

# Giving a voice to the 'difficult', vulnerable and misunderstood student

*Teachers' care in the eyes of students  
with emotional and behavioral difficulties  
in the multicultural city Rotterdam*

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# Abstract

This study gave a voice to students by using self-report questionnaires to investigate how the students' emotional and behavioral difficulties relate to the degree of caring perceived from the teacher. There were 302 students in sixth grade distributed in 11 regular schools in the multicultural city Rotterdam who participated in the study. The results show that the students with externalized emotional and behavioral difficulties have more the perception that the teacher doesn't care about them than children without such difficulties. The students with internalized emotional and behavioral difficulties do not perceive their teacher as less caring than students without these difficulties. The characteristics of the students with externalized emotional and behavioral difficulties seem therefore to interfere with the interaction with the teacher, involving caring. The students' need to feel cared for is not met by the teacher and this affects the opportunities for growth for students with externalized emotional and behavioral difficulties negatively. On the contrary, the characteristics of students with internalized emotional and behavioral difficulties do not seem to be developmentally disruptive when it comes to experiencing a caring relationship with the teacher. Lastly the results show that the students' social difficulties are correlated with how students perceive their teachers' caring. Students who reported low on pro-social behavior tend to perceive the relationship with their teacher as less caring compared to students who reported high on pro-social behavior.

# Preface

## **Dedication**

I dedicate this paper to all the children that are misunderstood by their teachers. This is for those beautiful minded and super talented students with a big heart and good intentions, that often get excluded from either their social or academic environment by adults that don't understand them. I thank them for giving me the insights that no one else could have given me.

## **Acknowledgement**

This paper gave me the chance to combine all the love, experience and knowledge about the topic I am so passionate about. I am grateful I had the chance to study, travel and get inspired by professors, colleagues and students all over the world in the past seven years. I especially want to thank my advisor from the University of Oslo, Steinar Theie, for his guidance in the development of this paper.

I also want to thank the enthusiastic schools in Rotterdam that were willing to participate in my study and welcomed me with open arms into their classrooms. Special thanks goes to all the students who participated in this study and concentrated on filling in the questionnaires with care.

Very dear to me is the man who motivated me to always give my very best on my schoolwork and who was there for me when any technical difficulties made me panic because I didn't have any back-ups, even though he told me to make back-ups a hundred times. Markus Meier, thank you for all the trust you had in me during the course of this study.

And last, I want to thank my mom for always emotionally supporting me wherever I go.

Sanne Eline Spiero

# Abbreviations used in the thesis

EBD	Emotional and Behavioral Difficulties
SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Needs
UNESCO	United Nations Educational, Scientific and Cultural Organization

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# 1 Introduction

It is almost 24 years ago that 92 governments and 25 international organizations met on the World Conference of Special Need Education in Salamanca in Spain to further the objective of Education for All. As a result of this meeting, the Salamanca statement (UNESCO, 1994) was developed; a significant and often referred to document in the field of Special Needs Education. The Salamanca statement defines and promotes a new way of thinking of Special Needs Education, formulated in Article 2 as following:

*Every child has unique characteristics, interests, abilities and learning needs. Education systems should be designed and educational programs implemented to take into account the wide diversity of these characteristics and needs. Those with special educational needs must have access to regular schools which should accommodate them within a child-centred pedagogy of meeting these needs. Regular schools with this inclusive orientation are the most effective means of [...] achieving education for all; (UNESCO, 1994).*

Five years after the Salamanca Statement, UNESCO reviewed on their role in the implementation of this inclusive approach in education. The review describes inclusive education as a process and a challenge (UNESCO, 1999). The paper in front of you, aims to contribute to this challenging process towards an inclusive orientation in education.

To be able to meet the students' special educational needs, these needs have to be discovered and understood. This paper will focus specifically on the needs of students with emotional and behavioral difficulties, which are mentioned in the literature as often being unidentified and therefore unmet (Anderson, 2012; Jones, 2003). Also, students with emotional and behavioral difficulties seem to have been historically underserved by the education system due to inconsistencies in provision, practice and attitude (Hayden, 2013). This underlines the necessity of a better comprehension of the special educational needs of students with emotional and behavioral difficulties.

The introduction will further elaborate on the problems observed in meeting the needs of students with emotional and behavioral difficulties. Out of the problem description, the research question for this paper will be developed. Last, the introduction will cover the

background information required to understand the context of the current study, which are regular elementary schools in the multicultural city Rotterdam, the Netherlands.

## **1.1 General Statement of the Problem**

There are two problems that got my attention over the past 10 years while working directly with students in combination with my pedagogical and educational related studies at three different universities. Both problems seem independent of each other, but I believe could be interconnected. The first problem has to do with the misunderstood and unmet needs of students with emotional and behavioral difficulties. The second problem is related to the many students who claim that “They [the teachers] don’t care”. To keep the general statement of the problem structured, both problems will first be described separately. Thereafter, the suggested connection between these two problems will be explained.

### **1.1.1 The needs of students with emotional and behavioral difficulties**

Students with emotional and behavioral difficulties are seen as a challenging group of students to educate. To some, students with emotional and behavioral difficulties are even considered the most difficult group of students with special educational needs to provide adapted education for and to include in regular schools (Willman, 2013). Why students with emotional and behavioral difficulties are perceived as ‘difficult’, is first of all due to their intense special educational needs in combination with the antisocial tendencies characterizing their behavior (Willman, 2013). Another reason that contributes to the fact that meeting the needs of students with emotional and behavioral difficulties is such a challenge in education, is that their needs are likely to be misunderstood by their teacher (Anderson, 2012).

Misunderstanding these students’ emotional and behavioral difficulties leave their needs unmet (Anderson, 2012). The other way around, it appears that emotional and behavioral difficulties sometimes result from unmet needs of students (Jones, 2003). Mann and Kretchmar (2006) explain this further, stating that the challenging behavior that the student with emotional and behavioral difficulties expresses in the classroom, is a way for the student to communicate that a genuine need has not been met. The reciprocal relationship between emotional and behavioral difficulties and unmet needs, as illustrated in Figure 1, shows, although suggestive, a vicious circle and underlines the importance for understanding how to

meet the special educational needs (SEN) of students with emotional and behavioral difficulties (EBD). This cycle is showing that the emotional and behavioral difficulties of the student result from the unmet special educational needs of a student. Meeting the special educational needs of a student with emotional and behavioral difficulties could interrupt this vicious cycle and prevent the maintenance or worsening of the emotional and behavioral difficulties.

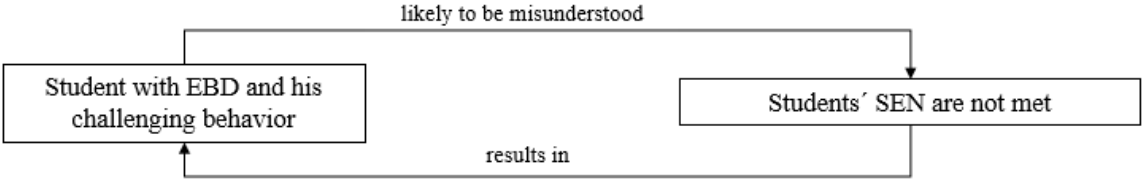


Figure 1. Reciprocal relationship between emotional and behavioral difficulties (EBD) and unmet special educational needs (SEN)

Another problem related to misunderstanding your students' needs could also have other indirect, although serious, consequences. Firstly, students' emotional and behavioral difficulties are found to have a negative effect on the academic and social development of these students (Baker, Grant, & Morlock, 2008). Secondly, students with emotional and behavioral difficulties are the ones most likely to be absent or permanently excluded from school, even when compared with all other students with any form of special educational needs (Hayden, 2013). The developmental disadvantages of students with EBD compound over time (Baker et al., 2008). As the title of this paper suggests, these developmental disadvantages make the students with emotional and behavioral difficulties a very vulnerable group of students. The need for a better understanding, among teachers and other professionals in education, of students with emotional and behavioral difficulties in the classroom is necessary to prevent disadvantages like, for example, exclusion from education (Watson, 2003).

For a better understanding of students, one must understand what students need (Wilde, 2013). So, what are these needs of students with emotional and behavioral difficulties? Students with emotional and behavioral difficulties first of all need what all humans need for development. Maslow (1970) argues that there is a hierarchy in human needs that is illustrated in a pyramid as in Figure 2. He states that, if both the need for physiological provisions (such as food, water, warmth and rest) and the safety needs for security are met, the next human needs of significant importance for development are psychological needs as 'the love and affection and belongingness needs' and 'self-esteem needs'. Applied to students, this shows

that the need to feel like you belong and that you are loved, is the third most significant basic need for students that has to be met for them to develop. Maslow (1970) also notes that: “In our society the thwarting of these [psychological] needs, is the most commonly found core in cases of maladjustment and more severe pathology.” (p.44). This, again, refers to the reciprocal relationship between emotional difficulties and unmet needs as illustrated in Figure 1. The need to feel cared for, the main topic of this study, is a basic psychological need required to be met in order to enable students’ learning.

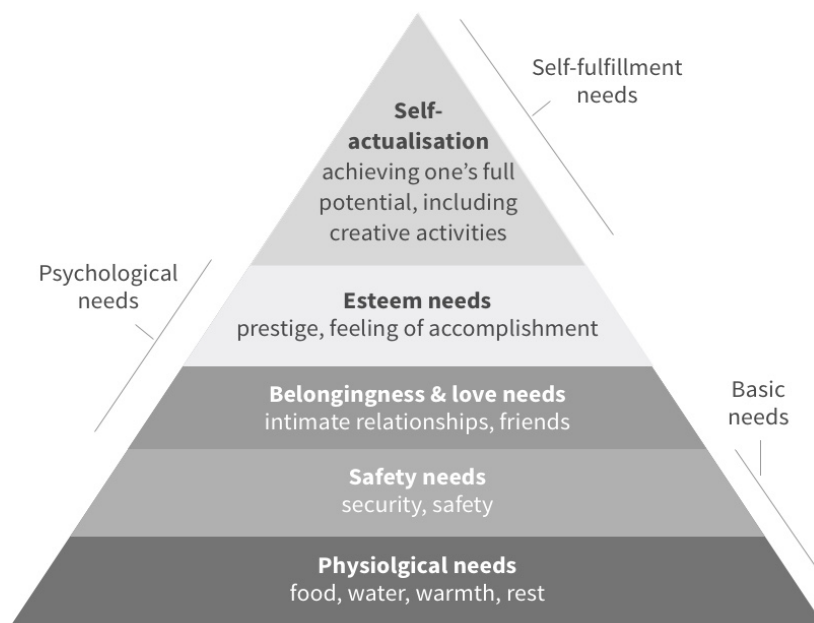


Figure 2. Hierarchy pyramid of human needs as described by Maslow (1970)

### 1.1.2 The students’ perception that the teacher doesn’t care

Teachers have strong feelings of commitment and responsibility, and invest an enormous amounts of time and energy in their work (Goldstein & Lake, 2000). The degree of emotional involvement that teachers display in their work, as I have seen over the years, is remarkable. Nevertheless, many of their students claim that “They [the teachers] don’t cares” (Noddings, 2005). Two studies are presented here to give some examples of this phenomenon of lack of perceived teachers’ care among students. In an American study by Baker, Terry, Bridger, and Winsor (1997), only 33% of the school-aged children said that they thought that the teachers care about them. Adolescents in the study by Hamre and Pianta (2001) reported that they would learn more if their teachers cared about them personally, but they also said that such personal connections are rare. This feeling of students that there is a lack of care and



belonging at school, could cause alienation from school (Baker et al., 1997). This alienation from school, due to a lack of perceived care and feeling of belongingness, seems to increase with the age of the student (Baker et al., 1997). So, the students' perception of a lack of care in the school seems to get more severe over time.

To understand how students perceive their teachers' care, one has to understand the interactional character of care. Noddings (2005) outlines in her book *The Challenge to Care in Schools* (1992; 2005) the process behind this phenomenon. She says that a relationship is, in its most basic form, a connection between two human beings. In order for the relationship to be properly called caring, both the carer and the cared-for need to contribute to it (Noddings, 2005). This means for teachers that they must be able to communicate to their students that they do care about them in order for students to perceive them as caring. How the students in their turn perceive caring is dependent on their interpretation of the teacher's communication behavior (Noddings, 2005; Teven, 2007). Noddings (2005) concludes:

*“No matter how hard teachers try to care, if the caring is not received by the student, the claim ‘they don’t care’ has some validity” (p. 15).*

Finding out how teachers communicate care and how students perceive care, seems essential to learn more about how we can meet the students' need to feel cared for.

### **1.1.3 (Mis)understanding and care**

Now, what connects '(mis)understanding your students' needs' and 'the students' perception of care'? The connection between these two separate problems is made by Wilde (2013), arguing that understanding is required if one wants to act with care. She explains this further by noting that understanding your student supports the knowing what the right action is to care (Wilde, 2013). When the needs of student with emotional and behavioral difficulties are misunderstood, the teacher cannot act with care and meet these needs. Summarized, understanding and care are interrelated, and the described problems indicate the need for a better understanding of the needs of students with emotional and behavioral difficulties, with the focus on the students' perception of care in their relationship with the teacher.

## 1.2 Research Question

**Research question:** “How do students with emotional and behavioral difficulties in the 6<sup>th</sup> grade on regular schools perceive their teachers’ care?”

Based upon the three types of emotional and behavioral difficulties, as thoroughly will be discussed in the theoretical framework, the research question will be expanded into: “How do (a.) students with externalized emotional and behavioral difficulties, (b.) students with internalized emotional and behavioral difficulties and (c.) students with social difficulties perceive their teachers’ care?”

## 1.3 Background Information

This study focusses specifically on the students with emotional and behavioral difficulties in the 6<sup>th</sup> grade [*groep 8*] in the Netherlands. Therefore, this chapter will provide background information so that the study can be understood in this specific context. The regular school system and the organization of special education in the Netherlands will be described first. Last, a short note on the multicultural city Rotterdam will be given to get a better understanding of the city the children live in.

### 1.3.1 Organization of mainstream education in the Netherlands

In the Netherlands, attending school is compulsory for all children from five to sixteen years old, as described in the Compulsory Act of 1969. Most children go to elementary school from four to twelve years old. The elementary school is characterized by eight age homogeneous groups with one main teacher per grade. The main teacher teaches all the main subjects, like the national language Dutch, mathematics, history, biology etc. (Bronneman- Helmers, 2011). The main teacher of the students normally changes every school year, but the students usually stay with each other in the same group for all eight years. The current study took place in October, so the students and the teacher are expected to know each other for at least two months at the moment of data collection.

After successful completion of elementary or primary education, students start secondary education. The secondary education is differentiated into three educational pathways called *VMBO* (pre-vocational education), *Havo* (higher secondary education) and *VWO* (pre-

university education). The pathway a student will start, is determined at the end of the 6<sup>th</sup> grade by a combination of the students' result on a national recognized standardized test taken, the advice of teachers and the wishes of parents and the student him- or herself.

Although it is still possible to switch between pathways in high school, one therefore has to fulfill strict requirements like having very high grades or having a model 'learning attitude'. The 6<sup>th</sup> grade is for many students a very exciting but also very stressful schoolyear in which the pathway of their future school career gets decided upon.

The education system in The Netherlands is output-oriented (Peschar & Meijer, 1997). This contains the belief that education needs to be efficient and learning outcomes must reach a certain, by the government set, level. The *Onderwijsinspectie*, the education inspection from the government, monitors the efficiency and learning outcomes reached by all the schools in the country. An important vision around the education in the Netherlands is, that all schools should offer education of equal quality, so that all students would get equal chances, independent of where they go to school (Bronneman- Helmers, 2011). The different schools in this study, are expected to offer similar quality of education.

### **1.3.2 Organization of Special Education in the Netherlands**

The Netherlands has both mainstream and special schools. The special schools distinguish themselves from mainstream schools with specific teaching methods and an individual approach, but they offer the same curriculum as the mainstream schools (Bronneman- Helmers, 2011). Currently, mainstream education cannot provide all children with the necessary care and education they require. Therefore, in the Netherlands, approximately 2% of all children are referred to schools for special education (Smeets, 2007). One third of these children in special elementary education cope with psychiatric disorders, such as attention deficit hyperactivity disorder or autism spectrum disorder (Smeets, 2007). Children with these disorders often display behavior that disrupts the educational process, such as out-of-seat behavior, verbal disruptions and aggressive behavior, which precludes them from attending general education. (Breeman, Tick, Wubbels, Maras, & Lier, 2014).

Instead of referring students to special schools, mainstream schools have the choice to include these students and obtain a budget for additional support within the school (van der Veen, Smeets, & Derriks, 2010). Despite the fact that for over a decade it has been the aim of the Dutch government educational policies that as many students with special educational needs

as possible should be included in mainstream schools, most of the students with special educational needs are still placed in separate special schools (Evans, 2004; Smeets, 2007). This study focuses on children with emotional and behavioral difficulties in mainstream elementary schools, and does not include the students that are referred to special education.

### **1.3.3 Rotterdam: a multicultural city**

The municipality of Rotterdam is home to 634 660 people, measured on the first of January 2017 by the Dutch Central Bureau for Statistics [*Centraal Bureau van de Statistiek*]. More than half, 319 360 (50.3%), of these citizens have at least one parent born outside of the Netherlands. Rotterdam is therefore a city with many cultures, also called: a multicultural city. It is expected that this diversity will also be found in the sample of this study. It is important to keep in mind, that the results of the current study do only reflect the situation in the multicultural city Rotterdam or a similar multicultural city in the Netherlands.

## 2 Theoretical Framework

The theoretical framework offers a framework for understanding by describing and discussing the most significant theories and research in relation to the study outlined in this paper. To maximize the readability of the text, the theoretical framework is structured around the two main themes of the research question, that are '*emotional and behavioral difficulties*' and '*students' perception of teacher care*'. The definition and the underlying theoretical framework of students with emotional and behavioral difficulties, shapes the beliefs about the roots of the difficulties and thereby determines what intervention strategies should be put in place and whose responsibility it is to act (Jones, 2003; Kauffman, 2001). The underlying theory chosen to discuss emotional and behavioral difficulties is the biopsychosocial perspective (Bronfenbrenner & Morris, 2007), because this theory is able to capture the complexity of emotional and behavioral difficulties (Cooper, Bilton, & Kakos, 2013; Kauffman, 2001). Another reason to choose the biopsychosocial perspective is its extensive elaboration on the influence of the interaction between the individual and the social environment on the development of the student, with a focus on the role of proximal processes and '*significant others*' (Bronfenbrenner & Morris, 2007; Mead, 1934; Wearmouth, Glynn, & Berryman, 2005). The discussion around the second theme, '*students' perception of teacher care*', is additionally embedded within the view of the attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988), the relational approach (Baker et al., 1997) and the ethics of care (Goldstein, 1998; Noddings, 1992). The combination of these three perspectives provides a comprehensive view on '*students' perception of teacher care*'. The theoretical framework has three parts and will start with the description of '*emotional and behavioral difficulties*', follows this up with the elaboration on '*students' perception of teacher care*' and ends with the making the link between the individual characteristics of students with emotional and behavioral difficulties and the relationship with the teacher.

### 2.1 Emotional and Behavioral Difficulties

The theoretical elaboration on emotional and behavioral difficulties starts with an introduction on the topic. This introduction will cover two issues in relation to emotional and behavioral difficulties that are considered essential to be mindful about before going deeper into the concept of emotional and behavioral difficulties. First, the choice for the used terminology

will be explained. After that, attention is given to the international perspective taken on emotional and behavioral difficulties. As it will be pointed out, one must be cautious about comparing matters that are related to emotional and behavioral difficulties between countries. The notes made on these two topics contribute to a critical and cautious approach required to gain a better understanding of the theoretical framework.

The first matter explained is the choice to use the term emotional and behavioral difficulties as opposed to alternatives. Other terminology used to refer to students with emotional and behavioral difficulties (EBD) are ‘social, emotional and behavioral difficulties’ (SEBD) as formally used in Scotland and ‘behavioral, emotional and social difficulties’ (BESD) as employed in 2012 by the English government (Cole, Daniels, & Visser, 2013). As opposed to emotional and behavioral difficulties, those other two terms both include ‘*social difficulties*’ explicitly. As will be thoroughly discussed later in the theoretical framework, social difficulties represent a defining characteristic of students with emotional and behavioral difficulties (Kavale, Mathur, & Mostert, 2004). Therefore, the longer terms, abbreviated as SEBD and BESD, might be more comprehensive of the range of difficulties the students have (Cole et al., 2013). Despite this fact, there was another reason why this paper chose to use the term emotional and behavioral difficulties, namely because emotional and behavioral difficulties is wider internationally accepted as an official term to refer to these students. An official category of emotional and behavioral difficulties is used in special education in at least half of the Organization for Economic Co-operation and Development (OECD) countries (OECD, 2007 as described in (Willman, 2013)). Because of the international character of the term emotional and behavioral difficulties, this paper chooses to use the term emotional and behavioral difficulties, abbreviated as EBD, while still acknowledging the importance of ‘*social difficulties*’ as a crucial part of EBD.

Even though the term emotional and behavioral difficulties is more widely internationally accepted than other terms (Willman, 2013), this doesn’t automatically mean that emotional and behavioral difficulties as a concept is recognized all around the globe. On the contrary, the concept of emotional and behavioral difficulties is well established in nations where research on emotional and behavioral difficulties, special education and special educational needs is conducted, but emotional and behavioral difficulties are not recognized in most other nations (Lopes, 2013). Most research in the field of emotional and behavioral difficulties is conducted in Western countries, and emotional and behavioral difficulties as a term can

therefore be seen as a product of the so-called Western culture (Lopes, 2013). The scientific and political resources used in this paper, are therefore only representing a small but influential number of countries in the world (e.g. Australia, the Netherlands, the United Kingdom, the United States and New Zealand) (Lopes, 2013). To conclude, one needs to acknowledge that the theory on emotional and behavioral difficulties is not universal but colored by the Western culture and context.

The extensive research on emotional and behavioral difficulties as described in the theoretical framework can only be understood accurate, if the readers keeps the considerations as described above in mind. Emotional and behavioral difficulties, from now on abbreviated as EBD, will now be elaborated on by first defining the concept and discussing the prevalence. Second, the biopsychosocial perspective is explained within in relation to emotional and behavioral difficulties. Afterwards, the text goes more into depth on the different types of difficulties.

### **2.1.1 Defining emotional and behavioral difficulties**

In this chapter attention is given to the definition of emotional and behavioral difficulties (EBD). Defining emotional and behavioral difficulties will answer the question: “Who are these vulnerable, difficult and misunderstood students?”. The term *‘emotional and behavioral difficulties’* (EBD) is in an early stage mentioned in the Warnock Report: Special Educational Needs (UK: 1978) to refer to students whose behavior is considered difficult to manage, whose problems prevent them from learning in the same way as other students, and who therefore might need special provision at school (Wearmouth et al., 2005). An important characteristic about the term EBD, clearly seen in the first definition from the Warnock Report (UK: 1978), is that EBD applies to the educational context, rather than for example a medical or psychological context. In fact, EBD evolved in opposition to the medicalization of problems, which educators were not trained for to diagnose or treat. For educators this medicalization didn’t seem to contribute to the increasing believe that these students could be helped and develop for the better within the classroom context (Bilton & Cooper, 2013). So, EBD is an educational term and indicates that the student needs to receive special services at school to be able to learn in a similar way as the other students in the classroom.

Beside this first definition on EBD, over time others also attempted to operationalize EBD. It is important to remember, that definitions serve the purposes of the person or organization

who use them, which is why political definitions differ from scientific definitions (Kauffman, 2001). Where a political definition often is based upon science, looking at the scientific source will give us more detailed definitions. For instance, the political definition in effect by the US based Individuals with Disabilities Education Act (IDEA) finds its origin in the research of Eli Bower. Bower (1981) conducted pioneering research that formed the basis of an operational description of students with EBD. (Kauffman, 2001; Mundschenk & Simpson, 2013). Instead of EBD, he used the term '*emotionally handicapped*' and described five characteristics of this group of students. He noted that students exhibiting in one or more of these five characteristics, to a marked extent and over a period of time, were considered 'emotionally handicapped' (p.115-116). These five characteristics are:

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 behaviors or feelings under normal conditions.*
4. *A general, pervasive mood of unhappiness and depression.*
5. *A tendency to develop physical symptoms, pains, or fears associated with personal or school problems.*

Bower layed with these five characteristics a widely accepted basis for the scientific definition of children and youth with significant emotional and behavioral difficulties (Mundschenk & Simpson, 2013).

The five characteristics described by Bower (1981) vary from each other in a distinct way. It is therefore not a surprise that EBD later is described as an umbrella term for several types or subcategories of EBD (Cooper, 1996). The emotions and behavior in which students with EBD exhibit can be divided into two distinct categories: externalized and internalized difficulties (Cooper, 1996; Henricsson & Rydell, 2004; Mustian & Cuenca-Sanchez, 2012). This division should not be seen as two separate categories in which the student shows either '*external*' or '*internal*' emotional and behavioral difficulties, but rather as two poles on a continuum of EBD. This means that one of the two types of behavior appears to be dominant for a student, but that this doesn't exclude the other type of behavior difficulties (Wearmouth et al., 2005). Another important subcategory of EBD is '*social difficulties*' (Mustian & Cuenca-Sanchez, 2012). Social difficulties are a defining characteristic of EBD and



accordingly shows overlap with the subcategories externalized and internalized EBD (Kavale et al., 2004). While some argue that social difficulties are a consequence of having externalized and internalized EBD (Milligan, Sibalis, Morgan, & Phillips, 2017), others explain that social difficulties could be the cause of externalized and internalized EBD (Cividini-Motta, Bloom, & Campos, 2017). In line with the biopsychosocial perspective that will be thoroughly discussed later on, social difficulties are in constant bidirectional interaction with other subcategories of difficulties. Because social difficulties are so fundamentally important to EBD, it is chosen to be treated as a separate subcategory. These three subcategories of EBD will be discussed in more detail in the following subchapters.

There is one more crucial characteristic of EBD that will now be discussed to gain a deeper understanding. In any definition of EBD, one needs to acknowledge the crucial part the context plays (Cooper, 2008). Mesquita and Walker (2003) explain that implicit to the idea of EBD, rests the idea that the students' EBD go beyond what the society defines as 'normal' emotions and behaviors. Landrum (2011) concludes about this that the fundamental problem of defining EBD lies in the simple question: *'What is normal?'*. The judgement of what is normal behavior and what is not, is subjective and varies widely from culture to culture and over time (Jones, 2003; Lopes, 2013). The judgement lies in the eye of the beholder; what one teacher experience as abnormal behavior, might be considered as normal by another teacher. Thus, in defining EBD, only operationalizing individual characteristics and subtypes are not enough, also the context needs to be considered.

To go even further into detail on the discussion of normality and abnormality, we could try to answer the question *'what makes the difference between 'normal/ occasional withdrawn or disruptive behavior' and EBD?'*. According to Woolfolk, Hughes, and Walkup (2013), what makes the difference between EBD and time-to-time withdrawn or disruptive behavior is that in the case of EBD, the students' behavior deviates so much from the norm that it interferes with the students' own growth and development and the lives of others. Lynn, Carroll, Houghton, and Cobham (2013) name several specific factors that make this difference, such as the severity, complexity, and persistence of problems; children's developmental stages; the presence or absence of a range of risk and protective factors; and the presence or absence of stressful social and cultural factors (Lynn et al., 2013). These individual and contextual factors that play such a crucial role in defining EBD, find a place within the biopsychosocial perspective (Cooper et al., 2013).

EBD can be defined from different points of view. We found that EBD is first of all an educational concept and hinders students from learning. Second of all, EBD is operationalized based upon five characteristics from the pioneering research of Eli Bower (1981), but later divided into the three subcategories of external EBD, internal EBD and social difficulties. Lastly, we conclude that what is considered as EBD and what is not, depends heavily on the social and cultural context.

### **2.1.2 Prevalence of emotional and behavioral difficulties**

To get an idea of how big the group of students with emotional and behavioral difficulties (EBD) is, this chapter will reflect upon prevalence studies considering EBD. Prevalence percentages from studies from various countries differ enormously. How many students with EBD you find, depends on four things; (a) the definition used for EBD, (b) the method used to measure EBD, (c) the informants or sources used to collect the data and (d) the context within the measurement took place (Willman, 2013). Because studies differ in their definitions of EBD, methods of measurement, informants used and in the country they took place, it is difficult and inadvisable to compare the studies on prevalence of EBD with each other. Furthermore, there are two specific characteristics of EBD that make it even more challenging to measure the actual percentage of students with EBD. One is the high rate of under-identification of EBD, the other one is the overlap of EBD with other categories like ADHD (Willman, 2013). As example of internationally conducted research Willman (2013) describes further that in Germany, compared to other students with special educational needs (SEN) the group of students with EBD is the third biggest SEN group. He also notes that the number of students with EBD almost doubled in size over the last decade (Willman, 2013). This data needs to be approached with caution, while an increase in the number of students with EBD could, in part, represent an increased expression of teachers that they feel more and more stressed about the difficult-to-teach students and their challenging behavior as opposed to an actual increase in students with EBD (Willman, 2013).

The prevalence of EBD in the UK is mentioned to give a point of reference in international research. The prevalence of EBD is there estimated on at least ten percent of the school population (Clough, Garner, Pardeck, & Yuen, 2004). Because the study presented in this paper is conducted within the Netherlands, the results of a Dutch prevalence study could give some insights in how many students with EBD to expect in the current study. Scholte and van

der Ploeg (2006) carried out a Dutch prevalence study and asked 150 teachers in the Netherlands about the social–emotional development of their, in total 1243, pupils. According to the teachers, 4.3% of mainstream primary school pupils suffered from ADHD, 5.5% behaved aggressively or antisocially, 2.5% showed defiant behavior and 7.3% suffered from anxiety or mood disorder. Another Dutch prevalence study conducted by van der Veen et al. (2010) asked teachers in mainstream schools about the nature of the special educational needs of their students. In their study, teachers reported that almost half of the special needs students exhibited internalizing EBD and over a third of the students were considered to have externalizing EBD. These results do not provide information on the portion of students in the mainstream class with internalized or externalized EBD as measured in the current study and the study by Scholte and van der Ploeg (2006), but it does give an idea about the proportion of these difficulties among students with special educational needs in the Netherlands.

Summarized, it is hard to measure prevalence of EBD and almost impossible to compare different countries with each other. Therefore, only the prevalence numbers in the Netherlands are outlined, because this is in line with the context from the current study.

### **2.1.3 The biopsychosocial perspective on EBD**

The biopsychosocial perspective will be used to form a framework of understanding of students with emotional and behavioral difficulties (EBD). Understanding involves recognizing the larger implications of individual situations and it involves recognizing that individual problems are manifested in interaction with factors beyond the individual (Wilde, 2013). The biopsychosocial framework is found to be capable of understanding the complexities of EBD, because it takes into consideration the interaction between the student and his or her social environment (Cooper et al., 2013; Kauffman, 2001) First a short overview of Bronfenbrenner’s ecological model of human development (1979) will be given. Thereafter, the text will elaborate upon the biopsychosocial perspective (Bronfenbrenner & Morris, 2007; Engel, 1977; Norwich, 1990) and why this perspective is so important to understand students with EBD.

The biopsychosocial perspective (Bronfenbrenner & Morris, 2007; Engel, 1977; Norwich, 1990) is developed as a reaction of dissatisfaction of the ‘*medical model*’. The medical model is known for seeing a problem as an attribute of the individual that is to be solved by treatment of that individual (Wearmouth et al., 2005). The biopsychosocial model offers

another perspective; one that goes beyond the familiar rejection of the medical model and is based on the idea that human beings are best understood in the complex context of their biological, psychological and social factors (Cooper et al., 2013). This perspective derives directly from the ecological model of human development (Bronfenbrenner, 1979).

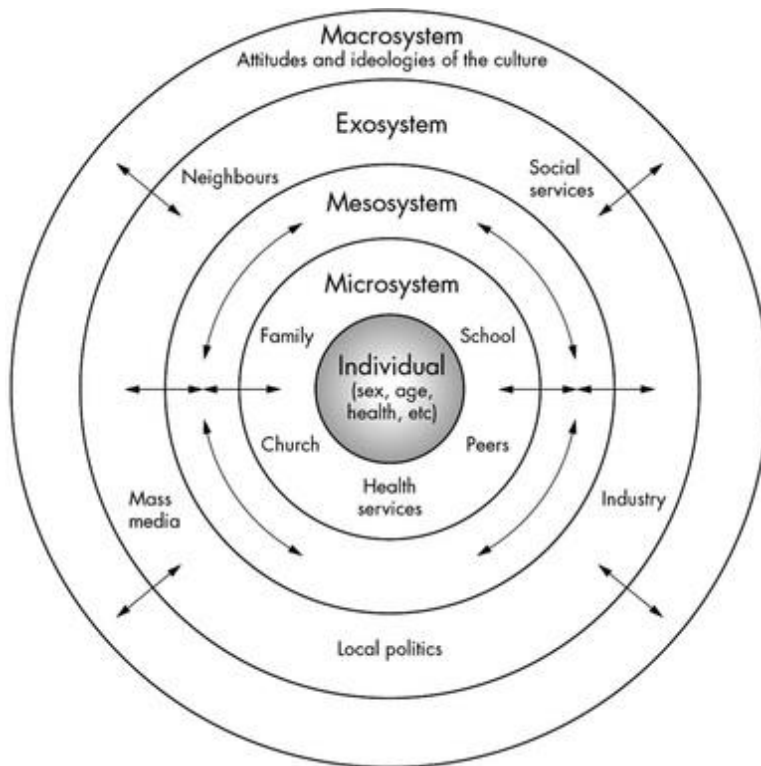


Figure 3. Visual representation of the ecological system theory, developed by Bronfenbrenner (1979)

To understand the biopsychosocial perspective accurately, the origin of this perspective, the ecological model of human development (Bronfenbrenner, 1979), will be explained. The ecological model illustrates how different levels of the social environment interact with the developing individual, as shown in Figure 3. The student and his or her unique characteristics are placed in the middle of the ecological model. The microsystem is the social environment which is physically closest to the student and has a direct effect on the students' development. The outer layer of the model, the macrosystem, is furthest away of the individual and has an indirect effect on the development of the student. The model shows that the individual and his or her social context are constantly in bidirectional interaction with each other, with an equal emphasis placed on both (Sameroff & Fiese, 2000). The emergence of the ecological model

means for students with EBD that, their behavior is now not only seen as the attribution of the individual, but as something that depends on the context the student lives in as well. Also, schools are seen as significant socializing microsystems that interact with the student's emotional and behavioral development (Baker et al., 2008; Bronfenbrenner, 1979).

Later, Bronfenbrenner and Morris (2007) revised the original ecological model into the bioecological model, in which the focus is not only on the role of the environment, but even more on the role of the actual interactions with the people, objects and symbols in the immediate environment of the individual. These interactions between the individual and persons (or objects/ symbols) in the microsystem are called proximal processes. Proximal processes are described by Bronfenbrenner and Morris (2007) as the primary engines of humans' development. For the proximal process to be effective, the interaction between the child and the person (or object/ symbol) must occur on a fairly regular basis over extended periods of time. For children this means that effective proximal processes could occur between themselves and their parents, but later in life especially also with siblings, peers and teachers. Mead (1934) introduced the concept of a '*significant other*' to refer to such persons. Students learn specific skills as well as attitudes and beliefs regarding schooling and school fulfilment through their relationships with significant others, including teachers (Baker, 1999).

This renewed focus shows that behavior is not only context dependent, but depends on the bidirectional interaction between the child and the context. From this perspective, human behavior is developed and maintained by interactional processes and the significant others in the students' life fulfill an important role in this development. Additionally, these significant others often accidentally arrange conditions that cause to maintain, the students' undesirable behavior patterns (Cooper & Upton, 1990; Kauffman, 2001; Wearmouth et al., 2005). Thus, emotional and behavioral difficulties in the classroom are not initially framed as a 'behavior problem', but is approached as a problem in adaptation in the classroom that likely involves multiple interacting components (Pianta, 1999). Interventions at school may be most powerful if they involve proximal processes, such as interactions with the teacher (Baker, 1999).

Summarized, the biopsychosocial perspective has developed over time into the most significant theoretical framework for understanding behavior and EBD. The theory forms a foundation of understanding EBD and fosters a better understanding of the subcategories of EBD that will explained in the following chapters. Besides that, the biopsychosocial

perspective also strongly emphasizes the power of influence of the teacher- student interactions in the classroom on the development of the student. The model does not only show the importance of the teacher- student interaction on the students' development, but also explains the processes taking place between teachers and students. The theoretical framework of the students' perception of teachers care and the discussion of the results of this study will refer to the principles of the biopsychosocial perspective, because the biopsychosocial perspective helps us understand both EBD and the teacher's role on the students' development better.

#### **2.1.4 Externalized EBD**

There are three subcategories of emotional and behavioral difficulties drawn upon in this paper: externalized EBD, internalized EBD and social difficulties. One of the most obvious and therefore most discussed category or type of behavior in which students with EBD exhibit are externalized behavior difficulties (Cooper, 1996; Mustian & Cuenca-Sanchez, 2012). Externalized behaviors are ways of expressing, directed outwardly toward the social environment, that others experience as being disruptive, antisocial and/or confrontational. Examples of these behaviors are aggression, disruption, opposition/ defiance, and impulsivity and hyperactivity (Cooper, 1996; Gresham & Kern, 2004; Henricsson & Rydell, 2004). The externalized disorders Attention Deficit and Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) show comorbidity with externalized behavior difficulties and are therefore often discussed in line with this subcategory of EBD (Clough et al., 2004). The social picture of a student with externalized EBD is based more on boys than girls, because of the disproportionately high number of boys with externalized EBD (McGrath, 2005).

The problem of externalized behavior problem lies in the judgement of the social context. As noted above, externalized behavior difficulties are found to be problematic to *others*. '*Others*' in the social context of the school are peers, teachers or other school personnel like the director of the school. More specifically, externalized behavior difficulties are seen as a threat to the smooth-running instructions and thereby the quality of education for the rest of the students in the classroom (Wearmouth et al., 2005). Also, externalized behaviors are problematic for the teacher, because they are in direct conflict with teaching goals and openly challenge teachers' authority (Lopes, 2013). But even more severe, some externalized behavior in fact jeopardizes the safety of the students and school personnel, for example when

the student with externalized behavior difficulties harms or threat to harm others physically (Morrison et al., 2001). The students' externalized EBD have implications for the social environment of the student that could be severe, like a physical threat to harm, or less severe, like disturb the smooth-running instruction during class.

Despite the problem externalized behavior difficulties form for others, these difficulties also have consequences for the students themselves. As Jull (2008) explains, all these negative consequences of disruptive behavior on the learning, teaching and school environment, might justify one of the biggest risks for students with externalized EBD: exclusion from school. Exclusion is a punitive and disciplinary tool used to discourage disruptive behavior, an approach that indicates that the school failed to resolve the (emotional) problem underneath the behavior (Jull, 2008). Some of the consequences of exclusion on the student are described by Morrison et al. (2001). The first consequence is academically; when the student is excluded, their education is disrupted, students fall behind academically and become more frustrated with the school system. Another consequence mentioned by Morrison et al. (2001), is that excluded students are denied the need to develop trusting relationships with their teachers. Not surprisingly, the expelled student taken as an example in the article by Morrison et al. (2001), states that he had felt as if 'no one cared' about him. The most often chosen intervention for students with externalized EBD is exclusion, which is an intervention that damages the student personally; academically and socially (Morrison et al., 2001).

This chapter described one of the subtypes of EBD: externalized behavior difficulties. Externalized behavior is characterized by the expression of behaviors outwardly, such as conduct behaviors and hyperactivity. Externalized EBD form a problem for the social environment, and as a consequence of exclusion by this social environment, could harm the academic and social development of the student dramatically. It is a challenge for schools to act upon externalized EBD in a way that serves the individual student as well as the individuals in the school context.

### **2.1.5 Internalized EBD**

Acting out behaviors demand attention, but of equal importance, and sometimes of greater significance, is the child being overly quiet and withdrawn (Place & Elliott, 2013). Unlike externalized behaviors, which are overt and obvious to others in the social environment, internalizing behaviors are turned inwards, subtle and often go unnoticed by others in a

child's environment, particularly in classrooms (Gresham & Kern, 2004; Mustian & Cuenca-Sanchez, 2012). Examples of internalized behavior are anxiety, depression and social withdrawal (Gresham & Kern, 2004). Students with internalized EBD also incline to lack self-confidence and have a negative self-image (van der Veen et al., 2010). Girls tend to demonstrate more internalizing difficulties than boys (Place & Elliott, 2013; van der Veen et al., 2010).

Even though internalized behaviors are not so much disturbing to others and are less noticeable, they can be worrying to teachers (Place & Elliott, 2013). Thereby it is important to note, that internalized difficulties could just as much as externalized difficulties lead to serious underperformance in school and difficulties in social relationships (Baker et al., 2008; Cooper, 1996; Mustian & Cuenca-Sanchez, 2012). The extra danger that comes with the invisibility of internalized difficulties is that they are hard to signalize and as a result often recognized too late to intervene effectively (Wearmouth et al., 2005). In short, where the biggest risk for students with externalized behavior difficulties is to get excluded, the biggest risk for students with internalizing EBD is to not have their difficulties noticed at all.

To conclude, internalized EBD are on the opposite continuum of externalized EBD and is characterized by its own challenge of not getting signalized in time to intervene effectively (Wearmouth et al., 2005).

### **2.1.6 Social difficulties**

The last subcategory of emotional and behavioral difficulties described in this paper is the category of 'social difficulties'. Social difficulties, or a lack of social competence, are first of all not only related to the other subcategories of internal and external behavior difficulties, but it also represents a defining characteristic of students with EBD (Kavale et al., 2004). This is logically explained with the following example: When students don't have the social skill required to get what they want in a particular setting, they may engage in other behavior in an attempt to get their needs met. In other words, the gap left by the lack of social skills could get filled with internal or external behavior alternatives (Cividini-Motta et al., 2017).

Research by Mann and Kretchmar (2006) supports this, stating that challenging behavior that the student expresses in the classroom, is a way of communicating that a genuine need of this student has not been met. Another argument that the subcategory of social difficulties is substantial to EBD, is that social difficulties are intertwined with emotional difficulties. Social



interactions are emotional by nature, and students who are better able to regulate their emotions are more likely to be socially able and experience positive social outcomes, including positive engagement with peers, greater acceptance by peers, and a higher quality of friendships (Milligan et al., 2017; Spinrad et al., 2006). Because social interactions are so interrelated to behavior and emotion, it is reasonable to conclude that social difficulties are fundamental to the discussion of EBD.

As already shortly noted above, students with social difficulties lack in social competence. Gresham (2001) defined social competence as the degree to which children and youth are able to establish and maintain satisfactory interpersonal relationships, gain peer acceptance, make friendships, and terminate negative or pernicious interpersonal relationships (Milligan et al., 2017; Mustian & Cuenca-Sanchez, 2012). Social competence is more than just learning and carrying out social skills, such as taking turns, making eye contact, sustaining a conversation, negotiating conflict, and is more about the performance of complex and interconnected skills within interpersonal environments. So to be considered socially competent, one needs to use social skills in a way that is in line with the specific social context (Milligan et al., 2017).

So, by definition, students with EBD often experience social difficulties (Mustian & Cuenca-Sanchez, 2012). In turn, social difficulties could lead to problems with peer relationships and problems in relationships with adults and authority figures, like teachers (Kavale et al., 2004; Lynn et al., 2013). The nature of EBD is such that the behavioral characteristics of most students with EBD often make them unwelcome in social groups and unpopular among their peers (Landrum, 2011). For example, Birch and Ladd (1998) found that antisocial behavior predicts peer rejection. They also found that pro-social behavior, defined as the ability and willingness to help, forecasts peer acceptance (Birch & Ladd, 1998; Henricsson & Rydell, 2004). Peer acceptance is important, because positive peer relationships and friendships are thought to enhance knowledge about social situations, as well as provide emotional support, instrumental aid, affection, self-validation, companionship, and opportunities to learn conflict resolution skills in a supportive environment (Milligan et al., 2017). Students with social difficulties are at risk of getting rejected by peers and have difficulty to build a positive relationship with the teacher, which both have a negative effect on the academic, social and emotional development of the student.

To conclude, Gresham (1997) notes that there is probably no other class of behavior that is more important for adaptive functioning for students with EBD than social competence. All

the research mentioned in this chapter acknowledge that a student with social difficulties lacks social competence and may experience problems in relationships with peers or teachers. It is important to be cautious about the difference between peers and teachers in the discussion of social competence: Social behaviors are substantially different for adjustment related to peers and adjustment related to the teacher. For instance, peer-related social behaviors are essential for friendships and peer acceptance, but have little to do with the relationship with the teacher (Gresham, Macmillan, Ferguson, & Ferguson, 1997). More research on the relationship with the teacher will be discussed further on in the theoretical framework.

## **2.2 Students' perception of teacher care**

The importance of social interaction with a '*significant other*' on the development of the individual is underlined in the biopsychosocial framework. The coming chapter will first elaborate on the role of the teacher in the development of the student. Secondly, the characteristics of a positive teacher-student relationship are outlined from the perspective of the attachment theory and from the perspective of the student. From this outline develops a focus on '*care*' and '*caring relationship*', constructed upon the theory from the ethics of care (Goldstein, 1998; Noddings, 1992) and the relational approach as described by Baker et al. (1997). This part builds in this structure up to the operationalized definition of '*students' perception of teacher care*'.

### **2.2.1 Teachers' role in student's development**

Building upon the biopsychosocial perspective and the role of the '*significant other*' in the development of the individual, this subchapter reviews the role of the teacher in the development of the student. Educational research shows a lot of attention for the interaction and relationship between the teacher and the student and its effect on the different areas of development of the student. From the viewpoint of the biopsychosocial perspective, the attention for this proximal process and its effect on the development of the individual is logical. Since the teacher and the student interact on a fairly regular basis, often five days a week, and over extended periods of time, at least for one schoolyear, the proximal process is expected to be effective to enable development of the individual (Bronfenbrenner & Morris, 2007). Pianta (1999) described relationships, such as the teacher- student relationship, the

cornerstone of development. Overall studies show that the student–teacher interaction is an important determinant of the students social and academic outcome (Davis, 2003). Research by Furrer, Skinner, and Harris (2003) underlines the importance of the teacher even more: they found that the quality of the relationship with the teacher was the strongest predictor of children’s engagement and success in school. Also students themselves find the relationships with teachers the most salient feature of their experience of school (Pomeroy, 1999). Other researchers emphasize that a positive teacher-student relationship is particularly important for vulnerable students and is required to properly educate and care for students with emotional and behavioral difficulties (Breeman et al., 2014; Hamre & Pianta, 2005).

A teacher can have many positive effects on the development of the student. First, and often fixated on in schools, positive interaction with the teacher can foster cognitive achievement and academic adjustment (Baker, 1999; Ladd & Burgess, 2001; O'Connor & McCartney, 2007). This first of all has to do with the fact that students learn in relationship with others, in other words: they need a relationship with someone else to develop (Vygotsky, 1978). But there might be more ways that the teacher has this positive effect on their students’ learning development. One example is given by Birch and Ladd (1997), who discuss that students with a close relationship with their teacher may find it easier to ask for help and support, which in turn helps them to benefit more from the learning activities in the classroom. This may as a matter of fact be particularly important for vulnerable students. Beyond academic results, a positive relationship with the teacher is a well- recognized protective factor associated with resiliency in children and providing the emotional security necessary to develop several personal competencies that promote school learning, such as social competence, self-regulating competencies, positive attitudes towards school and motivation (Baker, 1999; Baker et al., 2008; Birch & Ladd, 1997; Pianta, 1999). Every student profits from the development of these capabilities, which are needed to fully engage in learning activities in the classroom.

In short, the students’ positive interaction or relationship with the teacher holds a lot of opportunities for growth for the student.

### **2.2.2 The characteristics of a positive teacher-student relationship**

The previous chapter explained why the positive interaction or relationship with the teacher is important for a student. Multiple moments of interaction over time form a pattern, and this

pattern of interactions is reflected in what we call a relationship (Pianta, 1999). This chapter goes further into the meaning of a positive relationship, characterized by a pattern of positive interactions, by looking at the characteristics of a positive teacher- student relationship from two different points of view. The first point of view is embedded within the attachment theory, and the second takes the perspective of the students as a starting point.

This study chooses to take the perspective from the attachment theory as a framework for understanding what is meant by a positive teacher-student relationship. The attachment theory is originated in the work of Bowlby (1988), a British psychiatrist, and Ainsworth (1978), a Canadian developmental psychologist (Ainsworth et al., 1978; Bowlby, 1988). The role of the teacher is within the attachment perspective conceptualized as: “*Through their nurturing and responsiveness to students’ needs teachers serve to provide a foundation from which students can develop academically and socially.*” Within this perspective, the nurturing (e.g. love and care) and the responsiveness (e.g. immediacy, frequency and consistency) is important to define a positive relationship (Davis, 2003). More specific examples are given by Furrer et al. (2003), who name warmth, caring, sensitivity, emotional availability and dedication of attention and time as possible important factors to develop secure relationships over time. Research taking the attachment theory as the theoretical foundation for measuring teacher-student relationship, like research by Birch and Ladd (1997), tend to measure dependency, closeness and conflict. In their study was found that teachers experience more conflict with boys and more closeness with girls (Birch & Ladd, 1997). The attachment theory shows to be a good theoretical foundation to measure a caring relationship.

Several studies examined the characteristics of a positive relationship with the teacher by taking the perspective of the students. The perception of students is important in the biopsychosocial perspective, because as Bronfenbrenner and Morris (2007) explain : the interactions with the social context are experienced subjectively by the individual and the students’ own perspective will ultimately affect the development of the student. This means that the environmental factors are not stated facts observed by someone else, moreover that the environmental factors are subjective experiences seen through the eyes of the individual student.

One good example of giving a voice to students is the study conducted by Pomeroy (1999). Out of the answers from interviewing 33 students, Pomeroy (1999) found that students generally describe a good teacher as one who *knows* them, *talks to* them, *explains things* and

*listens*. These factors enable a teacher to communicate ‘caring’ and build meaningful relationships with their students. It is found important to students that they feel cared for and teachers show concern for their well-being (Howard, 2002; Pomeroy, 1999). More research confirms, that when students are asked to describe the teacher qualities most influential to their classroom experiences, students focus on the perceived quality of teacher caring and support, as opposed to things like teacher competency and proficiency (Baker et al., 1997). Especially for students with emotional and behavioral difficulties, the importance of teachers listening to them and understanding them as individuals is substantial (Davies & Ryan, 2013).

An adult- child relationship, alike a teacher- student relationship, is asymmetrical, meaning the adult has a greater weight in determining the quality of the relationship (Pianta, 1999).

Summarized, the most important characteristics from the attachment theory point of view and a students’ point of view of a positive teacher -student relationship are in line with each other. The attachment theory shows that teachers should meet the needs of students with nurture (e.g. care and love) and responsiveness to provide the emotional security to learn. If you ask students about the characteristics of a positive relationship with their teacher, they underline that the relationship should be one characterized by teachers’ care.

### **2.2.3 Care and a caring relationship**

Even though much research has focused on the relationship between students and their teacher and the several outcomes this the type of relationship from an attachment perspective, e.g. dependent relationships, in conflict relationships or close relationships (Birch & Ladd, 1997) only a few researchers focus on caring relationship (Goldstein, 1998; Noddings, 1992). Goldstein (1998) notes that the commonly held understanding of caring, characterized by gentle smiles and warm hugs, does not acknowledge the complexity and intellectual work of the work with young children. A caring relationship is way more than just gentle smiles and warm hugs. What defines ‘care’ according to Baker et al. (1997) is the manifestation of the perception that one is valued and worthy of love and respect in the behavioral interactions. In this chapter, the complexity of a caring relationship will be captured and operationalized step by step.

A relationship is, in its most basic form, a connection between two human beings and reflects a pattern of interactions between two persons (Noddings, 2005; Pianta, 1999) . In order for the

relationship to be properly called caring, both the carer and the cared-for need to contribute to it. This means for teachers that they must be able to communicate to their students that they do care about them for students to perceive them as caring (Noddings, 2005; Teven, 2007; Teven & Hanson, 2004). Teven and Hanson (2004) note that caring can be communicated nonverbal with facial expressions, use of gestures and body language and verbally by for example the use of humor and self-disclosure. Noddings (1992) suggests that caring teachers (a) model caring behavior to their students, (b) engage students in dialogues that lead to mutual understanding and perspective taking, and (c) expect as well as encourage students to do the best they can given their abilities. According to Goldstein (1998) a caring teacher is nurturing, supportive, nice, inclusive, responsive and kind. Research by Hamre and Pianta (2005) shows that a caring teacher responds to students by demonstrating an awareness of their personal, academic and emotional situations and is consistent in dealing with behavior issues (Hamre & Pianta, 2005).

Caring is often seen as a personality trait that causes a teacher to behave in a certain way and makes one suitable to work with young children (Goldstein, 1998). When Noddings uses the term caring, she describes a relationship instead of a personality trait. Thus, caring in her words is not what you are, but what you do. Noddings (1992) sees “caring as a way of being in relation, not a set of specific behaviors.” In the terminology of the biopsychosocial perspective: (the presence or absence of) caring is a characteristic of the interaction between student and teacher (proximal process), rather than a characteristic of the teacher.

#### **2.2.4 The perception of teacher’s care**

How the students perceive caring is dependent on their interpretation of the teacher’s communication behavior (Noddings, 2005; Teven, 2007). Both verbal and nonverbal behavior of the teacher, provides information to students that generates meaning within the context of an interpersonal relationship (Teven & Hanson, 2004). Therefore, it may be the case that children feel completely different about the relationship with the teacher than the teacher does. In fact, it has been found that teachers and students tend to disagree in their perception of the teacher-child relationship, e.g. by Murray, Murray, and Waas (2008). Specifically, approximately two-thirds of all teachers rate their interpersonal behavior more favorably when compared to students’ ratings of their teachers’ interpersonal behavior (Breeman et al., 2014).

This brings us back to a critical element in the biopsychosocial perspective (Bronfenbrenner & Morris, 2007) which is 'experience', emphasizing that the interactions with the context are experienced subjectively by the individual.

McCroskey (1992) underlines three factors that lead students to perceive the teacher as caring about their welfare: empathy, understanding and responsiveness (Teven & McCroskey, 1997). Teven and McCroskey (1997) define empathy as "the capacity to see a situation from the point of view of another person and feel how they feel about it." (p.2). Seward sums up empathy with the words: "I see you, I hear you, I am with you." (as described in Ingram and Nakazawa, 2008). Eisenberg, Wentzel, and Harris (1998) define empathy as "an affective response that stems from the apprehension or comprehension of another's emotional state or condition, and that is identical or very similar to what the other person is feeling or expected to feel." Understanding is about comprehending someone else's needs (Teven & McCroskey, 1997). Although empathy requires understanding and empathy can be a result of understanding, they are separate constructs. Empathy always involves an emotional reaction, whereas is a more cognitive process and does not necessarily need to involve an emotional reaction (Eisenberg et al., 1998). The third factor, responsiveness, is characterized by paying attention to the students, listen to what they say and reacting quickly to student's needs (Teven & McCroskey, 1997).

Conclusion, perceived caring is an interpretation of another person's communication behavior (Teven, 2007). The three key concepts for a student to perceive their teacher is caring, are empathy, understanding and responsiveness (Teven & McCroskey, 1997). The perception of being cared about and valued provide students with a sense of belonging to the school community which allows them to achieve their potential (Baker et al., 1997).

## **2.3 Students' characteristics and the relationship with the teacher**

The interaction between the student and the teacher is in the biopsychosocial perspective called a proximal process. There are two predispositions explaining the specific meaning of the concept proximal process. The first proposition of the biopsychosocial perspective is that proximal processes are bidirectional (Bronfenbrenner & Morris, 2007). The second proposition described by Bronfenbrenner and Morris (2007) is that the power and direction of

the proximal process, such as the interaction with the teacher, is among other things influenced by the characteristics of the individual. These characteristics of the developing individual, here: the student, can either be developmentally generative or developmentally disruptive (Bronfenbrenner & Morris, 2007). Impulsiveness, aggression, social withdrawal and feelings of insecurities are examples of developmentally disruptive behaviors, which interfere with proximal processes (Bronfenbrenner & Morris, 2007). These behaviors are typical examples of behaviors of students with emotional and behavioral difficulties as well (Gresham & Kern, 2004). It is likely that students' behaviors affect the relationship they form with teachers (Birch & Ladd, 1998), but what kind of behavior affect this relationship the most? And in what way? This chapter will discuss the characteristics of students with externalized EBD, internalized EBD and social difficulties in relation to the teacher-student relationship.

Through the studies, it seems that it is especially challenging for teachers to build a positive relationship with students with externalized behavior difficulties (Breeman et al., 2014). Externalized behavior difficulties predict a negative relationship with the teacher, characterized by conflict and low degree of emotional closeness (Birch & Ladd, 1998; Breeman et al., 2014; Demirkaya & Bakkaloglu, 2015; Henricsson & Rydell, 2004). Baker (1999) describes how at-risk youth report that their teachers behave as if they dislike them. Studies have shown that teachers respond to students with externalized behavior difficulties with less support and more punishment which, over time, shapes students' school alienation (Baker, 1999; Henricsson & Rydell, 2004). But when teachers spend individual time with children who they find challenging, the disruptive behavior of these students drops, and teachers report more harmonious and learning-oriented interactions (Pianta, Hamre, & Allen, 2012).

Students with internalized behavior difficulties have more dependent relationships with the teacher (Birch & Ladd, 1998; Henricsson & Rydell, 2004), and based on research by Birch and Ladd (1997) which showed that teachers experiences more positive relationships with independent students, we might be able to suggest that this is not a positive relationship. Besides the dependency, research by Henricsson and Rydell (2004) shows further that students with internalizing problems do 'rather well', this might be because they go unnoticed and the students withdraw themselves from teacher-student interactions.



Positive social behaviors increase close teacher-student relationships (Demirkaya & Bakkaloglu, 2015). Sanchez Fowler, Banks, Anhalt, Der, and Kalis (2008) found with their research that possessing high levels of prosocial skills while also having externalized behavior difficulties, maintained the quality of the relationship with the teacher comparable to students who had the same amount of prosocial skills but did not show externalized behavior difficulties. This is very interesting considering the big negative of externalized behavior difficulties on the teacher-student relationship. It seems, that prosocial skill might have the potential to serve as a protective factor for students with externalized behavior difficulties.

In conclusion, Henricsson and Rydell (2004) notes that externalizing behavior difficulties seem to threaten the teacher- student relationship more than internalizing behavior difficulties. Study by Sanchez Fowler et al. (2008) shows how prosocial skills could have a positive effect on the teacher- student relationship, despite externalized behavior difficulties.

## **2.4 Summary of the theoretical framework**

The chapter will conclude with a summary of the most important points of the theoretical framework. The theoretical framework defines EBD as an educational concept, indicating that the student has special educational needs that must be met to enable the student to learn in similar way as the other students in the classroom. EBD is an umbrella term for several types of behavior and are chosen to be represented in three subcategories: externalized EBD, internalized EBD and social difficulties. Externalized EBD are characterized by found to be disturbing to others in the classroom, like other students and teachers. In current practices, the most often chosen intervention for students with externalized EBD is exclusion, which is an intervention that damages the student personally; academically and socially. It is a challenge for schools to act upon externalized EBD in a way that serves the individual student as well as the individuals in the school context. Because the internalized EBD is directed towards the inside, their difficulties are not disturbing to others with the danger that their difficulties will not get noticed at all. The last subcategory of EBD, social difficulties, is such a fundamental part of the very core of the definition of EBD, that this study considers it as a separate category. Social difficulties refer to a lack of social competence, and could lead to problems with peer relationships and problems in relationships with adults and authority figures, like teachers. The social competence is also worth focusing on because it could serve as a protective factor for students with EBD.

Acknowledgement for the influence of the social and cultural context should always be a part of the conversation when discussing EBD. This is important due to the fact that what is considered EBD and what is considered ‘normal behavior’ depends on the opinion of the person considering it. Context plays also a central role in the conversation around prevalence of EBD, because prevalence studies with different context variables, like the country where it took place, cannot be compared with each other.

The biopsychosocial perspective goes further, showing that the students’ EBD are not only context dependent, but depend on the bidirectional interaction between the student and the context. From this perspective, students develop through interactional processes and the significant others in the students’ life, such as teachers, fulfill an important role in this development. Pianta (1999) even beautifully describes relationships, such as the teacher-student relationship, the cornerstone of development. A positive teacher-student relationship is particularly important for vulnerable students and could serve as a protective factor for students with emotional and behavioral difficulties. In short, the students’ positive interaction or relationship with the teacher holds a lot of opportunities for growth for the student. To experience a positive teacher-student relationship, it is important for students that they perceived their teacher as caring about their welfare. Caring is not a set of characteristics of the teacher, but caring is an interactional process between the carer and the cared-for. Students perceive their teacher as caring when they display empathy, show understanding and are responsive to their needs.

Some individual characteristics of the student generate development opportunities, while other characteristics disturb or prevent these opportunities from happening. The characteristics of students with externalized EBD are considered disrupting and predict a negative relationship with the teacher. Other individual characteristics, such as social competence and pro- social behavior, are generative and set proximal processes, in other words opportunities for growth, into action.

# 3 Research Design and Methodology

This chapter will first describe how the sample is selected and gives an overview of the demographic characteristics of the sample. Afterwards, the used instruments in this study and the procedure will be discussed. At last, the reliability of the instruments is measured with the Cronbach's Alpha and compared with previous research using this instrument.

## 3.1 Selection of the sample

In order to select a sample representative of the target population; first the characteristics of target population were defined, secondly the aimed sample size for this study was calculated and lastly the preferred selection procedure was determined (Gall, Gall, & Borg, 2007).

This study is interested in the population of students with emotional and behavioral difficulties. For this study, 6<sup>th</sup> grade students were chosen for two reasons. First, the students in the 6<sup>th</sup> grade are old enough for the self-reported version of the Strengths and Difficulties Questionnaire (SDQ), for which the minimum age is 11 years old. Also, students in the 6<sup>th</sup> grade have one or two main teachers for all the main subjects at school. In the 7<sup>th</sup> grade, where students start high-school, most students get a different teacher for every subject. Since this study measures how the student perceives his or her teacher, it is preferred that they can have one teacher in mind that they spend at least half of the time with at school. It seems therefore, that 6<sup>th</sup> grade students lend themselves the best for the purpose of this study. For the location of this study, a Dutch context was favored to the researcher because she grew up and worked in this context and knows social norms and school culture in the Netherlands very well. This made it easier for the researcher to design a study that suits the population. Additionally, the multicultural city Rotterdam does not only offer an interesting mix of cultures in the classroom and all schools in the central neighborhoods are easy to reach for the researcher for visits. All these building blocks together defined the target population as 'students in the 6<sup>th</sup> grade of a mainstream elementary school located in the multicultural city Rotterdam'.

The general rule is to use a sample as large as possible (Gall et al., 2007), nonetheless this study has to be conducted in a limited time frame and therefore the sample size needs to be limited. To calculate how many participants are aimed to have in this study, the following

question will be asked: “How many participants in this study is enough?”. Sundman, as described in Gall et al. (2007), suggests a minimum sample size in which each major subgroup has a minimum of  $n=100$ , and contains  $n=20/50$  for minor subgroups. The smallest subgroup, children with emotional and behavioral difficulties, is in the international reference point of prevalence taken, expected to be 10% of the total according to the SDQ scoring format (Clough et al., 2004). This means, that the minimum number of students in the subgroup EBD must be 20 (10%), and then the total amount of students participating in the study should be at least 200 (100%). Now we know the amount of students that are minimal required to have subgroups that are big enough, we can go further seeing how many classrooms are needed. The average amount of students per class in elementary school in the Netherlands is 23.4 students (Dekker, 2016). If you divide the minimum total sample size of 200 by 23.4, it seems that nine classes are the recommended minimum for this study. In the next step we take the neighborhoods where the schools are located into consideration. The aim is to have a somewhat equal number of classes from all the five different central neighborhoods, and with the minimum of nine classes in mind, this brings us to a new aim to have at least two classes, with an average amount of 23 students per class, per neighborhood. This means the study would need minimal a total of ten classes and 230 students participating in the study. It is possible that students do not wish to participate in the study or are unable to participate in the study due to sickness on the day of the visit. To account these situations in, a sample size of 250 students was aimed for.

To collect data from 250 students in a limited amount of time, the preferred sampling procedure is cluster sampling; in where the sample is selected by selecting naturally occurring groups of individuals (Gall et al., 2007). In this particular study the naturally occurring groups are classes within schools. Besides the clustering sampling procedure, also a non-probability variety of the stratified sampling procedure was used to divide the schools into five neighborhoods and ensure that the distribution of students over the city was fairly equal (Gall et al., 2007). A sample framework was made with the information provided at the website [www.scholenopdekaart.nl](http://www.scholenopdekaart.nl), where all schools in Rotterdam are registered with name, address and phone number. With the information retrieved from this website, a list of all the elementary schools in Rotterdam was made, divided by the five most central located neighborhoods based on the postal code of the school. This resulted in a list of 82 schools with the school name, address and phone number. This list got shaped into a table with five different columns representing the five most central located neighborhoods; Centrum ( $n= 8$ ),

Delfshaven (n= 22), Noord (n= 13), Kralingen- Crooswijk (n= 15) and Feijenoord (n= 24). To select the schools from this sample framework, a simple random sampling procedure was chosen through the use of random number generation (Gall et al., 2007). All the rows in the table were numbered, so every school had a number. Per neighborhood, randomly five numbers were selected using an online random number tool to give every school within the neighborhood the same chance to be asked to participate in the research.

The schools selected in this random process, were emailed with the invitation to participate in the research. This email described the topic of interest in one sentence, the procedure of the research, confidentiality and anonymity of the school and the students and practical information about dates and time. Several strategies were used to increase the rate of acceptance of the approached schools; the invitation email (a.) had an attractive and professional design, (b.) included a professional picture of the researcher to make the email personal, (c.) emphasized that the data collection would only take little time (20 minutes) and did not need any preparation from the teacher, (d.) underlined the good cause and the purpose of the study: to improve education and (e.) ended with an offer to give a free seminar at the school about the topic and personal results in the spring. The schools that received an email were called one week later and the directors were asked if their school wanted to participate in the study. When a school did not want to participate, a new number got randomly picked and the school representing that number got the invitation email and the later following phone call.

In total 44 out of the 82 schools were approached to participate in the study; eleven of them agreed to participate. Of these 33 schools that did not participate, 19 schools responded that they didn't want to participate, 11 schools did not response at all on the email and calls and 3 schools wanted to participate but weren't able to make an appointment in the period the data collection took place. Reasons for schools not to participate ranged from 'simply not interested' to 'this school does not exist anymore' or 'we already have someone researching within the school'. Despite the many varying reasons for not wanting to participate in the study, the primary reason for refusal was that the workload in the schools is already too high and that the teachers can't take anything else on top of that anymore. In the end, the response rate of the schools was 25% (11 out of 44) and the sample represents 13.4% of the target population (11 out of 82).

Teachers were instructed, that any parent or student that would approach them about not wanting to participate in the study, would be reading a book or drawing during the research. In total three students out of the 305 did not participate, which makes the student response rate 99%.

## 3.2 Demographics of the sample

Eleven mainstream elementary schools in Rotterdam participated in this study. Because one school had three 6<sup>th</sup> grades and another school two 6<sup>th</sup> grades, there were in total fourteen classes participating. The total amount of students that filled in the questionnaires is 302. The age of the students is known for 300 students and the mean is 11.63 years old. The boy-girl ratio is almost 1:1 (Table 3.1). Table 3.1 shows further how many students in what neighborhood were going to school and how many students are bilingual, meaning they spoke another language at home than in school.

Table 3.1

*Demographic characteristics of the students (n= 302)*

Characteristics		<i>n</i>	%
Gender	Boy	151	50.5
	Girl	148	49.5
	Total	299	100
Neighborhood	Centrum	35	11.6
	Delfshaven	70	23.2
	Noord	41	13.6
	Kralingen- Crooswijk	90	29.8
	Feijenoord	66	21.9
	Total	302	100
	Language	Monolingual (Dutch)	127
	Bilingual	165	56.5
	Total	292	100

The groups differed in sizes; the smallest group had only 6 students in the 6th and the biggest group had 30 students in 6<sup>th</sup> grade (Table 3.2). The schools also differed in cultural diversity, religion, central beliefs about pedagogics and the structure of the group, for example if the ages were mixed or not.

Table 3.2

*Demographics of the class size (n=14)*

Characteristics		<i>n</i>	%
Number of students in the class	<11	2	14.3
	11-20	1	7.1
	21- 24	6	42.9
	25-30	5	35.7

### 3.3 Method and design

To be able to make generalized conclusions over the data collected with the sample, a quantitative method is selected. This study chose to use self- reported questionnaires for this study for a couple of reasons. One of these reasons is that students will be asked about attitudes and sensitive data. The fact that the survey is anonymous and the answers do not have to be personally shared with the researcher, makes it easier for the students to share information about matters that are bound to social norms and they might be scared to be judged about (Fowler, 2009). There is evidence that a self-report design can collect better data about sensitive topics than interviews can. Another characteristics of the design is that the surveys were group- administered. Fowler (2009) notes that advantages of this design is that the cooperation rates are generally high and it provides the researcher with the opportunity to explain items on the questionnaires that the student does not understand.

### 3.4 Instruments

The Strengths and Difficulties Questionnaire (SDQ) is used to measure self-reported emotional and behavioral difficulties. To measure perceived caring, a questionnaire with 10 items is developed based on the research on measuring perceived caring done by Teven and

McCroskey (1997). Both instruments will be discussed in more detail in the following chapters.

### **3.4.1 Strengths and Difficulties Questionnaire**

The Strengths and Difficulties Questionnaire (SDQ) is 25 item-questionnaire divided into five subscales: Emotional Problems, Conduct Problems, Hyperactivity Problems, Peer problems and Pro-Social Behavior. All items are scored on a three-point Liker-scale.

The development of the SDQ started with a revision of the Rutter questionnaire by Goodman in 1994. The Rutter Questionnaire measured 'emotional and behavioral disturbance' in children. The original motivation to expand and revise the Rutter questionnaire, was to make the questionnaire more acceptable for parents by enquiring about strengths as well as weaknesses. The factor structure showed that the category prosocial behavior should be considered as a distinct category and not just the opposite from the antisocial, neurotic and hyperactivity behavior. Thereby both the satisfactory internal consistency (Cronbach's alpha 0.82) and the interrater reliabilities between teacher and parent, suggest that the prosocial items were not just a 'cosmetic padding' (Goodman, 1994).

The SDQ is internationally recognized and available in over 70 languages (see [www.sdqinfo.com](http://www.sdqinfo.com)). The Dutch translation of the original English SDQ is formulated by Treffers et al. in 2000 (van Widenfelt, Goedhart, Treffers, & Goodman, 2003).

The SDQ is an instrument with both advantages and disadvantages. The first advantage of the SDQ is that it is short, 25 questions, which makes it very user friendly. This also may enhance the acceptability for respondents and consequently the response rate and accuracy of the answers. But the briefness of the questionnaire could also be a disadvantage, while the reliability and validity might be questioned (Widenfelt et al, 2003, p.281). Another disadvantage of the small number of items in the scales, is that it sometimes makes it difficult to get a decent Cronbach's alpha value. This will be seen later in the chapter 3.7 about the reliability of the scales. The second disadvantage of the SDQ is the wide age range. The version used in this study is the SDQ for children from 11 until 17 years old. This means that the items might differ in relevance and will be different interpreted depending on the age of the participant. Despite the advantages, SDQ has shown to discriminate well between children with and without psychopathological symptoms. Thereby there is also evidence that it can be



used as an effective screening method for child psychiatric disorders in community samples (Muris, Meesters, & van den Berg, 2003).

The scales of the SDQ measure externalized EBD with the scales 'Conduct Problems' and 'Hyperactivity'. The internalized EBD are measured with 'Emotional Problems'. The social difficulties are measured within the scale 'Peer Problems' and 'Pro-Social Behavior'. Hereby, the SDQ takes into account the wide range of difficulties of students with emotional and behavioral difficulties.

### **3.4.2 Questionnaire to measure Perceived Caring**

In most of the studies discussed in the theoretical framework, the relationship quality is assessed by data from the teacher, which may only measure the teachers' perspective. Therefore, very little is known about how students perceive the relationship. Students have the opportunity to observe and interact with the teacher five days a week and might therefore have a more accurate perspective on the interaction with the teacher than, for example, an observation could point out (Wentzel, 2002). Drawing upon past work by Teven and McCroskey (1997) and others, we propose to measure perceived as caring on three scales: empathy, understanding and responsiveness. The questionnaire to measure perceived caring is based on the research by McCroskey and Teven (1999) and Teven and McCroskey (1997). This 10-item questionnaire is designed to measure empathy (item 2, 3 and 4), understanding (item 5, 6 and 7) and responsiveness (item 8, 9 and 10) (Figure 4). The first item asks about perceived caring directly; this item reflects the items 2 until 10. That one item reflects all other items might be unnecessary extra, but leaving it out would change the design of the original questionnaire by Teven and McCroskey (1997). The items to measure perceived caring are formulated as in Figure 4. As shown, multiple questions, with different question forms, measure the same subjective state. The answers are combined into a scale to improve the validity of the instrument (Fowler, 2009).

To decide on how many categories on the continuum of answer possibilities were appropriate, the following general principles described by Olsen (2012) were considered; First, to distribute people across the response categories, more categories are better than fewer categories. Second, there is a limit to the number of categories most respondents can use meaningfully; these are five to seven categories. Lastly Olsen (2012) mentions that for

attitudes, we often use a five-point Likert scale to measure the extent of the disapproval or approval. So, decided is to use a five-point Likert scale for the questionnaire.

- 1) *My teacher cares about me;*
- 2) *My teacher can see a situation from my point of view;*
- 3) *My teacher understands how I feel;*
- 4) *My teacher is concerned with me;*
- 5) *My teacher knows what I need;*
- 6) *My teacher understands me;*
- 7) *My teacher understands how I think;*
- 8) *My teacher pays attention to me;*
- 9) *My teacher listens to what I say;*
- 10) *My teacher always helps me quickly.*

Figure 4. Items on the questionnaire measuring perceived caring in English

### 3.5 Procedure of data collection

In preparation of the visits the questionnaires were made ready to use. The online available SDQ- questionnaire was lightly modified by the researcher; replacing the line asking for the name and the birth date of the student with asking for the month and year the student is born and the mother tongue of the student. The questionnaires were one-sided printed on white A4 sized paper. The SDQ was attached to the questionnaire for perceived caring, so that the two questionnaires stayed together.

The researcher visited every class personally for data collection, to control the setting consistently over the different schools. Every visit started with an introduction of the researcher. Told was the name and the fact that the researcher was a student and nothing more, for example not the age of the researcher, to stimulate the students to ask questions and create an atmosphere in where students feel safe and encouraged to ask.

The next part of the introduction by the researcher was about the anonymity of the research. Explained was that writing down your name was forbidden and that the researcher picks up

the questionnaires facing down and only starts looking at it at home when there are 300 questionnaires together in one big pile. This ensured the students that the researcher would never find out who exactly answered what. Also underlined was, that the teacher wouldn't see the results. Students were encouraged to think about the reason for anonymity. After the group discussion about anonymity, the researcher underlined another time that it is important to give an honest answer.

After everyone understood what anonymity means, the information that would be asked on the questionnaire was pointed out: The month and year you are born, the mother tongue of the student and gender. Mother tongue was explained as the language that you think the most in, because many students are known to be multilingual and speak different languages at home and in the school. After that, the use of the Likert scale and difficult words were explained. Difficult words or sentences explained were: [opgedragen] 'as I am told', [pieker] 'worry', [minstens] 'at least', [dingen wegnemen die niet van mij zijn] 'taking things that are not mine', [geeft om mij] 'cares about me' and [vanuit mijn oogpunt] 'from my point of view'. The students were told to raise their hand when they don't know the meaning of a word, so the researcher could immediately come to them and answer the question they had.

The last instructions before handing out the questionnaires were to fill in the questionnaires alone, because so was told: "only you know the answer for you". The students had to turn their questionnaire around and read a book/ draw something when they were done. The questionnaires would be picked up when everyone is ready, so there was enough time for the researcher to answer the questions of the students who were still working on the questionnaire. Every school received a number in the research and the questionnaires were organized in folders per school, with the school number on the front.

### **3.6 Procedure of data analysis**

When all the questionnaires were filled in, the data was scored and digitalized in the software of the Statistical Package for the Social Sciences (SPSS). For interpreting the SDQ scores, the standard four- band categorization scoring format was used as shown in Table 3.3 (retrieved from [www.sdqinfo.com](http://www.sdqinfo.com)).

Table 3.3

*Four- band categorization scoring format for the self- completed SDQ for 11- 17 years old*

Scale	Close to Average	Slightly raised (/slightly lowered)	High (/Low)	Very high (/Very low)
Emotional problems score	0-4	5	6	7-10
Conduct problems score	0-3	4	5	6-10
Hyperactivity score	0-5	6	7	8-10
Peer problems score	0-2	3	4	5-10
Prosocial score	7-10	6	5	0-4

*Note.* SDQ: Strengths and Difficulties Questionnaire

## 3.7 Reliability of the scales

For the reliability, the Cronbach's alpha is used to measure the internal consistency of the scales. The widely used cut off score for an acceptable Cronbach's alpha is 0.70, referring to the "Standards of Reliability" section written by Nunnally in 1978. Nunnally (1978) also notes that a satisfactory level of reliability depends on how a measure is being used and that one single reliability standard should be not applied universally.

The following chapters shows the internal consistency found in this study and compares this information with previous studies using the same instruments.

### 3.7.1 SDQ

Muris et al. (2003) found for the Dutch version of the Self-report SDQ, an acceptable Cronbach's alpha levels of internal consistency for the total score of the difficulties (0.78). In the current study, the Cronbach's alpha for the total score of difficulties is also acceptable (0.73).

The SDQ is divided into five scales with five items per scale. Table 3.4 gives an overview of the Cronbach's alpha scores for the different scales of the SDQ. The first scale, Emotional Problems, had in the study of Muris et al. (2003) an acceptable Cronbach's alpha of 0.71, while the current study shows a Cronbach's alpha that is a bit lower (0.62). This Cronbach's alpha doesn't raise if any of the items within this scale are deleted.

For the next scale, Conduct Problems, a low Cronbach's alpha was found in both the study by Muris et al. (2003)(0.45) as in the current study (0.52). If the item 'I take things that are not mine.' is deleted, the Cronbach's alpha would raise to 0.59. This item also has a low corrected Item-total correlation (0.071), indicating that it doesn't correlate much with the total score. (Note for the discussion: This item was explained as stealing, negative value on stealing.) The low internal consistencies of the subscales may be a consequence of the limited number of items (van Widenfelt et al., 2003).

The Cronbach's alpha in the current study for the scale Hyperactivity Problems is acceptable (0.73). This is comparable to the Cronbach's alpha of the study by Muris et al. (2003), which was 0.72.

The scale Peer Problems has found to have low Cronbach's alpha (0.42) in the current study. The Cronbach's alpha for the scale peer problems was also found low (0.54) in the study by Muris et al. (2003). Deleting the item "I have at least one good friend" would in this study increase the Cronbach's alpha to 0.43. (Note for discussion: Some children didn't get the concept of 'at least one'.) Corrected Item-total correlation is also for the item 'doesn't interfere with others' low (under 0.2).

The last scale is Prosocial behavior. In the study done by Muris et al. (2003), the Cronbach's alpha was 0.62. In the current study, the Cronbach's alpha was found to be 0.57. Deleting one of the items would not increase the Cronbach's alpha.

Table 3.4

*Reliability of the scales of the SDQ in a previous study compared with the current study*

	Internal consistency of the scales from the study by Muris et al. (2003)	Internal consistency of the scales found in the current study
Emotional problems scale	0.71	0.62
Conduct problems scale	0.45	0.52
Hyperactivity scale	0.72	0.73
Peer problems scale	0.54	0.42
Prosocial scale	0.62	0.57

### **3.7.2 Perceived caring**

The total questionnaire has a Cronbach's Alpha of 0.901. Acceptable Cronbach's alpha levels of internal consistency were found for all the subscales; empathy (0.70), understanding (0.76) and responsiveness (0.78). Concluding, empathy, understanding and responsiveness have a strong internal consistency, and are representative for the concept Perceived Caring.

# 4 Results

The results presented are divided into three sections. First, this chapter describes the distribution of emotional and behavioral difficulties and gender differences in the sample. After that, the correlations between the scales of the Strengths and Difficulties Questionnaire and perceived caring are presented to explore what scales are related. Last, using the independent T-test, the students with emotional and behavioral difficulties will, per category of difficulties, be compared with the students without these difficulties on their scores on perceived empathy, understanding and responsiveness and the total score of perceived caring. These three parts together, will provide the data used to answer the research question in the discussion and conclusion.

## 4.1 Distribution of EBD and gender differences

The frequencies will be presented in percentages, giving what proportion of the students in the sample answered in a certain way. Based on scores on the difficulty scales of the Strengths and Difficulties Questionnaire (SDQ), 31.1% (Table 4.1) of the students in the 6<sup>th</sup> grade in Rotterdam report that they have emotional, behavioral or social difficulties. These students scored ‘high’ or ‘very high’ on, at least, one or more difficulties. The biggest category of difficulties is ‘peer problems’ (15.9%), followed by hyperactivity problems (13.2%).

Table 4.1

*Distribution in percentages of students that scored ‘high’ or ‘very high’ on the different SDQ- scales*

SDQ- scales	%
Emotional problems	7.3
Conduct problems	7.3
Hyperactivity	13.2
Peer problems	15.9
Low pro-social behavior	7.3
Total problems on one or more of the scales	31.1

*Note.* SDQ: Strengths and Difficulties Questionnaire

In Table 4.2, the scores on the Strengths and Difficulties Questionnaire- scales are transferred into the three categories of emotional and behavioral difficulties as discussed in this study: internalized EBD, containing the students with emotional problems, externalized EBD, including the students with conduct problems and/ or hyperactivity, and social difficulties, scored by peer problems and/or a lack of pro-social behavior. The biggest category of emotional and behavioral difficulties are the students with social difficulties, followed by externalized EBD and with internalized EBD being the least reported difficulty (Table 4.2).

Table 4.2

*Distribution in percentages of students in EBD categories*

EBD category	%
Internalizing EBD	7.3
Externalizing EBD	17.5
Social difficulties	21.9
Total EBD	31.1

*Note.* EBD: Emotional and Behavioral Difficulties

Table 4.3 shows the number of Strengths and Difficulties Questionnaire- scales on which the student reported a ‘high’ or ‘very high’ score. These results show that some students did not just experience problems on one, but some even have scores so high that they are considered problematic on four scales. This could, for example, be a student with conduct problems, hyperactivity problems, peer problems and a lack of pro-social behavior. Even though some students were considered to have problems on multiple scales, most students with difficulties had ‘high’ or ‘very high’ scores on only one of the scales (Table 4.3).

Table 4.3

*Number of different scales where students scored ‘high’ or ‘very high’*

Number of SDQ- scales* considered as problematic	<i>n</i>	%
None	193	63.9
One scale	75	24.8
Two scales	26	8.6
Three scales	5	1.7
Four scales	3	1.0
Total	302	100.0

*Note.* SDQ: Strengths and Difficulties Questionnaire. SDQ scales: emotional problems, conduct problems, hyperactivity, peer problems or lack of pro-social behavior



Table 4.4 demonstrates the results on the questionnaire about perceived caring. Almost nine percent (8.6%) of the students says that they do not perceive their teacher as empathetic, 13.6% do not perceive their teacher as understanding and 7.9% does not perceive their teacher as responsive.

Table 4.4

*Distribution in percentages of students that scored 'low' or 'very low' on the different scales of perceived caring*

	Scales	%
Lack of perceived care	Lack of perceived empathy	8.6
	Lack of perceived understanding	13.6
	Lack of perceived responsiveness	7.9

The gender differences on the Strengths and Difficulties Questionnaire- scales and perceived caring are summarized in Table 4.5 and Table 4.6. When girls and boys are compared with each other on the scores on the SDQ- scales, girls report significantly more emotional problems than boys ( $p=0.032$ ) and boys report significantly more conduct problems than girls ( $p=0.001$ ). Boys also report to exhibit in significantly less pro-social behavior than girls ( $p=0.002$ ). There was found to be no significant difference between boys and girls on the scales hyperactivity and peer problems (Table 4.5).

Table 4.5

*Gender differences on the scales measuring EBD*

	Boys ( $n=151$ )		Girls ( $n=148$ )		<i>t</i>	<i>df</i>	<i>sig.</i>
	<i>mean</i>	<i>SD</i>	<i>mean</i>	<i>SD</i>			
Emotional problems	2.02	1.94	2.51	1.97	-2.16	294	0.032
Conduct problems	2.24	1.75	1.60	1.58	3.30	291	0.001
Hyperactivity	3.79	2.54	3.27	2.31	1.84	294	0.067
Peer problems	2.13	1.60	1.82	1.73	1.59	289	0.113
Pro-social behavior	7.81	1.66	8.41	1.61	-3.15	293	0.002

*Note.* EBD: Emotional and Behavioral Difficulties

There was no significant difference found between boys and girls on any of the scales measuring perceived caring, such as perceived empathy, understanding and responsiveness, or between boys and girls on the total score reported of perceived caring (Table 4.6).

Table 4.6

*Gender differences on the scales measuring perceived care*

	Boys (n=151)		Girls (n=148)		<i>t</i>	<i>df</i>	<i>sig.</i>
	<i>mean</i>	<i>SD</i>	<i>mean</i>	<i>SD</i>			
Perceived empathy	7.98	2.43	8.03	2.56	-0.28	295	0.781
Perceived understanding	7.48	2.87	7.85	2.55	-1.18	296	0.239
Perceived responsiveness	8.64	2.74	8.92	2.34	-0.95	295	0.342
Total perceived care	27.12	7.90	27.88	7.34	-0.85	290	0.394

## 4.2 Correlations between the scales and number of EBD and perceived caring

The correlations between the scale of EBD and of perceived caring are demonstrated in Table 4.7. The direction, positive or negative, and the strength of the correlations give an indication of how two scales are related to each other. This paper uses the correlation guidelines of Cohen (1988) to interpret *r* values (Figure 5).

small	$r = .10$ to $.29$
medium	$r = .30$ to $.49$
large	$r > .50$

Figure 5. Guidelines of interpretation Cohen (1998)

### 4.2.1 Scale correlations between the scales on EBD and perceived caring

The scales conduct problems and hyperactivity are both categorized under the externalized EBD. It is therefore not a surprise that these scales are positively correlated ( $r=.37$ ) with a medium strength (Table 4.7). Further, the correlations between conduct problems and the

scales of perceived caring ranges from  $r=-.33$  to  $r=-.35$  (Table 4.7). There is found to be a medium negative correlation between conduct problems and the total score on perceived caring,  $r=-.37$  (Table 4.7). The negative correlation between hyperactivity and perceived caring is small,  $r=-.25$  (Table 4.7). For internalized EBD the results show that there is no correlation found between the reported emotional problems and any scales of perceived care ( $r < .1$ ), (Table 4.7). Last, the social difficulties are represented by the high score on the scale peer problems, and/or a low score on pro-social behavior. These two scales are only small negatively correlated with each other,  $r=-.13$  (Table 4.7). There are medium positive correlations between pro- social behavior and perceived empathy, understanding and responsive. For the total perceived caring and pro-social behavior, the correlation is  $r=.38$  (Table 4.7). The data shows that the correlations between peer problems and the perceived care are small, ranging from  $r=.11$  to  $r=.18$  (Table 4.7).

Table 4.7

*Correlations between the scores on the SDQ- scales and the perceived caring- scales*

	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Emotional problems	-								
2. Conduct problems	.24**	-							
3. Hyperactivity	.31**	.37**	-						
4. Peer problems	.23**	.22**	.04	-					
5. Pro-social behavior	-.13*	-.43**	-.28**	-.13*	-				
6. Perceived empathy	-.07	-.33**	-.22**	-.11	.40**	-			
7. Perceived understanding	-.10	-.35**	-.25**	-.13*	.31**	.75**	-		
8. Perceived responsiveness	-.07	-.34**	-.26**	-.18**	.33**	.67**	.72**	-	
9. Perceived caring	-.07	-.37**	-.25**	-.14*	.38**	.89**	.91**	.89**	-

*Note.* SDQ: Strengths and Difficulties Questionnaire

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

#### **4.2.2 Number of SDQ scales considered as problematic and perceived caring**

The correlation between groups of students with either none, one, two, three or four SDQ scales considered as problematic and perceived caring is explored. The results showed that there is a small negative correlation of  $r=-2.77$ ,  $n=295$ ,  $p<.001$  between the number of difficulties and the score on perceived caring.

## 4.3 Comparing students with different types of EBD on perceived caring

For the structure and readability of this paper, the results are structured in the same categories of emotional and behavioral difficulties as used in the theoretical framework: external EBD, internal EBD and social difficulties. To make two groups, the students with difficulties and the students without difficulties, the students that have a score ‘close to average’ are considered as not having difficulties. The students that report ‘high’ and ‘very high’ difficulties are considered as having difficulties. The students that seem to have slightly more difficulties than average are not considered as having difficulties and are left out of the groups.

### 4.3.1 Externalized EBD

There are found to be significant differences between the group with conduct problems and the group without conduct problems on all the perceived caring scales empathy, understanding and responsiveness (Table 4.8).

Table 4.8

*Group differences for score on perceived caring between students with conduct problems and student without conduct problems*

	No conduct problems (n=239)		Conduct problems (n=22)		<i>t</i>	<i>df</i>	<i>sig.</i>
	<i>mean</i>	<i>SD</i>	<i>mean</i>	<i>SD</i>			
Empathy	8.20	2.38	6.50	2.74	3.16	259	0.002
Understanding	7.95	2.49	5.77	2.94	3.87	259	0.001
Responsiveness	9.06	2.34	7.18	2.22	3.61	258	0.001
Perceived caring	28.29	6.98	21.77	7.76	4.15	255	0.001

The same conclusion can be made for hyperactivity problems, meaning there is a significant difference on the perceived caring scales empathy, understanding and responsiveness between the students with hyperactivity problems and the ones without hyperactivity problems (Table 4.9).

Table 4.9

*Group differences for score on perceived caring between students with hyperactivity and student without hyperactivity*

	No hyperactivity (n=227)		Hyperactivity (n=40)		t	df	sig.
	mean	SD	mean	SD			
Empathy	8.21	2.36	6.83	2.61	3.37	264	0.001
Understanding	7.69	2.60	6.20	2.92	3.86	265	0.001
Responsiveness	9.07	2.39	7.28	3.06	4.19	265	0.001
Perceived caring	28.27	7.21	23.54	8.57	3.68	260	0.001

### 4.3.2 Internalized EBD

There are also no significant differences found between the group with emotional problems and the group without emotional problems on the scales empathy, understanding, responsiveness and the total perceived game (Table 4.10).

Table 4.10

*Group differences for score on perceived caring between students with emotional problems and student without emotional problems*

	No emotional problems (n=254)		Emotional problems (n=22)		t	df	sig.
	mean	SD	mean	SD			
Empathy	8.01	2.51	7.73	2.47	0.50	273	0.615
Understanding	7.73	2.73	7.23	2.78	0.83	274	0.407
Responsiveness	8.80	2.58	8.82	2.13	-0.04	273	0.972
Perceived caring	27.55	7.77	26.64	6.91	0.53	269	0.596

### 4.3.3 Social difficulties

Students with peer problems report significant lower perceived understanding from their teacher than students without peer problems (Table 4.11). Even a stronger significant difference in perceived responsiveness is found between the students with and without peer problems; the students with peer problems report significant lower responsiveness from their teachers than students without peer problems (Table 4.11).

Table 4.11

*Group differences for score on perceived caring between students with peer problems and student without peer problems*

	No peer problems (n=197)		Peer problems (n=48)		<i>t</i>	<i>df</i>	<i>sig.</i>
	<i>mean</i>	<i>SD</i>	<i>mean</i>	<i>SD</i>			
Empathy	8.12	2.55	7.88	2.35	0.61	242	0.541
Understanding	7.88	2.69	6.98	2.79	2.07	243	0.039
Responsiveness	9.08	2.43	8.13	2.69	2.40	242	0.017
Perceived caring	28.16	7.61	25.96	7.71	1.79	238	0.075

There is a significant difference between the student with high and students with low pro-social behavior on the scales empathy, understanding, responsiveness and the total score on perceived caring (Table 4.12). Especially the difference between perceived empathy shows strong significance (Table 4.12).

Table 4.12

*Group differences for score on perceived caring between students high on pro-social behavior and students low on pro-social behavior*

	High on pro-social behavior (n=243)		Low on pro-social behavior (n=22)		<i>t</i>	<i>df</i>	<i>sig.</i>
	<i>mean</i>	<i>SD</i>	<i>mean</i>	<i>SD</i>			
Empathy	8.28	2.37	5.76	2.79	4.60	262	0.001
Understanding	7.93	2.64	6.41	3.14	2.55	263	0.011
Responsiveness	9.05	2.40	7.41	2.96	2.52	263	0.019
Perceived caring	28.33	7.28	21.86	9.10	3.18	259	0.004

# 5 Discussion

The research question of this study is formulated as: “How do students with emotional and behavioral difficulties in the 6th group on mainstream schools perceive their teachers’ care?”. This chapter aims to answer this question by summarizing and critically discussing the main findings of the study, within the view of the biopsychosocial theory. After answering the research question with some concluding notes, suggestions for further research and implications of the findings for theory and practice will be discussed.

## 5.1 Discussion of the characteristics of the students

The characteristics of the individual influence the interaction with the teacher. Before we go into describing more into the specific emotional and behavioral difficulties (EBD) and the interaction with the perception of care, the overall characteristics of all the students who participated in this study will be outlined. This part includes a discussion of the prevalence of emotional and behavioral difficulties found in the among the 6<sup>th</sup> graders attending a mainstream elementary school and a discussion on gender differences found or not found within this sample of students.

### 5.1.1 Prevalence found for emotional and behavioral difficulties

The data shows that one out of three students in the sample report to experience at least one type of emotional and behavioral difficulties. This proportion of students with difficulties is higher than expected, compared with previous prevalence research, such as the international prevalence study taken as reference point for total EBD, which showed that respectively one out of ten students experienced EBD (Clough et al., 2004). Because the prevalence depends on (a) the definition used for emotional and behavioral difficulties, (b) the method used to measure emotional and behavioral difficulties, (c) the informants or sources used to collect the data and (d) the context within the measurement took place (Willman, 2013), factors on these four areas could all explain this unexpected found higher prevalence.

First of all, for example, the definition used for EBD in this study included a separate category for social difficulties, which could have influenced the prevalence number to fall out higher than in other studies. Other studies might not include social difficulties specifically, simply due to the fact that it is hard to observe or obtain this information from other informants, like the teacher, about the social difficulties that students experience. This study did include social difficulties because it is found to be so fundamental to EBD, and discovered that this was the biggest group of difficulties reported by the students. One out of the five students said to experience social difficulties. Excluding these difficulties would have changed the prevalence of EBD enormously and would have made the numbers fall out lower.

Another possible explanation lies in the method used to collect the data of prevalence and the respondents used to collect the data. These two areas will be taken together to offer an alternative explanation for the high prevalence found in the current study. Many prevalence studies in special needs education use the official identification of special needs used to apply for extra budget for the student to provide them with the extra support they need (Clough et al., 2004; Willman, 2013). The current study didn't look at objective and official identifications, but the subjective experience of EBD among students. Known is that students with emotional and behavioral difficulties often go unidentified and have been historically underserved by the education system (Anderson, 2012; Hayden, 2013; Jones, 2003). So, collecting data from respondents working in this education system, like teachers or educational officials, might only give us the number of identified students with EBD and not the unidentified ones as well. Asking students as respondents, despite the danger that students might be afraid to open up about the difficulties they experience, is a method that might make more EBD visible and results in a prevalence number that comes closer to the actual number of students struggling with EBD.

Last, the context where the measurement took place: a 6<sup>th</sup> grade classroom in a mainstream school in the city center of the multicultural city might have influences this prevalence rate. The 6<sup>th</sup> grade might be a grade that contains specifically many students with difficulties, due to the age of the students or because the 6<sup>th</sup> grade for many students a very exciting but also very stressful schoolyear is in which the pathway of their future school career gets decided upon. Other than that, the characteristics of the multicultural city could influence the prevalence number of the sample. Although suggestive, living in a big city like Rotterdam can be very expensive, which means that parents have to work full-time to afford this. When both



parents have to work full-time, they might have less time with their children which might effect the emotional development of children.

### **5.1.2 Gender differences in EBD and perceived care**

As for gender differences, boys and girls differ in the difficulties they experience, with girls reporting more emotional problems and boys reporting more conduct problems. This is in line with previous research on the gender differences linked to externalized and internalized EBD, stating that boys are overrepresented in the category of externalized EBD, and girls more often tend to have internalized EBD (McGrath, 2005; Place & Elliott, 2013). One result seems out of line with this statement that boys show more externalized EBD than girls, because there was no significant difference found in the reported hyperactivity between boys and girls in this sample. In other words, boys are not more 'busy' and hyperactive than girls are. This might point out that the image of 'the busy boy and the quiet girl' is one that is merely a perception of the social environment or a misconception based on beliefs and attitudes embedded in the society, and not necessary reality. Next results show that, girls report significant higher levels of pro-social behavior, the ability and willingness to help.

Despite the differences in difficulties that boys and girls experience, and the emotional and behavioral characteristics that come along with these difficulties, there is no significant difference found in perceived caring between boys and girls. This result is good news for our boys, because there were worries that due to their overrepresentation in externalized EBD boys might feel less cared for. On top of that, some are concerned that the gender of the teacher or the 'gender match' between teacher and student might influence the relationship with the teacher at the expense of boys. Teachers are predominantly female, and might understand girls better than boys because of their own gender. It is a relief to get in the results that teachers make boys and girls feel as cared for.

## **5.2 Discussion on students' emotional and behavioral difficulties in relation to the perceived teachers' care**

This study focused on the students' characteristics at one side and the students' subjective experience of caring communicated by the teacher at the other side (Bronfenbrenner &

Morris, 2007). The characteristics of a student with EBD differ tremendously depending on the type of EBD. For example: students with externalized EBD have different typical characteristics than students with internalized EBD or social difficulties (Gresham & Kern, 2004; Mustian & Cuenca-Sanchez, 2012). The set of characteristics the student has, could be developmentally disruptive or developmentally generative, this means that they could either avoid, interfere with or support a proximal processes and thereby affect the quality and quantity of development opportunities (Bronfenbrenner & Morris, 2007). The main findings of this study comparing groups with or without certain emotional and behavioral difficulties and their perception of care, could show how the characteristic of the individual interact with caring and vice versa. To answer the research question adequately, the three different types of emotional and behavioral difficulties, external EBD, internal EBD and social difficulties, and how the students with these difficulties perceived the caring in their relationship with the teacher will be discussed one by one. The discussion on this interactional process will start with the group of students experiencing externalized EBD, then the students with internalized EBD and last the students experiencing social difficulties.

The subjective experience of the student is an important influencer on the quality and power of proximal processes, which as we know by now are opportunities for development (Bronfenbrenner & Morris, 2007). Even though there is expected to be coherence between the perceived care and the care the teacher aims to communicate, there is also expected to be gap between the two (Noddings, 2005). So, the results showing that students report that the teacher doesn't care about them, should never be translated as 'the teacher doesn't care'.

### **5.2.1 Students with externalized emotional and behavioral difficulties**

The question 'How do students with externalized EBD perceive their teachers' care?' evoked a statistically strong answer. Both the group of students with conduct problems and the students struggling with hyperactivity report that they experience that teacher doesn't care. This doesn't imply that the teacher indeed does not care about the students with externalized EBD, but this shows that these students don't feel cared for by the teacher. Unfortunately, this outcome does not come as a surprise as it is in line with previous studies, like the study by Baker (1999) in which students with externalized EBD report that their teachers behave as if they dislike them. It is considered a challenge for teachers to build a positive relationship with

students with external EBD for reasons previously discussed (Breeman et al., 2014). This study is in line with previous research stating that externalized EBD predict negative relationship with the teacher and that this negative relationship is characterized by, among other things, low degree of emotional closeness (Baker, 1999; Birch & Ladd, 1998; Breeman et al., 2014; Demirkaya & Bakkaloglu, 2015; Henricsson & Rydell, 2004). The results forms a concern for educational practices to prevent long term consequences as school alienation (Baker, 1999; Henricsson & Rydell, 2004) and exclusion (Jull, 2008; Morrison et al., 2001), as later will be discussed in the implications section.

From the biopsychosocial perspective these results can be translated as follows: The individual characteristics of students with externalized behavioral difficulties seem developmentally disruptive, in a way that their individual characteristics actively interfere with the occurrence of a proximal process: in this study the positive interaction with the teacher that contributes to the positive development of the student. All students have the need to be cared for in order to develop; the students with externalized EBD report that this need is not met by their teacher, a significant other in their life. Opportunities for growth seem to be endangered for students with externalized EBD.

Another phenomenon around externalized EBD is the personal characteristics that influence the power of the proximal process and its effects are same for all persons involved and the consideration of what is problematic behavior from students with externalized EBD lies in the eye of the beholder: such as the teacher (Jones, 2003). The past experiences and personal beliefs of the teacher, about students with externalized EBD, are one of the characteristics of the teacher that might influence the proximal process tremendously. Teachers beliefs of students with externalized EBD tend to be negative, due to the disruptive character of the students' behavior. This negative view the teacher has formed, might be based on a lack of understanding students with externalized EBD, which makes it almost impossible to care for these students.

### **5.2.2 Students with internalized emotional and behavioral difficulties**

Because especially students' internalized EBD often go unseen (Gresham & Kern, 2004; Mustian & Cuenca-Sanchez, 2012), it would be expected that using the students as informants would show a higher number of students with internalized EBD than in previous research

with teachers as informants. The scale emotional problems shows that approximately seven percent of the students have internal behavioral problems, whereas the study by Scholte and van der Ploeg (2006) found exactly the same proportion of the students struggle with anxiety and mood disorders. The reports from teachers are in line with the reports from students, indicating that students with internalized EBD might not be as much unseen as some are afraid of. Also, the students with emotional difficulties do not differ in their perception of the teachers' care from students without emotional difficulties. The results show thereby no evidence that the individual characteristics of students with internalized behavioral difficulties are developmentally disruptive in the proximal process of the interaction with the teacher that contributes to the positive development of the student. This does not mean that all the needs are met for student with internalized EBD, but it does suggest that the need to feel cared for is met for students with these specific emotional and behavioral characteristics.

Even though the results come a bit as a surprise, Henricsson and Rydell (2004) already found as well that students with internalizing difficulties in the first grade, do 'rather well' two years later, including that they did not rate their relationship with the teacher more negative than the students without difficulties. It might be that teachers actually do recognize their difficulties early and work actively on a positive relationship with the student that seems to need extra care. These are speculations, but the take home message is that students with internalized emotional and behavioral difficulties have as much the feeling that the teacher cares about them, as students without these difficulties.

### **5.2.3 Students with social difficulties versus social competence**

The number of students reporting that they experience difficulties in the interaction with their peers form the biggest group among the different types of difficulties. There was found to be no significant difference between boys and girls on this scale. The data also shows, that students who report high on peer problems report low on perceived responsiveness and understanding from the teacher. This implies that these students feel like the teacher doesn't pay attention or listen and understand what they need (Teven & McCroskey, 1997). Students who score high on pro-social behavior, perceive the teacher overall as more caring than students who score low on pro-social behavior. In other words, students who are able and willing to help perceive the teacher as more caring as student who do not have this ability or willingness (Henricsson & Rydell, 2004). The pro-social behavior seems therefore a

developmentally generative characteristic of the individual. This statement has logic to it, because pro-social behavior can set proximal processes into motion that benefit the developmental course of the student. This shows that the characteristics of the individual has a strong influence on having your need to feel cared for met. Helping students to show more pro-social behavior could be one way to influence the proximal process, the caring interaction between the student and the teacher and help to build and maintain a caring relationship with the teacher.

The study measured peer problems and explored if these problems might be related to how caring the student perceived the teacher. Social behaviors are substantial different when they are peer related from when these behaviors are related to the teacher. Peer-related social behaviors are essential for friendships and peer acceptance, but have little to do with the relationship with the teacher (Gresham et al., 1997). It is therefore interesting that the data showed a difference in perceived responsiveness and understanding from the teacher between students with and students without peer problems. One limitation of the results of this study is that solely the degree of peer problems was measured and not why the students were having trouble with the interaction with their peers. One hypothesis could be that the reason why the student experiences difficulties with peers has something to do with their social competence at large, but it could also be specific to peer related issues and has nothing to do with relationships with adults, like Gresham (1997) notes. These results should be handled with care.

### **5.3 Concluding notes**

The answer on the research question “How do students with emotional and behavioral difficulties in the 6th group on mainstream schools perceive their teachers’ care?” will form the conclusion of this study.

How caring the students perceive the relationship with their teacher, seems to be related to externalized emotional and behavioral difficulties and not related to internalized emotional and behavioral difficulties. Students with externalized emotional and behavioral difficulties perceive the relationship with their teacher as less caring than students without these difficulties. The characteristics of the students with externalized emotional and behavioral difficulties seem therefore to interfere with the interaction with the teacher, involving caring.

The students' need to feel cared for is not met by the teacher and this affects their opportunities for growth negatively. On the contrary, the characteristics of students with internalized emotional and behavioral difficulties do not seem to be developmentally disruptive when it comes to experiencing a caring relationship with the teacher.

Students with social difficulties, or a lack of social competence, perceive their teacher as less caring than students who are competent of showing pro-social behavior. It is still questionable if the social difficulties students experience with their peers are related to the caring relationship with the teacher, because little is known about the nature of the students' problems with peers and a significant difference of perceived caring between students with and without peer problems was only found on two of the three scales, responsiveness and understanding, measuring perceived caring.

## **5.4 Limitations of the study**

There are several limitations of this study that need to be taken into consideration to handle the results with care. These limitations give us an idea on the reliability and validity of the results of this study. Some of the limitations are related to the sampling procedure, others to the survey design or the specific characteristics of the instrument or characteristics of the sample. In this chapter, all these limitations will be lined out.

The chosen sample selecting procedure for the schools participating in this study was based on the principle of clustering sampling, because the schools were clustered based on the neighborhood where they were located. The clustering sampling procedure tends to produce sampling errors that are higher than those associated with simple random samples of the same size for variables that are more homogeneous within clusters than in the population as a whole (Bickman, 2009; Fowler, 2009). It therefore might be that the location of the schools effected the sample in a way that jeopardized the representability of the sample. Since all the schools were located close to the center of the multicultural city Rotterdam, results can only be generalized to the students going to school close to the center in the multicultural city Rotterdam.

The evaluation of the validity of the questionnaire aims to measure if the answers are measuring what was intended to measure (Fowler, 2009). There are a couple of issues that might have negatively affect the validity in this study. The first limitation has to do with the

inconsistency of understanding of certain items. That questions need to be consistently understood is a fundamental characteristic of the validity in the survey design. When the students do not understand certain words or phrases, there are several things a respondent can do, besides asking the researcher for clarification, which all could jeopardize the reliability and validity: (a.) guess the meaning of the question and answer anyway, (b.) skip the question and not answer at all or (c.) choose an answer at random (Fowler, 2009). There are concerns that not every student in the sample had a consistent understanding of the questions. One reason for concern is the fact that the Strengths and Difficulties Questionnaire included ‘multibarreld questions’, which are items asking about more than one issue. An example of such item is the item “I often offer to help others (parents, teachers, children)”, where some students noted to offer help to teachers but not to other children. Students were there forced to decide how to interpret this item. Another reason for the concern that not every student had the same understanding of the questions is risen by the language skills of the students. Not only do language deficits and EBD frequently coexist (Mustian & Cuenca-Sanchez, 2012), as seen in the demographics of the sample, 56.5% of the students in the sample was bilingual. Even though we did not measure Dutch reading skills, it is possible that many students did not understand the questions because they have another mother tongue or speak another language at home. So despite the explanation of difficult words upfront, encouraging questions and answering any terms that are unclear to the student during the questionnaire, it is reasonable to assume that there were still students who might have had a different understanding of a certain item than was meant by the researcher.

The second limitation regarding the survey design, is that social desirability was a force that might have influenced how the students responded. Social desirability refers to the tendency among respondents to answer in ways that make them look good or avoid making them look bad. Despite the extensive time taken to ensure students that their answers were confidential, to explain the use of anonymous self-administration and to give examples of what the answers were being used for, it is still possible that some students were tended to give social desirable answers (Bickman, 2009; Fowler, 2009). One item of the SDQ in particular is able to illustrate the this. It was the item talking about “taking away something that is not mine”, a phrase that many students told me not to understand. To increase the understanding, the researcher walked to the desk of a student and took a personal item of the student while explaining: “This is taking something that is not mine”. In every classroom, students would speak up and say that I was stealing. So for a consistent understanding, ‘taking something that

is not yours' was explained as 'stealing'. The word 'stealing' has a very negative loading in the Dutch culture: it is seen as a very bad thing to do. It is therefore likely, that students tended to answer this item in a way that avoided them from looking bad.

Specific characteristics of the instrument and the students in the sample could also be considered as limitations of this study. Both questionnaires had very few items. Another specific characteristic is that the SDQ is a questionnaire developed for students from eleven to seventeen years old. This is a very big range and one may argue that an eleven-year-old student has a different understanding of items than a seventeen-year-old student. In the current study, not even every student was already eleven years old.

## **5.5 Suggestions for further research**

Despite these findings, the question remains why students with external EBD and social difficulties perceive the relationship with their teacher as not caring. This paper solely looked at the question if students with difficulties perceived their teacher as caring or not and if this differed of students without difficulties. Interviewing the students with EBD could foster a deeper understanding of the factors involved in their perception of the teacher as non-caring.

As the biopsychosocial perspective shows us throughout the thesis, emotional and behavioral difficulties is a very complex concept that is only a part of a bigger web of interactions (Pianta, 1999). This tells us in other words: 'there is more to it.'. This study only looked at the emotional and behavioral difficulties of the student and the subjective experience of one proximal process, the caring relationship between student and teacher. Besides the characteristics of the students, the characteristics of the teacher, like teachers' attitudes or beliefs towards students with certain characteristics, could also affect the caring relationship. Also, other factors student characteristics like language proficiency could influence the interaction with the teacher. This list of alternative factors that could be if importance is endless.

Last, this study assumes from theory that the interaction with the teacher, this proximal process with a significant other, has a powerful effect on the development of the student, either positively or negatively. But, the actual development of the student is not measured in this study. A suggestion for further research, would be to measure over time and include measuring the development of the student, to confirm the theory.



## 5.6 Implications for theory and practice

The students' voices should be heard and listened to with care. First, a discussion on the data with implications for theory will be given. The conclusion of this study has implications for practice which will be elaborated upon next, as the very last part of this paper.

The findings around the students with internalized emotional and behavioral difficulties are of interest and might have implications for theory. The theory showed a lot of recent concern for students with internalized emotional and behavioral difficulties and stated that these difficulties often go unseen by teachers (Gresham & Kern, 2004; Mustian & Cuenca-Sanchez, 2012). The current study indicates that this is not the case, the teachers from earlier research (Scholte & van der Ploeg, 2006) identified relatively as many students as the current study using students as informants. When it comes to meeting the need to feel cared for, the results of this study show that this need was met for students with internalized emotional and behavioral difficulties. This study does not give a reason to throw all of the concerns for these students aboard, but it might challenge researchers to be more specific in why there are concerns about the development of students with internalized emotional and behavioral difficulties.

The implications of this study for practice are divided into four topics: the implications for (a.) the caring relationship between teachers and students with externalized emotional and behavioral difficulties, (b.) the need to support students in developing social competence, (c.) the importance of a positive and caring relationship between the student and the teacher for development and last (d.) the need for understanding among teachers in order to care.

This study and previous studies have shown that teachers respond to students with externalized behavior difficulties in a way that the students feel like the teacher doesn't care, which could alienate these students from school (Baker, 1999; Henricsson & Rydell, 2004). But when teachers spend individual time with children who they find challenging, the disruptive behavior of these students drops, and teachers report more harmonious and learning-oriented interactions (Pianta et al., 2012). So for us educators, spending individual time with these students seems like one of the ways we can break this circle. Spending one-on-one time with your most difficult student supports a caring relationship between the student and the teacher. It is important to note, that a focus on caring requires a transformation of ideology (Baker et al., 1997) and understanding. Understanding involves recognizing the

larger implications of individual situations, it involves recognizing that individual problems are manifestations of forces beyond the individual (Wilde, 2013). Summarized and in line with Bronfenbrenner (1979) system theory, a combination of implementing caring practices (Pianta et al., 2012), fostering understanding from a biopsychosocial perspective (Pianta, 1999; Wilde, 2013) and a transformation in ideology on a macro level (Baker et al., 1997) should be at the center of attention in the process towards an inclusive orientation in education.

Second, the unexpected importance of students' social difficulties takes a central position in the data of this study. Almost 16% of the students experience difficulties in the interaction with their peers. That is such a big group of students, that this might tell us as educators that students need more help in building social competence for example by teaching them how to establish and maintain satisfactory interpersonal relationships (Milligan et al., 2017; Mustian & Cuenca-Sanchez, 2012).

This study showed a specific focus on the caring relationship between the teacher and the student with emotional and behavioral difficulties. The relationships between the student and the teacher play a significant role in the identification of students with emotional and behavioral difficulties and the intervention delivered to meet the needs of these students (Pianta, 1999). Therefore, the teacher-student relationship could serve as a legitimate focus for prevention and intervention practices (Pianta, 1999). Pianta (1999) explains that these relationships can interrupt pathways to problems and direct them to competent outcomes (Pianta, 1999). This is not only, although especially, important for vulnerable students. School policy and educational practices should foster the formation and stability of relationships that are essential for psychological growth of all students (Bronfenbrenner & Morris, 2007).

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# Appendix

Table 1.1

*Reliability: Item- scale correlation for the scale Emotional Problems*

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
I often have headaches, stomach-aches or sickness	1.79	2.692	.357	.166	.573
I worry a lot	1.69	2.779	.326	.110	.589
I am often unhappy, down- hearted or tearful	1.99	2.799	.420	.188	.546
I am nervous in new situations. I easily lose confidence	1.64	2.440	.415	.187	.543
I have many fears, I am easily scared	1.91	2.801	.358	.170	.572

Table 1.2

*Reliability: Item- scale correlation for the scale Conduct Problems*

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
I get very angry and often lose my temper	1.48	1.823	.410	.193	.370
I usually do as I am told	1.25	2.054	.219	.052	.506
I fight a lot. I can make other people do what I want	1.68	2.166	.335	.164	.436
I am often accused of lying or cheating	1.46	1.679	.394	.195	.376
I take things that are not mine from home, school or elsewhere	1.77	2.598	.071	.011	.558

Table 1.3

*Reliability: Item- scale correlation for the scale Hyperactivity*

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
I am restless, I cannot stay still for long	2.78	3.891	.523	.330	.666
I am constantly fidgeting or squirming	2.78	3.647	.551	.340	.654
I am easily distracted, I find it difficult to concentrate	2.69	3.639	.585	.364	.639
I think before I do things	2.95	4.685	.322	.134	.736
I finish the work I'm doing. My attention is good	2.92	4.332	.460	.249	.692

Table 1.4

*Reliability: Item- scale correlation for the scale Peer Problems*

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
I am usually on my own. I generally play alone or don't interfere with others	1.41	1.977	.190	.043	.384
I have at least one good friend	1.69	2.139	.134	.024	.425
Other people my age generally like me	1.70	2.231	.239	.088	.353
Other children or young people pick on me or bully me	1.68	2.012	.317	.129	.292
I get on better with adults than with people my own age	1.36	1.911	.220	.063	.359