This paper describes the Early Screening Project (ESP), a system to identify behavior problems among preschool children ages 3 to 5. The ESP is a three-stage, multiple-gating set of procedures which assesses both the frequency and intensity of adjustment problems. In Stage 1, teachers rank students on externalizing and internalizing behavior dimensions, focusing on the five children in their classroom who best exemplify either externalizing or internalizing behaviors. In Stage 2, teachers complete a behavior checklist evaluating critical events, aggressive behavior, social interaction, adaptive behavior, and maladaptive behavior. During Stage 3, the child's social behavior is observed in the classroom and on the playground. A parent questionnaire provides additional input on the child's ability to play with other children, get along with caregivers, play with materials, and care for self. Psychometric studies have supported the technical adequacy (reliability and validity) of the ESP. The ESP is believed to minimize the time and cost requirements of preschool assessments while increasing accuracy over other screening instruments. (Contains 10 references.) (DB)
Proactive Screening for Young Children with Behavioral Problems: The Early Screening Project (ESP).
Feil, Edward G.
And Others
Proactive Screening for Young Children with Behavioral Problems: The Early Screening Project (ESP)

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ABSTRACT

The field of early intervention is predicated on the assumption that problems such as academic failure and behavior problems can be averted with early detection, prevention, and intervention. In order to meet the needs of practitioners, an effective child-find screening system should be accurate, proactive, and cost-effective. In the assessment of young children, the indicators for problem behaviors are evident, but are significantly different from those of the school-age population. Critical factors in the assessment of young children with behavioral problems are: measuring the frequency and intensity of problem behaviors relative to a normative context (either local or national), delineating between externalizing (anti-social) and internalizing (withdrawn) behavioral patterns, utilizing multiple methods (e.g., ratings and direct observations), and gathering information from multiple sources (e.g., teachers and parents). This poster describes the need for and effectiveness of a functional screening and the Early Screening Project (ESP) assessment system for behavior problems among preschool children aged three to five years.

The Early Screening Project (ESP)

The Early Screening Project (ESP) adapted Walker's and Severson's Systematic Screening for Behavior Disorders (1990, SSBD) for use with 3- to 5-year-old children. The ESP assesses both the frequency and intensity of adjustment problems and allows for cost-effective screening of problem behaviors in order to aid in early intervention and remediation for preschool-age children. The ESP is a three-stage, multiple-gating procedure to screen for behavior disorders among preschool children (see Figure 1).

Stage One. Stage One was based on teachers' rankings of their students on externalizing and internalizing behavior dimensions. Teachers list the five children who best exemplify a description of externalizing characteristics and five children who best exemplify a description of internalizing characteristics. Then, the teachers rank the children on each list from most characteristic to least characteristic of the externalizing or internalizing dimension.

Stage Two. Stage Two is a behavior checklist consisting of five measures: Critical Events Index, Aggressive Behavior Scale, Social Interaction Scale, Adaptive Behavior Scale, and Maladaptive Behavior Scale. The Critical Events Index contains 16 occurrence/non-occurrence items. The Aggressive Behavior Scale uses a five-point frequency rating for: tantrums, physically assaults an adult, physically aggressive with other children, damages property, ignores teacher warnings, makes lewd gestures, and swears. The Aggressive Behavior Scale contains nine items and is only used with children ranked on the externalizing dimension. For
the children ranked on the internalizing dimension, the Social Interaction Scale is utilized (Hops, Walker, & Greenwood, 1988). The Social Interaction Scale contains items regarding social withdrawal, such as the child’s response to peer initiations. The Adaptive Behavior Scale contains eight items representing overall prosocial behavior (e.g., cooperation and positive social interactions). The Maladaptive Behavior Scale consists of nine items representing overall anti- or non-social behavior (e.g., defies teacher requests and creates disturbance).

The items are carefully worded in order to facilitate the completion of ESP by a diverse group of preschool teachers who may have limited experience in assessment. Items regarding academics are omitted because of their inapplicability to most preschool curricula.

Stage Three. Stage Three measures are based on direct observations of a child’s Social Behavior in the classroom and on the playground. The Social Behavior observation is a record of the quality, level, and distribution of a child’s social behavior during free play settings. Anti- or nonsocial is defined as (1) a negative exchange of either verbal or physical interaction, (2) disobeying established classroom rules, (3) tantrumming, and (4) solitary play. The children are each observed for 20 minutes, 10 minutes each on two occasions. In these observation codes, the stopwatch runs when the child exhibits anti- or non-social behavior and was turned off when the child displays prosocial behavior. The stopwatch is restarted when the child exhibits anti- or nonsocial behavior. The procedure is repeated throughout the recording interval.

![Diagram of the ESP process]

Figure 1. Multiple gating procedure used in the ESP.
**Parent Questionnaire.** The parent questionnaire has 12 items divided into three scales: (a) Playing with other children, (b) Getting along with caregivers, and (c) Playing with materials and self care. All items are adapted from the ESP Stage Two teacher questionnaires. The first two scales, playing with other children and getting along with caregivers, are stated in positive pro-social behavioral language, and the third scale, playing with material and self care, is oriented to more problematic critical behaviors.

**Technical Adequacy of ESP**

Beginning in 1991, studies on the ESP were conducted to assess its reliability and validity. Good psychometric standards were attained despite the difficulties inherent in the assessment of young children (Martin, 1986). The reliability and validity data show strong results (Feil & Becker, 1993), and 6-month interrater reliability coefficients for Stage Two ESP measures average .79 (see Table 1). Validity studies show consistent high relationships to criterion measures: Conners Teacher Rating Scales (Conners, 1990), Preschool Behavior Questionnaire (Behar & Stringfield, 1974), and Child Behavior Checklist- Teacher Report Form (Achenbach & Edelbrock, 1986). Correlations resulted in significant coefficients ranging from .34 to .89. The consistency of scores across ESP measures (see Figure 2) illustrates the potential utility of the screening system, giving evidence that behavior problems may be identified accurately among preschool children (Feil, Walker, & Severson; in press).

**Utilization of the ESP**

The ESP Stage One and Two procedures can be completed for an entire preschool in a one-and-a-half hour meeting. Studies have found that the multiple gating procedure reduces assessment time and is a cost-effective assessment for Behavior Disorders (Walker, Nicholson, Kehle, Jensen, & Clark, 1994).

![Figure 2. T-Score means of ESP measures by High Externalizers, High Internalizers, and Nonranked Groups.](chart.png)
Discussion

The critical factors in the assessment of young children with behavioral problems are: measuring the frequency and intensity of problem behaviors relative to a normative context (either local or national), delineating between externalizing (anti-social) and internalizing (withdrawn) behavioral patterns, utilizing multiple methods (e.g., ratings and direct observations), and gathering information from multiple sources (e.g., teachers and parents). The use of multi-methods provides a convergence of information to more accurately assess a child's "true" behavior, and application of diagnostic criteria can produce reliable diagnosis. Multiple informants, such as teacher, parent, and observer, contribute unique information about the child's behavior that are superior to a score provided by a single informant (Gresham & Elliot, 1984). The ESP system has been created to utilize the convergent validity across methods, settings, and raters to make valid generalizations.

Overall, the ESP can be utilized as part of best-practices for early intervention programs screening for school adjustment problems. Preschool programs, facing increasing requirements (such as Child-Find), need to maximize their resources (e.g., teacher's knowledge and experience) within a proactive and fair system. The proactive nature of the ESP provides assessment of adjustment problems for all children in preschool or kindergarten classrooms. We believe that the ESP can minimize the time and cost requirements of preschool assessments while increasing accuracy over currently used screening instruments. Further, the information can be used to design intervention programs in school, home, or both.

Table 1.
ESP Stage Two, Behar, and Conners Scales' 6-month Test-Retest Reliability Coefficients

<table>
<thead>
<tr>
<th>Scale</th>
<th>N</th>
<th>Fall Mean</th>
<th>SD</th>
<th>Spring Mean</th>
<th>SD</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical Events Index</strong></td>
<td>105</td>
<td>1.04</td>
<td>1.55</td>
<td>1.27</td>
<td>1.81</td>
<td>.74</td>
</tr>
<tr>
<td><strong>Aggressive Behavior Scale</strong></td>
<td>105</td>
<td>13.44</td>
<td>6.45</td>
<td>13.74</td>
<td>6.17</td>
<td>.90</td>
</tr>
<tr>
<td><strong>Adaptive Behavior Scale</strong></td>
<td>105</td>
<td>31.68</td>
<td>7.25</td>
<td>31.69</td>
<td>6.84</td>
<td>.75</td>
</tr>
<tr>
<td><strong>Maladaptive Behavior Scale</strong></td>
<td>105</td>
<td>17.60</td>
<td>7.41</td>
<td>18.12</td>
<td>7.66</td>
<td>.80</td>
</tr>
<tr>
<td><strong>Concurrent Teacher Ratings</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Behar Preschool Behavior Quest.</strong></td>
<td>104</td>
<td>10.92</td>
<td>8.74</td>
<td>12.17</td>
<td>9.06</td>
<td>.79</td>
</tr>
<tr>
<td><strong>Conners' Hyperactive</strong></td>
<td>105</td>
<td>10.95</td>
<td>10.53</td>
<td>11.29</td>
<td>10.22</td>
<td>.82</td>
</tr>
<tr>
<td><strong>Conners' Inattention</strong></td>
<td>105</td>
<td>2.24</td>
<td>2.12</td>
<td>1.87</td>
<td>1.91</td>
<td>.61</td>
</tr>
</tbody>
</table>

Note: All correlations are highly significant (p<.001).
REFERENCES


