Feil, E. G., Severson, H. H., & Walker, H. M. (1998). Screening for Emotional and Behavioral Delays: Early Screening Project. Journal of Early Intervention, 21(3), 252-266.

Presentations:

Walker, Feil, & Severson, Screening for Emotional and Behavior Problems Among Head-Start Children: Preliminary Results from Cross-Cultural Research, American Psychological Association, Washington D.C., August, 2000.

Feil, Walker, & Severson, First Year Results from the Cross-Cultural Analysis of the Early Screening Project, Head Start Research Conference, Washington D.C., June, 2000.

Forness, Hoagwood, Serna, Neilsen, Bryant, Feil, Kaiser & Brooks-Gunn, Head Start Mental Health reserach Consortium: Preliminary data on prevention, 13th Annual Research Conference on Systems of Care for Children's Mental Health, Tampa, FL, March 2000.

Feil, Walker, & Severson, Preliminary Results from the Cross-Cultural Analysis of the Early Screening Project, Division of Early Childhood Annual Conference, Washington D.C., December, 1999.

Vanderbilt University

Project Title: Early Identification of Conduct Disorder in Head Start Children

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Project Abstract:

The proposed research project focuses on early identification and intervention with children at risk for the development of conduct disorders. We focus on conduct disorder as a mental health problem among children enrolled in Head Start because: (1) conduct disorder seriously affects lifelong social emotional and academic outcomes for children, (2) children in poverty are at increased risk for the development of conduct disorder, and (3) early identification and intervention can prevent the development of more serious conduct disorders in children. The goals of the project are (1) to describe the incidence of significant behavior problems related to conduct disorders among 3 year old children enrolled in Head Start, and (2) to examine the effectiveness of an intervention on the behavior of children identified with emergent behavior problems or at highest risk for these problems.

Two studies are proposed. In the first study, 750 three-year-olds will be screened for early indicators of behavior problems and communication deficits that signal increased risk for conduct disorder. Reports of child behavior from parents and teachers, direct assessment of children, and assessments of family support and stress will be incorporated into a systematic screening protocol designed to identify children at risk. Data from the first study will provide information regarding the incidence of behavior problems, allow determination of the most reliable indicators of increased risk status, and be used to explore the specific relationship between early communication development and increased risk for behavior problems. The second study examines the immediate and longer term effects of a preventive intervention to improve children's social behavior and communication skills. A three-component intervention consisting of (1) parent training, (2) classroom intervention, and (3) maintenance training and transition support will be implemented with 45 children identified as high risk for the development of conduct disorders and related behavior

problems; 45 additional high-risk children will serve as an untreated comparison group. The outcomes of the prevention effort will be examined in 4 points - immediately after the intervention is completed, 6 months later, 1 year later, 2 years later. The last assessment will focus on academic, social and mental health outcomes at the end of the children's kindergarten year.

Sample:

Study 1--n=750 3-year-olds Study 2--n=90 (high-risk children)

Measures:

Child Chronological Age PLS -3 Auditory Comprehension PLS -3 Expressive Communication PLS -3 Total Language Expressive Vocabulary Test Peabody Picture Vocabulary Test -III

Parent

Parent CBCL Total Behavior Parent CBCL Internalizing Parent CBCL Externalizing Parent SSRS Social Skills Parenting Stress Index Total Parenting Stress Index Child Domain Parenting Stress Index Parent Domain

Teacher Teacher CTRF Total Behavior Teacher CTRF Internalizing Teacher CTRF Externalizing

Selected Findings:

 We have obtained data on the CBCL parent and teacher (CTRF) form. We have preliminary examinations for syndrome level data, explored differences in gender, examined the rates of overlap with parent and teacher report, compared parent and teacher reports (using correlation, and co-identification criteria). We have also examined the overlap between language and behavior problems in boys and girls for both the parent and teacher forms of the CBCLexamined the rates of clinical/subclinical internalizing and externalizing problems, made. As reported by parents, approximately 25% of boys and girls showed clinical/subclinical levels of internalizing problem behavior on the CBCL. More than 20% of the boys scored in the clinical range for externalizing problems. Children with behavior problems were more likely to have low language scores than were their peers without behavior problems.

2. We have obtained data on the SSRS parent and teacher forms. We have examined the rates of "lower than average social skills" for both informants, compared parent and teacher reports, examined gender differences for data generated by parents and teachers. We have examined the overlap between SSRS social skills and language measures, for boys and girls, and for reports of parents and teachers.

As reported by parents, nearly half of boys (48.3%) and girls (45.1%) were rated as having in "fewer than average" social skills on the SSRS. The mean score for boys (39.8) was significantly lower than for girls (43.9), however boys and girls did not differ significantly in the percentages rated as having fewer than average social skills. Children with low social skills were more likely to have low language scores than were their peers with average social skills.

3. We have looked at the problem scale reports by parent and teachers, for boys and girls and examined the SSRS in relation to the CBCL in terms of rates of identification and correlation between the two scales

The reported levels of total problem behavior, externalizing problems, and internalizing problems were much lower than those reported on the CBCL/2-3. Between 2.5% and 7.1% of the children scored in the clinical range (i.e., scored in the "more than average" category) for any of the measures. Parent reports of child behavior on the CBCL/2-3 and SSRS were correlated (externalizing, r = .65, p<.000; internalizing, r = .54, p<.000; total problem behavior, r=.62, p<000.

Among the boys, 13.9% had high CBCL/2-3 scores and low social skills; among girls, 9.0% had both. The relationship between internalizing problems and low social skills was stronger than the relationship between externalizing problems and low social skills. The relationship between social skills and internalizing problems was significant for boys and girls (p = .01 and p = .03, respectively). The relationship between externalizing problems and social skills was significant for either. Seventy percent of boys with high levels of internalizing behavior had low levels of social skills

compared to 41% of boys without high levels of internalizing behavior. Similarly, girls with internalizing problems were more likely to have low levels of social skills than were girls without internalizing problems (64% vs. 40%).

4. We have examined the use of the PLS with HDST children, reported scores, range, item performance for three age cohorts, and to limited extent, examined the validity of the test for use with this population.

On the average, HDST children score 1 SD lower than the normed mean, with considerable variability in their scores and a near normal distribution around the mean. More than one-third (35.2%) of boys and one-fourth of girls (26.8%) scored below 80 on the auditory and expressive subscales. Boys scored lower on both the auditory (Mn= 84.7, SD= 11.4) and expressive subscales (Mn=85.4, SD= 11.1) of the PLS-3 than did girls (Auditory Mn=88.8, SD=14.4; Expressive Mn= 89.6, SD=13.3). Boys' and girls' mean scores for the total PLS-3 and for the auditory and expressive subscales were significantly different.

The PLS does discriminate item level performance related to age and within the limits of the analyses we performed, we could not detect specific item bias (note we were unable to obtain the norm data at the item level). We could detect no differences in performance between African-American and Euro-American children, however our sample of EA children is small. Boys performed significantly less well than girls on the total PLS and the expressive scale, but not the auditory scale. Within the sample of HDST children, PLS was not related to most demographic factors. For girls only, there was relationship between mother education and PLS performance. PLS performance is moderately correlated with the PPVT-III and EVT; a moderate correlation is expected given differences in test content.

Recommendations regarding use of the PLS.

- 1. Expect that performance will be below the normed mean
- 2. Expect lower performance for boys than girls.
- 3. Be conservative in labeling children as language disordered using this measure.
 - a. Children scoring 1.0 1.5 SD below the norm are not necessarily delayed in development
 - b. For children who score 1.5 2.0 SD below the normed mean, additional testing and observation is recommended to confirm

their language status. Some children in this range will evidence significant delays but the PLS alone should not be used to determine this.

- c. It is likely that children scoring 2.0 SD or more below the mean have a significant language delay. These children will also require further testing and observation to specifically identify the extent of the delay.
- 5. We have also completed an analysis of the PPVT-III. The mean standard score for children in Head Start was 81 with a standard deviation of 12. The mean for our Head Start sample was more than one standard deviation below the standardized sample (Mean=100, SD=15). There was a wide range of scores for this sample (range 40-121). The observed distribution of the data showed the normal curve. We looked at results of PPVT-III testing by age cohorts. The mean of the youngest age cohort (36-41 months) was 77 with a standard deviation of 12. The mean of the next age cohort (41-47 months) was 82 with a standard deviation of 12. The mean of the oldest age cohort (48-53 months) was 86 with a standard deviation of 11. A two-way ANOVA (Age x Gender) indicated no significant difference for gender but there was a main effect for age. Children's performance on the PPVT-III was positively correlated with the EVT and PLS-3.

Publications:

Kaiser, A. P., & Hancock, T. B. (accepted). Teaching parents new skills to support their young children's development. Infants and Young Children.

Kaiser, A. P., & Delaney, E. M. (accepted). Responsive conversations: Creating opportunities for naturalistic language teaching. Young Exceptional Children.

Hancock, T.B., Kaiser, A.P., & Delaney, E.M. (submitted). Teaching parents of high-risk preschoolers strategies to support language and positive behavior. Topics in Early Childhood Special Education.

Kaiser, A.P., Xinsheng, C., Hancock, T.B., Foster, E.M. (submitted) Teacherreported behavior problems and language delays in boys and girls enrolled in Head Start. Behavioral Disorders.

Qi, C.H., Kaiser, A.P., Milan, S.E., McLean, Z.Y., & Feurer, I. (submitted). The performance of low income, African American Children on the Preschool Language Scale-3. Journal of Speech, Language, and Hearing Research. Delaney, E.M., & Kaiser, A.P. (submitted). Teaching mothers to be more responsive to child language and behavior. Education and Treatment of Children.

Forness, S. R., Hoagwood, K., Lopez, M. L., Serna, L., Bryant, D., Feil, E., Kaiser, A., & Brooks-Gunn, J. (2001). Head Start Mental Health Research Consortium: Preliminary data on prevention. Thirtieth Annual Conference Proceedings - A system of care for children's mental health: Expanding the research base, 191-194.

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Kaiser, A. P., Hancock, T., Foster, E. M. & Cai, C. (2001, April). The cooccurrence of language and behavior problems among children enrolled in Head Start. Poster presented at the Biennial Society for Research in Child Development. Minneapolis, MN.

Kaiser, A. P., Hancock, T., Foster, E. M. & MacLean, Z. Y. (2000, Dec.). KIDTALK: Early identification and prevention of conduct disorder in Head Start children. Paper presented at the 16th Annual DEC International Early Childhood Conference on Children with Special Needs. Albuquerque, NM.

Kaiser, A.P., Foster, E.M., Hancock, T.B., & Cai, C. (2000, August). Parents' and teachers' assessments of behavior problems in three-year-olds enrolled in Head Start. Paper presented at the 108th Annual American Psychological Association Convention, Washington, DC.

Kaiser, A.P., Hancock, T.B., Foster, E.M., & McLean, Z. (2000, June). KidTalk: Early identification and prevention of conduct disorder in Head Start children. Paper presented at the 5th Head Start National Research Conference, Washington, DC. Qi, C.H., McLean, Z.Y., Kaiser, A.P., Hancock, T.B. (2000, June). The Language performance of African American Head Start children on the Preschool Language Scale-3. Poster presented at the 5th Head Start National Research Conference, Washington, DC.

Yzquierdo-McLean, Z.A., Hancock, T.B., Milan, S.E., Johnson, E.J., & Kaiser, A.P. (2000, June). Child language, problem behavior, and social skills as it relates to parenting stress. Poster presented at the Family Research Consortium III, Keystone, CO.

Kaiser, A.P., Hancock, T.B., Foster, M., & Cai, C. (2000 April). KidTalk at Head Start: What are we learning about language and behavior. Paper presented at the 27th Annual Head Start Association Training Conference, Washington, DC.

Qi, C., McLean, Z.Y., Kaiser, A.P., & Hancock, T.B. (2000, April). The performance of low income African American children on the Preschool Languge Scale-3. Poster presented at the annual meeting of the Treatment Efficacy Conference, Nashville, TN.

Kaiser, A.P., & Milieu Teaching Group (2000, April). Social and behavior aspects of intervention. Paper presented at the annual meeting of the Treatment Efficacy Conference, Nashville, TN.

Yzquierdo-McLean, Z., McDuffie, A.S., & Kaiser, A.P. (2000, April). Making a PBJ sandwich: A pilot study of conversational skills in high and low externalizing Head Start girls. Poster session presented at the annual meeting of the Treatment Efficacy Conference, Nashville, TN.

Hancock, T. B., Kaiser, A. P., & Foster, E. M. (2000, March). Parent and teacher assessments of children's behavior problems. Paper presented at the 33nd Annual Gatlinburg Conference on Research and Theory in Mental Retardation and Developmental Disabilities, San Diego, CA.

Head Start Consortium (2000, March). Head Start Mental Health Research Consortium: preliminary Data on Prevention. Paper presented at the 13th Annual Research Conference on Systems of Care for Children's Mental Health, Tampa, FL..

Kaiser, A.P. Hancock, T.B., Foster, E.M., & Hester, P.P. (1999, Dec.). Early identification and prevention of conduct disorder in Head Start children. Paper presented at the 15th Annual DEC International Early Childhood Conference on Children with Special Needs, Washington, DC.

Qi, C.H., Kaiser, A., Hancock, T.B., & McLean, Z. (1999, Nov.). Performance of African American preschoolers on the PLS-3. Paper presented at the ASHA Annual Convention. San Francisco, CA.

Hester, P.P., Kaiser, A.P., Hancock, T., McLean, Z., & Foster, M. (1999, Nov.). Intervention for the prevention of conduct disorder: Identification, characteristics, and treatment of young children identified at risk for the development of conduct disorder. Paper presented at the 23rd Annual Conference on Severe Behavior Disorders of Children and Youth Sponsored by Teacher-Educators of Children with Behavior Disorders (TECBD). Scottsdale, AZ.

Kaiser, A.P. (1999, Sept.). Early intervention to prevent serious behavior problems. Paper presented at the Council of Chief State School Officers Conference Ensuring Student Success Through Collaboration, Louisville, KY.

Hester, P.P., Kaiser, A.P., & Hancock, T.B. (1999, April). Early intervention for the prevention of conduct disorder. Paper presented at the Annual Meeting of the American Educational Research Association, Montreal, Canada.

Kaiser, A.P. (1998, October). What you say means a lot to me: how parent talk influences the languages and behavior of their children. Paper presented at the Peabody Alumni Board Distinguished Lecture, Nashville, TN.

Delaney, E.M., & Kaiser, A.P. (1998, May). Training parents who are poor to be responsive to child language and to effectively manage noncompliant behaviors. Paper presented at the Annual Meeting of the American Association on Mental Retardation, San Diego, CA.

Hester, P.P., Hancock, T., Delaney, E.M., & Kaiser, A.P. (1998, May). Prevention of conduct disorders through early intervention: A conceptual model. Paper presented at the Conference on Research Innovations in Early Intervention, Charleston, SC.

Kaiser, A.P., & Tyler, R. (1998, May). The behavioral and language characteristics of 3-year-old children in low-income child care settings. Paper presented at the Biennial Meeting of the Conference on Research Innovations in Early Intervention, Charleston, S.C.

Craig, L., & Kaiser, A. P. (1998, May). Improving the social communication skills of at-risk children in a play context. Poster presented at the Biennial Meeting of the Conference on Research Innovations in Early Intervention, Charleston, S.C.

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Craig, L., & Kaiser, A. P. (1998, March). The Effects of Increased Social Communication Skills on Play Quality and Duration. Poster presented at the

31st Annual Gatlinburg Conference on Research and Theory in Mental Retardation and Developmental Disabilities, Charleston, SC.

Kaiser, A. P. (1998, February). Why do you do me the way you do? Preventing violence, sexual and otherwise. Panelist at the Kennedy Center Occasional Conversation series, Nashville, TN.

Hester, P. P., & Kaiser, A. P. (1997, November). Early intervention for the prevention of behavior disorders: Research issues in early identification, implementation, and interpretation of treatment outcome. Paper presented at the 21st Annual Conference for Teacher Educators for Children with Behavior Disorders, Scottsdale, AZ.