; Moffitt, Caspi, Dickson, Silva, & Stanton, 1996; Patterson et al., 1992; White, Moffitt, Robins, Silva, & Earls, 1990). Evidence indicates that children who show antisocial forms of behavior early in their lives that (a) occur at a high rate, (b) are severe in their intensity, (c) are displayed across multiple settings, and (d) are diverse in their expression, have acutely elevated levels of risk for a host of negative, long-term developmental outcomes (Day & Hunt, 1996; Garnezy, 1985; Reid, 1993).

Developmental research has confirmed that life-course persistent patterns of conduct disorder and antisocial behavior usually begin in the very early childhood years and follow a pattern of escalation and elaboration through mid and late adolescence (Patterson, DeBaryshe, & Ramsey, 1989). These children display an antisocial behavior pattern at the point of school entry and, in the great majority of cases, they manifest it throughout their school careers. Severe antisocial behavior patterns are one of the very best predictors of delinquency and adult criminality (Loeber, 1990). Stability coefficients for childhood aggression rival those for the stability of IQ (Patterson et al., 1989). Findings that early behavior problems, such as aggression and oppositional-defiant behavior, predict later adolescent and adult offenses suggest the existence of an underlying continuum (Robins, 1966).

Researchers have argued that if children manifesting severe antisocial behavior patterns are not successfully intervened with by the end of third grade (i.e., age 8), this disorder should be viewed much like a chronic disease, such as diabetes (Kazdin, Mazurick, & Bass, 1993; Vitaro & Tremblay, 1994). We cannot cure diabetes, but its debilitating effects can be managed over its progressive course through a sensible regimen of diet, medication, and exercise. Unlike diabetes, antisocial behavior patterns can be treated and possibly remediated with early intervention. Therefore, educators should target and treat children at risk for the development of antisocial behavior patterns as early as possible in order to have a chance of diverting them from a path or trajectory that will prove personally destructive and very costly to society.

IMPORTANCE OF EARLY IDENTIFICATION

The Head Start Program Performance Standards outline mental health objectives (§1304.3-7) that strongly emphasize prevention, early identification, and early intervention for problems that hinder normal develop-

ment (i.e., language deficits, emotional/behavioral problems, etc.). Problems that are allowed to escalate often become intractable and display strong resistance to subsequent intervention attempts. Early intervention(s) can alter the escalation of maladaptive behavior patterns and divert children from the path leading to a more severe disorder (Zigler, Taussig, & Black, 1992). Further, if these behavior problems are not addressed in their early stages, they often lead to serious, long-term, negative consequences (Patterson, 1982; Parker & Asher, 1987). The use of an effective screening system, such as the Early Screening Project (ESP; Walker, Severson, & Feil, 1995), could facilitate delivery of early intervention services and also avert special education referrals in later school years. This universal screening procedure has been recommended by Yoshikawa and Knitzer (1997) as a preferred practice for Head Start programs.

CONVERGENT VALIDITY

One potential problem with any assessment process is that dependence on only one measure can skew results and yield false identification. The use of multiple data sources and determination of the convergence or concurrence of their results are strongly recommended practices to help ensure the most accurate information. The synthesis of information gathered from several sources, methods, settings, and occasions produces the most valid appraisal of child developmental status (Bagnato & Neisworth, 1991).

The key to assessment using multiple data sources is convergent validity (Achenbach, McConaughy, & Howell, 1987). Convergent validity refers to the degree of overlap of variance between different measures of the same construct (Heppner, Kilvighan, & Wampold, 1991). In effective practice, a child assessment would include several types of measures, such as parent and teacher ratings and direct observations. If there is agreement across measures, then the results have high credibility. In eligibility decisions, for example, if a child is rated as exhibiting antisocial behavior in both home and school settings and the behavior's severity is independently confirmed with direct behavioral observations, one could be more confident that the child should be eligible for special services.

SCREENING FOR BEHAVIOR PROBLEMS

Careful structuring of the classroom teacher's evaluation of all children in her or his classroom, in relation to objective criteria that define behavioral "at-risk" status, can yield long overdue improvements in the naturally occurring referral practices of most school systems. At best, current practices appear to be reactive and highly idiosyncratic to the behavioral standards of individual, referring teachers (Gerber & Semmel, 1984),

and, at worst, they are extremely biased in the direction of securing the removal of referred students from the educational mainstream with the goals of increasing classroom homogeneity, reducing classroom management pressures, and improving overall teachability (Ysseldyke, Algozzine, & Epps, 1982; Ysseldyke, Christenson, Pianta, & Algozzine, 1983). Current practices in this important area of educational performance can be improved significantly via the following methods: (a) the adoption of more objective criteria for school-related behavior problems and disorders, (b) structured involvement of teacher-appraisal procedures in the initial screening and assessment process, and (c) the use of "multiple-gating" assessment procedures (Loeber, Dishion, & Patterson, 1984) to provide integrated and multiple sources of data in a cost-efficient screening and identification process.

Multiple gating is a procedure that contains a series of progressively more expensive and precise assessments or "gates" that: (a) provide for the sequential assessment and cross validation of multimethod forms of child assessment and (b) establish a decision-making structure for the aggregation of information produced by different assessment sources. It appears that the climate for adoption of such a model is quite timely given the widespread dissatisfaction that parents and educators have expressed regarding current behavioral assessment practices at both preschool and elementary levels (Jenson, 1984; Kaufman, 1982; Wood, Smith & Grimes, 1985; Yoshikawa & Knitzer, 1997). When combined with professional advocacy for the adoption of more objective and standardized assessment procedures (see Executive Committee of the Council for Behavior Disorders, 1987; Kaufman, 1992), the case for more generically effective practices is highly persuasive.

Walker and Severson (1990) have designed a three-stage, multiple-gating assessment model for the screening and identification of potentially at-risk, elementary-age children that addresses many of the problems in assessment practices alluded to above. The Systematic Screening for Behavior Disorder (SSBD) procedure has undergone extensive evaluation and has been recommended by the U.S. Office of Education as an exemplary Best Practice. Walker, Severson, and Feil (1995) have adapted the SSBD for use with preschool populations via development of the Early Screening Project. The ESP required changes in the definitions and instrument formats in Stages Two and Three of the original version of the SSBD. Items that referred to classroom academic issues were deleted in the ESP and observational measures were redesigned to reflect early childhood development.

The ESP universal screening procedure provides for cost-effective, mass screening of all young children who are enrolled in regular preschool and kindergarten classrooms, and links (a) definitional criteria,

(b) screening and assessment procedures, and (c) normative-based, eligibility decision making into one self-contained system. This model relies heavily upon structured teacher judgment of child behavioral characteristics in the first two assessment stages and uses normatively referenced behavioral observation data to provide independent in-vivo assessments of child functioning within instructional and free-play settings in Stage Three. The results of assessments and decision making in initial screening stages are cross validated by increasingly more intensive assessments in subsequent screening stages.

The system is patterned after models developed and validated by Greenwood, Walker, Todd, and Hops (1979) for the preschool screening of children at risk for social withdrawal and by Loeber, Dishion, and Patterson (1984) for the screening of children at risk for adoption of a delinquent life style. It also provides each child in a regular classroom setting with an equal chance to be identified for both "externalizing" and "internalizing" behavior disorders. These two dimensions cover the broad range of school behavior disorders that occur in both the preschool- and elementary-age range. Achenbach and Edelbrock (1978) and Ross (1980) have argued persuasively for the adoption of this bipolar classification system to govern school-based assessment practices.

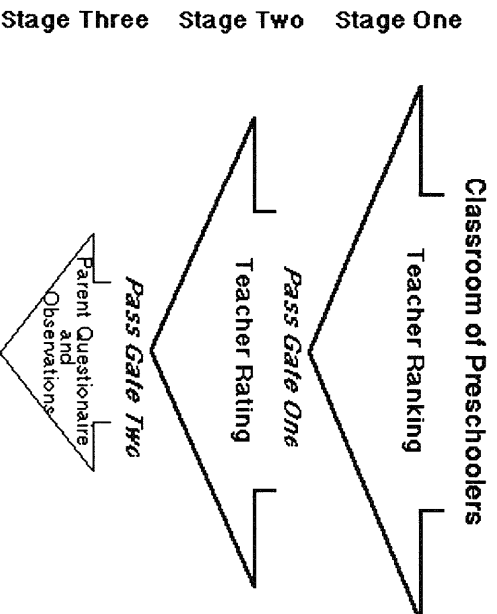
THE EARLY SCREENING PROJECT

The Early Screening Project provides for the early screening and identification of preschool children who are at risk for either externalizing or internalizing behavior disorders/problems. Figure 2 graphically illustrates the screening and student identification processes involved in the ESP multiple-gating procedure. Efficient and low-cost mass screening procedures are implemented in Stage One ESP to identify preschool/kindergarten children who may be at risk for externalizing behavior disorders or problems (Walker et al., 1995). The six highest-ranked children on the externalizing and internalizing dimensions, respectively, are assessed by the teacher on both a Critical Events index and behavioral rating frequency indices.

Stage Two ESP assessments are more complex, intensive, and also expensive in terms of teacher time, but they are conducted on only a small subset of the total number of pupils screened in each classroom. In addition to their screening functions, Stage Two assessments define the specific content of each rated child's behavior problems. Normative criteria on the Stage Two instruments are used to determine whether any of the rated children qualify for Stage Three ESP behavior observations and parent rating assessments (Walker et al., 1995). Qualifying children are then directly observed in free-play social settings and their behav-

ioral levels of antisocial and solitary play are compared to an ESP normative observation database for same age and sex peers.

Figure 2.
ESP Screening Procedure



Beginning in 1991, a series of studies were conducted on the ESP to assess its reliability and validity. These findings have been very promising to date (Feil & Becker, 1993; Feil, Severson, & Walker, 1998; Feil, Walker, Severson, 1995). Subjects (from 1991–94) consisted of 2,853 children, aged 3-to-6 years old, who were enrolled in typical and specialized programs. These children were from preschool and kindergarten classrooms in the following states (the number corresponds to children in the sample): California (517), Kentucky (687), Louisiana (386), Nebraska (65), New Hampshire (25), Oregon (220), Texas (612), and Utah (341).

The ESP reliability and validity data show strong results. The interrater reliability coefficients of most ESP measures are at least .80, which meet Salvia and Ysseldyke's (1988) guidelines for a screening instrument. Good psychometric standards have been attained despite the difficulties inherent in the assessment of young children (Martin, 1986). Validity studies show consistently high relationships to criterion measures: that is, Conners Teacher Rating Scales (Conners, 1989), the Preschool Behavior Checklist-tionnaire (Behar & Stringfield, 1974), and the Child Behavior Behavior Questionnaire Report (Achenbach & Edelbrock, 1979). Correlations with these criterion measures were highly significant, ranging from .34 to .87, with most above .70.

Further, a discriminant analysis provided a measure of the accuracy of the ESP with both specificity and sensitivity coefficients. Specificity and sensitivity are important criteria when choosing an assessment method (Elliot, Busse, & Gresham, 1993). Sensitivity is the percentage of true positives and specificity the true percentage of negatives (Schaughency & Rothind, 1991). Results for the ESP show good sensitivity (62%) and excellent specificity (94%), leading to accurate assessments with a minimal risk in identifying a child who exhibits developmentally appropriate behavior.

The Early Screening Project has been found to be user-friendly and reports from staff users and reviewers have been positive regarding both its length and simplicity (Yoshikawa & Knitzer, 1997). One preschool director stated that she expects that use of the ESP will increase the credibility of the staff when they make referrals to local early childhood special education programs. The ESP can make a positive difference in obtaining timely referrals, diagnoses, and follow-through for preschool children showing emotional and behavior problems (Yoshikawa & Knitzer, 1997).

INTEGRATING SCREENING

Conducting screening to identify children who might benefit from mental health services is only the first step. For parents and teachers to really see the benefit and value of the screening process, there must be the perception of appropriate and effective services. Treatment utility is the degree to which assessment activities are shown to contribute to beneficial intervention outcomes (Hayes, Nelson, & Jarrett, 1987). Screening measures have a higher degree of treatment utility when they focus on the behavior changes that are the goal of treatment and are more likely to lead to appropriate and effective individualized intervention outcomes. Sugai and Maheady (1988) also say that among culturally diverse populations, assessment should be linked with intervention.

PUBLIC HEALTH POPULATION-BASED APPROACH

Recently, public health professionals who view violence as a public health problem have begun to consider applying methods that have been used successfully in the past to reduce injuries and deaths from motor vehicle crashes and deaths from cigarette smoking (Koop, 1985; Pathrow-Smith, 1994; Roth & Moore, 1995). This course has been advocated by some researchers (Mercy, Rosenberg, Powell, Broome, & Roper, 1993; Moore, 1993; Walker et al., 1995), and public health agencies such as the Centers for Disease Control (CDC) have begun to support efforts to reduce violence. Key in the effort is the proactive screening of all children and their families for the provision of services.

In order to decrease the incidence of antisocial behavior, it is critical that validated, cost-effective home and school interventions take place early in the school career of children. The beginning of antisocial behavior patterns can be identified at an early age, and these behaviors can be prevented from escalating into more serious and intractable problems. Public policy should include universal screening to provide early detection and early intervention, which have been empirically shown to increase prosocial behavior and reduce aggressive behavior problems (Reid, 1993, Walker, et al., 1996).

REFERENCES

- Achenbach, T., & Edelbrock, C. (1978). The classification of child psychopathology: A review and analysis of empirical efforts. *Psychological Bulletin*, 85, 275-301.
- Achenbach, T., & Edelbrock, C. (1979). The Child Behavior Profile II. *Journal of Consulting and Clinical Psychology*, 47, 223-233.
- Bagnato, S. J., & Neisworth, J. T. (1991). *Assessment for early intervention: Best practices for professionals*. New York: Guilford Press.
- Behar, L., & Stringfield, S. (1974). *Manual for the preschool behavior questionnaire*. Durham, NC: Author.
- Bower, E. M. (1982). Defining emotional disturbance: Public policy and research. *Psychology in the Schools*, 19(1), 55-60.
- Brandenburg, N. A., Friedman, R. M., & Silver, S. E. (1990). The epistemology of childhood psychiatric disorders: Recent prevalence findings and methodologic issues. *Journal of the American Academy of Child & Adolescent Psychiatry*, 29, 76-83.
- Conners, C. K. (1989). *Manual for the Conners' Rating Scales*. North Tonawanda, NY: Multi-Health Systems.
- Day, M., & Hunt, A. C. (1996). A multivariate assessment of a risk model for juvenile delinquency with an "under 12 offender" sample. *Journal of Emotional and Behavioral Disorders*, 4(2), 66-72.
- Division of Educational Services. (1990). *Twelfth annual report to Congress on the implementation of the Education for the Handicapped Act*. U.S. Department of Education.
- Elliot, S. N., Busse, R. T., & Gresham, F. M. (1993). Behavior rating scales. *School Psychology Review*, 22(2), 313-321.
- Federal Interagency Forum on Child and Family Statistics (1997). *America's children: Key national indicators of well-being*. Washington, DC: Author.
- Feil, E. G. (1997, June). *Mental health problems among the poor and implications for Head Start*. Presentation to the Roundtable on Head Start Research held at the National Academy of Sciences, Washington, DC.
- Feil, E. G., & Becker, W. C. (1993). Investigation of a multiple-gated screening system for preschool behavior problems. *Behavioral Disorders*, 19(1), 44-55.
- Feil, E. G., Severson, H. H., & Walker, H. M. (1998). Screening for emotional and behavioral delays: The Early Screening Project. *Journal of Early Intervention*, 21(3), 252-266.

- Feil, E. G., Walker, H. M., & Severson, H. H. (1995). The Early Screening Project for young children with behavior problems. *Journal of Emotional and Behavioral Disorders, 3*(4), 194-202.
- Garmezy, N. (1985). The NIMH-Israeli high-risk study: Commendation, comments, and cautions. *Schizophrenia Bulletin, 11*, 349-353.
- Gerber, M. M., & Semmel, M. I. (1984). Teacher as imperfect test: Reconceptualizing the referral process. *Educational Psychologist, 19*(3), 137-148.
- Greenwood, C., Walker, H. M., Todd, N., & Hops, H. (1979a). Selecting a cost-effective device for the assessment of social withdrawal. *Journal of Applied Behavior Analysis, 12*, 639-652.
- Hamalainen, M., & Pulkkinen, L. (1996). Problem behavior as a precursor of male criminality. *Development and Psychopathology, 8*, 443-455.
- Hepner, P. P., Kilvighan, D. M., & Wampold, B. E. (1991). *Research design in counseling*. Pacific Grove, CA: Brooks/Cole.
- Jenson, W. (1984). *Severely emotionally disturbed versus behavior disorders: Consideration of a label change*. Salt Lake City: University of Utah, Department of Educational Psychology.
- Kauffman, J. M. (1982). Social policy issues in special education and related services for emotionally disturbed children and youth. In M. Noel & N. Haring (Eds.), *Progress or change: Issues in educating the emotionally disturbed* (pp. 1-10). Seattle: University of Washington.
- Kauffman, J. M. (1992). *Characteristics of emotional and behavioral disorders of children and youth* (5th ed.). New York: Macmillan.
- Kazdin A. E., Mazurick, J. L., & Bass, D. (1993). Risk for attrition in treatment of antisocial children and families. *Journal of Clinical Child Psychology, 22*, 2-16.
- Koop, C. E. (1985). A smoke-free society by the year 2000. *New York State Journal of Medicine, July*, 290-292.
- Loeber, R. (1990). Development and risk factors of juvenile antisocial behavior and delinquency. *Clinical Psychology Review, 10*, 1-41.
- Loeber, R., Dishion, T. J., & Patterson, G. R. (1984). Multiple gating: A multistage assessment procedure for identifying youths at risk for delinquency. *Journal of Research in Crime and Delinquency, 21*(1), 7-32.
- Martin, R. P. (1986). Assessment of the social and emotional functioning of pre-school children. *School Psychology Review, 15*, 216-232.
- Mercy, J. A., Rosenberg, M. L., Powell, K. E., Broome, C. V., & Roper, W. L. (1993). Public health policy for preventing violence. *Health Affairs, 12*, 7-29.
- Moffitt, T. (1994). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100*(4), 674-701.
- Moffitt, T. E., Caspi, A., Dickson, N., Silva, P. A., & Stanton, W. (1996). Childhood-onset versus adolescent-onset antisocial conduct problems in males: Natural history from ages 3 to 18 years. *Development and Psychopathology, 8*, 399-424.
- Moore, M. H. (1993). Violence prevention: Criminal justice or public health? *Health Affairs, 12*, 34-45.
- Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin, 102*(3), 357-389.

- Pathrow-Smith, D. B. (1994). Violence prevention in the schools. *New England Journal of Public Policy*, 10, 107-122.
- Patterson, G. R. (1982). *Coercive family process* (Vol. 3): A social learning approach. Eugene, OR: Castalia.
- Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, 44, 329-335.
- Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys*. Eugene, OR: Castalia Press.
- Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, 44, 329-335.
- Reid, J. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology*, 5(1/2), 243-262.
- Robins, L. N. (1966). *Deviant children grown up: A sociological and psychiatric study of sociopathic personality*. Baltimore: Williams & Wilkins.
- Ross, A. (1980). *Psychological disorders of children: A behavioral approach to theory, research, and therapy* (2nd ed.). New York: McGraw-Hill.
- Roth, J., & Moore, M. (1995). *Reducing violent crimes and intentional injuries*. Washington DC: National Institute of Justice.
- Salvia, J., & Ysseldyke, J. E. (1988). *Assessment in special and remedial education*. Boston: Houghton Mifflin.
- Schaughency, L. A., & Rothlind, J. (1991). Assessment and classification of attention deficit hyperactive disorders. *School Psychology Review*, 2(20), 187-202.
- Sugai, G., & Maheady, L. (1988). Cultural diversity and individual assessment for behavioral disorders. *Teaching Exceptional Children*, 21, 28-31.
- Vitaro, F., & Tremblay, R. (1994). Impact of a prevention program on aggressive children's friendships and social adjustment. *Journal of Abnormal Child Psychology*, 22(4), 457-475.
- Vitaro, F., Tremblay, R. E., Gagnon, C., & Pelletier, D. (1994). Predictive accuracy of behavioral and sociometric assessment of high-risk kindergarten children. *Journal of Clinical Child Psychology*, 23, 272-282.
- Walker, H. M., & Severson, H. H. (1990). *Systematic screening for behavior disorders (SSBD): User's guide and technical manual*. 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.
- White, J. L., Moffitt, T. E., Robins, L., Silva, P. A., & Earls, F. (1990). How early can we tell? Predictors of early childhood conduct disorder and adolescent delinquency. *Criminology*, 28, 507-533.
- Wood, F., Smith, C., & Grimes, J. (Eds.). (1985). *The Iowa assessment model in behavioral disorders: A training manual*. Des Moines: Department of Public Instruction, State of Iowa.
- Yoshikawa, H., & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. New York: National Center for Children in Poverty.
- Ysseldyke, J., Algozzine, B., & Epps, S. (1982). A logical and empirical analysis of current practices in classifying students as handicapped. *Exceptional Children*, 50(2), 160-166.

- Ysseldyke, J., Christenson, S., Pianta, B., & Algozzine, B. (1983). An analysis of teachers' reasons and desired outcomes for students referred for psychoeducational assessment. *Journal of Psychoeducational Assessment, 1*, 73-83.
- Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. *American Psychologist, 47*, 997-1006.