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THE EFFECTS OF GENDER, TYPE OF PROBLEM, PREVIOUS REFERRAL EXPERIENCES AND GENDER ROLE ATTITUDES ON THE EVALUATIONS OF TEACHERS IN RELATION TO THE STUDENTS' PSYCHOLOGICAL PROBLEMS

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This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

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ABSTRACT

THE EFFECTS OF GENDER, TYPE OF PROBLEM, PREVIOUS REFERRAL EXPERIENCES AND GENDER ROLE ATTITUDES ON THE EVALUATIONS OF TEACHERS IN RELATION TO THE STUDENTS' PSYCHOLOGICAL PROBLEMS

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M.S. Developmental Focused Child and Adolescent Clinical Psychology

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The current thesis aimed to look at the possible factors, which can affect the teachers' considerations, in relation to the psychological problems of children. The factors which taken into consideration were the gender of the child in the vignette who have some psychological difficulties, the type of the psychological problem that the child faced with: externalized/internalized; the gender of the responders, earlier referral experiences of responders and their gender role attitudes. Two specific vignettes that were developed by the researchers and the Gender Role Attitude Scale of Zeyneloğlu and Terzioğlu (2011) were used. The study was performed with 120 elementary and middle class teachers and school counselors in an online format. The results represent that teachers considered the externalizing problems of children as more serious and they expected to see these problems more commonly among boys. On the other hand, the internalizing problems were considered as more likely to be seen among girls and these problems could not capture the necessary attention of teachers. Also, female teachers were more likely to refer a child with externalizing problems compared to male teachers.

Lastly, the teachers with more egalitarian gender role attitudes evaluated the internalizing problems of youth as more serious compared to the teachers with more traditional attitudes.

Keywords: Teachers' Referral Decisions, Gender Differences, Internalized Problems, Externalized Problems, Gender Role Attitudes

ÖZ

ÖĞRETMENLERİN ÖĞRENCİLERİNDE GÖRDÜKLERİ PSİKOLOJİK YAKINMALARI DEĞERLENDİRMELERİNİ ETKİLEYEN FAKTÖRLER; CİNSİYET, YAKINMANIN TÜRÜ, ÖNCEKİ YÖNLENDİRME DENEYİMİ VE TOPLUMSAL CİNSİYET ROLLERİ TUTUMUNUN ETKİLERİ

ZEYBEK, SEVI GIZEM

Yüksek Lisans, Gelişim Odaklı Çocuk ve Ergen Klinik Psikolojisi
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Bilindiği üzere, psikolojik iyi oluş hali çocukların gelişimi için oldukça önemlidir; fakat günümüzde psikolojik yakınmalara sahip çocukların sayısı küçümsenemeyecek niteliktedir. Dünya genelinde yapılan epistemiyolojik bir çalışmaya göre çocukların yaklaşık %14'ü bir takım psikolojik şikâyetlere sahiptir. Ülkemizde de benzer bir durum söz konusudur; 7 ile 10 yaş arasındaki çocuklar üzerinden yapılan nüfus geneli bir araştırmaya göre, çocukların %17'si klinik yardıma ihtiyaç duyacak seviyede psikolojik yakınmalar göstermektedir. Bu yakınmalardan en yaygın olarak görünenleri kaygı bozuklukları, dikkat eksikliği ve hiperaktivite bozukluğu, karşı gelme davranış bozukluğu ve duygu durum bozukluklarıdır. Ancak psikolojik yakınmalara sahip birçok çocuk ihtiyaç duydukları psikolojik yardıma erişememektedir; yapılan bir çalışma psikolojik yardıma ihtiyaç duyan çocukların yalnızca %10 ila %15'inin ihtiyaç duyduğu yardıma ulaşabildiğini bildirmektedir. Diğer bir taraftan, klinik alanda yapılan çalışmalara baktığımızda kız çocuklarının ve içselleştirilmiş yakınmalara sahip çocukların bu populasyon içinde daha az görüldüğü gözlenmektedir. Çocukların ruh

sağlığı alanında ihtiyaç duydukları yardıma ulaşamamalarının arkasında yatan sebeplerden biri de yetişkinlerin çocuklarda gördükleri yakınmaları değerlendirirken gösterebilecekleri olası yanlılıklardır. Genellikle çocuklar psikolojik yardıma gitme kararını kendileri vermezler, bunun yerine çocuklarda görülen psikolojik yakınmaları ebeveynleri ya da öğretmenleri fark edip gerekli yardıma yönlendirir. Ancak bu alanda yapılan çalışmalar hem ebeveynlerin hem de öğretmenlerin değerlendirmelerinde bazı yanlılılar olabileceğini ve bu yanlılıkların çocukların ihtiyaç duydukları yardıma ulaşmalarını zorlaştırabileceğini göstermektedir. Bu yüksek lisans tez çalışmasının amacı da öğretmenlerinin öğrencilerinde gördükleri psikolojik yakınmaları değerlendirmelerine etki edebilecek olası faktörleri, öğretmenlerin hipotetik seneryolar üzerinden yaptıkları değerlendirmeler kapsamında anlamaya çalışmaktır.

Çalışma dokuz hipotez etrafında şekillenmiştir, bu hipotezler; 1) Öğretmenler okudukları seneryodaki dışsallaştırılmış yakınmalar gösteren çocuğun problemlerini daha ciddi olarak değerlendirecektir ve bu çocuğun içselleştirilmiş problemler gösteren çocuğa kıyasla daha fazla yönlendirilmeye ihtiyaç duyduğunu belirteceklerdir. 2) Öğretmenler içselleştirilmiş yakınmalar gösteren çocuğun şikâyetlerinin dışsallaştırılmış problemler gösteren çocuğun şikâyetlerine kıyasla daha iyileşebilir olduğunu belirteceklerdir. 3) Öğretmenler okudukları senerodaki dışsallaştırılmış yakınmalar gösteren çocuğun cinsiyetini erkek olarak; içselleştirilmiş yakınmalar gösteren çocuğun cinsiyetini ise kız olarak rapor edeceklerdir. 4) Öğretmenler okudukları içselleştirilmiş ve dışsallaştırılmıl seneryolardaki çocuğun cinsiyetine bağlı olarak çocuğun sahip olduğu yakınların ciddiyetini farklı bir şekilde yorumlayacaklardır. 5) Öğretmenlerin kendi cinsiyetine bağlı olarak da değerlendirmelerinde farklılıklar beklenmektedir; kadın öğretmenler hem içselleştirilmiş seneryodaki hem de dışsallaştırılmış senaryodaki çocuğun şikâyetlerini erkek öğretmenlere kıyasla daha ciddi olarak değerlendirecektir. 6) Kadın öğretmenler arasında çocuğun cinsiyetine bağlı değerlendirme farklılıkları beklenmezken erkek öğretmen erkek çocukların dışsallaştırlımış yakınmalarını daha ciddi olarak değerlendirecektir. 7) Daha eşitlikçi cinsiyet rolleri tutumuna sahip öğretmenler ile daha geleneksel cinsiyet rolleri tutmuna sahip öğretmenlerin seneryolar

hakkındaki değerlendirmeleri farklılık gösterecektir. 8) Daha önce, seneryolardaki yakınmalara benzer yakınmalar gösteren bir öğrenciyi psikolojik yardıma yönlendirmiş olan öğretmenler okudukları senryodaki yakınmaları yönlendirme deneyimi olmayan öğretmenlere kıyasla daha ciddi olarak değerlendireceklerdir. 9) Öğretmenlerin yönlendirdikleri yardımın türü çocuğun sahip olduğu yakınmanın türüne bağlı olarak farklılık gösterecektir; dışsallaştırılmış yakınmalar gösteren çocuk için psikiyatrik/ilaç yardımı daha sık tercih edilirken, içselleştirilmiş problemler gösteren çocuğun şikâyetleri daha çok okul yardımına yönlendirilecektir.

Çalışma, gerekli etik izinin alınmasının ardından, 29 ilkokul öğretmeni, 52 ortaokul öğretmeni ve 39 rehber öğretmenin katılımı ile internet üzerinden yürütülmüştür. Katılımcıların yaş ortalaması 34.38, çalışma yılı ortalaması 10.28'dir ve katılımcıların %65,8'i kadındır. Çalışmada araşırmacılar tarafından geliştirilmiş iki hipotetik senaryo ve katılımcıların bu seneryoyları değerlendirmesini gerektiren sekiz farklı soru yer almaktadır. Katılımcıların görev yılını, yaşını, cinsiyetini ve öğretmenlik branşını öğrenmek için kısa bir demografik form uygulanmıştır. Ayrıca katılımcıların toplumsal cinsiyet rolleri tutumunu değerlendirmek amacıyla Zeyneloğlu ve Terzioğlunun 2011'de geliştirdiği Toplumsal Cinsiyet Rolleri Tutum Ölçeği de kullanılmıştır.

Çalışma kapsamında kullanılan hipotetik seneryolardan biri içselleştirilmiş yakınmalar (uzun süren mutsuzluk, isteksizlik, ders notlarında düşüş, karın ağrısı gibi yakınmmalar) diğeri ise dışsallaştırılmış yakınmalar (sürekli hareket halinde olma, dikkat gerektiren durumlarda odaklanamama, sürekli öfkeli olma, kurallara uymama ve yıkıcı davranışmar gösterme gibi yakınmalar) gösteren 10 yaşındaki hayali bir çocuk hakkındadır. Her bir öğretmen bu iki seneryoyu art arda okumuş ve seneryonun sonunda yer alan değerlendirme sorularını cevaplamıştır. Bu seneryolarla ilgili, ilk olarak seneryodaki çocuğun cinsiyeti sorulmuştur. Ardından öğetmenin çocuğun şikâyetlerini "ne kadar önemli gördüğü", "bir yardıma yönlendirmeye ne derece ihtiyaç duyduğu" ve "problemi ne derece iyileşebilir gördüğü" sorulmuştur. Daha sonra olası bir yönlendirme durumunda ne tür bir yardımı tercih edebileceği sorulmuş ve katılımcılardan "psikiyatrik

yardım/ ilaç yardımı", "psikoterapi desteği", "okul imkânları üzerinden bir yardım" ve "diğer" seçeneklerinden birini tercih etmeleri istenmiştir. Son olarak katılımcıların daha önce seneryodaki şikâyetlere benzer bir öğrenciyi bir yardıma yönlendirip yönlendirmedikleri sorulmuş ve yönlendirme deneyimleri oldu ise ne tür bir yardıma yönlendirdiklerini belitmeleri istenmiştir. Ardından katılımcılara Zeyneloğlu ve Terzioğlunun 2011'de geliştirdiği Toplumsal Cinsiyet Rolleri Tutum Ölçeği verilmiştir. Tüm bu sorular ile "öğrencinin ve öğretmenin cinsiyeti", "öğrencinin yakındığı psiklojik sorunun türü: içselleştirilmiş/dışsallaştırılmış", "öğretmenin daha önceki yönlendirme deneyimi ve öğretmenin sahip olduğu toplumsal cinsiyet rolleri tutumu" gibi faktörlerin öğretmenlerin senaryodaki çocuk hakkındaki değerlendirmeleri üzerindeki olası etkileri anlanmandırılmaya çalışılmıştır. Bu amaçla katılımcıların seneryolar hakkındaki değerlendirmelerindeki farklılıklar bağımsız örneklem t testi, bağımlı örneklem t testi, tek yönlü varyans analizi ve ki kare yöntemleri kullanılarak SPSS Programı üzerinden analiz edilmiştir.

Analiz sonuçlarını her bir hipotez için ayrı ayrı ele almak gerekirse, birinci hipotez ile ilgili yapılan bağımlı örneklem t test analizinin sonuçları bize öğretmenlerin öğrencilerinde gördükleri dışsallaştırılmış problemleri daha fazla ciddiye aldığını ve bu tip problemler gösteren çocukları psikilojik yardıma yönlendirilmeye daha fazla ihtiyaç duyduklarını göstermektedir. Bu sonuca bakarak, öğretmenlerin içselleştirilmiş problemleri dışsallaştırılmış problemlere kıyasla daha az öneme sahip olarak değerlendirmesi, kliniklerde dışsallaştırılmış yakınmalara sahip çocuklara daha sık rastlanmasının ve içselleştirilmiş yakınmaların kliniklerde yeterince yaygın görülememesinin arkasında yatan nedenlerden biri olarak değerlendirilebilir. Yani çocuklarda görülen içselleştirilmiş yakınmalar öğretmenler tarafından daha az önemli görüldüğü için bu tip yakınmalara sahip öğrenciler ihtiyaç duydukları psikolojik yardıma ulaşmakta zorluk yaşıyor olabilecekleri düşünülebilir.

Ikinci hipotezle ilgili yapılan bağımlı değişken t test sonuçlarına göre öğretmenler içselleştirilmiş problemler gösteren çocuğun şikâyetlerini dışsallaştırılmış problemler gösteren çocuğun şikâyetlerine kıyasla daha iyileşebilir olarak

değerlendirmektedir. Bu sonuca bağlı olarak öğretmenlerin daha iyileşebilir olarak gördükleri şikâyetleri daha az ciddiye aldıkları ya da daha az ciddiye aldıkları problemleri daha iyileşebilir olarak gördükleri düşünülebilir.

Üçüncü hipotezi test etmek için ki kare testi yapılmıştır ve bu testin sonuçlarına göre, içselleştirilmiş problemler gösteren çocuğun cinsiyeti genellikle kız olarak düşünülürken dışsallaşırılmış yakınmalar gösteren çocuk çoğuklukla erkek olarak düşünülmüştür. Bu sonuç bize öğretmenlerin içselleştirilmiş problemlere kız çocukları arasında daha yaygın olarak görmeyi beklediklerini ve buna parallel olarak dışsallaştırılmış problemleri de erkek çocukları arasında daha sık görmeyi beklediklerini göstermektedir. Diğer bir deyişle içselleştirilmiş yakınmalara sahip bir erkek çocuğu ve dışsallaştırılmış yakınmalara sahip bir kız çocuğu öğretmenlerin genel beklentilerine aykırı bir durum teşkil etmektedir.

Dördüncü hipotezi test etmek amacıyla her bir senaryo için bağımsız örneklem t testi uygulanmıştır. Analiz sonuçları bize öğretmenlerin kız ve erkek çocuklar için yapmış olduğu değerlendirmelerde istatistiksel olarak anlamlı br farklılık bulunamadığını göstermektedir. Ancak içselleştirilmiş yakınmalar gösteren erkek öğrenci ve dışsallaştırılmış yakınmalar gösteren kız öğrenci koşullarını temsil eden durum sayısı istatistiki bir analiz yapmaya yetecek büyüklükte olmadığı için bu sonuca temkinli bir şekilde yaklaşılmalıdır. Gelecek çalışmalarda öğretmenlere cinsiyeti belirlenmiş senaryolar verilerek öğretmenlerin çocuğun cinsiyetine bağlı olarak yapabilecekleri farklı değerlendirmeler tekrar gözden geçirilmelidir.

Çalışmanın beşinci ve altıncı hipotezine bakmak amacıyla her bir seneryo için tek yönlü varyans analizi yapılmıştır. Dışsallaştırılmış yakınmalar içeren seneryo üzerinden yapılan analizin sonuçları, kadın öğretmenlerin erkek öğretmenlere kıyasla öğrencilerinde gördükleri yakınmaları daha fazla ciddiye aldığını göstermektedir. Ayrıca, erkek öğretmenler erkek çocuklarda gördükleri dışsallaştırılmış problemleri, kız çocuklarda gördüklerine kıyasla daha ciddi bir sorun olarak değerlendirmektedir; ancak bu tip bir farklılık kadın öğretmenler arasında gözlemlenmemiştir. Içselleştirilmiş yakınmalar içeren seneryo üzerinden yapılan analizler ise öğretmenin cinsiyetine ve

çocuğun cinsiyetine bağlı anlamlı bir farklılık sergilememektedir. Bu hipotez kapsamındaki bulgulara temkinli olarak yaklaşılmalıdır, çünkü çalışmaya katılan kadın ve erkek öğretmen sayısının eşit olmaması yapılan analizin istatistiksel anlamlılığına şüphe düşürebilir.

Yedinci hipotezi değerlendirmek amacıyla her bir seneryo için bağımsız örneklem t test analizi yapılmştır. Bu analiz sonuçlarına göre daha eşitlikçi cinsiyet rolleri tutumuna sahip öğretmenler daha geleneksel cinsiyet rolleri tutumuna sahip öğretmenlere kıyasla seneryodaki içselleştirilmiş yakınmalar gösteren çocuğun problemlerini daha ciddi olarak yorumlamışlardır. Bu tip bir farklılık dışsallaşırılmış yakınmalar gösteren çocuğun şikâyetleri hakkındaki değerlendirmeler için gözlemlenmemiştir. Bu bulguya daha geleneksel toplumsal cinsiyet rolleri tutumuna sahip öğretmenlerin, çocuklarda görülen yakınmaları cinsiyet temelli yorumlama ihtimalleri daha yüksek olabileceğinden dolayı, içselleştirilmiş yakınmaları "kız problemi" olarak değerlendirmeleri ve bu nedenle de daha az önemli olarak yorumlamaları gibi bir açıklama getirmek mümkün olabilir. Ancak böyle bir yorumlama yapmadan önce bu çalışmanın tekrar edilmesi ve bulguların güvenilirliğinden emin olunması gerekmektedir. Ayrıca, çalışmada kullanılan toplumsal cinsiyet rolleri tutum ölçeğininden elde edilen sonuçlar neredeyse tüm katılımcıların eşitlikçi cinsiyet rolleri tutumuna sahip olduğunu göstermiştir; bu da ölçeğin katılımcıların toplumsal cinsiyet rolleri tutumları arasındaki farklılıkları yansıtmakta yetersiz kaldığını düşündürebilir. Gelecek çalışmaların farklı bir ölçek kullanarak ve daha geleneksel cinsiyet rollerine sahip olabilecek katılımcıları da çalışmaya dahil ederek bu hipotez bulgularını tekrarlaması gerekmektedir.

Çalışmanın son hipotezini değerlendirmek amacyla yapılan ki kare sonuçlarına göre öğretmenlerin dışsallaştırılmış yakınmalar gösteren çocuğu psikiyatrik/ilaç yardımına yönlendirme ihtimalleri çok daha fazladır. Diğer bir taraftan içselleştirilmiş yakınmalar gösteren çocuğun tedavisi için genellikle okul içinde yapılacak yardımlar tercih edilmiştir. Bu da öğretmenlerin daha ciddi gördükleri yakınmaları psikiyatrik yardıma yönlendirmeye daha yatkın olduklarını göstermektedir. Yani içselleştirilmiş

problemler gösteren çocukların öğretmenleri tarafından psikiyatrik yardıma yönlendirilme olasılığının düşük olduğu düşünülebilir, bu da kliniklerde görülen içselleştirilmiş semptomlara sahip danışan sayısının toplum genelinde görülen yaygınlık oranından düşük olmasını açıklar niteliktedir.

Tüm bu sonuçlar birarada değerlendirildiğinde, ruh sağlığı alanındaki uygulamacılara ve bu alandaki sosyal politika yapıcılarına yönelik bir takım önerilerde bulunmak mümkün olabilir. Öncelikle, çalışmanın sonuçları, öğretmenlerin öğrencilerinde görebilecekleri psikolojik yakınmaları değerlendirmelerinde görülebilecek olası yanlılıkları gözler önüne sermektedir. Bu yanlılıkların mümkünlüğünü göz önüne alarak, klinik uygulamacılar öğtermen değerlendirmelerine başvurmaları gereken durumlarda, öğretmenlerden bazı objektif değerlendirme ölçeklerini kullanarak değerlendirmede bulunmalarını isteyebilirler. Ayrıca, eş zamanlı olarak birden çok öğretmenin yorumuna başvurmak da kişisel yanlılıkları azaltaya yardımcı olabilecek bir yöntem olarak düşünülebilir. Diğer bir taraftan, öğretmenler arasında görülen bu yanlılıkları en aza indirmek için bir takım eğitim ve müdahale programları geliştirilebilir. Bu programlarda öncelikli olarak çocuklarda görülebilecek içselleştirilmiş yakınmaların hem kısa hem uzun vadede çocuğun hayatında ne gibi olumsuz etileri olabileceği üzerinde durulmalıdır ve öğretmenlerin bu yakınmaları fark etmelerini kolaylaştıracak olası ipuçlarını ile ilgili gerekli bilgiler sağlanmalıdır. Bu eğitim programına, şu anda ilkokullarda ve ortaokullara görev yapmakta olan tüm öğretmenlerin dahil edilmesi anlamlı olacaktır. Ayrıca eğitim programının içeriği, üniversitelerideki eğitim fakültelerinin müfredatına dahil edilerek gelecekte görev yapacak olan öğretmenler de bu konuda sağlıklı değerlendirme yapmaya daha hazır hale getirilebilir.

Son olarak, bu çalışmanın güçlü yanlarına ve kısıtlılıklarına bakmak anlamlı olacaktır. Öncelikle bu tez çalışması, öğretmenlerin toplumsal cinsiyet rollerinin ve önceki yönlendirme deneyimlerinin, çocuğun sahip olduğu psikolojik yakınmaları değerlendirmelerine olan etkisine odaklanan ilk çalışma olarak değerlendirilebilir. Ayrıca ülkemizde klinik servislerin kullanım oranları üzerine yapılan çalışmaların,

çocukların ihtiyaç duydukları psikolojik yardımlara ulaşmakta yaşadıkları zorlukları yansıtır nitelikte olmasına rağmen, bu zorlukların arkasında yatabilecek olası nedenlere odaklanan bir çalışmaya rastlamak oldukça zordur. Bu tez çalışmasının ülkemiz özelindeki bu ihityacı karşılar nitelikte olduğu da düşünülebilir. Çalışmanın bahsedilen güçlülüklerinin yanı sıra bir takım kısıtlılıklarından da söz etmek gerekir. Ilk olarak, internet üzerinden erişilen örneklemin ülkemiz genelindeki öğretmen popülasyonunu yansıtmasına yönelik bir takım şüpheler oluşabilir; örneğin bu çalışma ile interneti yaygın olarak kullanmayan öğretmenlere ulaşılamamış olabilir. Ayrıca katılımcıların çoğunluğu kadındır ve toplumsal cinsiyet roller tutumu daha geleneksel olan öğretmenler çalışmaya yeterince dahil edilememiştir. Bunun yanında katılımcıların yaklaşık üçte birini rehber öğretmenler oluşturmaktadır. Her ne kadar rehber öğretmenler de öğretmen statüsünde değerlendirilse de, hem almış oldukları eğitimsel arka plan hem de okullardaki görev tanımları diğer öğretmenlerden farklılaşmaktadır. Bu çalışmada rehber öğretmenlerin ve diğer öğretmenlerin değerlendirmelerinin bir arada incelenmiş olması sonuçların doğasını etkilemiş olabilir. Gelecek çalışmaların rehber öğretmenlerin ve diğer öğretmenlerin değerlendirmelerinde görülebilecek farklılıklara odaklanması anlamlı olacaktır. Diğer bir taraftan çalışma hipotetik bir seneryo üzerinden yapılmış değerlendirmeleri odağına almaktadır, bu da öğretmenlerin günlük hayatta karşılaştıkları durumlar hakkındaki değerlendirmelerinden bazı noktalarda farklılaşabilir. Örneğin, bir öğretmenin sınıf ortamındaki bir çocuğun yakınmalarınık fark etme ihtimali, seneryo üzerinden okuduğu yakınmaları farrk etme ihtimalinden daha düşük olabilir. Bu nedenle, öğretmenlerin günlük hayatta karşılaştıkları gerçek durumlar üzerinden bu tez çalışmasında hedeflenen soruların tekrar gözden geçirilmesi anlamlı olacaktır. Çalışmanın en önemli kısıtlılıklarından biri de seneryodaki çocuğun cinsiyetinin araştırmacılar tarafından belirtilmemiş olmasından kaynaklı olarak, öğretmen değerlendirmelerindeki çocuğun cnsiyetine bağlı farklılaşmaların ölçülememiş olmasıdır. Gelecek çalışmaların, her bir öğretmene cinsiyeti belirlenmiş seneryolar vererek öğretmenlerin değerlendirmelerinin kız ve erkek çocuk için farklılaşıp farklılaşmadığına bakması anlamlı olacaktır. Diğer bir taraftan, araştırma kapsamında kullanılan ölçeklerle ilgili de bir takım kısıtlılıklardan söz

edilebilir. Öncelikle araştırmacılar tarafından geliştirilmiş olan seneryoların çalışmaya başlamadan önce uzman klinik psikologlar tarafından değerlendirilmiş olması ve seneryolar ile ilgili soruların güvenilirlik, geçerlilik değerlerinin bir pilot çalışma ile tespit edilmiş olması, çalışma bulgularının güvenilirliğini arttırabilirdi. Diğer bir taraftan toplumsal cinsiyet rollerini ölçmek amacıyla kullanılan ölçeğin öğretmenler arasında görülmesi beklenen tutum farklılıklarını ölçmekte yetersiz olduğu görülebilir, gelecek çalışmaların toplumsal cinsiyet rollerindeki örtük tutumları da değerlendiren bir ölçek kullanması dah sağlıklı değerlendirmeler yapmaya yardımcı olabilir.

Anahtar Kelimeler: Öğretmenlerin Yönlendirme Kararları, Cinsiyet Farklılıkları, İçselleştirilmiş Sorunlar, Dışsallaştırılmış Sorunlar, Cinsiyet Rolleri Tutumu

To the Happiness of All the World's Children…

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CHAPTER 1

INTRODUCTION

Psychological wellbeing in childhood can be defined as having a meaningful level of emotional and social wellbeing, being able to establish effective coping skills for any possible difficulties, having a sufficient level of productivity and positive social relations with others (WHO, 1999). Mentally healthy children are more likely to show age-appropriate emotional, physical, and social development; have satisfying and long lasting personal relationships; consider the opinions or emotions of others; and develop a sense of self understanding and self-criticism (Department for Children, Schools and Families, & DH, 2008). Mentally healthy children generally show positive life satisfaction, don't show visible impairments in social, emotional, psychological or academic areas, and don't have any visible symptoms of psychopathology (Hoagwood, Jensen, Petti, & Bums, 1996; Fabriano et. al., 2009). Mental health is also considered as vital for preventing some stress related chronic illnesses (McDougall, 2011). However, as can be expected, all over the world there is a percentage of children who have psychological problems and need help. According to Maughan and Kim-Cohen, most mental illness becomes visible before the age of 14 (2005). A recent global epidemiological study indicates that approximately 6.7% of children and adolescents have some types of mental health disorders (Erskine et. al., 2016). A study from United States presents that 17% to 40% of children show symptoms of at least one psychological disorder (Brown, Riley, & Wissow, 2007). Another community-based study from Turkey also shows that approximately 17% of our pupils between the age of 7 and 10 have some psychological problems in a clinical range (Ercan et al., 2019).

In addition to these high prevalence rates, there are lots of children who cannot reach the help that s/he needs (Angold, Messer, Stangl, & Burns, 1998). According to the report of the World Health Organization, only 10% to 15% of youth with psychopathologies can get the treatment that they need (2005). A contemporary study including most of the European Countries declare that approximately 4.4% of youth have psychological problems requiring some type of clinical help, but 69.8% of these

children are unable to reach the necessary mental health services (Kovess, Carta, & Pez et. al., 2015). Similarly, according to a community-based study from United States, the proportion of the psychological needs is 17.1% among children and adolescents, but the needs of only 3.8% are met (Flisher et al., 1997). Up to day, there is no specific study looking for the rates of unmet psychological needs of youth in Turkey. However, it is possible to see a clear difference between the prevalence rates and clinical ratios for most of the mental health problems in our country, too (Başgül, Etiler, Memik, Coşkun, & Ağaoğlu, 2011).

In order to improve the efficacy and the quality of mental healthcare, it is very important to identify and intervene to the problems of children as early as possible (Department of Health, 2007). If these early problems are not detected and treated, they will lead to some irreversible negative outcomes in later ages; like poor educational success and unemployment, poor physical health, high family dysfunction, and high rates of crime and antisocial behaviors (Smith, & Rutter, 1995). To prevent these negativities, it is very important to examine the possible ways, which can facilitate the access of these children to the mental health services that they need.

The current thesis aims to serve that purpose by examining the possible factors, which may affect the referral decisions of teachers in Turkey. Because, teachers are considered as important referral sources and if their understanding about the mental health needs is enhanced, the possibility for children to reach the mental health services may also be increased.

1.1 Mental Health Problems of Youth

Mental Health problems are considered as important health problems which can significantly disrupt the lives of children by decreasing their coping skills, productivity, sociability and sense of wellbeing (WHO, 1999). While determining the significance of a mental health problem; the severity, complexity, persistency levels of it, and possible additional risks related to that problem, the developmental stage of the child, possible protective factors or risk factors, and likelihood of stressful life conditions are taking

into consideration (Department of Health, 1995). All over the world, there are lots of common complaints that cause children to come to the attention of clinical experts. Some of these complaints are decrease in school success, hyperactivity and destructive behaviors, somatic problems such as headache, attention deficits, negative moods, anxiety problems and suicidal thoughts/attempts (Aras, Ünlü, & Taş, 2007; Verhulst et. al., 2003). These problems are defined and diagnosed by using the current version of the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-V) (APA, 2013).

1.1.1 Prevalence Rates

In the developmental psychopathology literature, there are numerous epidemiological studies looking for the prevalence rates of mental health problems. Prevalence rates can be defined as the proportion of cases in the population at a given time (Friis, & Sellers, 2014). A recent meta-analysis, which examines the pooled prevalence rates from 27 different countries, demonstrated that all over the world approximately 241 million children have mental health problems, which represents 13.4% of all population (Polanczyk, Salum, Sugaya et. al., 2015). Within these problems anxiety disorders are the most widely seen ones affecting approximately 6.5% of children (117 million); followed by disruptive behavior disorders with 5.7% (113 million), ADHD with 3.4% (63 million) and depressive disorders with 2.6% (47 million) (Polanczyk et al., 2015). Another study which investigated the prevalence rates from most of the European countries represent that 10.5% of children are experiencing depression and 5.8% of them are showing anxiety symptoms with significant impairments (Balazs et al., 2013). Additionally, a meta-analysis found 5.29% prevalence rate for ADHD by examining 102 different studies, which were looking only for this disorder (Polanczyk et al., 2007). A very recent study in Turkey, also considered the prevalence rates of mental health problems of youth, by randomly selecting 5830 children between the ages of 6–13 from 30 different cities. According to the results of this study, 17.14% of children are experiencing some kind of mental health problems with significant impairments; 12.39% of them shows ADHD symptoms, 5.28% of them

have some anxiety problems, 2.5% shows disruptive behavior disorders, 2.3% shows enuresis and 1.55% shows mood disorders (Ercan et. al., 2019).

As can be seen from the previous literature, the prevalence rates may differ from country to country; study to study and from year to year. The main explanation for these differentiations is offered as the historical/socio cultural differences that might affect the children's living condition or the intervention/health policies of countries (Erskine et. al., 2016). Another possible explanation might be the biased decisions of adults; historically, children's mental health problems have been evaluated using scales or observations provided by adults. This, in turn opens the door to some types of biases in determining the prevalence rates of these disorders. These prevalence estimates of childhood psychopathology varied widely depending on whether parents or teachers or youth were surveyed, many studies found mild to moderate correlation between these reports (Salbach-Andrae, Lenz, & Lehmkuhl, 2009). These correlations were found to be higher for externalizing problems because they are more observable, but less agreement was usually obtained for internalizing problem reports of parents, teachers and youth (Bird, Gould, & Staghezza, 1992). A meta-analysis showed that studies using child reports declares 20% prevalence rate for any type of mental health problem, but this rate decreases to 12% when the information comes from parental reports and became 11% when all the parent, child and teachers evaluations were considered (Polanczyk et al., 2015). Parallel to that there are some other studies showing more reported mental health problems based on self-reports of youth compared to their parents' reports (Sourander, Helstela, & Helenius, 1999; Seiffge-Krenke, & Kollmar, 1998). Similarly, Erol and Şimşek found that youth report more emotional and behavioral problems compared to their parents and teachers (2000). However, some studies have found an opposite pattern, according to these studies teachers and parents report more behavioral and emotional problems than youth (Huberty, Austin, Harezlak, Dunn, & Ambrosius, 2000). Also, these differences may be affected by the type of the problem; one study found that teachers report more externalizing problems and less internalizing problems compared to parents and children report more internalizing

problems than both teachers and parents (Kovess et. al., 2015). Estimates of the prevalence of "maladjustment" also differ even when they were based on data from the same informant group: from 6.6% to 22% according to teachers, and from 10.9% to 37% according to mothers (Gould, Wunsch-Hitzig, & Dohrenwend, 1980).

1.1.2 Clinical Incidence Ratios

Besides these prevalence rates, it is also important to look at the clinical incidence ratios. It is possible to see all age groups within the clinical settings; a study from America shows that the clinical application rates for mental health disorders is 13% for children between 0-6 ages, 41% for children between the ages of 7-12, and 46% for 13-18 ages of children (Harpaz-Rotem, & Rosenheck, 2004). Parallel to these rates, Aras, Ünlü, and Taş also reported the age-based distribution of children who applied to the clinical settings as 23% for 0-6 ages, 43.7% for 7-12 ages and 33.3% for the age of 13-18 in Turkey (2007). Within these clinical settings; ADHD, Mood Disorders, Anxiety Disorders and Mental Retardation are the most widely diagnosed disorders. The clinical application rates in the U.S. were found as 34% for ADHD, 16.5% for depression and 7% for anxiety (Harpaz-Rotem, & Rosenheck, 2004). Similarly, in Turkish clinical settings, ADHD is the most commonly diagnosed disorder for youth (26.5%), followed by Generalized Anxiety Disorder (7%), Mental Retardation (5.7%), and Depression (5.2%) (Durukan et. al., 2011). Among preschool age children the most commonly seen diagnosis is Disruptive Behavior Disorders, representing 41% of all applications for this age group (Başgül, Etiler, Memik, Coşkun, & Ağaoğlu, 2011).

1.2 Gender Differences in the Field of Psychopathology

Issues surrounding the impact of gender in the field of psychopathology have been studied for a long time and it is certainly known that gender is a factor that causes different mental health outcomes for boys and girls (Zahn-Waxler, Shirtcliff, & Marceau, 2008). When the prevalence studies are taken into consideration, it is possible to see that the likelihood for developing any kind of mental health problem is considered as similar for boys and girls but the type of problem significantly differs based on

gender (Achenbach, Howell, Quay, & Conners, 1991; Weisz et al., 1987). In the literature, it is clearly seen that there is a huge gender difference in prevalence rates of disorders (Mash, & Barkley, 2006), and this difference increases with age (Zahn-Waxler, Shirtcliff, & Marceau, 2008). Boys show more observable problems like hyperactivity or aggression, but girls' more frequently suffer from problems that are less visible like depression, inattention or anxiety (Zahn-Waxler, 1993). In the interest of studying gender differences in prevalence rates, it is possible to identify two broad dimensions of childhood psychopathology; the first one is "externalizing" or "under controlled" disorders like ADHD or ODD and the second one is "internalizing" or "over-controlled" disorders like depression or anxiety (Reynolds, 1992). Most of the studies show that boys have more externalized problems compared to girls and girls have more internalized problems compared to boys (Sciutto, Nolfi, & Bluhm, 2004; Vardill, & Calvert, 2000; Meltzer et. al., 2003). Also, one contemporary study from Turkey indicated that according to both teachers' and parents' reports girls show more somatic complaints, anxiety, depression and withdrawn behavior than boys; conversely, boys show more attention problems and behavioral delinquencies than girls (Erol & Şimşek, 2000). Whereas some studies prefer to study sex differences in mental health areas by categorizing all disorders as early-onset and late-onset (Rutter, Caspi, & Moffitt, 2003). Conduct disorder, autism, developmental language disorders, ADHD and dyslexia are described as early-onset disorders and can be seen more frequently among boys; on the other hand, mood disorders, anxiety disorders, and eating disorders are described as late-onset disorders and can be seen more commonly among girls (Zahn-Waxler, Shirtcliff, & Marceau, 2008). The prevalence rates of a nationwide study from Turkey also match the above findings, according to that study the most commonly seen diagnosis among girls are anxiety disorders (18.05%) and among boys is ADHD (24.31%) (Ercan et. al., 2019)

There is also a clearly seen gender difference in clinical rates, most of the studies display a high incidence ratio for males. In the U.S., 60.8% of child clinic clients were reported to be boys (Harpaz-Rotem, & Rosenheck, 2004), in Spain, this rate was 53.2%

(Recart et. al., 2002) and in our country, it was recorded as 59% (Görker, Korkmazlar, Durukan, & Aydoğdu, 2004). The most commonly seen types of problems may also differ based on gender; according to the study of Akdemir and Çetin (2008), in clinical settings, girls are more commonly diagnosed with internalizing disorders (for depression; 10.3% of boys and 18.8% of girls) and boys are more commonly diagnosed with externalizing disorders (for ADHD; 25.2% of boys and 10.4% of girls, for ODD; 8.1% of boys and 2.6% of girls). Parallel to this, the most prevalent diagnosis among girls are two internalizing disorders; anxiety disorders (12.7%), and depression (12.4%), followed by enuresis (9.5%), ADHD (4.6%). Whereas, most prevalent diagnosis among boys is primarily an externalizing disorder; ADHD (17.8%); followed by Enuresis (9.5%), Mental Retardation (7.1%), Anxiety Disorder (7.1%), Depression (5.9%) in the clinical settings of Turkey (Aras, Ünlü, & Taş, 2007). Both earlier and recent studies on this issue represent a similar situation in most of the other countries, too (Handwerk, 2006). Moreover, studies looking at the mean ages of girls and boys in clinical settings find that boys are seen in clinical settings at an earlier age (13.9 for boys and 14.4 for girls) indicating that girls generally obtain clinical help at a later age than boys, or that the age of onset for mental health problems is later for girls (Akdemir, & Çetin, 2008).

Literature shows that there is a meaningful discrepancy between the gender ratio from community samples and clinical samples (Barkley, 1998; Hartung, Pelt, Armenderiz, Knight, 2006). A study from Turkey declared that in a population sample, boys (64.3%) show significantly higher psychological problems than girls (48.6%), but this difference became insignificant in the clinical settings (Başgül, Etiler, Memik, Coşkun, & Ağaoğlu, 2011). More specifically, the population prevalence rates for the disruptive behaviors disorders (ADHD, ODD) were found to be 18.3% for boys and 9% for girls; whereas, in the clinical settings 45% of girls and 38.9% of boys were diagnosed with this disorder (Başgül, Etiler, Memik, Coşkun, & Ağaoğlu, 2011). It may be interpreted that even though girls show disruptive behaviors less frequently than boys, they are brought to clinical attention, or are deemed as “problematic” more than boys. Other prevalence studies also suggest that Social Phobia can be seen more

commonly among women, however in clinical settings there will be more male patients with social phobia, or two genders are equally represented (APA, 1994). There are also some studies showing that the difference between each gender is observed to be larger in clinical samples (Biedeman et al., 2002). As an example, a study states that boys show three times more ADHD symptoms compared to girls in community sample but the ratio of boys to girls is nine to one in a clinical sample (Coles, Slavec, Bernstein & Baroni, 2012). Another example from Turkey declares that the prevalence rates for anxiety disorders among girls are 18%; however, the clinical incidence rate for it is only 12% (Ercan et. al., 2019; Aras, Ünlü, & Taş, 2007). Do these gender ratios from clinical settings reflect the true gender rates of the disorders for boys and girls in general or is it a sign for the unmet psychological needs of girls? This invisibility of girls' problems may be an explanation for the low incidence ratios for girls in clinical services, because these problems may be overlooked by parents or teachers (Pearcy, Clopton & Pope, 1993). In order to understand this significant gender distribution differences in diagnosis ratios from prevalence studies and incidence studies, it is necessary to look more closely at the related literature.

1.2.1 Possible Explanations for the Gender Differences in Psychopathology Area

There are lots of studies looking for the possible reasons behind these gender differences, by considering the similarities and differences for boys and girls in the development, etiology, symptomology, and consequences of different forms of psychological impairments (Zhan-Waxler, Shirtcliff, & Marceau, 2008). Some theoretical viewpoints claim that there are both biological and environmental factors that can lead to the sex difference in behavioral and emotional problems (Baker, Jacobson, Raine, Lozano, & Bezdijan, 2007). Studies focusing on biological factors found differences in the brain size of two genders (Giedd, Castellanos, Rajapakse, Vaituzis, & Rapoport, 1997), neurological differences in hemispheric lateralization (McClure, 2000) and differences in sex hormones like testosterone (Cahill, 2005) and it was claimed that these differences may be the factors that cause different mental health outcomes for two

genders. There are also temperamental differences from infancy to adolescence. For instance, girls show a higher level of effortful control than boys and they are better in inhibiting their actions (Olson, Sameroff, Kerr, Lopez, & Wellman, 2005). Also, girls are more vulnerable to feel more anxiety or fear and their problems are more internal (Sciutto, Nolfi, & Bluhm, 2004). Girls are more likely to use emotion regulation strategies or rumination and boys are more likely to reflect their problems with disruptive behaviors or aggression (Zeman & Shipman, 1998).

Other studies underline the importance of the risk by gender interactions; which can be simply defined as different risk factors affect each gender differently, or these effects can be seen with different magnitudes among girls and boys (Zahn-Waxler, Shirtcliff, & Marceau, 2008). Some environmental factors like poverty, harsh discipline, cultural expectations, child-rearing practices of parents and parental psychopathologies differ for girls and boys and these factors affect each gender differently leading to different pathways in psychopathology development for two genders (Lahey et al., 2006).

On the other hand, some studies declare that these differences may result from some biased decisions of adults (Hartung, Pelt, Armendoriz & Knight, 2006). This bias can result from our gender-stereotypical expectation, which is describing girls as emotional, dependent and passive but describing boys as more aggressive, active and independent (Zahn-Waxler et. al., 2008). Zahn- Waxler claims that people have different thresholds for interpreting behaviors as risky for girls and boys (1993), therefore they may refer the child to treatment based on their different expectations for each gender (Berry, Shaywitz, & Shaywitz 1985). This referral difference may lead to the observed gender differences in clinical settings. This may result from the biased referrals of adults based on the child's gender. Therefore, it is very important to look at the effects of gender in referral decisions to enlighten the underlying reasons for the gender difference in prevalence ratios and the clinical incidence rates.

1.3 Referral process: Help-Seeking Pathway Model

Most of the studies highlighted the fact that many children with mental health problems cannot reach to the services that they need to be recognized and treated (WHO, 2005; Ford, Goodman, & Meltzer, 2003). In order to overcome the unmet psychological needs of children, it is necessary to take a more detailed look at the process by which children access mental health services and receive psychological help. The Help-Seeking Pathway Model is one of the most frequently used comprehensive theory that tries to look at each step of the help-seeking process of youth (Cauce et al., 2002). This model delineates four major steps in the help-seeking process of children (Srebnik, Cauce, & Baydar, 1996). The first step is recognizing the problem; in general parents or teachers are the main source of information (Costello et al. 1998). The second step is giving a decision to seek help or not; after identifying the problem, they may choose to get help or not by considering the severity of the problem and the level of impairment in the child' life (Alegria et al., 2004). The motivational factors like whether they believe in the efficacy of treatment or not or whether they feel any social pressure about seeking help or not may also affect their help-seeking decisions (Miller, & Rollnick, 2002). The third step is choosing the source of treatment; most widely selected options are the psychiatric help and medication, psychotherapy, or the school services (Elliot, 1988). The last step is accessing that care; the service characteristics and the governmental policies are very important in affecting this step (Meyers, 2007).

Youth and their families face lots of problems in each step of this model while accessing the necessary help that the child needs (Zwaanswijk et al., 2003). Contrary to the high prevalence rates of emotional and behavioral disorders among young, a very small percentage of children can get the appropriate treatment (Kovess et. al., 2015; Kataoka et al., 2002; Costello, Edelbrock, & Costello, 1988). An explanation for these unmet psychological needs of children is related to the problems that the children and their families faced while accessing to the necessary mental health services (Zwaanswijk et al., 2003). By understanding the whole help-seeking process of families and the problems that they face, it can be possible to decrease the difference between the

number of children needing and receiving mental health care (Durbin, Goering, Streiner, & Pink, 2004).

1.3.1 Barriers to Children Receiving Mental Health Services

There are lots of studies looking for the factors that lead to some troubles in both recognition of the children's problems and their access to the necessary mental health services (Zwaanswijk, Ende, Verhaak, Bensing, & Verhulst, 2005). According to these studies, the factors that can influence the help seeking processes can be categorized under three sections; factors related to family characteristics, child characteristics and environmental factors (Verhulst, & Koot, 1992). Firstly, family characteristics like low socioeconomic status, low parental education, not experiencing any mental health services usage before, high number of siblings, and parental psychopathologies cause difficulties for families to recognize that their child has a problem, or to decide that this is a type of problem that requires the help of a mental health professional (Gunther, Slavenburg, Feron, & Van, 2003; Briggs-Gowan, Horwitz, Schwab-Stone, Leventhal, & Leaf, 2000). Also, families who are experiencing higher amounts of familial stress related to life difficulties were found as less likely to realize the psychological needs of their children (Sourander et. al., 2001). Additionally, the parental beliefs and attitudes about whether mental health services are beneficial and easily accessible or not has also an effect on their help seeking behaviors (Flisher et. al., 1997).

Secondly, characteristics of children like gender, age, academic success, and the severity and the type of the problems that children face can affect the help-seeking process (Zimmerman, 2005; Zwaanswijk et al., 2003). Most of the studies highlighted the importance of the problem severity and persistency; the children who show more severe, visible and persistent symptoms are more likely to access to the mental health services (Farmer, Stangl, Burns, Costello, & Angold, 1999). Also, if these children show any additional medical problem or school-related difficulties, the chance for them to get the needed psychological help increases (Zahner, Daskalakis, 1997). As to the effects of age, the findings are contradictory; some of them shows children face more difficulties during the childhood period (Schonert-Reichl, Muller, 1996) and others said the

difficulties in accessing help increases during the adolescent period (Cohen, & Hesselbart, 1993). There might be an interaction between the gender and the age of children; during the childhood period boys are more likely to access mental health services (Verhulst, Jan, & Ende, 1997) and girls are more likely to be reached for help services during adolescence (Gasquet, Ledoux, Chavance, & Choquet, 1999). In other words, the chance for accessing to the needed help services is higher for girls during adolescent and higher for boys during childhood.

Moreover, the availability of the mental health services and the governmental policies about these services can cause some difficulties, too (Lindsey, Barksdale, Lambert, & Ialongo, 2010). Whether the governments provides health insurance for all family members or not is one of the most important factors that help families to overcome the economic barriers for accessing the needed mental health services (Zwaanswijk et al., 2003).

In sum, many of these difficulties may interfere with the first, second, and third step of the Help-seeking Model and became the reasons for the unmet psychological needs of our pupils.

1.3.2 Importance of Teachers and Schools as Referral Sources

Because of all these difficulties, which were presented above, there are many children who cannot reach mental health services (WHO, 2005). Also, studies represent that almost half of the parents were not able to recognize the psychological problems of their children (Teagle, 2002). In this case, the schools became one of the most important places for overcoming these unmet needs of youth; especially teachers have an important role for detecting the psychological problems of children and helping them to reach the necessary help (Atkinson, & Hornby, 2015; Sax, & Kautz, 2003). Because, teachers are well placed to observe children's peer relations, developmental appropriateness of their behaviors or their specific impairments in classes (Stevens, & Quittner, 1998). Also, they have a chance to observe the child's behaviors and compare them to his/her peer group (Groenewarld, Emond, & Sayal, 2009). However, among

teachers there is a lack of information about the mental health issues of children; teachers are not prepared well enough to address the psychological needs of youth (Atkinson, & Hornby, 2015). In the curriculum of educational faculties there are very few classes related to the childhood psychopathologies; only the normal developments of children is covered. This lack of information, may make the considerations of teachers about the psychological problems of children more open for biases. For this reason, it is very important to pay special attention to understand the components of teachers' referral decisions and specifically focus on the possible factors that can lead to biases in these decisions.

1.3.3 Referral Process: Factors Effecting Referral

One of the most important problems that the children and families face is the biased decisions of the adults in the referral process. Generally, children don't come to treatment with their own decisions, instead, adults decide about their psychological disturbance and refer them to a treatment or not (Weisz & Weiss, 1991; Pearcy, Clopton & Pope, 1993). The Help Seeking Model indicates that the first step of the model have a gatekeeping position for these biased decisions; because in this step, the problems of the child should be recognized and interpreted by an adult and most of the time this interpretation is made by parents or teachers without any objective measurement (Srebnik, Cauce, & Baydar, 1996). This subjectivity makes the first step of the model more open to biases; both subjective and objective factors can play a role in these biased decisions of adults. People's expectations or their stereotypes can subjectively cause these biases (Garb, 1997). On the other hand, there are also some objective factors such as children's gender, age, race, socioeconomic status, academic success and even their physical features that can lead to biases in referral decisions (Achenbach, 2000). For example, the study looking for the effects of the age factor on referral decisions found that teachers are more willing to refer the younger children to treatment for learning difficulties even if they show the same symptoms with older ones (Tarnowski, Anderson, Drabman, & Kelly, 1990). Another study specifically focused on the effects of physical characteristics of children, found that overweight and tall children were

referred more for learning difficulty programs compared to their age-appropriately developed peers (Andrews, Wisniewski, & Mulick, 1997). According to the study of Weisz and Weiss, teachers in the U.S. consider the symptoms of a child with under controlled problems more referable, compared to the teachers in Thailand, indicating the importance of cultural expectations in referral decisions (1991). Also, teachers are more inclined to refer children with lower socioeconomic status compared to others with medium and high SES (Meijer & Foster, 1988). Lastly, teachers consider children with low academic grades as more appropriate for mental health referrals compared to students with high grades even if they show the same symptoms (Green, Clapton, & Pope, 1996).

1.3.3.1 Type of problem as a referral source bias

In general, people consider some problems as more important and needing more help, as an example, Pescosolido and others (2008) found that the children showing some symptoms of ADHD were three times more likely to be designated as problems by adults, compared to children with depression. Another vignette based study showed that teachers consider the behavioral problems of children as more important than their emotional problems (Loades, & Mastroyannopoulou, 2010). Similarly, most of the studies from the real life settings declared that externalized problems like ADHD or ODD are referred to treatment more frequently than internalized problems (Pearcy, Clopton, & Pope, 1993. This can be seen both among parents (Thurston, Phares, Coates, & Bogart, 2015) and teachers (Caseau, Luckasson, & Roger, 1994). According to Cornelius and others, the possible explanation is that children with ODD and ADHD show more social destructiveness, and class disturbance; this may lead to more treatment utility for these problems (2001) (Rothi et al., 2008). Also, another study showed that teachers are more likely to refer the child if his or her problems lead to a visible decrease in his/her academic performance (Green, Clapton, & Pope, 1996). A study looking for the referral reasons of teachers found that 35% of the referral decisions made for children with general academic problems, 31% of them were for children with reading problems and 23% for attention deficit and only 1% of the referrals were made

for children with depression (Lloyd, Kauffman, Landrum, & Roe, 1991). So, the emotional problems of youth are the least likely type of problem for be realized and referred to treatment by teachers (Cole, Visser, & Daniels, 1999). Besides these, presence of a kind of problem may feed the consideration of teachers about the presence of another problem; this is known as the negative halo effect (Stevens, & Quittner, 1998). It is possible to see this effect in the referral decisions of teachers; it appears that there is especially a bidirectional halo effect between ADHD and ODD; that is, if a child shows only attention problems, teachers consider the child as having both ADHD and ODD, similarly if the child shows only oppositional behaviors the teacher is more likely to consider that child as having both ODD and ADHD (Jackson, & King, 2004).

1.3.3.2 Gender-Based Biases in Referral Decisions

As stated earlier, the discrepancy between the clinical and community-based gender ratios may result from different considerations for boys' and girls' problems (Hartung, Pelt, Armenderiz, Knight, 2006). In the literature, lots of studies focus on gender biases in referral decisions; very few of them declare that there is no gender bias among teachers (Moldavsky et al. 2013; Pearcy, Clopton & Pope, 1993), but most of them report that teachers decide to refer a child to psychological services based on to his/her gender (Maniadaki, Sonuga-barke, & Kakouros, 2003; Weisz, & Weiss, 1991). Therefore, it is very important to look more closely at the gender-based biases in referral decisions. Gender based biases can be simply defined as seeing the roles of girls and boys differently and forming different expectations about them concerning their different roles (Helgeson, 2015). The perceptions of teachers about the severity of a problem may differ based on the child's gender (Sciutto, Nolfi, & Bluhm, 2004). For example, Vardill, and Calvert (2000) found that in all age groups boys are more frequently referred to treatment for both externalized and internalized disorders. Other studies declare that boys with externalized disorders are referred more frequently compared to girls with the same problems; for example, one study found a 4.03 to 1 male to female ratio for ADHD referrals (Reigstad, Jorgensen, & Wichstrom, 2004). Conversely, girls with depression and anxiety are referred more than boys with similar

symptoms (Sciutto, Nolfi, & Bluhm, 2004; Hornblower, 1998; Vardill, & Calvert, 2000). One vignette-based study, which was looking for the effect of public's stigmas on their understanding about the child's mental health problems, found that people are more likely to detect the symptoms of ADHD when the gender of the child is male, while they had more difficulty discerning girls with ADHD (Pescosolido et. al., 2008). Sciutto, Nolfi, and Bluhm (2004) also found that teachers referred boys with attention problems more frequently even when they show the same symptoms as girls. This can be explained by the fact that boys with ADHD and other externalizing problems show more social distractions in the class setting and grab more attention (Carlson, Tamm, & Gaub, 1997). Subtypes of disorders can also affect referral decisions; for example, one study found that if a boy shows Inattentive subtype ADHD symptoms, teachers are more likely to refer him to treatment, compared to a girl with inattentive subtype (Sciutto, Nolfi, & Bluhm, 2004). However, if the children show the combined type of ADHD the sex of the child was not shown to be effective on the referral decision (Groenewarld, Emond, & Sayal, 2009). As can be seen, when ADHD is presented as inattentive type, when classroom disruption is at a minimum level, boys are referred more frequently; that is the inattentive girls' problems are frequently overlooked. While it is the hyperactive/Impulsive subtype causing maximum classroom disturbance, teachers refer children of both genders equally. Also, some studies report that teachers referred girls less because girls' problems may be overlooked because of their passiveness in classrooms (Sciutto, Nolfi, & Bluhm, 2004; Hornblower, 1998; Vardill, & Calvert, 2000).

There is also the issue of gender appropriateness or inappropriateness of the problematic behavior. Male gender roles are described as being strong, independent, competitive, and to keep emotions hidden (Helgeson, 2015). On the other hand, female gender roles are defined as being caring, emotionally expressive, polite, and helpful (Helgeson, 2015). Based on these gender expectations some behaviors are considered inappropriate for one's gender, like externalized aggressive behavior for girls and depressive and anxious emotional states for boys. Some findings claim that if the child

shows problematic behaviors that is seen as not appropriate for his/her gender the referral chance for that child will increase. More specifically, boys with internalized problems are reported as having a more serious problem, because emotionality is not considered to be appropriate for masculinity (Silverthorn, Frick, Kuper, & Ott, 1996). Oppositely, girls with externalizing problems like hyperactivity, aggression or oppositionality may be referred to help more frequently than boys because it is expected that girls should be gentle, well-settled and calm, not as fidgety as boys (Silverthorn, Frick, Kuper, & Ott, 1996). Coles and others (2010) found that girls with ADHD and ODD are seen as more impaired and are referred to treatment more frequently compared to boys with ADHD and ODD.

Gender also plays a role in the definition of psychopathologies, and the commonly used criteria defining pathologies specified in categorization systems like the DSM. According to some studies, there is a clear gender bias in DSM criteria, because some symptoms are more valid for determining the problems of boys than girls and vice versa (Lindsay & Widiger, 1995; Funtowicz & Widiger, 1995). For example, the criteria for conduct disorder involves aggressive, confrontational, and violent behavior; however, girls with conduct disorders generally show more aggression within relationships like chronically lying, instead of showing physical aggression (Zahn-Waxier, 1993). Therefore, DSM-IV criteria are not enough to capture the symptoms of conduct disorder among girls (Frick et al., 1994). Another study showed that criteria for Post-Traumatic Stress Disorder in DSM-IV were not enough to capture the symptoms of women, with respect to the changes in DSM-5, it is more possible to detect the difficulties of both women and men (Carmassi et. al., 2014). Moreover, clinicians can also make biased diagnoses based on their gender-stereotypical beliefs (Garb, 1997; Sleek, 1996) and by using gender-biased measurements (Lindsay & Widiger, 1995).

To sum, as can be seen from the above pharagraphs, literature gives contradictory answers to the question of “what is the effects of child’s gender on the referral decisions of adults?”. For this reason, the current thesis aims to look at the

effects of child's gender on the considerations of teachers in relation to the students' psychological problems from an explaratory manner.

1.3.3.3 Gender role attitudes of teachers

People's own gender role attitudes can also affect their decisions about the gender appropriateness of behaviors. Gender role attitudes of people can be defined as the beliefs about the roles women and men should play in a population (Helgeson, 2015). This can change on a continuum from traditional to egalitarian, and having a traditional attitude means having gender-based beliefs like "men should be the breadwinner" and "women should be caregiver"; on the other hand, having an egalitarian attitude means believing that gender-based labor division in population is not appropriate, women and men should have the same roles in societies (Van der Horst, 2014). In the literature, there is no study specificly looking for the effects of gender role attitudes of adults on their referral decisions. However, most of the research appears to suggest that if a person has a more traditional gender role attitude, he or she makes more gender discrimination in a lot of areas (Stark, 1991). For example, Jacobs and Eccles (1992) suggest that mothers can interpret the ability of boys and girls differently because of their own traditional gender role attitudes. It is possible to see the effects of this differentiation among teachers, too. For example, they have different expectations from girls and boys in educational areas (Tiedemann, 2000). According to the study of Lavy and Sand (2015) teachers' gender differential treatments and expectations have a significantly positive effect on boys' overall future achievements in math and science while having a significant negative effect on girls. Another study indicated that teachers respond differently to girls and boys (Fredericksen, 2000) such as teachers may pay less attention to girls in their classes (Grayson, 2001) and all these biases can affect the success of students (Owens, Smothers, & Love, 2003). Concerning these findings, we would expect that it is possible to see the effects of gender differentiation in referral issues, too. Therefore, we would expect that if a teacher has more traditional gender role attitudes, he/she will show more gender discrimination while considering the symptoms of children to refer the child to psychological services. More specifically, teachers with

more traditional gender role attitudes may consider the gender inappropriate behaviors of children as more problematic and decide to refer them more frequently. On the other hand, teachers with more egalitarian attitudes may show less gender biases while considering the psychological problems of children. The current thesis is the first study which attempt to highlight the relation between the gender role attitudes of adults and their referral decisions.

1.3.3.4 The Effects of the Teachers' Own Gender and the Previous Referral Experiences of Teachers on Their Referral Decisions

A study aiming to understand the attitudes and beliefs of adults about the mental health problems of children found that women are three times more likely to detect the attention problems and two times more likely to identify the depressive symptoms of youth (Pescosolido et. al., 2008). Also, they have more belief in the effectiveness of treatments to improve the children's problems compared to men (Pescosolido, et. al., 2008). Parallel to this finding, there are lots of studies focusing on the difference in the referral decisions of male and female teachers. According to Graham-Clay, female teachers are more likely to refer children with problems and one possible explanation was found as female teachers having lower tolerance for the disruptive behaviors of youth compared to male teachers (1987). Headley and Campbell also said female teachers rated the behavioral problems of children as more severe than the male teachers (2011). It was also found that there can be an interaction between the child's gender and the teacher's gender; male teachers were found as more likely to refer the girls with behavioral problems (Taylor, Gunter, & Slate, 2001). Parallel to the above finding it is expected that female teachers will rate the seriousness of the problems in the vignettes higher than male teachers and there will be less gender-based biases in female teachers' referral decisions compared to their male colleagues.

Another possible factor that might affect the referral decisions of teachers is the perious referral experiences of them. However, there is no study looking for the effects of earlier referral experiences of teachers on their evaluations. Instead, earlier studies considered the experience level as teaching years of them and the results of these studies

are contradictory. One of these studies found that teachers with more experience level are more likely to refer the children with psychological problem (Hughes, Barker, Kemenoff, & Hart, 1993). Another one also found that less experienced teachers consider the externalizing problems as more severe and internalizing problems as less severe compared to their more experienced colleagues (Kokkinos, Panayiotou, & Davazoglu, 2005). However, there are also some studies, which couldn't find any effect for the teaching experience levels of teachers (Graham-Clay, 1987). So, in order to understand these contradictory findings in a more deepened way, the effects of experience should be considered by specifically focusing on the previous referral experiences of teachers.

1.4 Treatment Decisions Based on the Child's Gender

Another area that the current study focuses on is the differences in treatment decisions of teachers for each gender with different disorders. The literature shows that the severity level of the cases is the most important factor that can affect the treatment type selection (Elliot, 1988). People select medication and psychiatric support for more severe cases and behavioral interventions and school support are selected for milder cases (Coles et. al., 2012). However, the child's gender also affects this decision, some studies claim that teachers consider medication as most effective treatment for boys with ADHD but they prefer to handle girls' problems with some behavioral techniques in classroom or some special learning support (Pisecco, Huzinec, & Curtis, 2001; Groenewarld, Emond, & Sayal, 2009). There is hardly any literature about the gender-based differences in treatment selection for internalized disorders, studies show a clear gender difference in treatment selection for girls and boys with externalizing disorders but there is no study to answer this question for internalizing disorders for youth. In the current study, the gender-based differences in treatment selection for both externalizing and internalizing disorders will be investigated.

1.5 The Current Study

The aim of the current study is to understand the possible factors, which may affect the referral decisions of teachers regarding two hypothetical vignettes about a ten year of child. The factors which were taken into consideration are the gender of the child, gender of the teacher, the type of the problem, the gender role attitudes of teachers and the previous referral experiences of them. It is possible to consider this study as the first one about this issue in our country. The current study also serves some important porpuses; like it is the first study looking for the effects of gender role attitudes and the previous referral experiences of teachers on their referral decisions. Also, it tries to provide an insight for some contradictory finding within the referral studies. By doing so, the current study aims to enhance the helpseeking pathways of children by decreasing the possible obstacles coming from the biased referral decisions of teacher.

In conclusion, the current study has eight different hypotheses regarding the related literature;

1-It is expected that teachers will pay more attention to externalizing problems and refer the children with externalizing problems more frequently; in other words, the vignettes about the child with ADHD and ODD symptoms will be evaluated as more serious and referred to treatment more.

2- It is expected that teachers will consider the problems of the children in the internalizing vignette as more improvable than the children in the externalizing vignette.

3- Teachers will make gender-based selections when provided with a vignette. That is, they will more frequently select the gender of the child in externalizing vignette as a boy, and conversely, the child in the internalizing vignette will be designated as a girl.

4- It is expected to see a difference between the considerations of teachers based on the gender off the child in the vignette. In other word, they will consider the internalizing and externalizing symthoms of boys and girls differently.

5- It is expected that female teachers will be more likely to consider the importance of the symptoms of children in all vignettes as higher compared to the male teachers.

6- It is expected to see an interaction effect between the child's gender and teacher's gender; in other word, male teachers will consider the problems of girls and boys differently but this kind of a difference will not be seen among female teachers.

7- There will be significant differences between the evaluations of teachers with traditional gender role attitudes and egalitarian gender role attitudes both about the importance of externalizing and internalizing vignettes.

8- Teachers who have a previous referral experience will consider both of internalized or externalized vignettes as more important and needed to be referred.

9- The type of treatment will differ for internalizing and externalizing vignettes. More specifically, teachers will select the medication option for children with externalizing problems and therapy option for children with internalizing symptoms.

CHAPTER 2

METHOD

In the current section, the methodological processes that were followed in the study will be presented. Firstly, the information about the participants in the study will be given. Secondly, the procedure that was followed from the beginning to the end of the study will be clarified. Thirdly, the measurement tools and the vignettes will be introduced. Lastly, all the necessary analyses that were used in the study will be illustrated.

2.1 Participants

The current research sample consists of 120 elementary (23.3%) and middle (43.3%) school teachers and school counselors (32.5%) from all over Turkey. 65.8% of the participants were female (79 females, 41 males). Most of the participants have a bachelor's degree and only 18 of them have a master's degree. The age of the participants ranged from 23 to 63 years old (M = 34.38, SD = 9.13) and the teaching experience level of them ranged from 1 to 33 years (M = 10.28, SD =8.72) (see table 1). All the responders participated in the study voluntarily. The snowball participation technique was used; in other words, each participant received the link of the study and after completing the study they were asked to send the link to other potential participants that they already know from their school setting.

Table 1 *Demographic Characteristics of the Participants*

	N	Percentage	Mean	Std. Deviation	Min.	Max.
Gender						
Female	79	65.8				
Male	41	34.2				
Education Level						
Bachelor's Degree	101	84.2				
Master Degree	18	15.0				
Teaching Field						
Primary Education	29	23.3				
Secondary Education	52	43.3				
School Counselor	39	32.5				
Age	119		34.38	9.13	23	63
Experience Year	119		10.28	8.72	1	33

2.2 Measurements

In the current study, Demographic Information Form, (see Appendix C) Gender Role Attitude Scale, (see Appendix D) and the questions about specific vignettes (see Appendix E and F) were used to collect the necessary data.

2.2.1 Demographic information form: In the demographic information form; gender, age, education status, specialty areas and teaching years of the participants were asked.

2.2.2 Gender Roles Attitude Scale: This scale was developed by Zeyneloğlu and Terzioğlu in 2011 to measure the attitudes towards gender roles among university students in Turkey. It is a 5-point Likert type scale and contains 38 items, 12 of them are defined as egalitarian, while the other 26 are defined as traditional. All items corresponding to egalitarian attitudes are on a 5 point scale, where 5 is "completely agree", 4 "agree", 3 "undecided", 2 "disagree" and a rating of 1 indicating "absolutely disagree". Whereas, the items measuring traditional attitudes were rated on a converse scale. That is a rating of 5 indicated "absolutely disagree" and a rating of 1 indicated that the subject "completely agreed" with the statement. Participants can obtain a maximum of 190 points and a minimum of 38 points; higher scores mean the participants had more egalitarian attitudes towards gender roles and the lower scores showed that the participants' attitudes were more traditional. The Cronbach alpha level of the scale was found as 0.92. It is a valid and reliable scale and widely used in Turkey with different samples (Zeyneloğlu ve Terzioğlu, 2011). In the current study, the Cronbach alpha level of the scale was also found as 0.91. So, the scale was shown to have internal consistency and reliability within the sample of the current study, too.

2.2.3 Vignettes: In order to assess participants' responses in differing conditions and their responses to these situations, a methodology proposed and utilized by Weisz et al. (1988) was used. Two different vignettes about the symptoms of a hypothetical 10 years old child were presented to each participant. One vignette described externalizing symptoms; these symptoms were selected from the diagnostic criteria for the combined

type of ADHD and Conduct Disorder. The other vignette described internalizing symptoms; containing behaviors that indicated criteria for Mood Disorder and Anxiety Disorder type problems. All the vignettes were prepared concerning the diagnosis criteria of DSM-5. Each participant takes one externalizing vignette and one internalizing vignette. The first sixty participants got the externalized vignette first and the last sixty participants got the internalized vignette first to eliminate the sequence effect. In the vignettes, the name of the child was defined as a nickname like A.B. and B.C., which are not gender-specific names. It is possible to see the externalizing vignette (see Appendix E) and internalizing vignette (see Appendix F) in the attachment part.

2.2.4 Post Vignettes Questions: Following each vignette, there were eight questions. Firstly, the participants were asked what gender they believed the child in each vignette was. Secondly, they decided on the seriousness of the symptoms based on a five-point likert type questions which was "How serious is the child's symptoms?". There were five different options; "it is a really important problem" (1), "it is important" (2), "not decided" (3), "it is not important" (4), and "it is totally not important" (5).

The third question was "To what extent do you think it is necessary to refer the child to any kind of help in order to get rid of his/her complaints?" and the answers range from 1 to 5, "I would definitely need some help" (1), "I would need a referral" (2), "I am undecided about it" (3), "I wouldn't need a referral" (4), and "I certainly wouldn't need a referral" (5).

The fourth question was "What is the likelihood of this child's symptoms improving in a year?", and there were five options; "He/she will definitely not improve at all" (1), "He/she will not improve", "I am undecided about it" (3), "he/she will improve" (4) and "he/she will absolutely improve" (5).

The fifth question was "Which type of services will you recommend for this child?" and the options were -treatment with medication or psychiatric services, -psychotherapy, -school counseling services, -time and -other:……..

The final three questions were “In the past did you have any students with these symptoms in your class?”, “Did you refer them a treatment”, “If you referred, which type of services did you select?” and the answers were provided in a mode identical with the answers of the fifth question.

At the end of the last vignette there was a forced-choice question that asked “If you only had the option of referring one of these children for treatment which one would you select?” and the participants thus had to decide whether they would refer the child with externalized problems or the child with internalized problems for treatment. This was deemed to be a post hoc exploratory question to aid in interpreting the results.

2.3 Procedure

After receiving the ethical permission from TED University Human Subjects Ethics Committee, the data collection process was started. The process was run via the internet, with the help of the Qualtrics Program. The link of the study was sent to some social media groups, which are used, by different teacher groups or it was directly sent to accessible teachers via mailing. When the participants got the study link, they first received the informed consent and the voluntary participation form (see Appendix A). After accepting to participate, they received two different vignettes, which are described below. After reading each vignette, they answered the questions about the vignette. Lastly, they completed the Gender Role Attitude Scale of Zeyneloğlu and Terzioğlu (2011). After answering all the necessary questions, participants got the debriefing consent with more information about the nature of the study and the necessary information to contact with the researchers (see Appendix B). All these scales and vignettes were given together as a packet. The whole answering process took approximately 20 minutes for each participant.

2.4 Data Analysis

In order to do all the necessary analysis, the program of IBM SPSS Statistics 24 was used. Firstly, the accuracy of data entry, missing values and the necessary assumptions for each analysis were investigated. Secondly, descriptive statistics were

performed to understand the characteristics of the data and the normality of the sample. Thirdly, a new variable was created and titled as “Importance of problem”. This new variable was obtained through the addition of the scores from the first two questions in order to evaluate how important the teachers viewed the presented problem in terms of seriousness and need for help. Higher scores on this variable indicate a more important problem. After that, a number of paired-sample t-test analyses were used to look at the differences between the importance of problem and improvement scores for internalizing and externalizing vignettes. Also, to see the differences in importance scores related to the early referral experiences of the teachers, a number of independent sample t-tests were used both for externalizing vignette and externalizing vignette. Following that, Chi-Square Analysis was performed to observe the gender difference in the importance of problem and the improvement scores. Later on, a mixed design two-way Analysis of Variance was used to see the main and interaction effects for the gender of the teacher, the gender of the child, the gender role attitudes of teachers and the type of problem (internalizing/externalizing) variables on the importance scores of teachers. Finally, to investigate the differences in the treatment type selection for different types of problems for each gender, Chi-square for Independence test was utilized.

CHAPTER 3

RESULTS

In the current section, descriptive statistics and data screening procedures will be presented. Later, the results of the necessary analyses regarding all hypotheses will be reported respectively.

3.1 Descriptive Statistics

In order to understand the characteristics of the sample and the data, which was used for the related analyses, a couple of descriptive analyses were done. The mean age of the participants was 34.38 and the standard deviation for this variable was 9.13. For the teaching experience level, the mean score was 10.28 years and the standard deviation was 8.72. More than half of the participants were female (65.8%) and most of them have a bachelor's degree (84.2%). The participants represent three different fields; 28% of them were elementary school teachers, 52% of them were secondary school teachers with different specialties like math or music, and lastly, the 32.8% of them were school counselors (See Table 1 for details).

Before performing the necessary analyses, the data were initially analyzed for checking the normality of the distribution of the sample on various scores. Kolmogorov-Smirnov tests showed that the importance of problem scores ($D(120) = 0.226$, $p < 0.001$) and the improvement scores ($D(120) = 0.322$, $p < 0.001$) for externalizing vignette and the importance of problem scores ($D(120) = 0.233$, $p < 0.001$) and the improvement scores ($D(120) = 0.296$, $p < 0.001$) for internalizing vignette did not meet the requirements of the normality assumption. Therefore, in order to reach the normality assumption, square root transformations were done to these skewed variables as recommended by Tabachnick and Fidell (2007). After these transformations, the skewness of the scores was decreased, and the data become more normal. The means, standard deviations, minimum and maximum scores and skewness and kurtosis values for all the continuous variables are presented in Table 2 Values for the transformed version of the variables are shown in Table 3. Also, Table 4 shows the summaries of the

mean scores on each variable before and after the transformation. All the statistical analyses of the data were conducted with these transformed scores.

Table 2 *Descriptive Statistics for the Untransformed Scores*

	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Importance of problem (Externalized)	8,6083	1,16890	3	10	-1,342	4,117
Importance of problem (Internalized)	8,4083	1,11894	5	10	-,425	,229
Improvement (Externalized)	3,56	,896	1	5	-,712	-,084
Improvement (Internalized)	3,75	,946	1	5	-,628	-,171
Gender Attıtude	165,9917	19,87714	109,00	190,00	-,955	,415

Table 3 *Descriptive Statistics for the Transformed Scores*

	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Sq_Importance of problem (Externalized)	1,5030	,36568	1	2,83	,392	,601
Sq_Importance of problem (Internalized)	1,5698	,35863	1	2,45	-,144	-,425
Sq_Improvement (Externalized)	1,5369	,28327	1	2,24	,242	-,084
Sq_Improvement (Internalized)	1,4671	,31392	1	2,24	,183	-,523
Sq_Gender Attitude	4,5553	2,07212	1	9,06	,093	-,672

Table 4 *Summary table of mean scores on the variables before and after transformation*

	Internalized				Externalized			
	Pre-Transformation		Post-Transformation		Pre-Transformation		Post-Transformation	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Importance of problem	8,4083	1,11894	1,5698	,35863	8,6083	1,16890	1,5030	,36568
Improvement	3,75	,946	1,4671	,31392	3,56	,896	1,5369	,28327

3.2 Results Related to the Hypotheses

H1: Teachers will consider the externalizing problems of children as more important and more needing to be referred compared to the internalizing ones.

In order to test this hypothesis, a paired sample t-test was done by looking at the differences in each participants' square root transformed internalizing and externalizing importance of the problem scores. Since the square root transformation process converted the direction of the scores, the lower scores on the Importance of Problems variable indicate that the problem is seen as more important. The results of the analysis show that the externalizing symptoms of children were evaluated as more important (M = 1.503, SE = 0.03), compared to the internalizing symptoms of them (M = 1.569, SE = 0.03) and this difference was found as significant, ($t(119) = -2.006$, $p < .05$). It is also possible to check the mean scores for the untransformed data from the Table 3.

In addition to this, a chi-square analysis was performed to consider the responses for the last question which asks "which vignette is more in need of treatment?". According to the results of this analysis, participants are almost twice as likely to select the externalizing vignette (66.3%) as needing to be referred compared to the internalizing one (33.3%) (X^2 (1, N=116) = 11.172, p = 0.001).

Therefore, in accordance with the hypothesis, the problems of children who show the externalizing problems, that is, symptoms of ODD and ADHD were evaluated as more important and were found as more likely to be referred to treatment.

H2: Teachers will interpret the symptoms in the internalizing vignettes as showing more potential for improvement compared to the symptoms in the externalizing vignettes.

To test the second hypothesis another paired sample t-test was done with the square root transformed improvement scores for externalizing and internalizing vignettes. The results of this analyses display that, as expected, teachers consider the symptoms of the children in the internalizing vignettes as showing more potential for improvement (M = 1.467, SE = 0.03) than the symptoms in the externalizing vignettes (M =1.536, SE = 0.03) and this difference was significant, (t (119) = -2.758, p < 0.01).

H3: When asked to indicate which gender do they believe the child in the vignette is, teachers will more frequently select the gender of the child in the externalizing vignette as a boy; and conversely, the child in the internalizing vignette will be designated as a girl.

Results of the chi-square analyses support the third hypothesis; teachers overwhelmingly (90% of all teachers) selected the gender of the child in externalizing vignette as a boy (X^2 (1, N = 120) = 76.80, p = 0.00). Conversely, most of the teachers (85% of them) selected the gender of the child in the internalizing vignette as a girl (X^2 (1, N=120) = 58.80, p = 0.00). Based on these results, it is possible to say that teachers consider the externalizing symptoms as boys' problems and internalizing symptoms as girls' problems and the difference is statistically significant.

H4: It was hypothesized that there will be a difference between the considerations of teachers based on the gender of the child in the vignette. In other words, they will consider the internalizing and externalizing symptoms of boys and girls differently.

In order to test this hypothesis, two separate independent sample t-test analyses were performed for the externalizing and the internalizing vignettes. For the externalizing vignette, there were no significant differences between the mean importance scores of the gender-inappropriate cases (M = 1.6301, SE = 0.13) and the gender-appropriate ones (M = 1.4889, SE = 0.03), (t (118) = 1.272, p = 0.303). That is, the gender of the child did not affect the teachers' perception of the importance of the problem. Similarly, there were no significant differences between the importance of the internalizing problem scores for gender inappropriate (M = 1.5688, SE = 0.03) and the gender appropriate cases (M = 1.5699 SE = 0.03) (t (118) = - 0.12, p = 0.390). With respect to these results, it is not possible to reject the fourth null hypothesis for both the externalizing and the internalizing vignette.

H5: It was hypothesized that female teachers will consider the problems of children in all vignettes as more important compared to male teachers.

In order to see the possible differences between the considerations of male and female teachers for both the externalizing and the internalizing vignettes, two separate independent sample t-test were performed. The results of these analyses showed that female teachers considered both the internalizing (M = 1.5319 SE = 0.04) and the externalizing vignettes (M = 1.4696 SE = 0.04) as more important compared to the considerations of male teachers for the internalizing (M = 1.6426 SE = 0.06) and the externalizing vignette (M = 1.5674 SE = 0.06); but these differences were not found as statistically significant (t (118) = - 0.12, p = 0.390). So the fifth null hypothesis cannot be rejected.

H6: It was hypothesized that male teachers will evaluate the vignettes differently, compared to female teachers, based on the child's gender. In other words, it is expected that male teachers will not rate vignettes about girls' problems as serious as boys' problems, while such a difference will not be seen for female teachers. So, an interaction effect between the child and teacher gender was expected.

In order to see the effect of the interaction between the teachers' gender and the child's gender, a two-way univariate analysis was performed. Before performing the analysis, the homogeneity of variance assumption was checked. The results of the Levene's test show that there is an equal variation between the groups, so homogeneity of variance assumption was met ($F(3,116) = 0,266$, $p > .05$). Hypothesis 5 was partially supported, in that, for externalizing problems the expected differences were observed. However, for internalizing type of problems none of the expected differences were observed.

The results regarding the importance of the externalizing problem scores represent both main effects for teacher's gender, ($F(1, 119) = 7.871$, $p < .05$); and child's gender, ($F(1, 119) = 4.175$, $p < .05$); also an interaction effect was found ($F(1, 119) = 5,899$, $p < .05$). For the externalizing vignette, male teachers interpreted the problems of boys as more important than girls' problems (See Figure 1). However, as predicted, this difference was not seen among female teachers; they considered the externalizing symptoms of girls and boys similarly.

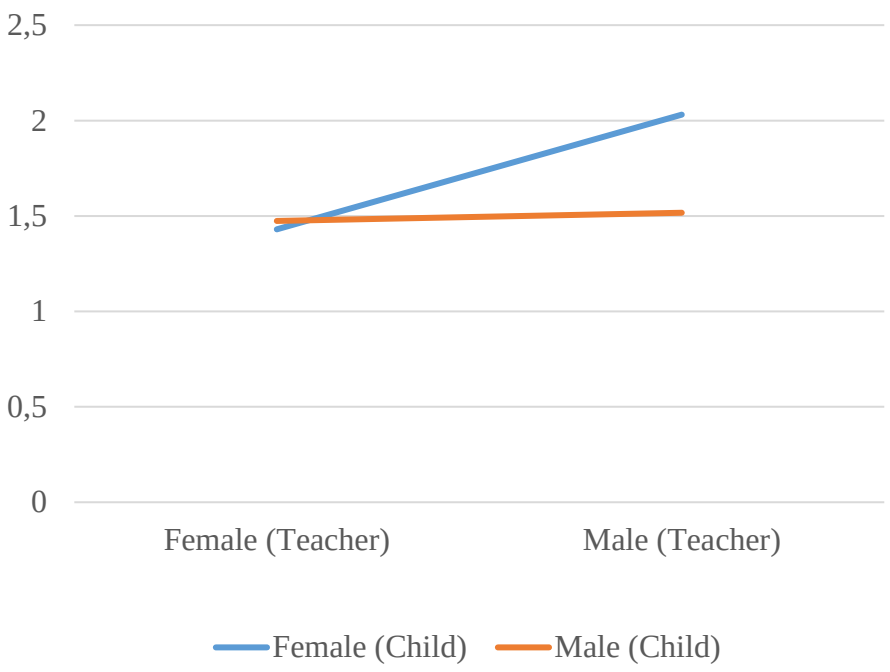

Figure 1. Mean importance scores obtained by male and female teachers for externalizing vignettes designated as male/female

The same analysis was performed for the internalizing vignette. The results of the Levene's test also shows a non-significant result, so homogeneity of variance assumption was met ($F(3,116) = 0{,}694$, $p > .05$). Regarding the internalizing vignettes there were no significant main effects of teacher's gender ($F(1, 119) = 0.475$, $p = 0.492$) and child's gender ($F(1, 119) = 0.045$, $p = 0.833$). Also, there was no interaction effect between them ($F(1, 119) = 0.409$, $p = 0.524$); while female teachers evaluations of internalized problems stayed the same regardless of child gender, whereas male teachers again evaluated girls internalizing problems as more serious, neither this effect nor the

differences between male and female teachers responses reached statistical significance (See Figure 2).

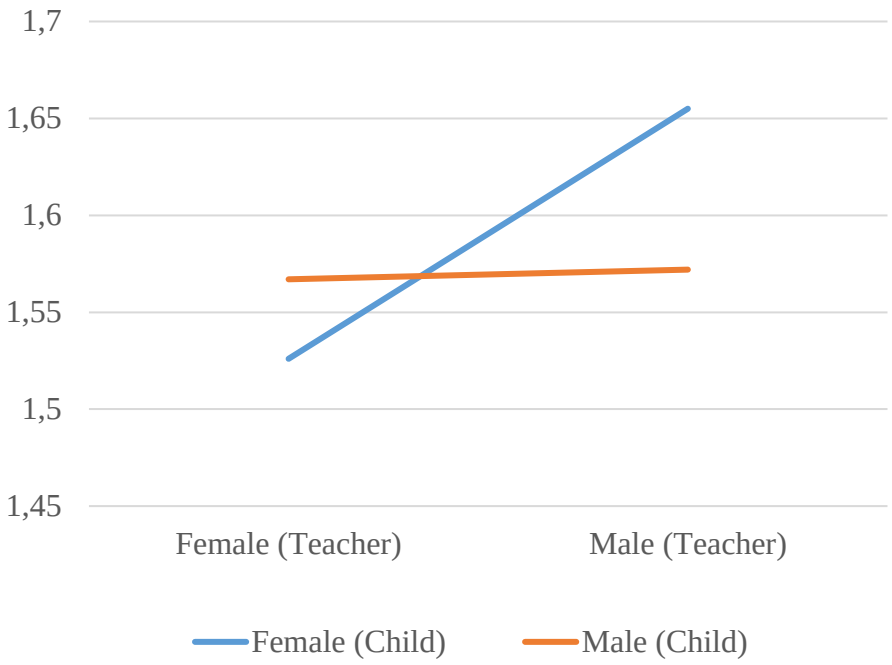

Figure 2. Mean importance scores obtained by male and female teachers for internalizing vignettes designated as male/female

The same analyses were also performed with the improvement scores but no main or interaction effect was found for both internalizing and externalizing vignettes (see Table 5).

Table 5 *Analysis of Variance Table of the Improvement Scores for Externalizing and Internalizing Vignettes*

	df	MS	*F*	*p*
Externalized Vignette				
Gender of the teacher	1	0,039	0,586	0,446
Gender of the child	1	0,055	0,815	0,368
Gender of the teacher X Gender of the child	1	0,012	0,171	0,680
Error	116	0,067		
Internalized Vignette				
Gender of the teacher	1	0,343	3,513	0,063
Gender of the teacher	1	0,343	3,513	0,063
Gender of the child	1	0,098	1,006	0,318
Gender of the teacher X Gender of the child	1	0,137	1,400	0,239
Error	116	0,098		

H7: It was hypothesized that teachers with more traditional gender role attitudes will evaluate the externalizing symptoms as more important compared to the teachers with more egalitarian attitudes. On the other hand, teachers with more egalitarian attitudes will interpret the internalizing symptoms as more important compared to teachers with traditional attitudes.

Two separate independent sample t-tests were performed to test this hypothesis for internalizing and externalizing vignettes. Before the analysis, the continuous gender role attitude variable was converted to a categorical variable, that is two categories were created. Those scoring above the mean of the sample on the gender role attitude scale were placed in the Egalitarian Category and others were placed in Traditional Category. For the externalizing vignette, there was no significant difference between the teachers with traditional attitudes (M= 1.5377, SE= 0.04) and the teachers with egalitarian attitudes (M= 1.4659, SE= 0.05) based on their importance of the problem scores (t (118) = - 1.405, p=0.163). On the other hand, the teachers with the egalitarian gender role attitudes (M= 1.4949, SE= 0.04) evaluated the importance of the internalizing problems as higher compared to the teachers with traditional gender role attitudes (M= 1.6782, SE= 0.5) and this difference was found to be significant (t (118) = 2.831, p=0.05).

H8: It was hypothesized that the teachers who had previously referred a child with similar symptoms will consider both internalized and externalized problems of the children in the vignettes as more serious compared to their inexperienced colleagues.

The results of the independent sample t-test show that teachers who had experienced in the past of referring a child with externalizing problems consider the symptoms in the externalizing vignette as more important (M= 1.4472, SE= 0.04) compared to the teachers who had never referred a child before (M= 1.6283, SE= 0.06), t (118) = 2.564, p=0.012. However, this kind of a previous experience-based referral difference was not found for the seriousness scores for the internalizing vignette (t (118) = 0.368, p=0.713). Also, the results of the Wilcoxon signed-ranks test show that in real

settings, teachers referred the children with externalizing problems more frequently compared to the children who show internalizing symptoms ($Z = 3.98$, $p < .001$)

H9: The type of treatment that teachers will recommend for the child in the vignettes will differ for internalizing and externalizing vignettes. More specifically, the medication option for treatment will be selected more frequently for the externalizing vignette compared to the internalizing one. On the other hand, the psychotherapy option will more likely to be preferred for the internalizing vignette.

According to the Chi-square analysis, there was a significant difference between the treatment selections of teachers for internalizing and externalizing vignettes (X^2 (2, N = 120) = 21.13, p < 0.001). For the externalizing type of problem, 20% of teachers selected the medication option, while 61.07% of them selected the psychotherapy option and 18.3% of them selected the other option (time, family, school services, etc.). For the internalizing vignette, only 3.3% of the teachers selected the medication option as a treatment method, while 69.2% of them preferred the psychotherapy option and 27.5% of them selected the other option. This striking preference for the medication option for the externalized vignette was significantly higher than the internalizing one (X^2 (1, N = 120) = 19.42, p < 0.001). It can be stated that among teachers, medication was considered as a way of treatment for externalizing symptoms.

CHAPTER 4

DISCUSSION

In our country, a recent population-based study highlighted that there is a considerable number of children showing some types of psychological problems; 17% show psychological problems in general, 12.39% for ADHD, 5.28% for anxiety, 2.5% show disruptive behavior disorders, 2.3% for enuresis and 1.55% for mood disorders (Ercan et. al., 2019). However, not all these children could reach mental health services; clinical incidence ratios signify that the children with internalizing symptoms are underrepresented in these services (Başgül et. al., 2011). Also, these services are mostly used by boys (Görker et. al., 2004). More specifically, most of the girls in the clinical settings get help for internalizing disorders like depression (12.4%) and anxiety (12.7%), while most of the boys get help for externalizing problems like ADHD (17.8%) (Aras et al., 2010). These situations can be considered as a sign for the unmet mental health needs of youth in Turkey; especially girls with externalizing symptoms and boys with internalizing symptoms.

To the best of our knowledge, there is no study particularly focusing on exploring the underlying mechanisms for these unmet needs of youth in our country. For the sake of filling this gap in the literature, the current exploratory study looked at the possible factors affecting the referral decisions of teachers. Since, the literature shows that biased decisions of adults, especially the teachers, are one of the most common reasons behind these unmet needs of youth (Atkinson, & Hornby, 2015), teachers were selected as the target population for this study. The current study mainly focused on factors, which were believed to be possible reasons for referral biases; the type of the problem that the child shows, the gender of the child, and the gender of the teacher who is the referral source, early referral experiences of the teacher and the gender role attitude level of the teacher. In order to look at the effects of these factors in evaluations of teachers about the psychological problems of youth, two hypothetical vignettes which were developed by the researchers, were given to each participant. One of these vignettes introduced a child with symptoms of the Oppositional Defiant Disorder (ODD)

and the Attention Deficit Hyperactivity Disorder (ADHD). The other vignette was about a child who is showing symptoms of anxiety and depression. Some of the expected factors were found as possible predictors for referral biases of teachers, findings related to each factor can be seen under the related title. Besides these, the preferences of teachers for the treatment types and whether these preferences were affected by the gender of the child or the problem type were also investigated.

4.1 Effects of the Type of Problem

In line with previous findings, the results of the current study found that teachers consider the externalizing symptoms of children (symptoms of ADHD and ODD) as more important and needing to be referred more, compared to the internalizing symptoms (symptoms of anxiety and depression). Similar to the current study, some of the earlier studies used hypothetical vignettes and found that the evaluations of adults were influenced by the problem type; externalizing symptoms were considered as more easily identified and referred for treatment (Pescosolido et. al., 2008; Loades, & Mastroyannopoulou, 2010). Also, results of other studies from real-life settings were parallel to our findings; in general, adults referred many more children with externalizing symptoms like ADHD or ODD (Thurston, Phares, Coates, & Bogart, 2015; Caseau, Luckasson, & Roger, 1994). However, the internalizing problems of youth are frequently unidentified by adults (Daniels et al., 1999). One possible explanation for this difference might be the lack of knowledge of teachers about internalizing problems; a study on this subject showed that teachers feel more confident about identifying the attention problems of children compared to their anxiety problems and teachers were found as knowing more about ADHD compared to Social Anxiety Disorder (Herbert et al., 2004; Crittenden, 2004). Another explanation is that externalizing problems lead to more disturbance in the class setting and these problems can affect the surrounding children, too; that is why teachers recognize them more easily (Cornelius et. al., 2001; Rothi et al., 2008).

In sum, regarding these findings, it is possible to conclude that similar to studies from other cultures, teachers in Turkey also identify externalizing symptoms as

problems and evaluate them as more important compared to internalized symptoms. It was observed that teachers may experience some difficulties while identifying and reporting the internalizing symptoms of youth. This can be considered as a contributing factor in the explanation for the underrepresentation of these difficulties within the clinical settings. One possible explanation might be the underestimations of teachers related to the potential negative outcomes of the internalizing problems. Another explanation might be related to their lack of information on these difficulties. Finally, as suggested by the literature (Cornelius et. al., 2001; Rothi et al., 2008) teachers may be more sensitive to problems that are disruptive and disturbing in the classroom. It appears that in our Turkish sample a similar mechanism was also observed. That is, problems that are disruptive to other children and classroom climate were considered to be more important and serious. However, it is well known that internalizing problems also have serious consequences for later life (Cummings, Caporino, & Kendall, 2014), thus there is an important need for increasing the awareness levels of teachers about the importance of treating the internalizing problems of children as well and the ways for identifying these problems among youth. In addition, regardless of the class disruption caused by the symptoms of the child, teachers should gain an insight in the manner of considering the symptoms from the child's perspective. In other word, teachers should empathize with the child while considering his/her complaints.

4.2 Effects of the Child Gender

In the current study, it was expected that participants will mostly select the gender of the child in the externalizing vignette as a boy, on the other hand, the gender of the child in the internalizing vignette will be selected as a girl. This hypothesis was supported; teachers were found as more likely to select the gender of the child in the internalizing vignette as female, while, the gender of the child in the externalizing vignette was more frequently thought of as male. Earlier studies looking for the gender effect on this age group also found similar results; teachers were found as more likely to recognize the importance of an externalizing problem when the child is male and more likely to recognize the internalizing problem when the child is female (Loades, &

Mastroyannopoulou, 2010). One possible reason for these gender-based selections is that the symptoms of internalizing disorders are considered as not appropriate for boys and the symptoms of externalizing problems were considered as not appropriate for girls (Barlow, 1988; McLean & Hope, 2010; Stevenson-Hinde & Shouldice, 1993). Therefore, it was observed that teachers are more likely to expect to see internalizing symptoms among girls and externalizing symptoms among boys. Since it was also shown that externalized problems were viewed as more important and needing to be referred more, compared to the internalizing symptoms, this may indicate a bias towards boys' problems being deemed as more important.

This situation may lead to a difficulty for teachers while they consider the internalizing symptoms of boys and externalizing symptoms of girls; they may overlook the gender inappropriate problems of children in their classes. In contrast to this view, teachers who expect to see the externalizing problems among boys may consider these problems as more serious and pay more attention when they face a girl with externalizing problems. Similarly, they may consider the internalizing problems of boys as more serious since these problems of boys do not coincide with their expectations. In the literature there are studies showing this kind of an effect. An example study showed that boys with emotional problems are reported as having a more serious problem (Silverthorn, Frick, Kuper, & Ott, 1996). Also, it was found that girls showing hyperactivity, aggression or oppositionality were considered as more problematic and referred for help more frequently than boys (Silverthorn, Frick, Kuper, & Ott, 1996; Coles et. al., 2010). However, there are also some contradictory findings showing that boys with ADHD symptoms attract more attention compared to girls with the same problems (Sciutto, Nolfi, & Bluhm, 2004). So, there is a need for understanding the effects of the gender based selections of teachers while they consider the psychological problems of children. The current study couldn't look at this effect because the gender of the child in the vignettes were asked to be assigned by the participants. Since most of the sample selected the gender of the internalizing vignette as a girl and externalizing vignette as a boy, the number of respondents assigning the "inappropriate gender"

(boys/internalizing; girls/externalizing) were so small that statistical analysis was not possible. Future studies should focus on possible outcomes of these gender based selections of teachers by giving them vignettes about both gender. To sum up, whether the gender based selections of teachers increase the likelihood of referral for externalizing problems of girls and internalizing problems of boys or not should be investigated in future.

4.3 Effects of the Teachers' Gender

In the current study, the effects of teachers' gender was separately investigated for the internalizing and externalizing vignettes. It was expected that female teachers will interpret the problems of children in all vignettes as more important compared to male teachers. Also, an interaction effect was expected; that is, male teachers were expected to rate the problems of boys as more serious than the girls' problem but this kind of a difference was not be expected among female teachers. This hypothesis was only supported for the externalizing vignette. Similar with the related literature, the results of the current study also showed that female teachers consider the externalizing symptoms as more serious compared to the male teachers and this difference was significant. An earlier study also found the similar results for the evaluations of teachers about the behavioral problems of children (Green, 2006).

Additionally, as expected the current study showed an interaction between the teacher's gender and the child's gender for the externalizing vignette; male teachers considered the externalizing symptoms of male children as more serious compared to the female students. However, this kind of a difference was not found for the female teachers. An earlier study also discovered an interaction between the child and teacher gender, but they found a contradictory result; according to them male teachers consider the behavioral problems of girls as more problematic (Taylor, 2001). Therefore, we should interpret this significant interaction effect with caution, because we couldn't manipulate child's gender variable; instead, teachers assigned the gender for each vignette themselves. Since most of the teachers assigned the male sex to externalized problems and evaluated the externalizing problems as more serious, this may have

contributed to the observed effect which may not represent the true difference. Due to the design of this study, it is not possible to determine if the problems were rated as more serious because they were "male" problems or because they were externalized problems. It might be possible that if the teachers were presented with gender inappropriate problems, they may have responded differently. The possible explanations for these contradictory findings should be investigated in the future with a more appropriate study design.

Second, when we consider the internalizing vignettes, it was found that the considerations of male and female teachers did not significantly differ from each other. In the literature, there is no study looking specifically for the effects of teachers' gender on their evaluations about the internalizing symptoms of children. It is possible to see differences in the considerations of female and male teachers for the externalizing problems but it is not possible to see it for the internalizing symptoms. Therefore, the current study made a unique contribution to the related literature by showing that the effects of teachers' gender on their referral decisions might differ based on the type of problem. One explanation for this differentiation might be the fact that in general, teachers may be insensitive to internalized problems regardless of their gender, thus their evaluations of these problems show little variation. In other words, both male and female teachers have some difficulties in recognizing the internalizing symptoms of children; this may be the reason for the lack of gender differences in their evaluations related to these kinds of problems. On the other hand, all teachers are more likely to detect the externalizing symptoms of children which provides wider variation in detecting the differing evaluations of male and female teachers.

However, these results should be considered with caution, because the gender distribution of the sample was not equal; there were more female participants than males. The smaller number of male teachers may have contributed to our inability to find some of the predicted gender differences. However, it should be noted that this unequal representation of gender is parallel to the unequal gender differentiations of teachers in real settings; there are more female teachers in the school settings similar to

our sample. Nevertheless, further studies should consider the effect of teachers' gender by designing a study which includes an equal number of male and female teachers as a sample.

In conclusion, there is still a need for understanding the effects of teacher's gender on their considerations about the severity of children's symptoms. Future studies should also pay attention to the possible factors like the child's gender and age, type of problem, the severity of the symptoms, etc. while they investigate the effect of teachers' gender in this area.

4.4 Effects of Teachers' Gender Role Attitudes

When we consider the literature focusing on the gender role attitudes of teachers, there was no specific study looking for the effects of gender role attitudes of teachers on the referral decisions they make. However, there were some studies showing that teachers with more traditional gender role attitudes make more gender discrimination in their class settings; like they pay less attention to girls (Grayson, 2001) or they consider girls as less likely to show success in math class (Tiedemann, 2000; Lavy, & Sand, 2015). Based on these findings it is possible to expect a difference in the evaluations of egalitarian and traditional teachers about the psychological problems of children. More specifically, the current study expected to find that if a teacher has more traditional gender role attitudes, he/she will show more gender discrimination while considering the symptoms of children to refer them to psychological services. On the other hand, teachers with more egalitarian attitudes will show less gender-based biases while considering the psychological problems of children. This hypothesis was only supported for the internalizing vignette. The results did not indicate an effect for the gender role attitudes of teachers on their referral decisions about the externalizing symptoms of children. Based on the results, it is not possible to suggest that a significant difference exists between the evaluations of egalitarian teachers and traditional teachers about the externalizing symptoms of children. However, for the internalizing symptoms, egalitarian teachers were found as more likely to evaluate the problems of the child as important as to be referred for treatment. This result can be interpreted in a way that

since all teachers are more willing to refer a child with externalizing symptoms, their gender role attitudes could not predict any difference. However, there appears to be more variation in the referral decisions of teachers related to the internalizing vignette; for this reasons, the gender role attitudes of the teachers may have played a role within these variations. Since the internalizing problems were considered as "girls' problems", the teachers with more traditional attitudes may make this kind of labeling and not consider these problems as worthy of referral. On the other hand, teachers with more egalitarian gender role attitudes may consider both the internalizing and externalizing problems as important and needing to be referred because, they might not consider these problems as girls' problems or boys' problems. Instead, they consider all these symptoms by imagining a child without paying attention to his/her gender.

It is very necessary to replicate these findings before making any prediction on the effects of teachers' gender role attitudes on referral processes. Because, the current study has some visible limitations related to the sample characteristic and the measurement tool. First, the results gathered from the gender role attitude scale showed that almost all of the participants got high scores on the Gender Attitude scale in the top range, which means most of them claimed to have egalitarian attitudes. In other words, the scores of our participants on this scale were highly skewed. To overcome this problem, the gender role attitude scores were converted to a categorical variable. However, this also couldn't help us to capture the variation within their gender role attitudes. It can be though that this finding may not represent the real-life situation, because earlier studies looking for the gender role attitudes of teachers in Turkey found that there is also a high number of teachers with traditional gender role attitudes (Seçgin, & Tural, 2011). One explanation might be that the scale of Zeyneloğlu and Terzioğlu (2011) was not prepared well enough to capture both the overt and covert gender role attitudes of adults. By using this scale we may have missed to capture the real gender role attitude differences between our participants. For this reason, it is very necessary to replicate the study by using another scale which can capture the covert gender role attitudes, too. Also, there can be a bias in the sample selection process, since the

snowball technique was used to reach our participants and data collection was online, the teachers with traditional gender role attitudes might have been overlooked. The sample may have been itself skewed, that is egalitarian teachers having similar friends and sharing the study with those similar people. Therefore, it is very necessary to replicate the study by reaching a more representative sample which includes more teachers with traditional gender role attitudes, too.

4.5 Effects of the Previous Referral Experiences

Earlier studies in the referral literature, generally considered the experience as the years of teaching experience. However, there is no study specifically looking at the effects of reported previous referral experiences of teachers on their considerations about the internalizing and externalizing symptoms of children. This study has a unique contribution to the related literature by focusing on the reported previous referral decisions of teachers from their real life experiences. Some of the earlier studies found that teachers with more experience levels are more willing to refer a child who is facing some kind of psychological problems (Hughes, Barker, Kemenoff, & Hart, 1993). Additionally, some studies found an interaction between the effects of experience and the type of problem; according to a study, less experienced teachers consider externalizing problems as more severe as opposed to internalizing problems, compared to their more experienced colleagues (Kokkinos, Panayiotou, & Davazoglu, 2005). Based on these finding, it was expected that teachers who had previously referred a child, would be more likely to consider the problems of children as more severe compared to their inexperienced colleagues. This hypothesis was partially supported only for the externalizing vignette; teachers who previously referred a child with externalizing symptoms were found as more likely to consider the symptoms of the child in the vignette as more needing to be referred. On the other hand, this kind of an effect could not be found for the internalizing vignette. One possible reason for this insignificant result might be the uncommon referral experiences of teachers related to the internalizing disorders. In this study, there were very few teachers who reported that they had referred a child with internalizing symptoms in their real-life experiences.

Therefore, it is not possible to look at the effects of earlier referral experiences for internalizing disorders since there were very few participants representing this category. Further studies should specifically focus on the effects of earlier internalizing disorder referral experiences of teachers by reaching a more diverse sample who have already dealt with children showing internalizing symptoms in their classes.

4.6 Type of Treatment Preferences

The current study also considered the treatment type selections of teachers. In the literature it was found that treatment selections were mostly affected by the severity of the problem; medication and psychiatric support were the most frequently selected options for more severe symptoms and behavioral interventions or school support were more likely to be selected for less severe difficulties of children (Coles, Slavec, Bernstein & Baroni, 2010). However, there is no study looking for the differences between the treatment selections for internalizing and externalizing difficulties. The current study may be the first study which compares the treatment selections of teachers for internalizing and externalizing vignettes. In this study, it was expected that teachers will select the medication option more frequently for the externalizing vignette, since they consider the externalizing symptoms as more serious. This hypothesis was supported, the results indicated that teachers were more likely to consider medication and psychiatric help as a source for helping children with externalizing symptoms. Whereas, when teachers were faced with internalizing difficulties of children they were just as likely to select school counseling or psychotherapy as they chose psychiatric help services or medication as a referral option. This finding can be considered as coherent with previous findings, because we also found that teachers consider the externalizing vignette as more severe compared to the internalizing one. It is possible to think that they selected the medication option more frequently for the externalizing vignette since they considered the externalizing problems as more serious.

In the current study, the differences in treatment selections of teachers based on the child's gender could not be investigated, since the gender of the child in the vignette was also selected by the participants. However, earlier studies found that medication was

mostly selected for boys and psychotherapy was mostly selected for girls (Pisecco, Huzinec, & Curtis, 2001; Groenewarld, Emond, & Sayal, 2009). The fact that the participants in our study assigned the male gender overwhelmingly (90%) for the externalizing vignette and suggested medication/psychiatry more frequently for externalizing problems, these findings may be considered an extension of the earlier findings of Pisecco, Huzinec, & Curtis, (2001) and Groenewarld, Emond, & Sayal, (2009). Further research should look at the effects of child gender and the interaction of gender with the type of difficulty factor by giving vignettes about both gender and both type of difficulties.

4.7 Clinical Implications

The present study demonstrated some important implications for the clinical practices with youth and some suggestions for social policymakers. First of all, the results of the study highlighted the fact that teachers have some difficulties in understanding the psychological needs of children. Therefore, interventions for teachers should be performed to increase their knowledge about childhood mental health issues; possible ways of understanding childhood pathologies, the appropriate steps for them to follow when a child has a need for psychological help. Also, the possible long term effects of these pathologies should be included in this intervention program, especially about the internalizing disorders. Because, the results of the current study showed that teachers do not pay enough attention to internalized difficulties of children. So, it is very necessary for them to realize the possible long term and short term effects of these internalized difficulties and the way of understanding the clues coming from children who show a likelihood for developing mood and anxiety disorders. This intervention program should target elementary and middle school teachers, in order to reach the teachers who are actively teaching and facing with children who have possible emotional and behavioral difficulties. In addition to that, the content of the intervention should be embedded in the curriculum of educational faculties in order to reach potential teachers. In this way, teachers of the future will become a more reliable source of information for referral decisions.

Another important implication is about using the teachers' report within the therapeutic settings. As we all know, child and adolescent therapists frequently utilize teachers' reports while they consider the complaints of children. The results of the current study suggest that therapists should be aware of the possible biases within these reports while utilizing them in their diagnostic and intervention decisions. When it is necessary to take the opinions of teachers, an objective assessment tool may be more utilitarian, since the evaluations of teachers based on an objective measurement might be less likely to be affected from their biases compared to their subjective evaluations. Also, while considering a child, it will be much more reliable to take the opinions of several teachers who know the child well in order to eliminate the subjective biases of these teachers.

4.8 Strengths of the Present Study

The current study has some strengths. First, to the best of our knowledge, this is the first study that focuses on understanding the underlying factors of unmet psychological needs of children in Turkey. Also, it is the first one which attempted to highlight the possible biases resulting from the gender role attitudes of teachers and the effects of their previous referral experiences in the referral literature. Moreover, by using a hypothetical design, it tried to compare the evaluations of the same teacher regarding two different hypothetical vignettes which contain internalizing and externalizing difficulties. In this way, it could eliminate some subject related confounding biases which may interfere within a between-subject design study.

4.9 Limitations and Future Suggestions

In addition to the above mentioned strengths, the current study has numerous limitations. To begin with, the study didn't take its roots from real-life data, instead it is a hypothetical design which includes two vignettes that teachers may face within real-life settings. This may bring some possible drawbacks like; teachers might consider the vignettes in a more focused way than their real life evaluations. Because, within the real life, teachers are expected to pay simultaneous attention to all students in their classes,

this may further influence their decisions in making an assessment of a child's emotional or behavioral difficulties. However, in this current study teachers were asked to consider only one child at a time, so this might increase the likelihood of their referral decisions. Moreover, there may have been an expectation bias. That is, teachers' evaluations might be affected from social desirability, they may have felt that "if the researcher is asking me about this child, I should select that the symptoms of the child as serious". So, they might consider the symptoms as more serious compared to their evaluations within the real life setting. Further studies should be designed based on the real-life experiences of teachers, by making some observations in the class settings or by asking them to evaluate the difficulties of their own students. These studies may also use a qualitative design in order to gain a deeper understanding about the biased decisions of teachers.

The second limitation is that the gender of the child in the vignette was not specified by the researchers, instead participants were asked to assign a gender to the child in the vignette. In this way, we were able to see the gendered selections of teachers based on the problem type. However, using this method obviously caused an obstacle for us to consider the effects of child gender on the referral decisions of teachers. So, future studies should design an experimental study by giving participants some vignettes which include children with specified gender.

Another limitation is related to the measurements which were used in the study. Firstly, by using the Gender Role Attitudes Scale of Zeyneloğlu and Terzioğlu we might have missed to capture the possible gender role attitude differences of teachers. The scores from this scale reflected that almost all of our sample had egalitarian gender role attitudes. However, an earlier study which was conducted with Turkish teachers highlighted that in our country there is a considerable number of teachers with traditional gender role attitudes (Seçgin, & Tural, 2011). Therefore, one possible explanation for not finding this kind of a gender role attitude difference within the sample of the current study might be related to the scale, since it was developed to measure only the overt attitudes of teachers. Also, this scale was developed for

measuring the gender role attitudes of university students but the age range of the current sample is higher. Later studies should reevaluate the potential effects of teachers' gender role attitudes on their referral decisions by using a more valid scale which can consider both the overt and covert attitudes of teachers.

Additionally, the questions related to the vignettes were developed by the current researchers following the examples from the literature (Weisz et al., 1988). However, the psychometric properties of these questions were not evaluated before collecting the data. There should have been a pilot study in order to be sure about the reliability and validity of these vignette-based questions. Also, the vignettes should have been presented for the evaluations of a group of clinicians, in order to be sure that the severity levels of both vignettes are equal. Besides, some previously developed reliable and valid scales could have been used to consider the knowledge and attitudes of teachers related to the symptoms of the child in each vignette.

The last limitation is about the sample of the current study. Since the necessary permissions could not be obtained from the Turkish ministry of education, the data collection process was performed on an online platform. This might have led to some confounding factors related to our sample. Firstly, we couldn't reach the teachers who did not use the internet frequently. Secondly, the sample size might have been higher if the data was collected from the real school settings. Additionally, approximately one third of the participants were school councellors; they are also defined as teachers, but their educational background and their professional responsibilities are different from the others. So, their considerations regarding the psychological difficulties of children might be different from the others. Therefore, later studies should look at the differences between the considerations of school counselors and the other teachers. Lastly, most of the sample were female and most of them have egalitarian gender role attitudes, later studies should try to balance the gender and gender role attitudes of the participants as well.

As a further recommendation, the attributions of teachers about the underlying reasoning for the symptoms of the child should be investigated. There can be some

questions like “Why do you think this child developed these symptoms?”, “What is the underlying reason for the complaints of this child?” or “Whether the child has the power to control his/her complaints or not?”. Moreover, the considerations of teachers regarding the consequences of the child’s symptoms should be investigated, too. The level of disturbance coming from the child’s symptoms should be asked. This can also be investigated by specifying some domains like; peer relations, class setting, or academic success. Furthermore, this study can be replicated with parents and primary health care professionals. Because, they are also considered as important referral sources and all the biases which were found within this study have a potential for affecting the evaluations of parents and health providers, too. Moreover, a comprehensive study which includes all these different referral sources will be very beneficial for understanding all the difficulties within the help-seeking pathway of youth.

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APPENDICIES

APPENDIX A. INFORM CONCENT

Gönüllü Katılım (Onay) Formu

Çalışma Başlığı: Öğretmenlerin öğrencilerinin psikolojik durumlarını değerlendirmelerine ve öğrencilerini yardıma yönlendirmelerine etki eden faktörler

Çalışma Danışmanı: Prof. Nur Serap Özer

1. Çalışmanın Amacı: Bu çalışmanın amacı, öğretmenlerin karşılaşabilecekleri olası senaryolar üzerinden öğrencilerin psikolojik durumlarını değerlendirmelerine ve öğrencileri gerekli yardımlara yönlendirme kararı almalarına etki eden faktörleri anlamaya çalışmaktır.

2. Takip edilecek süreç: Bu araştırmada katılımcılar, yukarıdaki amaca yönelik olarak çeşitli senaryolar okuyacak ve bu senaryolar üzerinden birtakım soruları cevaplayacaktır.

3. Rahatsızlıklar ve Riskler: Bu araştırmaya katılmanın, normal hayatta karşılaşılanlardan fazla bir riski yoktur. Bunun yanında katılımcı kendini kötü hissettiği herhangi bir anda deneyi sonlandırabilir.

4. Kazanımlar: Bu araştırma akademik bir çalışmaya veri sağlayacaktır.

5. Süre: Bu çalışma toplamda en fazla 40 dakika sürecektir.

6. Gizlilik Bildirimi: Bu çalışma ekibindeki araştırmacılar dışında hiç kimse kişisel bilgilerinizi bilmeyecektir. Toplanan veriler kilitli bir dolapta tutulacaktır. Çalışmanın yayınlanması halinde kişisel bilgilerinizi açığa çıkaracak hiç bir bilgi yazılmayacaktır.

7. Soru Sorma Hakkı: Araştırma hakkında dilediğiniz zaman soru sorabilirsiniz. Çalışmayla ilgili araştırmacılar sorularınıza cevap verecektir.

8. Gönüllü Katılım: Bu araştırmaya katılmak zorunlu değildir. İstendiği zaman yürütücüye söylenerek katılım sonlandırılabilir.

Eğer araştırmayla ilgili sorularınız varsa sgizem.zeybek@tedu.edu.tr mail adresinden bize ulaşabilirsiniz.

Yukarıdaki şartları okudum. Bu araştırmaya katılmayı kabul ediyorum.

Katılımcının İsimi:

Tarih:

İmzası:

Bu çalışmada katılım onay prosedürleri takip edilmiştir.

Araştırma Yürütücüsünün İsimi: Prof. Nur Serap Özer

Tarih:

İmzası:

Araştırma Yürütücüsünün İsimi: Sevi Gizem Zeybek

Tarih:

İmzası:

Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğunuza veya strese maruz kalacağına inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na (0312 585 00 11) telefon numarasından veya iaek@tedu.edu.tr eposta adresinden ulaşabilirsiniz.

APPENDIX B. DEBREIFING

Araştırma Sonrası Bilgilendirme Formu

Öncelikle araştırmamıza katıldığınız için teşekkür ederiz. Katıldığınız araştırmanın amacı, öğretmenlerin öğrencilerini psikolojik yardıma yönlendirmelerine etki eden faktörleri incelemektir. Etkili olabileceği düşünülen faktörler; öğretmenin kendi cinsiyet rolleri tutumu, kendi cinsiyeti, senaryoda bahsedilen çocuğun cinsiyeti ve çocuğun sahip olduğu şikâyetlerin türüdür. Bu amaçla ilk olarak sizden toplumsal cinsiyet rolleri tutum ölçeğini doldurmanız istenmiştir. Ardından katılımcılara 10 yaşındaki bir çocuğun sahip olduğu içselleştirilmiş sorunları (depresyon ve kaygı) ve dışsallaştırılmış sorunları (hiperaktivite ve karşı gelme davranış bozukluğu) anlatan iki farklı senaryo verilmiş ve bu senaryolarla ilgili soruların cevaplanması istenmiştir. Araştırmada toplanan veriler tamamen anonim kalacaktır ve yalnızca araştırmacılar tarafından görülebilecektir. Yapılan analizler sonucunda öğretmenlerin senaryodaki çocuğun sahip olduğu sorunlar hakkındaki değerlendirmelerinin problemin türüne, öğretmenin cinsiyetine, çocuğun cinsiyetine ve öğretmenin toplumsal cinsiyet rolleri tutumuna bağlı olarak farklılaşacağı beklenmektedir. Ayrıca öğretmenlerin belirtilen şikâyetler için hangi yardım olanaklarını yaygın olarak tercih ettikleri de değerlendirilecektir.

Eğer araştırmayla ilgili sorularınız varsa araştırmacıya sorabilir veya sgizem.zeybek@tedu.edu.tr mail adresinden bize ulaşabilirsiniz.

APPENDIX C. DEMOGRAPHIC INFORMATION FORM

Demografik Bilgi Formu

Yaşınız: ……

Cinsiyetiniz: …….

Eğitim Durumunuz:

___ İlkokul Mezunu

___ Ortaokul Mezunu

___ Lise Mezunu

___ Lisans Mezunu

___ Yüksek Lisans Mezunu

Branşınız:

___ Sınıf Öğretmeni

___ Ortaokul Öğretmeni

___ Rehber Öğretmen

Görev Yılınız: ……..

APPENDIX D. GENDER ROLE ATTITUDE SCALE

Toplumsal Cinsiyet Rolleri Tutum Ölçeği

Bu ölçekteki cümleler, sizin toplumsal cinsiyet rollerine ilişkin tutumlarınızı belirlemek için hazırlanmıştır. Bu cümlelerden hiçbirisinin doğru ya da yanlış cevabı yoktur. Her cümle ile ilgili görüş, kişiden kişiye değişebilir. Bunun için vereceğiniz cevaplar sizin kendi görüşünüzü yansıtmalıdır. Her cümle ile ilgili görüşünüzü belirtirken, önce cümleyi dikkatlice okuyunuz sonra, cümlede belirtilen düşüncenin, sizin düşünce ve duygularınıza ne derecede uygun olduğuna karar veriniz.

Aşağıdaki cümleler size;

hiç uygun değilse ..... **"Kesinlikle Katılmıyorum"**

uygun değilse ..... **"Katılmıyorum"**

karar veremiyor iseniz..... **"Kararsızım"**

uygunsa ..... **"Katılıyorum"**

tamamen uygunsa ..... **"Tamamen Katılıyorum"**

Cümlenin karşısındaki yerlere aşağıdaki örneğe uygun olarak çarpı (X) koyarak işaretleyiniz. Bir cümleyi okuduktan sonra aklınıza ilk geleni işaretleyiniz ve **lütfen bütün cümleleri işaretlemeyi unutmayınız**.

Tutum İfadeleri	**Kesinlikle Katılmıyorum**	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Tamamen Katılıyorum**
1. Kızlar, ekonomik bağımsızlıklarını kazandıklarında ailelerinden ayrı yaşayabilmelidir.					
2. Erkeğin evde her dediği yapılmalıdır.					
3. Kadının yapacağı meslekler ile erkeğin yapacağı meslekler ayrı olmalıdır.					

Tutum İfadeleri	Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Tamamen Katılıyorum
4. Evlilikte çocuk sahibi olma kararını eşler birlikte vermelidir.					
5. Bir genç kızın evleneceği kişiyi seçmesinde son sözü baba söylemelidir.					
6. Kadının erkek çocuk doğurması onun değerini artırır.					
7. Kadının doğurganlık özelliği nedeniyle, iş başvurularında erkekler tercih edilmelidir					
8. Ailede ev işleri, eşler arasında eşit paylaşılmalıdır.					
9. Kadının yaşamıyla ilgili kararları kocası vermelidir.					
10. Kadınlar kocalarıyla anlaşamadıkları konularda tartışmak yerine susmayı tercih etmelidir .					
11. Bir genç kız, evlenene kadar babasının sözünü dinlemelidir.					
12. Ailenin maddi olanaklarından kız ve erkek çocuk eşit yararlanmalıdır.					
13. Çalışma yaşamında kadınlara ve erkeklere eşit ücret ödenmelidir.					
14. Bir erkeğin karısını aldatması normal karşılanmalıdır.					
15. Kadının çocuğu olmuyorsa erkek tekrar evlenmelidir.					
16. Kadının temel görevi anneliktir.					
17. Evin reisi erkektir.					
18. Dul kadın da dul erkek gibi yalnız başına yaşayabilmelidir					
19. Bir genç kızın, flört etmesine ailesi izin vermelidir.					
20. Ailede kararları eşler birlikte almalıdır.					

Tutum İfadeleri	**Kesinlikle Katılmıyorum**	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Tamamen Katılıyorum**
21. Bir kadın akşamları tek başına sokağa çıkabilmelidir.					
22. Eşler boşandığında mallar eşit paylaşılmalıdır.					
23. Kız bebeğe pembe, erkek bebeğe mavi renkli giysiler giydirilmelidir					
24. Erkeğin en önemli görevi evini geçindirmektir.					
25. Erkeğin maddi gücü yeterliyse kadın çalışmamalıdır.					
26. Evlilikte, kadın istemediği zaman cinsel ilişkiyi reddetmelidir.					
27. Mesleki gelişme fırsatlarında kadınlara ve erkeklere eşit haklar tanınmalıdır.					
28. Evlilikte erkeğin öğrenim düzeyi kadından yüksek olmalıdır.					
29. Bir kadın cinsel ilişkiyi evlendikten sonra yaşamalıdır.					
30. Ailede erkek çocuğun öğrenim görmesine öncelik tanınmalıdır.					
31. Erkeğin evleneceği kadın bakire olmalıdır.					
32. Alışveriş yapma, fatura ödeme gibi ev dışı işlerle erkek uğraşmalıdır.					
33. Erkekler statüsü yüksek olan mesleklerde çalışmalıdır.					
34. Ailede kazancın nasıl kullanılacağına erkek karar vermelidir.					
35. Bir erkek gerektiğinde karısını dövmelidir.					
36. Evlilikte gebelikten korunmak sadece kadının sorumluluğudur.					

Tutum İfadeleri	**Kesinlikle Katılmıyorum**	**Katılmıyorum**	**Kararsızım**	**Katılıyorum**	**Tamamen Katılıyorum**
37. Bir kadın hastaneye gittiğinde kadın doktora muayene olmalıdır.					
38. Evlilikte erkeğin yaşı kadından büyük olmalıdır.					

APPENDIX E. EXTERNALIZING VIGNETTE

Seneryo-1

A.B. 10 yaşında 4. Sınıf öğrencisidir. A.B. hep "hareket halinde" olarak tanımlanmakta, oturduğu yerde oturmakta zorluk çekmekte ve sürekli konuşmaktadır. Sınıfta daha sorular tamamlanmadan aklına gelen yanıtı bağırarak söylemekte, oyunlarda ve konuşurken sırasını bekleyememektedir. Zaman zaman yerinden kalkıp dolaşarak sınıf düzenini de bozmaktadır. Aynı zamanda arkadaşları ile de sorunlar yaşamakta, arkadaşları onu sıra ve kural tanımadığı için oyuna almak istememektedir. O da zaman zaman oyun bozarak veya arkadaşlarına çelme takma, itme gibi davranışlarla tepkisini göstermektedir. Ayrıca verilen kurallara uymakta zorluk yaşamakta; arkadaşlarına, ailesine ve öğretmenine sürekli itiraz etmektedir. Annesi bu davranışların okul dışında da olduğunu söylemektedir.

A.B.'nin bu davranışlarının şiddetini/ciddiyetini nasıl değerlendirirsiniz?

1. Çok önemli bir sorun
2. Biraz önemli bir sorun
3. Ne önemli ne önemsiz, nötr
4. Pek önemli değil
5. Hiç önemli değil

Sizce A.B.'nin bu şikayetlerinden kurtulması için bir yardıma yönlendirmek ne derece gereklidir?

1. Kesinlikle bir yardıma yönlendirmeye gerek duyardım.
2. Bir yardıma yönlendirmeye gerek duyardım
3. Bu konuda kararsızım

4. Bir yardıma yönlendirmeye gerek duymazdım.

5. Kesinlikle bir yardıma yönlendirmeye gerek duymazdım.

Sizce A.B.'nin şikayetleri önümüzdeki bir yıl içerisinde ne ölçüde düzelecektir?

1. Kesinlikle bir iyileşme gerçekleşmeyecektir.

2. Bir iyileşme gerçekleşeceğini düşünmüyorum

3. Bu konuda kararsızım

4. Bir miktar iyileşeceğini düşünüyorum

5. Tamamen iyileşeceğini düşünüyorum

Sizce A.B.'nin yardım için en uygun plan ne olurdu? (Birden çok seçeneği işaretleyebilirsiniz)

1. Psikiyatrik/ilaç yardımı

2. Psikolojik destek/terapi

3. Okulda uygulanacak yardım ve destek

4. Zamanla düzelmesini beklemek.

5. Diğer:……

Daha önce yukarıdaki şikayetleri gösteren bir öğrenciniz oldu mu?

Evet / Hayır

Olduysa herhangi bir yardıma yönlendirmiş miydiniz?

Evet / Hayır

Yönlendirmiş olduğunuz yardımın türünü yazınız:……..……

APPENDIX F. INTERNALIZING VIGNETTE

Seneryo-2

B.C. 10 yaşında 4. Sınıf öğrencisidir. Son bir yıldır derslerinde önceki yıllara kıyasla başarısızlık göstermektedir. Ayrıca okulda arkadaşlarıyla birlikte oyunlara katılmak istememekte, ders sırasında da sürekli stresli ve mutsuz görünmektedir, özellikle sınavlardan önce stresi iyice artmakta hatta ders sırasında karın ağrıları yaşamaktadır. Sabahları okula gelmek istememekte ve karın ağrısı yaşadığını söylemektedir. Ailesi B.C.'nin bu durumunun evde de bu şekilde olduğunu söylemiştir.

B.C.'nin bu davranışlarının şiddetini/ciddiyetini nasıl değerlendirirsiniz?

1. Çok önemli bir sorun
2. Biraz önemli bir sorun
3. Ne önemli ne önemsiz, nötr
4. Pek önemli değil
5. Hiç önemli değil

Sizce B.C.'nin bu şikayetlerinden kurtulması için bir yardıma yönlendirmek ne derece gereklidir?

1. Kesinlikle bir yardıma yönlendirmeye gerek duyardım.
2. Bir yardıma yönlendirmeye gerek duyardım
3. Bu konuda kararsızım
4. Bir yardıma yönlendirmeye gerek duymazdım.
5. Kesinlikle bir yardıma yönlendirmeye gerek duymazdım.

Sizce B.C.'nin şikayetleri önümüzdeki bir yıl içerisinde ne ölçüde düzelecektir?

1. Kesinlikle bir iyileşme gerçekleşmeyecektir.
2. Bir iyileşme gerçekleşeceğini düşünmüyorum
3. Bu konuda kararsızım
4. Bir miktar iyileşeceğini düşünüyorum
5. Tamamen iyileşeceğini düşünüyorum

Sizce B.C.'nin yardım için en uygun plan ne olurdu? (Birden çok seçeneği işaretleyebilirsiniz)

1. Psikiyatrik/ilaç yardımı
2. Psikolojik destek/terapi
3. Okulda uygulanacak yardım ve destek
4. Zamanla düzelmesini beklemek.
5. Diğer:……

Daha önce yukarıdaki şikayetleri gösteren bir öğrenciniz oldu mu?

Evet / Hayır

Olduysa herhangi bir yardıma yönlendirmiş miydiniz?

Evet / Hayır

Yönlendirmiş olduğunuz yardımın türünü yazınız: ……..……

APPENDIX G. ETHICAL APPROVAL FROM TED UNIVERSITY HUMAN SUBJECTS ETHICS COMMITTEE

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU

ETİK KURUL KARARLARI

Toplantı Tarihi: **29.08.2018** Toplantı Sayısı: **2018/81**

TED Üniversitesi İnsan Araştırmaları Etik Kurulu **29.08.2018** Çarşamba günü saat 13:00'de toplanarak aşağıdaki kararları almıştır.

Karar:(230) TED Üniversitesi, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi ABD Yüksek Lisans Öğrencisi **Sevi Gizem ZEYBEK'**in sahibi olduğu "Öğretmenlerin öğrencilerinin psikolojik durumlarını değerlendirmelerine ve öğrencilerini yardıma yönlendirmelerine etki eden faktörler" başlıklı araştırma projesine ilişkin 16.08.2018-2532 tarih ve sayılı etik kurul onay talebi görüşülmüş ve proje önerisinde, araştırma kapsamında uygulanacağı beyan edilen işlemlerin ve veri toplama araçlarının araştırma etiğine uygun olduğuna OYBİRLİĞİ ile karar verilmiştir.

Prof. Dr. Melike SAYIL
Başkan

Prof. Dr. Berin GÜR
Üye

Doç. Dr. Cem AKGÜNER
Üye

Dr. Öğr. Üyesi Bengi ÜNAL
Üye

Dr. Öğr. Üyesi Kürşad DEMİRUTKU
Üye

Dr. Öğr. Üyesi Tekin KÖSE
Üye

Dr. Öğr. Üyesi Aylin ÇAKIROĞLU ÇEVİK
Üye

KATILMADI
Dr. Öğr. Üyesi Mana Ece TUNA
Üye

APPENDIX H. TEZ FOTOKOPİSİ İZİN FORMU

Anabilim Dalı: Psikoloji

YAZARIN

Soyadı : Zeybek

Adı : Sevi Gizem

Bölümü : Gelişim Odaklı Çocuk ve Ergen Klinik Psikolojisi

TEZİN ADI (İngilizce) : The Effects Of Gender, Type Of Problem, Previous Referral Experiences And Gender Role Attitudes On The Evaluations Of Teachers In Relation To The Students' Psychological Problems

TEZİN TÜRÜ : Yüksek Lisans ■ Doktora ☐

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir. ■

1. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir. ■

3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. ☐

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: