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Children's Perspectives on the Social Exclusion of Peers with Behavioural Difficulties

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Abstract

Children who display externalizing behaviours are more likely than their peers to experience social exclusion. To better examine this topic, the perspectives of peers were investigated. Thirty-six participants were interviewed from a school in Southwestern Ontario. Participants were asked why they believe children with behavioural difficulties may be socially excluded by peers. Unique statements were extracted from the transcribed data. Participants were invited back to sort the statements into meaningful categories. Sorted data were analyzed using multi-dimensional scaling and cluster analysis. A five-cluster solution was selected as the best conceptual and statistical fit for the data. The clusters in this solution reflected (a) Disruptive Play Behaviour, (b) Problematic Social Interactions, (c) Stigmatizing Beliefs, (d) Fear, and (e) Not Belonging. The data collected from this study provides insight to the social interactions of children with behavioural difficulties. The information garnered in this approach allowed children's perspective of social exclusion to be heard.

Keywords

Summary for Lay Audience

Children with behavioural difficulties often struggle to develop positive peer relationships and often experience exclusion (i.e. being disliked or ignored) by other students. The current study uses a mixed-methods approach to explore peers' perspectives of this phenomenon and contribute to the understanding of why children with behavioural difficulties are often left out by their peers.

Elementary school children were interviewed and asked why they thought children with behavioural difficulties are excluded. Overall the participants' statements suggested that children with behavioural difficulties were perceived as being at fault for their exclusion, because many statements focused on how children with behavioural difficulties were seen as being difficult in social interactions.

Once the interviews were transcribed, unique reasons that participants generated were extracted from the transcripts. The participants were given copies of these ideas and asked to group them in any way that made sense to them. This generated five overarching groups of reasons as to why peers may exclude children with behavioural difficulties. The first group of statements suggested that peers perceive children with behavioural difficulties as disruptive to typical activities or games. The second group of statements suggested that children with behavioural difficulties struggle to communicate effectively, which leads to them often being labelled as mean or bad by their peers. The third group of statements discussed stigmatizing beliefs about children with behavioural difficulties, such as being perceived as more likely to cheat. The fourth group of statements discussed peers' fears relating to the inclusion of children with behavioural difficulties. The fifth group of statements indicated that peers perceive children with behavioural difficulties as unpopular and not belonging to their social group.

Overall, participants appeared to exclude children with behavioural difficulties due to negative perceptions and fears relating to differences in behaviour. These findings highlight the need to educate children about behavioural difficulties and the reasons why some children struggle to regulate their behaviour. Teaching children ways to de-escalate situations and effective ways to

help others with intense emotions may make them feel more comfortable to socialize with peers with behavioural difficulties.

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Chapter 1

1   Introduction

Externalizing behaviours are typically associated with conditions categorized as "Disruptive, Impulse-Control, and Conduct Disorders" in *the Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association; APA, 2013). Externalizing behaviours are characterized by low behavioural or emotional regulation, impulsivity and a disruption of social norms, such as aggression, inattention, hyperactivity and oppositionality (Vaughn, Salas-Wright, DeLisi, & Maynard, 2013). These behaviours have been associated with difficulties in social interactions (Mikami & Hinshaw, 2003; Nijmeijer, et al., 2008). For example, Haass, Becker, Epstein, and Frick (2017) examined relationships between externalizing behaviours and peer functioning. They found that externalizing behaviours (such as inattention and hyperactivity) were significantly associated with poor peer functioning across a wide range of variables, including social competence, closeness and loneliness.

Externalizing behaviours have been found to predict poor social preference and social exclusion (Leflot, Lier, Verschueren, Onghena, & Colpin, 2011). There is further evidence to suggest that peer rejection escalates externalizing behaviours, such as aggression, oppositional behaviour, conduct problems and dishonesty (Laird, Jordan, Dodge, Pettit, & Bates, 2001; Miller-Johnson, Coie, Maumary-Gremaud, Bierman, & the Conduct Problems Prevention Research Group, 2001; Sentse, Lindenberg, Omvlee, Ormel, & Veenstra, 2009; Sturaro, Lier, Cuijpers, & Koot, 2011). In comparison, peer acceptance has been associated with decreases in externalizing behaviours (Leflot et al., 2011; Jia & Mikami, 2015), and may protect children with externalizing behavioural difficulties from negative outcomes in adolescence, such as heavy substance use and risky sexual behaviour (Prinstein & La Greca, 2004). Due to the importance of peer acceptance and the negative outcomes related to peer rejection and social exclusion, our study seeks to understand children's beliefs regarding the social exclusion of peers with externalizing behaviours. This study used social domain theory to structure our investigation of these concepts, and the data gained from this study will provide insight on how children regard social exclusion of peers with behavioural problems.

Social domain theory suggests that individuals base decision-making on three domains – moral reasoning, social conventions and personal (Turiel, 1983; Killen, Kelley, Richardson, Crystal, & Ruck, 2010). Moral reasoning refers to the perceived notions of right and wrong, and influences decisions relating to psychological or physical harm, fairness and justice (Daddis & Brunell, 2015). Social conventions refer to social norms that influence social interactions, such as manners and sex-role expectations (Daddis & Smetana, 2014). The personal domain refers to how an individual's personal choice and preferences play a role in decision-making and how decisions will impact one's self (Daddis & Brunell, 2015). According to social domain theory, children and adolescents' decision making is influenced by which domain a behaviour falls into (Daddis & Brunell, 2015). If the behaviour is perceived to fall under the moral domain, the individual will base their decision on what is morally right or fair. If the behaviour falls under the social conventional domain, they decide based on social norms. If the behaviour falls into the personal domain, they choose the decision according to what is best for them.

Current research suggests that social domain theory can be applied to issues regarding peer rejection and social exclusion. In straightforward situations where it is obvious that exclusion explicitly occurs due to group membership (e.g. due to race or disability), children typically use moral reasoning to evaluate exclusion (Killen et al., 2010). However, there are situations in which exclusion is not clearly due to group membership but may occur due to implicit stereotypes or other factors relating to group membership. Examples of indirect factors relating to group membership include differences in communication styles relating to cultural or socialization differences, or income or resource disparities relating to systemic discrimination. These ambiguous situations can also include situations in which an individual has an invisible disability (such as asthma or epilepsy) or mental illness. In these unclear situations, children typically use social conventional or personal reasoning to examine exclusion (Killen et al., 2010).

Overall, children indicate that peer exclusion based on gender or race is morally wrong (Killen & Stangor, 2001; Theimer, Killen, & Stangor, 2001). However, Park and Killen (2010) found that children and adolescents evaluated that peer rejection based on personality traits (thus eliciting the personal and social domains) was fairer than rejection based on group membership, such as gender or race (eliciting the moral domain). This suggests that children may feel that it is

justifiable to exclude peers who appear to exhibit aversive personality traits, but that it is not justifiable to exclude peers on the basis of demographic group membership. However, it is unclear whether children will feel it is justifiable to exclude peers with mental health challenges, specifically behavioural difficulties. Children have perceived peers with behavioural difficulties as being in control of their actions (Goossens, Bokhorst, Bruinsma, & Boxtel, 2002; O'Driscoll, Heary, Hennessy, & McKeague, 2012), which may lead them to consider exclusion as justifiable. Current literature indicates that children with behavioural difficulties experience social exclusion (Leflot et al., 2011). However, more research is needed to explore the reasons underlying the social exclusion of children with behavioural difficulties. Thus, this study will examine the following questions: (a) What are children's beliefs regarding the exclusion of peers with behavioural difficulties, specifically difficulties expressed as externalizing behaviours? (b) Do children use moral, social and personal reasoning to justify the exclusion of children with externalizing behaviours?

1.1   Externalizing Behaviours

Externalizing behaviours refer to a range of disruptive behaviours including aggression, inattention, hyperactivity, fighting, impulsivity and defiance (Hinshaw & Beauchaine, 2015). The term externalizing behaviours is often associated with conditions such as ADHD, oppositional defiant disorder (ODD) and conduct disorder (CD; Drabick, Steinberg, & Hamptom, 2014). However, because this study focused on the perspectives of children in grades four to seven, it is likely that the participants were not familiar with characteristics of specific externalizing behaviours that are described in the DSM-5 (APA, 2015); however, the participants were expected to be familiar with behavioural difficulties in general, such as disrupting classroom activities and bullying. Therefore, in this study, the researchers used the term behavioural difficulties rather than the specific terminology used in the DSM-5 (APA, 2015).

Approximately 9, 265 students have been identified as having behaviour exceptionalities in publicly-funded schools in Ontario (Maich, Somma, & Hill, 2018). There is a higher rate of behaviour problems in less affluent neighbourhoods that have high rates of unemployment and low cohesion (i.e. how well the community works together and helps one another), compared to neighbourhoods that are more affluent, have low rates of unemployment or have high cohesion (Kohen, Brooks-Gunn, Leventhal, & Hertzman, 2002). Research has shown that children who

have experienced adversity are more likely to demonstrate externalizing behaviours than children who do not experience adversity. For example, children who were neglected or exposed to intimate partner violence were found to have significantly higher levels of externalizing behaviours compared to children who did not experience these events (Ehrensaft & Cohen, 2012; Yoon, et al., 2017). However, parental support has been negatively associated with externalizing behaviours because children who receive high as opposed to low parental support are more likely to exhibit fewer externalizing behaviours (Davis, et al., 2014). Additionally, being exposed to environmental unpredictability (e.g. changes in residence or parental separation) before the age of five years can predict high levels of externalizing behaviours (Doom, Vanzomeren-Dohm, & Simpson, 2016).

Individuals who exhibit externalizing behaviour have an increased risk of developing injuries (including in traffic, at home or work, or from violent assaults) in childhood, adolescence and adulthood, as compared to individuals who do not exhibit externalizing behaviours (Jokela, Power, & Kivimäki, 2009). Externalizing behaviours may also lead to interactions with the judicial system; specifically, adolescents' externalizing behaviours may mediate the association between an unstable childhood and adult criminal behaviour (Doom et al., 2016). Externalizing behaviours have also been linked to illicit drug use and violent behaviour (Brook, Brook, Rubenstone, Zhang, & Saar, 2011). Additionally, Walters (2014) found that externalizing behaviours predicted antisocial behaviour in boys and girls, although boys were at a higher risk of exhibiting externalizing and antisocial behaviours than girls (Walters, 2014). The risks of these outcomes may be reduced with positive, healthy relationships, such as interactions with their parents (de Vries, Hoeve, Stams, & Asscher, 2016) or peers who exhibit prosocial behaviours (Thompson, Wojciak, & Cooley, 2016; Walters, 2014).

Children with higher than average levels of externalizing behaviours have a tendency to associate with peers who exhibit risky behaviours, such as experimenting with weapons, cigarettes, alcohol or drugs. For example, in a 10-year longitudinal study, children who consistently exhibited externalizing behaviours were more likely to be associated with peers who demonstrated risky behaviours, as compared to children who did not consistently exhibit externalizing behaviours (Fanti & Henrich, 2010). The study also found that children who exhibited externalizing behaviours tended to be to be asocial with peers during early adolescence

(Fanti & Henrich, 2010). Additionally, association with peers who exhibit risky behaviours has been linked to increased behavioural problems (Fite, Colder, & O'Connor, 2006; Mrug & Windle, 2009). Cotter and Smokowski (2016) found that internalizing behaviours (e.g. depression and anxiety) mediate the relationship between friends' conduct problems and a participant's externalizing behaviours, especially in males compared to females. They suggested that the internalizing behaviours reflect a perceived threat regarding negative implications for friendships, such as the loss of friends. Therefore, Cotter and Smokowski (2016) suggested that individuals who have friends with conduct problems are more likely to exhibit externalizing behaviours if they also have internalizing behaviours, as compared to individuals who do not demonstrate internalizing behaviours.

Pathways from early adversity, including neglect and exposure to violence (Ehrensaft & Cohen, 2012; Yoon et al., 2017), low parental support (Davis et al., 2014) and early unpredictability (Doom et al., 2016) may lead to an increased risk of externalizing behaviours. Early adversity may be associated with difficulties in developing key skills relating to behavioural control, such as emotion regulation. Externalizing behaviours, such as impulsivity, may lead the individual towards risky behaviours, such as deviancy, drug use and sexual behaviours (Brook et al., 2011; Dishion, 2000; Prinstein & La Greca, 2004). These behaviours may, in turn, trigger negative reactions in peers, making social interactions more difficult. Children have been found to perceive externalizing behaviours as controllable (Goossens et al., 2002; O'Driscoll et al., 2012). Therefore, according to social domain theory, the desire to exclude a peer who demonstrates externalizing behaviours may be considered morally acceptable because the exclusion reflects an individual's personal preference or the violation of social norms (Park & Killen, 2010). Thus, it is apparent that externalizing behaviours can be complex and may involve a variety of factors that directly or indirectly affect peer relationships. In complex social situations, children may choose to rely on social and personal domains of reasoning to make sense of their social interactions (Killen et al., 2010). Specifically, they may focus on characteristics that they find aversive in children with behavioural problems, or on ways that a peer with behavioural difficulties may disrupt the functioning of the peer group.

1.2   Social Exclusion

As previously mentioned, children with externalizing problems are more likely to experience peer rejection than typically developing children (Leflot et al., 2011). Peer acceptance refers to how well a child is socially accepted or liked by their peers (Doll, 1996), but it must not be confused with the concept of friendship. Although the two areas have some overlapping characteristics, they are distinct entities. Friendship refers to a voluntary, intimate relationship between children that provides companionship and emotional support, whereas peer acceptance can be one-sided and refers to the willingness of the peer group to interact with the child in a superficial manner (Beazidou & Botsoglou, 2016). Children who are accepted by their peer group typically have greater opportunities to form friendships than those who are rejected by their peers. In contrast to peer acceptance, peer rejection refers to being actively excluded or disliked by the peer group (Lev-Wiesel, Sarid, & Sternberg, 2013). Social exclusion encompasses a variety of ways in which a child may not be accepted by their peers. It includes children who are rejected by their peers, as well as children who elicit both positive and negative responses from their peers, or those who are neglected by their peers (Newcomb, Bukowski, & Pattee, 1993). Social domain theory suggests that children evaluate social exclusion as justifiable or reasonable depending on whether the exclusion is perceived to fall under the domain of morality, social conventions, or personal preferences (Killen et al., 2010). If the exclusion violates any perceived notions of fairness, it is evaluated under the morality domain and perceived as unjust. However, if the exclusion occurs due to violations of social norms or is due to undesirable personality traits, the exclusion is evaluated under the social conventional or personal domains and may be considered acceptable.

Children may be especially vulnerable to social exclusion if they exhibit externalizing behaviours at a young age. For example, Walker, Henderson, Degan, Penela and Fox (2014) collected observations and maternal reports on the temperament of toddlers aged two or three years, then observed the children during a social exclusion task at seven years of age. Toddlers who demonstrated greater behavioural inhibition demonstrated greater social withdrawal and decreased assertive behaviour during a social exclusion task at seven years of age, compared to participants who demonstrated average or low behavioural inhibition. In real-life situations, withdrawing from peers could reduce a child's chances of successful social interactions, thus

limiting opportunities for positive social development. Furthermore, Walker et al. (2014) also found that the participants who demonstrated withdrawn behaviour also showed less flexibility in social problem-solving. Moderate levels of flexibility in social problem-solving are preferable as it increases the likelihood of finding a successful social strategy following social failure (Rubin & Rose-Krasnor, 1992). Additionally, Trentacosta and Shaw (2009) found an association between early self-regulation abilities and later peer rejection. Boys were assessed at 18 months of age, during a summer camp at ages 8 to 10 years of age, and during a follow-up at ages 11 to 12 years of age. Toddlers who made fewer attempts than average to distract themselves during a task that required waiting, were more likely to experience peer rejection when they were older. In turn, peer rejection was associated with increased antisocial behaviour in early adolescence. Trentacosta and Shaw (2009) suggested that difficulty in orienting attention away from frustration may lead to similar difficulties in regulating aggression in social contexts, leading to negative social experiences. Similarly, high levels of emotion regulation, compared to average or low, has been associated with low levels of peer rejection (Godleski, Kamper, Ostrov, Hart, & Blakey-McClure, 2016), which suggests that this skill is crucial for individuals who struggle to control aggression or other emotions.

Current literature has demonstrated that children can experience a physiological response to social exclusion. For example, (Moor, Crone, & Van der Molen, 2010) found that following unexpected social rejection, children's heart rate slowed temporarily, suggesting a parasympathetic nervous system response. Masten, Telzer, Fuligni, Lieberman and Eisenberger (2012) asked adolescents to track the amount of time they spent with friends, then two years later the participants underwent an fMRI scan during which they experienced social exclusion in an electronic game. They found that during the peer rejection task adolescents who spent less time than average with friends demonstrated greater activity in the dorsal anterior cingulate cortex and anterior insula, which are associated with negative affect and pain. These findings were mirrored by Chester et al. (2014), who also found that high activity in these areas was associated with high levels of aggression in individuals who had low scores on a measure of executive functioning. The amount of activation in the dorsal anterior cingulate cortex and anterior insula during peer rejection has also been found to be negatively associated with self-esteem and negative emotion differentiation (Kashdan, et al., 2014). Kashdan et al. (2014) found that individuals with greater than average negative emotion differentiation did not show stronger activation in these areas,

whether or not they had low self-esteem. This suggests that teaching individuals how to better classify and differentiate their emotions may lessen their reaction to social exclusion. Taken together, these findings suggest that social exclusion is associated with physiological reactions, which may have developmental repercussions.

Children who display externalizing behaviours are at a higher risk of peer rejection than typically developing children (Brendgen, Vitaro, Bukowski, Doyle, & Markiewicz, 2001; Fanti & Henrich, 2010). Similarly, children are more likely to exhibit increased levels of externalizing behaviours following rejection, as compared to their initial externalizing behaviour (Ladd, 2006; Miller-Johnson et al., 2001). Leflot et al. (2011) found consistent paths from externalizing behaviour to higher than average peer rejection. Consequently, it is important to examine the beliefs that children have regarding peers who exhibit externalizing behaviours, as these may contribute to continued peer rejection. Using the lens of social domain theory, children may justify exclusion on the basis of personal preferences (Park & Killen, 2010), specifically, they might indicate that they find certain externalizing behaviours aversive. Additionally, because children with externalizing behaviours are often excluded by their peers, future exclusion may be justified by social conventional reasoning. In particular, children may feel that peers who were previously rejected will disrupt their peer group, as these peers are less familiar with group norms or exhibit poor social skills. Moreover, they may also indicate that inclusion would be negatively received by their peers, as previous research has indicated that children are concerned with social perception when including exceptional peers (O'Driscoll, Heary, Hennessy, & McKeague, 2014). It is important to examine the beliefs underlying social exclusion, especially for individuals who are at a high risk of experiencing it compared to their peers. This study aims to better understand the perceptions and beliefs surrounding the exclusion of children who exhibit externalizing behaviours, namely how peers justify or rationalize exclusion in this context.

1.3 The Educational Context

It is imperative to take into consideration the educational context when examining social exclusion and externalizing behaviours. Both may influence various aspects of a child's education, including teacher-child relationships (Birch & Ladd, 1998; Silver, Measelle, Armstrong, & Essex, 2005), academic performance (Buhs, Ladd, & Herald, 2006) and attitudes

about school (Ladd, 1990). Social exclusion has been associated with negative attitudes towards school, decreased classroom participation, increased absenteeism, and lower achievement over the school year, compared to students who do not experience social exclusion (Buhs & Ladd, 2001; DeRosier, Kupersmidt, & Patterson, 1994; Greenman, Schnider, & Tomada, 2009; Ladd, 1990). Similarly, behavioural difficulties have been found to be negatively associated with academic performance (Kremer, Flower, Huang, & Vaughn, 2016). Compared to their classmates, children who have behavioural difficulties were less likely to be engaged in the classroom later in the year (Cappella, Kim, Neal, & Jackson, 2013), which may contribute to the negative association between externalizing behaviours and academic performance.

Both social exclusion and externalizing behaviours have been found to influence the relationship between teachers and students (Birch & Ladd, 1998; Fowler, Banks, Anhalt, Der, & Kalis, 2008; Silver et al., 2005). De Laet et al. (2014) found that children who are highly accepted were more likely than those who experience rejection to receive greater support from teachers, which also predicted greater peer acceptance the following year. In comparison, aggression has been found to increase teacher-child conflict (De Laet et al., 2014), which, in turn, predicts increased externalizing behaviours (O'Connor, Collins, & Supplee, 2012). Externalizing behaviours and social exclusion can alter the relationship between teachers and their students, which may lead to consequences in other areas of education, such as academic performance (Sanchez Fowler et al., 2008) and school engagement (Archambault, Vandenbossche-Makombo, & Fraser, 2017).

1.4   Peer Perceptions of Children with Exceptionalities

Current literature suggests that children demonstrate stigmatizing beliefs regarding peers with exceptionalities (Kaushik, Kostaki, & Kyriakopoulos, 2016; Lauer & Renk, 2013; Nowicki, 2006; Nowicki, 2011; Walker, Coleman, Squire, & Friesen, 2008). Children's understanding of and familiarity with disabilities has been found to be associated with their beliefs regarding individuals with disabilities, specifically greater familiarity and understanding are associated with more positive beliefs, and less familiarity and understanding are associated with less positive beliefs (Hong, Kwon, & Jeon, 2014). In turn, these beliefs influence a child's intention to include peers with disabilities (Hong, Kwon, & Jeon, 2014).

Obrusnikova, Block and Dillon (2010) asked children about their beliefs regarding the inclusion of a peer in a wheelchair in a general education class. The participants' responses included empathic reactions (affective beliefs) and concerns about the peer's physical ability to participate (instrumental beliefs). The participants' affective beliefs included the desire to include everyone and foster friendships, as well as a concern about discriminatory behaviours (e.g. teasing and mocking) that may be directed towards a peer with a disability. Instrumental beliefs held by the participants indicated a concern for the safety of the peer with a disability, as well as a fear that the peer's disability would make team activities difficult. Overall, the participants generated favourable beliefs regarding the inclusion of a peer in a wheelchair. However, the desire to include peers with exceptionalities may depend on situational factors relating to the peer's perceived ability to participate in a specific context (Gasser, Malti, & Buholzer, 2014). Gasser et al. (2014) asked children to evaluate the exclusion of peers with either physical or intellectual disabilities in an academic, social or athletic activity. The participants were less likely to expect children with intellectual disabilities to be included in academic contexts than the other contexts, and they were less likely to expect children with physical disabilities to be included in athletic contexts compared to the other contexts.

Children also appear to respond differently to peers presenting externalizing behaviours compared to internalizing behaviours (such as depression or anxiety; Bellanca & Pote, 2013; Lauer & Renk, 2013; Walker et al., 2008). Lauer and Renk (2013) gave adolescents a set of vignettes portraying common internalizing and externalizing behaviour problems. They found that participants were more likely to approach and like characters who did not exhibit problem behaviour as compared to characters who exhibited any behaviour problems. The characters who presented with externalizing behaviours were more likely to be disliked and ignored than individuals who exhibited internalizing behaviours or did not exhibit internalizing or externalizing behaviours. Walker et al. (2008) presented children with a vignette about a peer presenting with either depression, ADHD or asthma, along with questions assessing the participant's positive and negative attributions about the peer, willingness to interact with the peer and family attitudes relating to the condition. Participants endorsed significantly more negative attributions for peers with ADHD and depression compared to asthma. Specifically, participants were concerned that the peer with ADHD or depression would be more violent and get into more trouble than the peer with asthma. Similar studies have found that peers with

externalizing behaviours elicited a more negative response than those with internalizing behaviours (Bellanca & Pote, 2013; O'Driscoll et al., 2012).

Likewise, O'Driscoll et al. (2012) found that adolescents reported significantly stronger feelings of anger towards a peer exhibiting ADHD, as compared to a peer with depression or a peer without ADHD or depression. In a subsequent study, O'Driscoll et al. (2014) presented children and adolescents with vignettes featuring a peer with ADHD or depression who was experiencing social exclusion. The researchers asked the participants to discuss reasons why the peer was experiencing exclusion. Participants' responses centred around two themes: reciprocity and risk. Participants expressed the sentiment that the peers with ADHD and depression were excluded due to their failure to engage in reciprocal interaction or provide social or emotional support. Additionally, participants believed that the peer with ADHD violated expectations of reciprocal friendships, such as listening and emotional support. They also indicated that the peer with ADHD was perceived as self-centered and unaware of others' emotional needs. Participants were also concerned about risks involved with befriending the target peers. Specifically, participants were wary that the behaviour of the peer with ADHD would lead to social or disciplinary consequences. The responses indicated a concern that befriending the peer with ADHD would threaten their social reputation or lead to negative responses from a teacher. Similarly, children who show externalizing behaviours may experience negative responses from their peers related to perceptions of their behavioural difficulties. These reactions need to be better understood in order to grasp the complexities surrounding social exclusion and externalizing behaviours. The study's aim is to investigate children's beliefs regarding the exclusion of peers with behavioural difficulties. This will provide insight into children's perceptions of peers with behavioural difficulties, and how these perceptions may influence social interactions.

1.5   Concept Mapping

This study will be employing concept mapping, which will allow participants to express their beliefs and perspectives in their own words, as well as organize these beliefs in ways that make sense to them. Concept mapping is a mixed-method approach that integrates qualitative and quantitative data through the use of brainstorming, unstructured sorting and multivariate statistical methods of multidimensional scaling (Trochim & Kane, 2005). Participants generate responses to a focus statement or question; these responses are collected and given to participants

to sort in meaningful ways (Trochim, 1989). Concept mapping is characterized by an inclusive, collaborative and flexible approach to data collection (Kane & Trochim, 2007). Additionally, it gives the researcher insight into the perspective of the target population, as the participant expresses the concepts in his or her own words (Trochim, 1989). Allowing children an opportunity to generate ideas and indicate how they feel the ideas are related is important in understanding the exclusion of children with externalizing behaviours.

In a literature review of concept mapping, Rosa and Ridings (2017) found that a number of studies emphasized that concept mapping allowed for strong conceptualization and measurement of complex phenomenon; social exclusion and externalizing behaviours are complex phenomena with no clear direct pathway between the two. Therefore, the researchers in the current study used concept mapping to explore factors relating to why children with externalizing behaviours are excluded by their peers.

1.6   Hypotheses

The current study sought to answer the following two questions: (a) What are children's beliefs regarding the exclusion of peers with behavioural difficulties? (b) Do children use moral, social and personal reasoning to justify the exclusion of children with externalizing behaviours? The researchers predict that participants will provide insight regarding the social exclusion of children with externalizing behaviour problems, and that they will generate statements that fall under the different domains of social domain theory (Scholes, Brownlee, Walker, & Johansson, 2017). Specifically, in the social conventional domain, participants might discuss a fear that they will be disciplined by a parent or teacher if they associate with an individual who exhibits behaviours like rule breaking. The researchers also expected children to discuss how a peer with behavioural difficulties may violate group norms or disrupt activities. Moreover, it was anticipated that children will discuss the social ramifications of including a peer with behavioural difficulties. For example, believing that including a peer with externalizing difficulties might lead to the participant's social exclusion as well. In the moral domain, it was expected that the participants to discuss concerns about fairness and physical harm as a consequence of externalizing behaviours like aggression. In the personal domain, it was expected that participants to discuss externalizing behaviours that they feel are aversive, such as disliking loud or aggressive peers.

Based on research by O'Driscoll et al. (2014), it is expected that participants may also discuss reasons relating to reciprocity and risk. Specifically, participants may suggest that peers with behavioural difficulties do not engage in reciprocal interactions (e.g. listening or providing emotional support) in the same manner as peers who do not have behavioural difficulties. This would fall under the social conventional domain, because the peer would be violating social norms for friendships or social interactions. In regard to risk, the researchers of the current study expected that participants will be concerned that being affiliated with a peer with behavioural difficulties will increase the risk of social or disciplinary consequences, such as being rejected by their social group or getting reprimanded by the teacher. This would also fall under the social conventional domain, because participants would expect social ramifications relating to the inclusion of a peer who violates classroom or social norms.

Furthermore, the researchers predict that the ways in which they sort the statements will be related to the domains from social domain theory. Specifically, statements associated with social conventional, personal and moral domains will each be sorted separately. For example, statements regarding the violation of classroom behaviours and social norms will be grouped together, which would reflect the social conventional domain. Similarly, participants will group statements regarding a dislike of certain personality characteristics, such as talkativeness or aggression.

Chapter 2

2 Method

2.1 Participants

Participants attended grades four through seven in a publicly funded elementary school in a medium-sized city in Southwestern Ontario. Thirty-eight students returned a parental consent form and participated in the study. One student withdrew consent during the interview task because she became visibly upset when the interview began to focus on behavioural difficulties. This participant did not wish to participate in the sorting task. Another student declined participating in the interview but participated in the sorting task. The interview sample included 36 participants, 17 participants identified as female and 19 identified as male. Participants were between the ages of 9 and 13 years old, with an average age of 10.81 years old (SD = 1.07). Eight of these participants were in grade four, seven were in grade five, 14 were in grade 6, and seven were in grade 7. Three of the 36 participants identified as Canadian, four identified as African, 15 as Asian, 11 as European, one as Latin American, and one as multiple ethnicities. One individual did not specify an ethnicity. Twenty-five of these participants were born in Canada, four were born in an African country and seven were born in Asia. Of the 11 participants who were born outside of Canada, they had been living in Canada for an average of 5.18 years (SD = 2.14). Nineteen of the participants primarily spoke English at home, ten spoke English and another language, and five spoke another language. Two participants did not indicate their predominate language at home.

Five participants completed the interview task but declined to participate in the sorting task. The participants who declined to participate appeared overwhelmed with the number of statements. Sorted data from three participants were not included in the data analysis. One set of statements was not grouped conceptually (i.e. statements were sorted by statement number, for example statements 1, 2 and 3 were sorted together) and the other two participants sorted the statements based on how the statements related to them personally (e.g. one participant sorted them based on which sibling the statement best described). Therefore, the final sorting sample included 29 participants, 15 participants identified as female and 14 identified as male. Of the sorting sample, 28 also participated in the interview. Participants were between the ages of 9 and 13 years old,

with an average age of 11.56 years old (SD = 0.97). Five of the participants were in grade 4, three were in grade 5, 15 were in grade 6 and six were in grade 7.

2.2   Materials

The semi-structured interview consisted of 12 questions. The first seven questions elicited background information from the participants, including age, grade, gender, hobbies, nationality, ethnicity and language(s) spoken at home. The first three questions asked for the participants' age, grade and gender. The fourth question inquired about the participants' hobbies. The fifth and sixth questions asked for the participants' nationality and ethnicity. The seventh question asked which languages were spoken at home. The remaining questions addressed behavioural difficulties. Specifically, question eight asked the participant to generate reasons why some children have behavioural difficulties. The interview protocol included examples of behavioural difficulties if the participant was indicating a lack of understanding (e.g., they may have a hard time listening or sitting still, they may talk a lot when they're supposed to be quiet). Question nine asked participants to provide examples of things that children with behavioural difficulties might find hard in school. Question ten asked participants if they thought that children with behavioural difficulties are socially excluded. Participants were then asked the study's focal question: "Why are kids who have behavioural difficulties sometimes left out of things?" An additional focal question that was not the focus of this study concluded the interview, "What are some things that can be done to help kids who have behavioural difficulties feel more included?" Please see Appendix D for the verbal consent script and Appendix E interview questions.

2.3   Procedure.

The current study is a part of a larger set of studies examining children's perspectives on social exclusion and required an amendment to an approved ethics proposal. Following the approval of the ethics amendment from the Non-Medical Research Ethics Board at Western University and the ethics committee at the school board, the research coordinator at the school board sent an email to elementary school principals to inform them about the study. A principal from one of the schools contacted us indicating his interest in participating. The researcher discussed the study with the principal, and he disseminated letters of information and parental consent forms to

students in grades four to seven. Students who were interested in participating returned their signed consent forms to the school.

The principal arranged quiet and comfortable spaces for data collection in an empty room adjacent to the office, an empty classroom and a quiet section of the library. This allowed for private one-on-one interviews and confidential sorting of statements.

2.3.1   The interview phase.

Participants met the researcher in a quiet space in the school to conduct the interview. The researcher introduced herself and the purpose of the study. The participant sat across from the researcher at a small table. The interview process, confidentiality and anonymity were explained. The researcher answered any questions and confirmed that the participant assented to participating in the study. Then the researcher obtained permission to audio record the interview. Of the 36 participants who participated in the interview, three did not want their responses to be recorded, so their responses were written by hand.

The interview began with demographic questions (i.e. age, gender, ethnic background) and a rapport building question (e.g. "What do you enjoy doing on your spare time?"). The researcher and participant had an informal discussion to confirm that the participant understood what was meant by "behavioural difficulties." Specifically, the participants were asked why some kids may have behavioural difficulties, and asked for examples of things that children with behavioural difficulties may find difficult. If participants were unsure or generated unrelated responses (e.g. focusing on motor disabilities), the researcher prompted them with examples of behavioural difficulties and asked them to elaborate on these examples. Once the researcher was satisfied that the participant understood behavioural difficulties, as it pertains to this study, the interview continued with the focal question, "Why are kids who have behavioural difficulties sometimes left out of things?" An additional question was asked that was not the focus of the study, "What are some things that can be done to help kids who have behavioural difficulties feel more included?" To encourage detailed responses, prompts were used, such as "Can you tell me more about that?" or participants were asked to consider their responses to previous questions (e.g. "Earlier you mentioned some things that people with behavioural difficulties found hard, do you think that might make them more likely to be left out?" or "You mentioned some reasons why

kids with behavioural difficulties might be left out, do you think there's a way we can help with any of these things?"). The recorded interviews ranged from four minutes and 44 seconds to 14 minutes and 47 seconds, with an average length of 7 minutes and 54 seconds (SD = 2 minutes and 16 seconds). At the end of the interview, participants were asked if they had any additional comments or questions regarding what was discussed. Then the researcher described the sorting task and asked if they would be interested in participating. One student indicated that they would not be interested, but all other students agreed to participate. At the end of the interview, each participant selected a small incentive (a novelty pencil or eraser).

2.3.2   Generation of statements.

Transcripts were created using audio recordings of the interviews, which were used to extract all the statements in response to the focal question on social exclusion. For the three participants whose interviews were recorded by hand, the researcher who conducted the interviews typed their responses to the same format as the other transcripts. Statements were transferred into a spreadsheet. There was a total of 151 statements, which the researcher reviewed for clarity. The statements were coded independently by two researchers for redundancy. They discussed 39 discrepancies until a list of 58 unique statements (38.4% of the total statements) were agreed upon. Please see Table 1 for a list of the statements. The statistical results, including bridging values, will be discussed in Chapter 3. Meta-analyses on concept mapping studies with adult populations reported an average of 87.76 (Donnelly, 2017) or 96.36 (Rosas & Kane, 2012) unique statements. However, previous studies using concept mapping with children have generated fewer statements. Specifically, in a study by Nowicki, Brown and Stepien (2014), participants generated 49 statements, and in a study by Lau (2018), participants generated 33 statements.

2.3.3   The sorting phase.

The unique statements generated in the previous stage were printed in size 16 font on strips of paper for the sorting phase of the concept mapping process. The researcher met with groups of two to four participants in an empty classroom or the school library to conduct the sorting task. The researcher re-introduced herself and explained the sorting task. Participants were instructed to group the statements in any way that made sense to them. Specifically, they were asked not to

Table 1: Statements in Each Cluster and Their Corresponding Bridging Values

Statement		Bridging
Cluster 1: Differences Impacting Playing		**0.37**
56	If I play with someone who has behavioural difficulties, someone else is going to bully me	0.11
1	People don't want the child with behavioural difficulties to get mad or upset	0.19
36	They might think the person with behavioural difficulties is not good to play with	0.27
55	If you include someone with behavioural difficulties, then other people are going to ask why you are playing with them	0.4
5	Some kids might not want to play with a kid with behavioural difficulties, because they can come across as mean because they can't control their anger	0.4
30	They're different	0.42
53	Because they cry	0.42
46	People don't want to be around someone who is angry all the time	0.56
15	The person with behavioural difficulties is annoying you or something and they don't stop	0.59
Cluster 2: Problematic Social Interactions		**0.11**
40	The person with behavioural difficulties has trouble negotiating with people	0.02
11	If the child with behavioural difficulties is stressed out and gets physical, then others don't want to get hurt	0.03
20	The child with behavioural difficulties can be rude	0.03
22	If they're playing a competitive game, and the person with behavioural difficulties loses, they're going to start arguing	0.04
27	Maybe the kid with behavioural difficulties might swear	0.04
39	Someone who is angry all the time makes everything feel sad	0.09
47	The person with behavioural difficulties might talk about bad stuff or something	0.09
48	The person with behavioural difficulties has trouble talking with people	0.1
13	Kids with behavioural difficulties can come across as mean because they can't control their anger	0.1
10	The child with behavioural difficulties is angry during school and the day	0.11
28	The child with behavioural difficulties overreacts	0.13
49	The person with behavioural difficulties might have a bad attitude and make the person they're talking with angry or sad	0.15

Table 1 (continued)

	Statement	Bridging
Cluster 2 (continued)		**0.11**
34	Sometimes when a kid with behavioural difficulties doesn't get their way, they get frustrated	0.16
58	When people don't listen to them, the child with behavioural difficulties gets upset	0.17
6	Because kids with behavioural difficulties get really angry when they lose	0.21
4	Their mood can bring other people down	0.35
Cluster 3: Stigmatizing Beliefs		0.53
19	Maybe the kid with behavioural difficulties might push	**0.15**
26	The kid with behavioural difficulties might cheat	0.18
54	Other people will start thinking the person with behavioural difficulties can't play the games because they never listen to the rules	0.31
57	If the kid with behavioural difficulties has to stay inside during recess, they don't know the rules of the games that others are playing	0.37
51	The person with behavioural difficulties is too difficult	0.42
18	The person with behavioural difficulties was rude, so other people don't include them for revenge	0.46
37	The person with behavioural difficulties just doesn't want to participate	0.47
45	The person with behavioural difficulties might mess things up	0.49
50	Excluding people is just something that goes on	0.57
2	Maybe the child with behavioural difficulties isn't good at sports	0.63
21	Some people don't understand people with ADHD	0.76
44	Sometimes someone with behavioural difficulties can be left out because they don't work well with other people	0.81
9	Maybe the child with behavioural difficulties can't read	0.82
16	The kid with behavioural difficulties won't stop talking	1.00
Cluster 4: Fear		**0.28**
29	It gives the people who bully them power	0.12
31	People don't want someone who doesn't like the same things that they do	0.12
43	They might be afraid of the student with behavioural difficulties	0.12
3	Other kids might not want to catch their behaviour	0.21
25	Other students are afraid to say something when someone is being mean to a student with behavioural difficulties	0.26
52	In class, the person with behavioural difficulties might need special help and other kids make fun of them for that	0.31

Table 1 (continued)

Statement	Bridging
Cluster 4 (continued)	**0.28**
24 People don't want someone who doesn't think the same way that they do	0.41
35 Other people are scared of disabilities	0.44
41 People don't want someone who doesn't get the same grades that they do	0.52
Cluster 5: Not Belonging	**0.15**
17 People think the person with behavioural difficulties is weird	0
12 People think that kids with behavioural difficulties don't belong in their group	0.04
23 Other people can be really rude sometimes	0.08
7 Some people say that a kid with behavioural difficulties is just not cool	0.13
38 People don't want to be around those kinds of people	0.14
14 Some people say that a kid with behavioural difficulties is not big enough to play with	0.19
33 Other people don't like the way that a person with behavioural difficulties acts	0.2
42 Sometimes people don't like kids with behavioural difficulties because it's like they're disabled	0.23
8 No one likes the person with behavioural difficulties	0.24
32 Other people don't like the clothes that a person with behavioural difficulties wears	0.26

place all statements in one large pile and not to place all of the statements in individual piles. They were also told each statement could only go in one pile and it could not be placed in multiple piles simultaneously. The researcher reminded participants that they were allowed to withdraw their consent at any time and answered any questions.

The researcher provided the participants with instructions, then gave them sorting materials and seated them at separate desks facing away from each other. Each participant received a package of statements, a pen or pencil and paperclips. While participants completed the sorting task, the researcher answered any questions that arose and assisted individuals who had difficulty understanding the statements. After the participants completed sorting the statements, they were asked to label each pile, attach the statements in each pile together with a paperclip, and put all the materials back into the envelope when completed.

Following the completion of the sorting task, each participant selected a small incentive (a novelty pencil or eraser) and received a thank you certificate for their participation (see Appendix G). The participants created between two and 26 piles, with an average of 7.75 piles (SD = 6.77).

Chapter 3

3   Results

This section discusses the results of the focal question inquiring about the exclusion of children with behavioural difficulties. This section will focus on the use of Group Concept Mapping statistical analysis, which is derived from The Concept System® Global MAX™ (2018) program. This program uses multidimensional scaling to determine how frequently participants sort statements together, as well as hierarchical cluster analysis to identify groups of statements identified as having similar themes (Anderberg, 1973; MacCallum, 1988).

3.1   Group concept mapping analysis.

3.1.1   Multidemensional scaling.

Participants' sorted data were inputted into the online concept mapping program (Concept System® Global MAX™, 2018). For each participant, a researcher recorded all pile labels and the statement numbers that had been sorted into each pile. After the sorted data were entered, the Concept System® Global MAX™ (2018) created a data matrix for each participant. These individual matrices consisted of as many rows and columns as statements used in the sorting procedure, which for this study resulted in a 58 x 58 table. Each row and column represent a different statement, for instance, the first row and column represent statement 1, the second represents statement 2, and so on. In the individual matrix for a participant, if two statements (e.g. statements 3 and 4) were sorted together, the cells will have a "1" where the rows and columns representing those statements intersect (see Figure 1). Alternatively, a "0" indicates that the statements were not sorted together. Next, a combined group similarity matrix is created where each cell across the individual sorting matrices is summed to create one matrix. The rows and columns continue to represent the same statements, but the cells now represent how often the statements are sorted together. High values indicate that the statements are often sorted together, while low values indicate that the statements are not often sorted together. Additionally, statements that are often sorted together are expected to share conceptual similarities (Kane & Trochim, 2007).

Statements

	1	2	3	4	5	6
1	1	0	1	1	0	0
2	0	1	0	0	0	0
3	1	0	1	1	0	0
4	1	0	1	1	0	0
5	0	0	0	0	1	1
6	0	0	0	0	1	1

Statements

Figure 1: An example of an individual sorting matrix representing six statements.

In this example, statements 1, 3 and 4, and statements 5 and 6 were sorted together.

The combined group similarity matrix was then visually represented as a point map using two-dimensional nonmetric multidimensional scaling of the similarity matrix (see Figure 2). On this map, each statement is represented by a point, with the closeness of the points representing the likelihood of the statements to be sorted together. In Figure 2, points 16 ("the kid with behavioural difficulties won't stop talking") and 46 ("people don't want to be around someone who is angry all the time") are on opposite ends of the map, suggesting they were very unlikely to have been sorted together and are considered to be very distinct ideas. Alternatively, statements 33 ("other people don't like the way that a person with behavioural difficulties acts") and 38 ("people don't want to be around those kind of people") are very close on the map, which suggests that they were sorted together very frequently and have conceptual similarities.

The stress value of the point map determines if the point map is a good representation of the data. If the stress value approaches zero, it indicates that the point map has few discrepancies from the group similarity matrix and is a good representation of the data. However, if the stress value approaches one, it indicates that there are greater discrepancies and it is not a good representation of the data. Recent meta-analyses of concept mapping projects found average stress values of 0.26 (Donnelly, 2017) and 0.28 (Rosas & Kane, 2012) with ranges between 0.13 and 0.36. The recommended maximum stress value is 0.39 (Kruskal, 1964; (Sturrock & Rocha, 2000). Additionally, previous projects with children have resulted in stress values of 0.226 (Lau, 2018) and 0.332 (Nowicki et al., 2014). This study has a stress value of 0.317, which suggests that the point map was a good representation of the group similarity matrix and falls within the acceptable range.

3.1.2   Hierarchical cluster analysis.

Once the point map has been created, hierarchical cluster analysis identifies thematic clusters of statements. This technique first considers each statement as its own cluster, then combines clusters at each stage of the analysis until all the statements form one large cluster. In this study, the first stage of the clustering technique started with 58 clusters, then two of these clusters were combined in the subsequent stage to form 57, then 56 and so on until one cluster remained. In order to determine the best fit for the data, the cluster solutions were examined to determine which made the most sense thematically and statistically (Kane & Trochim, 2007; Nowicki et al., 2014).
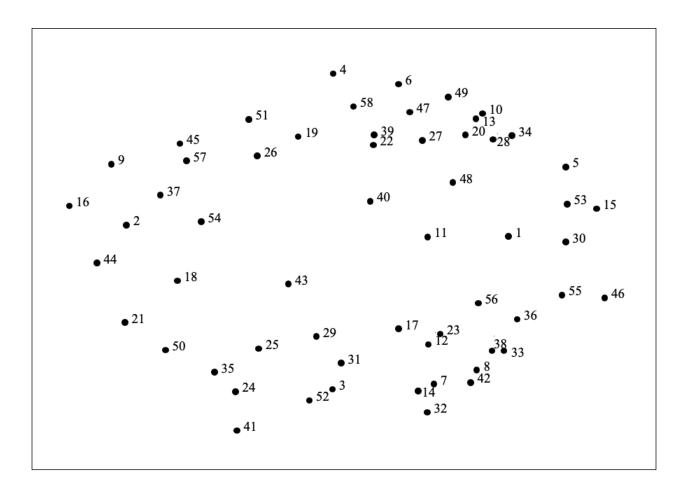
Figure 2: Multidimensional Scaling Point Map of the Generated Statements.

Each number corresponds to one of the statements, for a list of all statements see Table 1.

To determine the statistical fit of the cluster, the bridging value for each statement was examined. This value falls between 0 and 1 and reflects how reliably the statement was sorted with nearby statements on the point map. Anchor statements have a bridging value closer to 0, which indicates that these statements are often sorted with nearby statements and have similar themes to other statements in the area (Kane & Trochim, 2007; Lau, 2018). For example, statement 17 ("People think the person with behavioural difficulties is weird") has a bridging value of 0.00 and is an anchor statement. In contrast, bridging statements have a bridging value closer to 1, which indicates that the statements may not be consistently sorted with the nearby statements. These statements may be harder for the participants to sort and were likely sorted with statements on distant areas of the point map. These statements are considered bridging statements because they bridge or link two or more areas of the map (Kane & Trochim, 2007; Lau, 2018). Statement 16 ("The kid with behavioural difficulties") is an example of bridging statement, as it has a bridging value of 1.00.

The average bridging value indicates how cohesive the statements are within a cluster and how well the clusters represent the data (Kane & Trochim, 2007; Lau, 2018). Considering the average number clusters in a final solution is approximately 8 or 9 clusters with adult participants (Donnelly, 2017; Rosas & Kane, 2012), the researchers chose to examine cluster solutions with ten or fewer clusters. This would be sufficient, considering previous studies with children have selected solutions with around four clusters (Lau, 2017; Nowicki et al., 2014). After examining these solutions, a five-cluster solution was the most appropriate representation of the data based on bridging values and conceptual fit (see Figure 3). The final solution contained the following clusters: (a) Disruptive Play Behaviour; (b) Problematic Social Interactions; (c) Stigmatizing Beliefs; (d) Fear; and (e) Not Belonging. In this study, each cluster had between 9 and 16 statements with average bridging values between 0.11 and 0.53. These values are consistent with previous cluster solutions by Lau (2018) and Nowicki et al. (2014), whose average bridging values ranged from 0.06 to 0.57, and 0.20 to 0.65, respectively. Additionally, the number of statements per cluster in the final solution fell within the average range presented by Rosas and Kane (2012). According to the meta-analysis by Rosas and Kane (2012) the average number of statements per cluster is 11.1, with an average of 18.6 statements in the largest cluster and 5.5 in the smallest cluster.

Figure 3: Cluster Map with Five Clusters.

Each cluster is represented by one polygon. A larger cluster likely has a higher average bridging value and represents a broader theme. Conversely a smaller cluster likely has a smaller average bridging value and represents a more focused theme. The original cluster labels were 1) Play With Everyone, So People Can Be Nice To You; 2) Mood/Angry; 3) Don't Know What to Do; 4) Being Mean/Rude; and 5) People Can Be Rude. These labels were revised to better reflect the themes in each cluster.

The Concept System® Global MAX^{TM} (2018) software automatically generates labels for each cluster based on labels suggested by the participants during the sorting phase. The program suggested the following labels for the final cluster solution: (a) Play With Everyone, So People Can Be Nice To You; (b) Mood/Angry; (c) Don't Know What to Do; (d) Being Mean/Rude; and (e) People Can Be Rude. However, these labels did not sufficiently reflect the themes in each of the clusters. As previously mentioned, the labels were revised to better fit the data.

3.1.2.1   Cluster 1: Disruptive Play Behaviour.

Cluster one contains nine of the 58 statements, which is the smallest number of statements across the five clusters and has the second highest average bridging value (M bridging value = 0.37; SD = 0.15). The statements in this cluster predominately referred to beliefs relating to perceptions that children with behavioural difficulties disrupt gameplay and typical activities. Some of the statements suggest that children are concerned about the social ramifications of including a child with behavioural difficulties (56: "If I play with someone who has behavioural difficulties, someone else is going to bully me"; 55: "If you include someone with behavioural difficulties, then other people are going to ask why you are playing with them"). Several statements indicate that poor emotional or behavioural regulation make playing difficult with a child with behavioural difficulties (1: "People don't want the child with behavioural difficulties to get mad or upset"; 53: "Because they cry"; 5: "Some kids might not want to play with a kid with behavioural difficulties, because they can come across as mean because they can't control their anger"; 15: "The person with behavioural difficulties is annoying you or something and they don't stop"). Other statements suggest a concern that children with behavioural difficulties are different from other children, making them undesirable to play with (30: "They're different"; 36: "They might think the person with behavioural difficulties is not good to play with").

3.1.2.2   Cluster 2: Problematic social interactions.

Cluster two contains the greatest number of statements of the five clusters (16 statements) and also had the lowest average bridging value (M bridging value = 0.11; SD = 0.08). This suggests that, despite its size, this is the most thematically cohesive of all the clusters. This cluster focused on the problems that children with behavioural difficulties may experience while communicating or socializing with their peers. Some statements (20: "The child with behavioural difficulties can

be rude"; 40: "The person with behavioural difficulties has trouble negotiating with people"; 48: "The person with behavioural difficulties has trouble talking with people") suggest that children with behavioural difficulties experience challenges communicating with their peers, while other statements indicate that they may use language that others find inappropriate (27: "Maybe the kid with behavioural difficulties might swear"; 47: "The person with behavioural difficulties might talk about bad stuff or something"). Other statements refer to a concern that children with behavioural difficulties have trouble dealing with and expressing their anger (10: "The child with behavioural difficulties is angry during school and the day"; 13: "Kids with behavioural difficulties can come across as mean because they can't control their anger"), which may influence peers' perceptions of them. Several statements indicate a concern that children with behavioural difficulties may get excessively frustrated or upset if things don't go well (22: "If they're playing a competitive game, and the person with behavioural difficulties loses, they're going to start arguing"; 58: "When people don't listen to them, the child with behavioural difficulties gets upset"; 6: "Because kids with behavioural difficulties get really angry when they lose"; 34: "Sometimes when a kid with behavioural difficulties doesn't get their way, they get frustrated"; 28: "The child with behavioural difficulties overreacts"). Additionally, statement 11 ("If the child with behavioural difficulties is stressed out and gets physical, then others don't want to get hurt") indicates that there is a fear of getting hurt if a child with behavioural difficulties is upset. Alternatively, some statements suggest that children with behavioural difficulties are difficult to be around because their mood upsets others (39: "Someone who is angry all the time makes everything feel sad"; 49: "The person with behavioural difficulties might have a bad attitude and make the person they're talking with angry or sad"; 4: "Their mood can bring other people down").

3.1.2.3   Cluster 3: Stigmatizing beliefs.

The third cluster contains 14 statements and has the highest average bridging value of the five clusters (*M* bridging value = 0.53; *SD* = 0.24). This cluster has a high bridging value, which suggests the statements within it are less cohesive compared to other clusters. However, the general theme of this cluster is that the statements typically concern beliefs that may stigmatize children with behavioural difficulties. Specifically, statement 19 reflected concerns relating to safety ("Maybe the kid with behavioural difficulties might push"), while statement 26 indicated a

concern about cheating behaviour ("The kid with behavioural difficulties might cheat"). Statement 54 reflects a concern that a child with behavioural difficulties is less able to participate because they are unable to understand the games ("Other people will start thinking the person with behavioural difficulties can't play the games because they never listen to the rules"), while other statements suggest there are differences in abilities that may alienate children with behavioural difficulties (2: "Maybe the child with behavioural difficulties isn't good at sports"; 9: "Maybe the child with behavioural difficulties can't read"; 16: "The kid with behavioural difficulties won't stop talking"). Similarly, statement 57 implies that inclusion may be more difficult for children with behavioural difficulties compared to other students because they miss out on social opportunities during detention ("If the kid with behavioural difficulties has to stay inside during recess, they don't know the rules of the games that others are playing"). Several statements suggest there is a perception that children with behavioural difficulties are difficult to play with (45: "The person with behavioural difficulties might mess things up"; 51: "The person with behavioural difficulties is too difficult"; 37: "The person with behavioural difficulties just doesn't want to participate"; 44: "Sometimes someone with behavioural difficulties can be left out because they don't work well with other people"). Statement 18 hints that some students may feel that exclusion is a social punishment for undesirable behaviour ("The person with behavioural difficulties was rude, so other people don't include them for revenge"), while statement 50 suggests that exclusion is seen as a normal experience ("Excluding people is just something that goes on"). Conversely, statement 21 suggests that exclusion is a result of students' lack of understanding of behavioural difficulties ("Some people don't understand people with ADHD").

3.1.2.4   Cluster 4: Fear.

Cluster four is tied with cluster one for containing the fewest statements (nine statements), and its bridging value falls in the middle of the four other clusters (M bridging value = 0.28; SD = 0.14). This cluster contains statements relating to a fear of differences or imbalances in power. Several statements indicated that other students generally disliked differences (31: "People don't want someone who doesn't like the same things that they do"; 24: "People don't want someone who doesn't think the same things that they do"; 41: "People don't want someone who doesn't get the same grades that they do"; 52: "In class, the person with behavioural difficulties might need

special help and other kids make fun of them for that"). A couple of statements mentioned a fear of behavioural difficulties and disabilities (43: "They might be afraid of the student with behavioural difficulties"; 35: "Other people are scared of disabilities"), which also suggests that children classify behavioural difficulties as a disability. Moreover, statement 3 indicates that there is a fear that behavioural difficulties are contagious or may rub off on others ("Other kids might not want to catch their behaviour"). Other statements discuss power imbalances that contribute to exclusion (25: "Other students are afraid to say something when someone is being mean to a student with behavioural difficulties"; 29: "It gives the people who bully them power").

3.1.2.5   Cluster 5: Not belonging.

Cluster five contains ten statements and has the second lowest bridging value of the five clusters (*M* bridging value = 0.15; *SD* = 0.08). The statements revolve around the idea that a child with behavioural difficulties was "uncool" or didn't belong. Some statements expressly indicated this sentiment (12: "People think that kids with behavioural difficulties don't belong in their group"; 7: "Some people say that a kid with behavioural difficulties is just not cool"; 38: "People don't want to be around those kinds of people"; 17: "People think the person with behavioural difficulties is weird"; 8: "No one likes the person with behavioural difficulties"). Statement 33 suggested that children with behavioural difficulties didn't fit in because they act differently ("Other people don't like the way that a person with behavioural difficulties acts"). Other statements indicated that children with behavioural difficulties might be considered uncool for unrelated reasons (14: "Some people say that a kid with behavioural difficulties is not big enough to play with"; 32: "Other people don't like the clothes that a person with behavioural difficulties wears"). Statement 42 indicated that stigmatizing beliefs relating to disabilities may impact the popularity of children with behavioural difficulties ("Sometimes people don't like kids with behavioural difficulties because it's like they're disabled"). In contrast, statement 23 suggests that exclusion or feelings of not belonging has more to do with other people than with the child with behavioural difficulties ("Other people can be really rude sometimes").

3.2   Summary.

The five-cluster solution was the best fitting representation of the participant's sort data. This solution generated five themes regarding children's perspectives on the social exclusion of peers with behavioural difficulties: (a) Disruptive Play Behaviour; (b) Problematic Social Interactions; (c) Stigmatizing Beliefs; (d) Fear; and (e) Not Belonging. Clusters one, three and four reflected broader themes revolving around negative perceptions of children with behavioural difficulties, stigmatizing beliefs and fear or misunderstanding, respectively. Clusters two and five reflected more focused themes surrounding negative social interactions, and popularity, respectively.

Chapter 4

4　Discussion

The goals of this study were to (a) explore children's beliefs regarding the exclusion of peers with behavioural difficulties and (b) determine if children use moral, social and personal reasoning to justify the exclusion of peers with behavioural difficulties.

4.1　Participant's Thoughts on Social Exclusion

Participants' unique statements were extracted from their interviews and grouped by the participants in meaningful ways. Hierarchical cluster analysis identified thematic clusters of statements, and a five-cluster solution was determined to have the best statistical and thematic fit. In previous studies, Nowicki et al. (2014) and Lau (2018) demonstrated that perceived differences between children and their peers with learning disabilities perpetuated social exclusion. Similarly, the current study found that participants primarily discussed perceived differences in behaviour between children with behavioural difficulties and their peers, when asked about the social exclusion of children with behavioural difficulties. Participants indicated that children with behavioural difficulties acted in ways that would disrupt group activities (cluster one) and social interactions (cluster two). These differences may violate social norms, and thus lead to the stigmatization (cluster three), fear (cluster four) or unpopularity (cluster five) of children with behavioural difficulties.

Most statements presented children with behavioural difficulties in a negative light. Many statements focused on what children with behavioural difficulties were doing wrong or that they were being difficult (e.g. statement 28: "The child with behavioural difficulties overreacts"). This may suggest that children perceived peers with behavioural difficulties as at fault for their own exclusion. It may also indicate that children perceived social exclusion as revenge for peers who behave poorly (statement 18). Alternatively, a few statements suggested that children without behavioural difficulties were in the wrong (e.g. statement 25: "Other students are afraid to say something when someone is being mean to a student with behavioural difficulties"). Statements will be interpreted by cluster in the following subsections.

4.1.1   Cluster 1: Disruptive Play Behaviour

Although the first cluster had the fewest number of statements, it conveyed a broad theme that peers perceived children with behavioural difficulties as disruptive. These statements suggested that participants perceived that there were deterrents to including children with behavioural difficulties, such as a negative social reaction (i.e. bullying by the peer group) or unfavourable differences that may have disrupted gameplay (e.g. poor emotional regulation). Some of these statements suggested that exclusion is a social dynamic in which including children with behavioural difficulties was discouraged (e.g. including a child with behavioural difficulties will lead to peers asking questions or bullying). However, other statements suggested that peers perceived barriers to inclusion as being directly tied to the perception of individuals with behavioural difficulties (e.g. statement 53: "Because they cry"). Overall, the statements in this cluster suggested that children with behavioural difficulties disrupted "business as usual" and were therefore excluded.

4.1.2   Cluster 2: Problematic social interactions

In contrast to the first cluster, the second cluster contained the largest number of statements and was the most focused of the five clusters. Its theme focused on potential barriers to effective communication with children with behavioural difficulties. Many of these statements suggested that children with behavioural difficulties were perceived as violating the social norms expected to communicate or behave. They were seen as using inappropriate language or inappropriate ways of expressing emotion. These norm violations led to children with behavioural difficulties being excluded for being mean or bad. Additionally, some students suggested that the negative mood or attitude of the children with behavioural difficulties might lead to social contagion and influence the mood of others.

4.1.3   Cluster 3: Stigmatizing beliefs

This was the broadest of the five clusters. The statements predominately contain beliefs that were stigmatizing for children with behavioural difficulties. These beliefs were not directly related to behavioural difficulties and often involved participants making a leap between behavioural difficulties and aversive behaviour. Some suggested that children with behavioural difficulties were a liability in games or activities because the peers were afraid that children with

behavioural difficulties were more likely than other children to cheat, not listen, misunderstand rules or have personality conflicts with other. As one statement suggested, exclusion may be weaponized to discourage undesirable behaviour. However, there was also an underlying theme that peers perceived that children with difficulties were too difficult to include.

4.1.4   Cluster 4: Fear

Along with cluster one, this contained the smallest number of statements, which related to fears of differences or power imbalances. Several statements suggested that many students find differences aversive, which may relate to a fear of social contagion mentioned in another statement. Statements in this cluster indicate that stigma influences exclusion as students noted a fear of disabilities and students with behavioural difficulties. Moreover, there was also indication that social dynamics feed into exclusion, as students were afraid of confronting others who perpetuate exclusionary practices.

4.1.5   Cluster 5: Not belonging

Cluster five placed a narrow focus on statements indicating that children with behavioural difficulties were uncool or did not belong. These statements focused on intentionally excluding children with behavioural difficulties because they were different or "weird." These statements focused on visible aspects of popularity, such as appearance and behaviour. One statement suggested that stigmatization about disabilities isolated and affected the popularity of children with behavioural difficulties. Taken together, these statements suggested that children perpetuated social exclusion based on their perception of a peers' popularity and whether including someone would affect their popularity.

4.1.6   Reciprocity and Risk

In the current study, the theme of risk was evident in the participants' statements, which is consistent with findings from O'Driscoll et al. (2014). Specifically, in the current study participants indicated concerns about physical safety and social ramifications when including children with behavioural difficulties. However, unlike previous findings, the theme of reciprocity was not as evident. This may indicate that participants found risk to be a more salient concern compared to reciprocity, which may be why they more readily generated these reasons.

4.1.7   Application of Social Domain Theory

The statements generated by the participants reflect the three domains of social domain theory (Turiel, 1983) and took into consideration the personal, social and moral factors relating to exclusion. For example, statement 19 ("Maybe the kid with behavioural difficulties might push") reflects the moral reasoning domain, as it views a fear of safety as being reason for exclusion. In general, statements appeared to focus more heavily on social norms and consequences, which would fall in the social conventional domain. A number of statements referred to personal choice and how decisions relating to exclusion impacts the participant. Specifically, many of these statements discussed personal factors (i.e. clothing) relating to exclusion. Other statements discussed moral concerns relating to harm, fairness and justice (e.g. statement 18 suggested that social exclusion may be justified as revenge for poor behaviour). However, when examining the clusters, they did not appear to focus on any specific domain, with most clusters containing statements from multiple domains. This might suggest that while participants draw from these domains while generating ideas, the domains may not be as salient as other conceptual factors in the statements. For example, in cluster one, statement 56 ("If I play with someone who has behavioural difficulties, someone else is going to bully me") was grouped with statement 36 ("They might think the person with behavioural difficulties is not good to play with"). Although these statements fall in two different domains (social and personal, respectively), participants may have felt that both statements contribute to a perception that including a children with behavioural difficulties disrupts how they want to spend their recess time. Additionally, considering that the participants varied in age, it is possible that this contributed to differences in interpreting and sorting the statements. Smaller age groups may generate groupings that are more consistent with the three domains. Social domain theory is based on abstract ideas that may be beyond the development level of these students. The capacity for social abstract reasoning begins to develop by 11 or 12 years of age (Marini & Case, 1994). The participants in the sorting task were between the ages of 9 and 13, with an average age of 11.56. This suggests that some participants were beginning to develop abstract reasoning but not all. Furthermore, the development of abstract reasoning is progressive and continues to develop and evolve into adulthood (Meadows, 2006). Sorting statements into groups that align with social domain theory may have required abstract thinking capabilities beyond the developmental expectations of our participants. The findings partially corroborated social domain theory, as the participants

generated statements from each domain, but these domains did not appear to influence the ways in which participants sorted the data.

4.2   Implications

The current study generated a number of statements indicating reasons for children justify or explain the exclusion of children with behavioural difficulties. Some responses suggested that participants hold stigmatizing beliefs about behavioural difficulties. Participants indicated that they were afraid to include children with behavioural difficulties because they were easily angered, unpredictable and socially undesirable. This suggests that it is important to educate children about behavioural difficulties and the reasons why some children struggle to regulate their behaviour. Furthermore, these lessons should teach children about the importance of diversity and promote divergent ways of thinking and behaving. Additionally, teaching children ways to de-escalate situations and effective ways to help others with intense emotions may make them feel more comfortable to work with peers with behavioural difficulties.

There was also a general theme that including children with behavioural difficulties required effort. Encouraging students to value diversity and unique perspectives may make inclusion feel less effortful. Furthermore, it is important to focus on ways to make inclusion more desirable for children.

4.3   Limitations and Future Directions

There were several limitations of this study. The nature of the current study was exploratory, which limits the generalizability of the findings. Specifically, the participants belonged to a specific region of Canada, which indicates that the findings may not generalize to other regions.

Due to the age of some participants and the number of statements, participants were not asked to rate the statements during the sorting procedure. This would have allowed the researchers to better evaluate which factors were most salient for social exclusion. Additionally, it is possible that there were statements used in the sorting procedure that participants do not agree with.

The current study suggests that participants used a variety of factors to justify and perpetuate social exclusion, specifically for peers with behavioural difficulties. Their responses implied that

they find children with behavioural difficulties as posing a threat to their well-being and their social standing. Future studies need to continue developing inclusion strategies that reduce feelings of fear towards peers with behavioural difficulties. For example, developing interventions that involve educating children about behavioural and emotional regulation, as well as providing them with strategies to help themselves and others effectively regulate their emotions. Additionally, it may be valuable to teach children ways to de-escalate emotional situations.

De Laet et al. (2014) found that teacher support has been associated with peer acceptance, specifically children who were more accepted tended to receive more support. Therefore, it may be valuable to conduct future studies with teachers examining their perspectives relating to the social exclusion of children with behavioural difficulties. Additionally, future inclusion interventions should consider educating teachers about social exclusion and behavioural difficulties. It may also be beneficial to incorporate classroom management techniques that consider the needs of children with behavioural difficulties. For example, educating teachers that it is important for children to socialize and play during recess, and this should not be taken away as punishment. Future interventions should encourage teachers to promote inclusion and to model that children with behavioural difficulties are socially desirable.

4.4   Conclusion

Overall, the current study found that children were able to generate a number of reasons for the social exclusion of peers with behavioural difficulties. Participants appeared to place the blame on children with behavioural difficulties, and focused on how their behaviour makes them less socially desirable. The findings from this study should be considered in the context of developing stronger intervention strategies for inclusion. Educators and other professionals should work towards promoting inclusion and diversity in the classrooms. Additionally, when developing future interventions for social inclusion, researchers should consider the importance of children's perspectives and the factors they see as salient in social exclusion.

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Appendices

Appendix A: Letter of Information for Parents

Western Education

SOCIAL INCLUSION AND EXCLUSION OF STUDENTS WITH BEHAVIOURAL DIFFICULTIES

LETTER OF INFORMATION FOR PARENTS OF ELEMENTARY STUDENTS

Introduction
My name is Kayla Edwards, and I am a graduate student in School and Applied Child Psychology at the Faulty of Education at Western University. I am working with Dr. Elizabeth Nowicki. We are conducting a study that focuses on the thoughts of students about the social inclusion and exclusion of students with behavioural difficulties in school. We are seeking elementary school students to participate in this study.

Purpose of the study
The purpose of this study is to interview students to find out (a) their thoughts on why elementary school students with behavioural difficulties are sometimes socially excluded at school, and (b) their strategies for enhancing the social inclusion of students with behavioural difficulties at school.

If your child agrees to participate
If your son or daughter agrees to participate in this study, he or she will be asked to participate in an interview at school, during regular school hours, that will take approximately 5 to 15 minutes. Interviews will be audio-recorded. If your daughter or son does not wish to be audio-recorded she or he may still participate in this study, and we will take notes on her or his comments. At a later date, your child will be invited to sort and rate a set of anonymous statements taken from interviews with other students. It will take approximately 10 to 25 minutes to sort and rate the statements. The sorting task will take place at school during regular school hours.

Confidentiality
The information collected will be used for research purposes only. All information collected for the study will be kept confidential. Participants will be identified by unique code numbers on digital recordings and transcribed data. Names will not be recorded and will not be used in the sorting or rating tasks, any publication or presentation. All data will be destroyed five years after the study has been published.

Risks & Benefits
There are no known risks to participating in this study. Benefits are that researchers, educators and families will have a better understanding of the beliefs of students regarding the social inclusion and exclusion of students with behavioural difficulties.

Voluntary Participation
If your child would like to participate in this study, please return the signed consent form to your child's school. Participation in this study is voluntary. Your child may refuse to participate, refuse to answer any questions, or withdraw from the study at any time. Your child does not waive any legal rights by participating in this study.

Questions
If you have any questions about the conduct of this study or your child's rights as a research participant you may contact the Manager, Office of Research Ethics, Western University at 519-661-3036 or ethics@uwo.ca. If you have any questions about this study, please contact us at include@uwo.ca. This letter is yours to keep for future reference.

Sincerely,
Kayla Edwards (MA Student)   Dr. Elizabeth Nowicki

Appendix B: Letter of Information for Students

Western
Education

Project Title: *SOCIAL INCLUSION AND EXCLUSION OF STUDENTS WITH BEHAVIOUR DIFFICULTIES*

Investigators: Kayla Edwards, MA Student; Elizabeth Nowicki, Ph.D., OCT

Applied Psychology, Faculty of Education, Western University

<u>Letter of Information for Students</u>

1. Why are we visiting your class?
We want to tell you about a study that will look into why some kids with behaviour difficulties might not be included by their classmates, and some ideas you might have about how to include kids with learning difficulties. We would like to see if you want to be in this study.

2. Why are we doing this study?
We want to see if we can find out why some kids with behaviour difficulties are not always included by other kids, and what kinds of things kids can do to include them.

3. What will happen to you?
If you want to be in the study two things will happen:
1. A researcher will interview you at school on your ideas about why some kids with behaviour difficulties aren't always included by other kids, and your ideas on how kids with behaviour difficulties can be included.
2. A few months later, a researcher will come back to your school to show you some of the ideas that kids gave us in the interviews, and will ask you to sort the ideas into topics or groups.

4. Will there be any tests?
No, there will not be any tests or marks on your report card from this study.

5. Will the study help you?
Yes, it might help you learn about some ways to include kids who have behaviour difficulties at school.

6. What if you have any questions?
You can ask questions at any time, now or later. You can talk to the teachers, the researchers, your family or someone else.

7. Do you have to be in the study?
You do not have to be in the study. No one will be upset with you if you do not want to do this. If you do not want to be in the study, just say so. Even if you say yes, you can change your mind later. It is up to you.

Appendix C: Consent Form

SOCIAL INCLUSION AND EXCLUSION OF STUDENTS WITH BEHAVIOURAL DIFFICULTIES

Kayla Edwards, MA Student; Dr. Elizabeth Nowicki
Western University

CONSENT FORM

I have read the Letter of Information, have had the nature of the study explained to me and give permission for my child to participate in this study. All questions have been answered to my satisfaction.

Name (please print): _____

Signature: _____   Date: _____

Child's name (please print): _____

Signature: _____   Date: _____

Appendix D: Verbal Consent Script

Hi, my name is Kayla and I'm a graduate student at Western University. Thank you for taking part in our interview! During the interview, if there are any questions you don't want to answer, you can let me know and we will move onto the next question. You can also let me know if you don't want to continue the interview anymore at any time and we will stop. There are no right or wrong answers to the questions I ask. Your name will not be written down anywhere and everything you say will be kept private so only our research team will see your responses.

Do you have any questions before we start?

Do you agree to participate in this study?

Do you agree to have the interview recorded? (If no, offer to write down their answers)

Appendix E: Interview Questions

1. What grade are you in?

2. In what month and year were you born?

3. What is your gender?

4. What do you like to do during your spare time?

5. Which country were you born in? (If not 'Canada', how long have you been in Canada?)

6. What is your ethnicity? (If unsure what "ethnicity" means, which countries were your parents/grandparents born in?)

7. What language(s) do you speak at home? (E.g., with parents, siblings, and/or grandparents)

8. Can you tell me why you think some kids have behavioural difficulties?

9. *If the participant is having trouble:* Sometimes kids have a hard time behaving in school. Maybe they have a hard time listening or sitting still. Maybe they talk a lot when they're supposed to be quiet. Maybe they can't wait for things or take turns. Maybe they get mad easier than other people.

10. Can you give me some examples of the kinds of things that kids with behavioural difficulties might find difficult in school?

11. Do you think children with behavioural difficulties are socially excluded?

12. Why are kids who have behavioural difficulties sometimes left out of things? Can you share with me why you think that?

13. What are some things that can be done to help kids who have behavioural difficulties feel more included?

14. Anything else you want to add? Do you have any questions about what we have talked about?

15. I will be back another day and I will need your help again with a second activity. What I will do is that I will select some sentences from the interviews we had today; your task will be to group those sentences in a way that makes sense to you. How does that sound?

Appendix F: Sorting Instructions

1. Read each statement in this envelope.
2. **Group the statements in a way that makes sense to you.**
   - If the statements are similar in meaning, or share a common theme, put them into one pile.
   - If a statement is not related to all the other statements, put it alone in its own pile.
   - Make sure every statement is put somewhere.
   - Within the statements, the words "them, their, they, they're" and so on generally refer to students with learning difficulties.
3. Give each pile a name that describes its theme or contents.
4. Use the paper clips to keep each pile separate.
5. When you are finished, put all organized piles back into the envelope.

Appendix G: Thank You Certificate

This certificate is awarded to

for an
outstanding contribution
to a

Western University

research project

Kayla Edwards
Researcher

Date

Curriculum Vitae

Name: Kayla Edwards

Post-secondary   Ryerson University
Education and   Toronto, Ontario, Canada
Degrees: 2011-2020 M.A.

Western University
London, Ontario, Canada
2017-2020

Honours and   Canadian Research Centre on Inclusive Education
Awards: Inclusive Education Research Award
2018

Social Sciences and Humanities Research Council (SSHRC)
Canadian Graduate Scholarships-Master's Program
2018-2019

Social Sciences and Humanities Research Council (SSHRC)
SSHRC Storytellers Finalist
2020

Related Work   Psychological Services Intern
Experience: Thames Valley District School Board
2019-2020

Research Assistant
Developmental Disabilities Laboratory
Western University
2019-2020

Research Assistant
Bilingual Reading Laboratory
Western University
2018-2019

Wellness Course Facilitator
Western Wellness Education Centre
2018

Presentations

Edwards, K. & Nowicki, E. (2020, cancelled). Peers' Perspectives on the Social Exclusion of Children with Behavioural Difficulties. Talk to be presented at the Canadian Society for the Study of Education (CSSE) Annual Conference, London, ON.

Edwards, K. & Nowicki, E. (2019). Social Exclusion of Children with Behavioural Difficulties. Poster presented at the Canadian Society for the Study of Education (CSSE) Annual Conference, Vancouver, B.C.

Edwards, K. & Nowicki, E. (2019). Social Exclusion of Children with Behavioural Difficulties. Talk presented at the 10th annual Robert MacMillam Symposium in Education, London, ON.

Edwards, K. & Nowicki, E. (2018). Social Exclusion in Children with Attention-Deficit/Hyperactivity Disorder: A Literature Review. Poster presented at the OISE Graduate Students Research Conference, Toronto, Ontario.

Edwards, K., Ornstein, T., Shan, J., Crosbie, J., Sagar, S. & Schachar, R (2015). Response Inhibition in Children with Attention-Deficit Hyperactivity Disorder and Obsessive-Compulsive Behaviours. Poster presented at the 76th Canadian Psychological Association Conference, Ottawa, Ontario.