
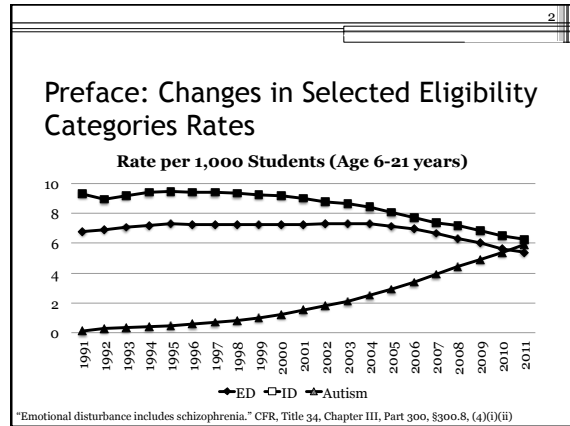


Identifying Emotional Disturbance: Guidance for School Psychologists

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Preface: Prevalence Estimates of Childhood Mental Disorders

Disorder	Estimate (%)
Agoraphobia	2.4 ^a
Generalized anxiety disorder	0.3 ^b - 2.2 ^a
Obsessive-compulsive disorder	1.0 - 2.3 ^c
Panic disorder	0.48 ^b - 2.3 ^a
Posttraumatic stress disorder	5.0 ^a
Separation anxiety	7.6 ^a
Social phobia	9.1 ^a
Bipolar I or II disorder	2.9 ^a
Childhood onset schizophrenia (before 13 yrs)	0.014
Eating disorder	0.1 ^b
Depression	4.3 ^d

^a13-18 yrs lifetime prev; ^b8-15 yrs 12-month est; ^cDSM-IV lifetime est for children & adolescents; ^d12-17 yrs.

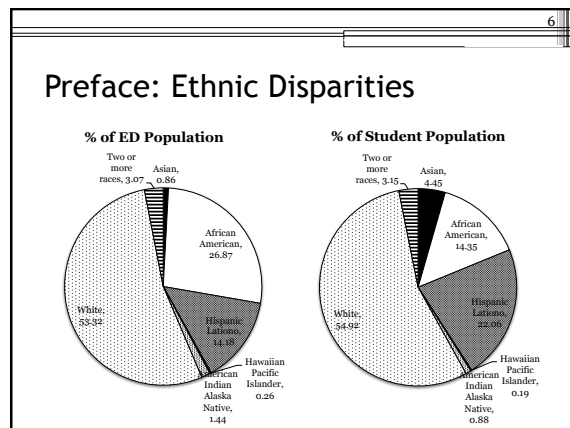
Sources: Perou et al. (2013)^{a, b, c}; Pratt & Brody (2008)^d

- ### Preface: Prevalence Estimates of Childhood Mental Disorders
- 13 to 20% of children
 - 1994-2011 surveillance suggests increasing prevalence
 - 24% increase in inpatient admissions 2007-2010
 - Mood disorders a common primary diagnosis
 - 80% increase in rate of rate of hospitalizations of children with depression
- Merikangas et al. (2010); Health Care Cost Institute (2012); Perou et al. (2013); Pfuntner et al. (2013)

Preface: Percentage of Students Identified as ED (per IDEA, 2012)

Rank	State	% of Pop. “ED”
1	Vermont	1.44
2	District of Columbia	1.36
3	Minnesota	1.30
4	Wisconsin	1.03
5	Massachusetts	1.01
16	Ohio	0.64
Overall	50 States, DC	0.55
47	North Carolina	0.30
48	Tennessee	0.24
49	Louisiana	0.19
50	Alabama	0.13
51	Arkansas	0.12

Institute on Disability, Univ. of New Hampshire (2013)
<http://disabilitycompendium.org/compendium-statistics/special-education>



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Presentation Objectives

From this session it is hoped that participants will increase their ...

1. Understanding of emotional disability (ED).
2. Understanding the social maladjustment exclusion.
3. Ability to conduct ED eligibility evaluations.

NOTE: The presenter, Stephen E. Brock, has no know financial conflicts of interest related to this presentation

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Workshop Outline

1. Emotional Disturbance (ED) Defined
2. The Social Maladjustment Exclusion
3. Identifying ED for Special Education Eligibility Purposes
4. The ED Psycho-educational Report Template

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What is ED?

- Clinical vs. Educational Approaches
 - Clinical professionals utilize an *inclusive* approach (e.g., DSM-5).
 - Educational professionals utilize an *exclusive* approach (i.e., IDEA).
- “ED is a legal category created by Congress to distinguish a narrow range of pupils with emotional problems who are eligible for special education services. Thus the criteria regarding emotional disorders in the medical and mental health fields are significantly different than the education criteria for ED.”

Sources: Tibbetts (2013); *Student v. Placentia-Yorba Linda USD*, 2009, p. 3


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What is ED According to DSM-5?

- “A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. **Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.** [emphasis added]

Source: APA (2013, p. 20)

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What is ED Under IDEA?

- According to the Code of Federal Regulations “emotional disturbance” is a term, used to describe a student with a disability (a “serious emotional disturbance”) **who needs special education and related services.**
 - The presence of a DSM-5 diagnosis is not sufficient!
 - More specifically . . .

Source: CFR, Title 34, Chapter III, Part 300, §300.8 (Child with a disability), (4)(i)(ii)

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What is ED Under IDEA?


Emotional disturbance means a **condition** exhibiting one or more of the following **characteristics** over a **long period of time** and to a **marked degree** that **adversely affects** a child’s educational performance:

- a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- c) Inappropriate types of behavior or feelings under normal circumstances.
- d) A general pervasive mood of unhappiness or depression.
- e) A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional disturbance includes **schizophrenia**. The term does not apply to children who are **socially maladjusted**, unless it is determined that they have an emotional disturbance. [emphasis added]

Source: CFR, Title 34, Chapter III, Part 300, §300.8 (Child with a disability), (4)(i)(ii)

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What is ED Under IDEA?


Can be schizophrenia → Emotional Condition (Results in at least one of the following) ← Cannot be social maladjustment

1. An inability to learn not explained by intellectual, sensory, or health factors	2. An inability to build/ maintain interpersonal relationships with peers/teachers
3. Inappropriate types of behavior/feelings under normal circumstances	4. Pervasive mood of unhappiness/depression
5. Tendency to develop physical symptoms or fears assoc. w/ personal/school problems	

↓

Exhibited for a long period of time and to a marked degree
 Adversely affects educational performance


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What is ED Under IDEA?

- Students with an ED may also be socially maladjusted, but to receive services under IDEA, they must satisfy IDEA eligibility requirements.

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What is ED Under IDEA?

- Because IDEA excludes social maladjustment **without** emotional disturbance from the definition of emotional disturbance, some State definitions and eligibility requirements serve to exclude students with who demonstrate a persistent pattern of anti-social, rule breaking, or aggressive behavior, including defiance, fighting, bullying, disruptiveness, exploitiveness, and disturbed relations with both peers and adults.

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1. Emotional Disturbance (ED) Defined
2. The Social Maladjustment Exclusion
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What is Social Maladjustment (SM)?

- Ohio Office for Exceptional Children recognizes the need for a definition.
- Federal regulations do not define this term.
- Further, it is not a clinical diagnosis.
- Consequently, a variety of educational professionals and legal decisions have attempted to define social maladjustment.
 - In other words, it is pretty much up to us (and the courts) to figure this out.

Source: Tibbetts (2013)

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What is Social Maladjustment?

- Descriptions/discussions of SM
 - Center (1990)
 - Center for Effective Collaboration and Practice (2001)
 - Connecticut Department of Education (1997)
 - Pathways Educational Program (2012)
 - Public Schools of North Carolina (n.d.)
 - Skalski (2000)
 - State of Main Administrators of Services for Children with Disabilities (1999)
 - Washington St. Assoc. of School Psychologists (2000)
 - Wayne County Regional Ed. Service Agency (2004)

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What is Social Maladjustment?

- Students with SM
 - "... have **understandable** an environmental **goals** behind their behavior" (Tibbetts et al., 1986, p. 18).
- Among students who are persons with an ED
 - "Behavior motivated by **unconscious forces** would be characteristic of the emotionally handicapped children" (Bower, 1960, p. 12).

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What is Social Maladjustment?

Characteristics

1. Lack of motivation/interest in school	7. Violation of rights of others
2. Self-centered, impulsive, and irresponsible behavior	8. Habitual lying
3. Low frustration tolerance	9. Inability to delay gratification
4. Rejection of authority and discipline	10. Frequent stealing
5. Absence of concern for the feelings of others	11. Substance abuse
6. Projection of blame for socially proscribed behavior	12. Membership in socially maladjusted peer group
	13. Manipulation for personal gain
	14. Excessive use of profanity
	15. Extreme testing of limits

Source: Clarizo (1992, p. 138)

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What is Social Maladjustment?

- Some understanding of what the State of California interprets this to mean can be found in the California Code of Regulations.
- In its regulation of referral to community mental health services for related services, the "emotional or behavioral characteristics" that result in the need for such referral must (among other things) **not** be associated with a condition
 - "...described solely as a social maladjustment as demonstrated by **deliberate noncompliance with accepted social rules, a demonstrated ability to control unacceptable behavior and the absence of a treatable mental disorder.**"
[emphasis added]

Source: CCR, Title 2, Division 9, Chapter 1, Article 2, §60040, (a)(3)(D)

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What is Social Maladjustment?

- The American Psychiatric Association may offer some guidance.
- In its definition of mental disorder *DSM-5* offers that:
 - "Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual..."

Source: American Psychiatric Association (2013, p. 20)

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What is Social Maladjustment?

- Additional understanding of what the State of California interprets this to mean can be found in the CDE publication
 - *Identification and Assessment of the Seriously Emotionally Disturbed Child: A Manual for Educational and Mental Health Professionals*

Source: Tibbetts et al. (1986)

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What is Social Maladjustment?

- The behaviors manifest by student with SM
 - "... are highly valued within a small subgroup, but not within the range of what is considered 'culturally permissible' within the larger society."

Source: Tibbetts et al. (1986, p. 18)

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What is Social Maladjustment?

- The child may be able to display excellent “street” skills, but come into continual conflict with parents, teachers or societal agents.

Source: Tibbetts et al. (1986, p. 18)

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What is Social Maladjustment?

- As compared to ED students, those who might be considered SM
 - “... tend to have **little detectable concern over their behavior, little observable remorse or guilt** and inadequate conscience development. They are often **characterized by egocentricity and self-centeredness** and **tend to have shallow relationships** with others.”

[emphasis added]

Source: Tibbetts et al. (1986, p. 18)

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What is Social Maladjustment?

Generally speaking...

- Behavior(s) is/are under **operant control**.
- Behavior(s) is/are **responsive to behavioral intervention**.
- Behavior(s) is/are **situation-specific** rather than pervasive.
 - The intensity and frequency of such behaviors will tend to vary as a function of time and domain.

Caution: Typically not an either or situation. Shades of gray.

Source: Tibbetts et al. (1986, pp. 18-20); Olympia et al. (2004)

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What is Social Maladjustment?

- Behavior is under **operant control**.
 - Among SM students behavior is “... rarely unexpected or surprising, although disturbing.”
 - Among ED students behavior “most often appeared bizarre, non-goal-oriented and unpredictable.”

Source: Tibbetts et al. (1986, p. 18)

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What is Social Maladjustment?

- Behaviors are **responsive to behavioral intervention**.
 - For the SM student “... behavioral modification efforts ... will result in a significant change in the frequency and intensity of the ... behaviors.”
 - For the ED student “... behavioral interventions ... will tend to produce minimal or no behavioral changes.”

Source: Tibbetts et al. (1986, p. 19)

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What is Social Maladjustment?

- Behaviors are **situation-specific** rather than pervasive.
 - Student's with SM “... demonstrate markedly different responses in different situations or with different individuals.”
 - The ED accompanies the student everywhere, whereas “SM” does not.

Source: Tibbetts et al. (1986, p. 19)

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What is Social Maladjustment?

- Legal Perspectives.
 - *Student v. Conejo Valley USD (1985)*.
 - “The socially maladjusted teen is characterized by inability to tolerate structure, marked dislike of school, behavior beyond control of parents, drug abuse, poor tolerance for frustration, excessive need for immediate gratification, disregard or hostility towards authority figures, lack of social judgment, inconsistent performance, positive behavior response when strong structure is instituted and lack of pervasiveness of disorder (i.e., emotional state fluctuates as a direct consequence of environment).”

Source: Tibbetts et al. (2013, p. 53)

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What is Social Maladjustment?

- Legal Perspectives.
 - *Sequoia Union High School District (1987)*.
 - “A federal court held that a student who demonstrated ongoing struggles with authority along with low tolerance for frustration, manipulation, impulsivity, repeated violations of social norms, and whose academic problems were due to truancy and substance abuse was socially maladjusted, not emotionally disturbed.”

Source: Tibbetts et al. (2013, p. 53)

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What is Social Maladjustment?

- Legal Perspectives.
 - *Board of Education of Midland Public Schools (1998)*.
 - An IHO found that a student who engaged in behaviors including tattooing himself, shaving his head, piercing his ears and nose, mistreating his dog, making inappropriate sexual requests of his sister, extorting lunch money, engaging in group sex, and using alcohol and controlled substance was not sufficient to determine that the student had ED

Source: Tibbetts et al. (2013, pp. 53-54)

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What is Social Maladjustment?

- Legal Perspectives.
 - *Student with a Disability (2009)*.
 - “... truancy, theft, drug use, and ‘manipulative, deceitful, and lying behavior’ with a capacity to receive ‘average or above average grades at the same time that she has failed other classes’ as indicative of a behavioral disorder rather than ED.”
 - “the student ‘was not in a world of her own, and ... she could understand the rules of society, she just disobeyed them ...”
 - “she could be happy when she was getting what she wants, she could be depressed when she wasn’t”

Source: Tibbetts et al. (2013, p. 54)

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What is Social Maladjustment?

- Discussion: Differentiating ED from SM
 - Referring to **Handout 1**, consider the differentiating characteristics of ED and SM.
 - For each of the characteristics indicate whether you feel it
 1. Reliably differentiates ED from SM
 2. The differentiating characteristic represents an “*essential distinction*”

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ED/SM Case Studies

- Activity: Case Study A
 - Student A had progressed successfully from grade to grade, had maintained positive relationships with teachers and peers, and had participated in extracurricular activities until the 11th grade when he began stealing, sneaking out of his house, skipping school, and using marijuana and alcohol. Nevertheless, Student A continued to score in the average to superior range on standardized tests, but his grades suffered due to skipping class and failing to complete assignments. Psychologists who examined Student A determined that he did not suffer from an emotional disturbance.

Source: Springer v. Fairfax County School Board

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ED/SM Case Studies

- **Activity: Case Study B**
 - Student B is a 9th grader who had received numerous disciplinary referrals over a 4-year period for threatening students and teachers, fighting with other students, and treating his peers and teachers with disrespect (however the record indicates Student B did well with some teachers). After working with Student B the school-based mental health clinician described him as socially unsuccessful due to his limited social skills and terminated their relationship because he threatened her. Student B consistently struggled to pass his classes, and failed the standardized test he was required to pass for advancement to the 7th grade. He has been diagnosed with conduct disorder, bipolar disorder, and attention deficit hyperactivity disorder (ADHD).

Source: *Hansen v. Republic R-III School District*

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ED/SM Case Studies

- **Activity: Case Study C**
 - Student C began having serious academic problems in the 10th grade while attending a private school. Student C worked just hard enough so that he could play on the sports team, and was suspended "a few times" for exhibiting disruptive behavior, until he eventually failed several classes and was expelled. Student C's parents enrolled him in a public high school for the summer session, which he completed successfully, and he continued at the same high school as an 11th-grader the subsequent fall. According to his mother, Student C "cooperated" in the initial weeks of the fall semester but, when his class schedule was changed by the school a few weeks into the fall session, his emotional state deteriorated, he did not want to attend school any longer, and he would escape through the school's back door after his mother drove him to school and watched him enter the building. Beginning in approximately October, Student C's parents had him evaluated by a psychiatrist and treated by a psychologist. The psychiatrist represented in a letter written after the school district's denial of disability status to Student C that she had diagnosed Student C as "MDD 296.33 r/o Bipolar Disorder Depressed 296.53, GAD 300.02 PSA 304.80" and "ASPDO 301.70".

Source: *W.G. and M.G., on Behalf of K.G., v. The New York City Department Of Education*

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ED/SM Case Studies

- **Activity: Case Study C (continued)**
 - Student C's mother indicated that she made a number of efforts to draw her son's truancy issues and major depression diagnosis to the attention of school guidance officials, including making specific requests to change his schedule, but she was rebuffed and told that it was her job to get him to school. According to his mother, Student C dropped out of school, "isolated himself" from his family, discussed the "futility of life," "self-medicated" with marijuana and "seemed not to care about himself or anyone else." Subsequently, with the assistance of an advocate and the help of outside agencies, the parents investigated alternative placements for Student C including a program for "Troubled Teens" and made a unilateral placement.

Source: *W.G. and M.G., on Behalf of K.G., v. The New York City Department Of Education*

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Is the Distinction Between ED & SM Relevant?

- A student is ED ... if they are ED!
- Emotional disturbance ... does not apply to children who are socially maladjusted, *unless it is determined that they have an emotional disturbance.*
- If one or more of the five the ED characteristics are simply the result of SM then the child is SM (and not ED).

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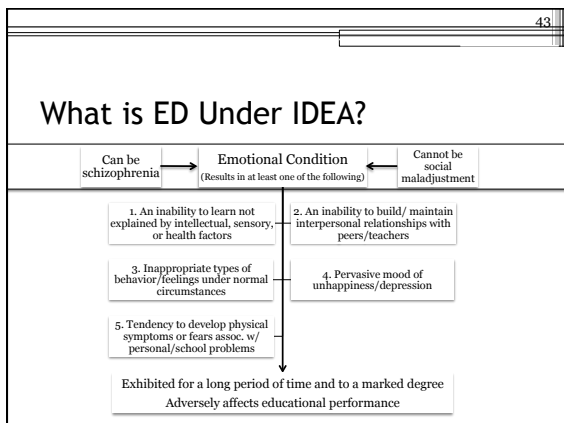
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Identifying ED

1. An emotional condition (or a serious emotional disturbance) exists
 - The condition includes schizophrenia, but is not social maladjustment
2. The condition or disturbance results in the display of at least one of five characteristics
3. Characteristic(s) exceed(s) limiting criteria
 - Have existed for a long period of time and to a marked degree
 - Have adversely affected educational performance



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Identifying ED: An Emotional Condition

- IDEA 2004 in defining ED states:
 - “the term means a **condition** exhibiting one or more of the following characteristics.”
- Thus, there must be a serious and identifiable emotional condition from which any behavior, affective, social, or emotional characteristics stem for any student to be considered for ED eligibility.

Sources: 34 CFR 300.8 (4)(i); Tibbetts (2013, p. 20)

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Identifying ED: An Emotional Condition

- A *DSM-5* diagnosis by itself does not provide evidence of ED in the IDEA sense of the word.
- However, an evaluation undertaken by a private child psychiatrist or clinical child psychologist provides confirmation of the existence of an “emotional condition.”
- Clinical or medical mental health reports available on the child should always be considered, but not viewed as evidence regarding the student’s ED status.
 - *DSM-5* directs attention, but doesn’t dictate action.
 - *DSM-5* Dx can identify a “condition,” not the need for Sp .Ed.

Source: adapted from Tibbetts et al. (1989)

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Identifying ED: An Emotional Condition

- Nevertheless, students with emotional disturbance who are eligible for services under IDEA typically exhibit one or more of the following *DSM-5* diagnoses:
 - Neurodevelopmental Disorders (ADHD)
 - Schizophrenia Spectrum and Other Psychotic Disorders
 - Bipolar and Related Disorders
 - Depressive Disorders
 - Anxiety Disorders
 - Obsessive-Compulsive and Related Disorders
 - Trauma- and Stressor-Related Disorders
 - Dissociative Disorders
 - Somatic Symptom and Related Disorders
 - Feeding and Eating Disorders

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Identifying ED: An Emotional Condition

- Does every set of *DSM-5* criteria represent an “emotional condition” consistent with ED eligibility?
- See [Handout #2](#)
 - In fact, a majority of *DSM-5*’s diagnoses do not have relevance to IDEA ED determinations.

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Identifying ED: An Emotional Condition

- *DSM-5* contains criteria for sexual dysfunctions and paraphilic disorders, gender dysphoria, substance-related and addictive disorders.
- The Federal ADA specifically excludes drug abuse/ addiction from the list of disabilities.
- Several courts have refused to recognize conditions like ODD or CD (i.e., “Disruptive, Impulse-Control, and Conduct Disorders” in *DSM-5*) as educational disabilities.

Source: Baird (2009)

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Identifying ED: An Emotional Condition

- Substance Abuse
 - Students who abuse drugs or alcohol are generally not considered persons with disabilities under either IDEA, ADA, or Section 504.
 - Even when substance abuse and psychological problems co-exist, ED must be documented as the factor that adversely affects educational functioning (not the substance abuse).

Source: Tibbetts (2013)

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Identifying ED: An Emotional Condition

- Substance Abuse
 - Questions to ask when considering if a substance abusing student is ED.
 - Did behaviors thought to be ED ...
 1. emerge within first month of substance use or termination?
 2. become noticeable before substance use began?
 3. remain noticeable for a significant period after substance use terminated?
 4. Appear to be more intense/sever than would have been predicted given specific substance use?

Source: Tibbetts (2013)

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What is ED Under IDEA?

Can be schizophrenia → Emotional Condition (Results in at least one of the following) ← Cannot be social maladjustment

1. An inability to learn not explained by intellectual, sensory, or health factors	2. An inability to build/ maintain interpersonal relationships with peers/teachers
3. Inappropriate types of behavior/feelings under normal circumstances	4. Pervasive mood of unhappiness/depression
5. Tendency to develop physical symptoms or fears assoc. w/ personal/school problems	

↓

Exhibited for a long period of time and to a marked degree Adversely affects educational performance

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Identifying ED: Characteristic 1

- An **inability to learn** which cannot be explained by intellectual, sensory, or health factors.
 - Designed to ensure that a comprehensive and differential assessment is performed that rules out any non-ED reasons for the child's inability to learn.
 - "... the intent of this characteristic is to eliminate potential variables other than ED that may be influencing the students in ability to learn."

Sources: State of Connecticut, Department of Education (1997); Tibbetts (2013, p. 28)

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Identifying ED: Characteristic 1

- An **inability to learn** which **cannot be explained by intellectual, sensory, or health factors.**
 - Non-ED conditions to consider and rule out:
 - mental retardation
 - speech and language disorders
 - autism
 - learning disability
 - hearing/vision impairment
 - multi-handicapping conditions
 - traumatic brain injury
 - neurological impairment

Source: State of Connecticut, Department of Education (1997)

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Identifying ED: Characteristic 1

- An **inability to learn** which cannot be explained by intellectual, sensory, or health factors.
 - This characteristic "would expectedly be used in only rare cases."
 - **Possible DSM-5** examples:
 - Selective Mutism
 - Dissociative Identity Disorder
 - Rumination Disorder
 - Anorexia Nervosa
 - Bulimia Nervosa
 - Body Dysmorphic Disorder
 - Trichotillomania (Hair-Pulling) Disorder
 - Excoriation (Skin-Picking) Disorder
 - Depersonalization/Derealization Disorder

Sources: State of Connecticut, Department of Education (1997, p. 8)

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Identifying ED: Characteristic 2

- An **inability** to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - “Inability” does not indicate unwillingness to build/maintain relationships or a lack of social skills.
 - Social maladjustment, withdrawal, aggression, or social immaturity should be ruled out.
 - “The child is unable to initiate or to maintain satisfactory interpersonal relationships with peers and teachers.”
 - “This inability should be primarily because of the severity of the child’s emotional disturbance.”

Sources: State of Connecticut, Department of Education (1997); Tibbetts et al. (1986, p. 11)

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Identifying ED: Characteristic 2

- An **inability** to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - “If the student does not possess appropriate social skills, then he or she must be systematically taught.”
 - “Thus, it is important of any ED assessment to evaluate the degree of social skills possessed by the student.”
 - “The student should be considered for ED eligibility under this characteristic only after a systematic and consistent effort has been made to teach such skills to the student.”

Sources: Tibbetts (2013, p. 29)

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Identifying ED: Characteristic 2

- An **inability to build or maintain satisfactory interpersonal relationships with peers and teachers.**
 - Satisfactory interpersonal relationships include:
 - The ability to demonstrate sympathy, warmth, and empathy toward others
 - Establish and maintain friendships
 - Be constructively assertive
 - Work and play independently
 - Does not refer to the student who has conflict with only one teacher or with certain peers.
 - Students do not qualify for special education because they have problems with a particular teacher, peer, or group.
 - It is a pervasive inability to develop relationships with others across settings and situations.

Sources: Bower (1960); Public Schools of North Carolina, Exceptional Children Division (n.d.); State of Connecticut, Department of Education (1997)

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Identifying ED: Characteristic 2

- An **inability to build or maintain satisfactory interpersonal relationships with peers and teachers.**
 - Behavioral characteristics that impair the ability to build/maintain relationships include:
 1. extreme social withdrawal/isolation
 2. poor reality testing
 3. social or interpersonal deficits
 4. aggressive and authority challenging behaviors
 5. oppositional tendencies
 6. lack of affect
 7. disorganized/distorted emotions toward others
 8. demands for constant attention from others
 - either seeking excessive approval or negative attention
 9. anxious or fear-driven avoidance of others
 10. bizarre patterns of interpersonal interaction

Sources: Public Schools of North Carolina, Exceptional Children Division (n.d.); State of Connecticut, Department of Education (1997); Washington Assoc. of School Psych. (2000)

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Identifying ED: Characteristic 2

- An **inability to build or maintain satisfactory interpersonal relationships with peers and teachers.**
 - Teacher and staff should be interviewed to document that the student has been unable to establish any meaningful interpersonal relationships.
 - Parents should be interviewed to establish the absence of meaningful peer relationships in the home and community domains.
 - If possible, a student interview should explore his or her perceptions of an inability to make friends and to establish relationships.

Sources: Tibbetts (2013, p. 29).

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Identifying ED: Characteristic 2

- An **inability to build or maintain satisfactory interpersonal relationships with peers and teachers.**
 - Possible DSM-5 examples:
 - Attention-Deficit/Hyperactivity Disorder
 - Delusional Disorder
 - Schizophreniform Disorder
 - Schizophrenia
 - Schizoaffective Disorder
 - Catatonia
 - Unspecified Catatonia
 - Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
 - Social Anxiety Disorder
 - Reactive Attachment Disorder
 - Disinhibited Social Engagement Disorder

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Identifying ED: Characteristic 3

- **Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.**
 - Must determine that the inappropriate behaviors/feelings are due to an emotional condition.
 - Behaviors may be psychotic, overtly bizarre or potentially or actually harmful to student or others.
 - Examples include ...
 - catastrophic reactions to everyday occurrences
 - extreme emotional lability
 - overreaction to environmental stimuli
 - low frustration tolerance
 - severe anxiety

Sources: Public Schools of North Carolina, Exceptional Children Division (n.d.); State of Connecticut, Department of Education (1997); Tibbetts (2013); Tibbetts et al. (1986, p. 12)

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Identifying ED: Characteristic 3

- **Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.**
 - Behaviors may be psychotic, overtly bizarre or potentially or actually harmful to the student or others.
 - Examples include ... (continued)
 - responses to delusions or hallucinations
 - excessive preoccupation with fantasy
 - limited or excessive self-control
 - limited premeditation or planning
 - limited ability to predict consequences of behavior
 - rapid changes in behavior or mood
 - self-injurious behaviors
 - obsessive or compulsive behaviors
 - inappropriate sexualized behaviors or fetishes

Sources: Public Schools of North Carolina, Exceptional Children Division (n.d.); State of Connecticut, Department of Education (1997); Tibbetts et al. (1986, p. 12)

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Identifying ED: Characteristic 3

- **Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.**
 - Behaviors may be psychotic, overtly bizarre or potentially or actually harmful to the student or others.
 - When a 10 year-old-child was allowed outside for recess or other reasons, he would run to the far end of the playground, take off all of his clothes, and begin urinating on them. Efforts to restrain him resulted in physical assaults on staff. He was unable to explain his need to engage in this behavior
 - An 11-year-old African American student walked across the classroom while the bathroom door was open and saw his reflection in the mirror. He became upset and began yelling at the teacher, "Am I the only black student I this classroom? Am I? Because I just saw another black student, and you said I was the only black student. Why are you lying to me?" Despite the efforts of staff, he was convinced that the school was hiding other African American students from him.

Source: Tibbetts (2013, p. 30)

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Identifying ED: Characteristic 3

- **Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.**
 - Must document that inappropriate behavior/feelings deviate significantly from age, gender, & cultural expectations across different environments.
 - Feelings are not observable or measurable, but can be determined through inferences drawn from behaviors and interactions.
 - When making eligibility determinations based on "feelings," there should be consensus among team members of persistent/significantly inappropriate feelings demonstrated by observed behavior inappropriate for the particular context.

Sources: Public Schools of North Carolina, Exceptional Children Division (n.d.); State of Connecticut, Department of Education (1997); Tibbetts (2013)

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Identifying ED: Characteristic 3

- **Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.**
 - The Team must determine whether inappropriate responses are occurring "under normal circumstances."
 - When considering "normal circumstances," the Team should consider the effect of environmental stress or changes.
 - However, such evidence does not preclude an eligibility determination.

Source: State of Connecticut, Department of Education (1997)

66

Identifying ED: Characteristic 3

- **Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.**
 - **Possible DSM-5 examples:**
 - Delusional Disorder
 - Schizophrenia
 - Schizoaffective Disorder
 - Catatonia Associated with Another Mental Disorder
 - Unspecified Catatonia
 - Bipolar I Disorder
 - Disruptive Mood Dysregulation Disorder
 - Obsessive-Compulsive Disorder
 - Posttraumatic Stress Disorder
 - Dissociative Amnesia
 - Conversion Disorder (Functional Neurological Symptom Disorder)

67

Identifying ED: Characteristic 4

- A **general pervasive mood of unhappiness or depression**.
 - Unhappiness or depression is occurring across most, if not all, of the student's life situations for a period of at least several months.
 - This pattern is not a temporary response to situational specific factors or to a medical condition.
 - Not a secondary manifestation attributable to substance abuse, medication or a general medical condition (e.g., hypothyroidism).
 - Not the effect of normal bereavement.

Sources: Public Schools of North Carolina, Exceptional Children Division (n.d.); State of Connecticut, Department of Education (1997); Tibbetts et al (1986, p. 12)

68

Identifying ED: Characteristic 4

- A **general pervasive mood of unhappiness or depression**.
 - The child must "demonstrate actual, overt symptoms of depression."

Sources: Tibbetts et al. (1986, p. 12)

69

Identifying ED: Characteristic 4

- A **general pervasive mood of unhappiness or depression**.
 - Examples of characteristics associated with depression or unhappiness include:
 - 1) Depressed mood (in children and adolescents, can be irritable mood)
 - 2) Markedly diminished interest or pleasure in activities
 - 3) Significant weight loss or weight gain, or decrease or increase in appetite (in children, consider failure to make expected weight gains)
 - 4) Insomnia or hypersomnia
 - 5) Psychomotor agitation or retardation
 - 6) Fatigue or loss of energy
 - 7) Feelings of worthlessness or excessive or inappropriate guilt
 - 8) Diminished ability to think or concentrate, or indecisiveness
 - 9) Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Source: APA (2013, pp. 160-161)

70

Identifying ED: Characteristic 4

- A **general pervasive mood of unhappiness or depression**.
 - Examples of characteristics associated with depression or unhappiness include (continued)
 - withdrawal from friends
 - frequent crying
 - may be masked by angry, aggressive, or agitated behaviors
 - homicidal ideations
 - obsessions with morbid themes, depression.
 - slowed thinking or action
 - inattention
 - memory deficits

Sources: Public Schools of North Carolina, Exceptional Children Division (n.d.); Washington State Association of School Psychologists (2000).

71

Identifying ED: Characteristic 4

- A **general pervasive mood of unhappiness or depression**.
 - **Possible DSM-5 examples:**
 - Bipolar I Disorder
 - Bipolar II Disorder
 - Cyclothymic Disorder
 - Other Specified Bipolar and Related Disorder
 - Disruptive Mood Dysregulation Disorder
 - Major Depressive Disorder
 - Persistent Depressive Disorder (Dysthymia)

72

Identifying ED: Characteristic 5

- A **tendency to develop physical symptoms or fears associated with personal or school problems**.
 - **Physical symptoms may include headaches; gastrointestinal problems; cardiopulmonary symptoms**.
 - **The physical disorder should have no demonstrated organic etiology, and not be under conscious control.**

Sources: State of Connecticut, Department of Education (1997); Tibbetts et al. (1986, p. 14)

73

Identifying ED: Characteristic 5

- A tendency to develop **physical symptoms or fears associated with personal or school problems.**
 - Physical symptoms meet the following conditions:
 1. Symptoms suggesting physical disorders are present with no demonstrable medical findings.
 2. Positive evidence or strong presumption exists that these symptoms are linked to psychological factors/conflict.
 3. The person is not conscious of intentionally producing the symptoms.
 4. The symptoms are not a culturally sanctioned response pattern.

Source: State of Connecticut, Department of Education (1997)

74

Identifying ED: Characteristic 5

- A tendency to develop physical symptoms or **fears associated with personal or school problems.**
 - Examples of “fears” include:
 - Incapacitating feelings of anxiety
 - often accompanied by trembling, hyperventilating and/or dizziness
 - Panic attacks characterized by physical symptoms
 - Irrational fears of particular objects, activities, individuals or situations
 - resulting in avoidance behavior or a significant rise in anxiety or panic when the object cannot be avoided.
 - Intense fears or irrational thoughts related to separation from parent(s).

Sources: State of Connecticut, Department of Education (1997); Tibbetts et al. (1986, p. 14)

75

Identifying ED: Characteristic 5

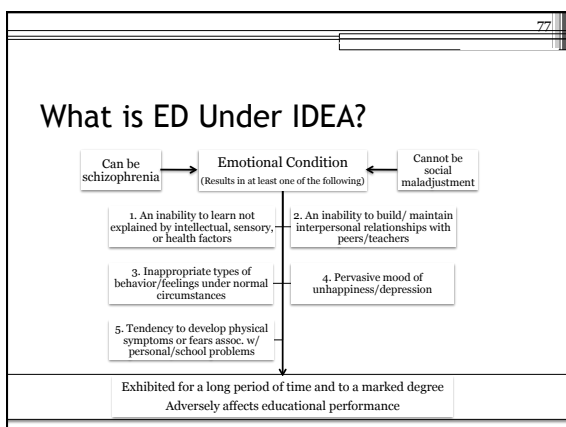
- A tendency to develop physical symptoms or fears **associated with personal or school problems.**
 - This characteristic requires documentation that the student exhibits physical symptoms or fears associated with his or her personal or school life.

Source: State of Connecticut, Department of Education (1997)

76

Identifying ED: Characteristic 5

- A tendency to develop physical symptoms or fears associated with personal or school problems.
 - **Possible DSM-5** examples:
 - Separation Anxiety Disorder
 - Selective Mutism
 - Specific Phobia
 - Social Anxiety Disorder (Social Phobia)
 - Panic Disorder
 - Agoraphobia
 - Generalized Anxiety Disorder
 - Posttraumatic Stress Disorder
 - Somatic Symptom Disorder
 - Conversion Disorder (Functional Neurological Symptom Disorder)



78

Identifying ED: Limiting Criteria

- Over a long period of time: **Rationale**
 - Designed to rule out temporary adjustment reactions
 - developmental changes (e.g., puberty)
 - temporary reactions to psychosocial stressors (e.g., divorce, death of a parent or sibling).
 - Provides the opportunity to utilize behavioral interventions to rule out the possibility that the child is exhibiting a behavioral disorder rather than a severe emotional disturbance.

Sources: Tibbetts (2013); Tibbetts et al. (1986)

79

Identifying ED: Limiting Criteria

- *Over a long period of time: How long is “long?”*
 - The duration should typically be 6 months
 - Following efforts at behavioral intervention and change during the six-month period.
 - A shorter duration time may be appropriate for ED conditions explicitly noted in *DSM-5* as exhibiting a specific time frame shorter than 6 months
 - e.g., Major depressive episode (2 weeks), PTSD (more than 1 month).
 - Regardless of time frame, ED consideration should be explored only after extensive behavioral intervention has been undertaken.

Sources: Tibbetts (2013); Tibbetts et al. (1986)

80

Identifying ED: Limiting Criteria

- *Over a long period of time: Questions to ask*
 - How long have the problem behaviors existed?
 - Is this part of a recurring pattern of behavior problems (multiple acute episodes)?
 - How does the student’s developmental level and progress contribute to the duration of the problem behavior?
 - Can the behavior be best explained by a short-term, environmental event?

Source: Washington State Association of School Psychologists (2000)

81

Identifying ED: Limiting Criteria

- *To a marked degree: Pervasive*
 - A primary characteristic distinguishing ED from social maladjustment.
 - Among students with behavior disorders, negative or inappropriate behaviors are more likely to be seen in certain settings or with certain individuals
 - Among students with ED, behaviors are more likely to be demonstrated across all domains (school, home, community) and with almost all individuals.
 - Pervasiveness is documented through observations (home visit, teacher and parent interviews).

Sources: Tibbetts (2013); Tibbetts et al. (1986)

82

Identifying ED: Limiting Criteria

- *To a marked degree: Intense*
 - Demonstration of negative behaviors in an overt, acute, and observable manner.
 - ED behaviors must produce significant distress
 - either to the individual or to others in his environment and must be primarily related to the ED condition.
 - Without such behaviors, regardless of psychological test scores (which may “prove” that the child is seriously emotionally disturbed), the child does not qualify for ED classification.
 - The child’s sociocultural background should be specifically considered when evaluating this condition, particularly with reference to ritualistic behaviors or beliefs in spirits.

Sources: Tibbetts (2013); Tibbetts et al. (1986)

83

Identifying ED: Limiting Criteria

- *To a marked degree: Intense*
 - Measures of frequency, duration, and intensity should document that the ED characteristic(s) is demonstrated to a degree significantly different from developmental peers.
 - Requires classroom observations

Sources: Tibbetts (2013); Washington State Association of School Psychologists (2000)

84

Identifying ED: Limiting Criteria

- *To a marked degree: Intense*
 - **Frequency: How often the behavior happens**
 - **For example,** Every ten seconds; three times per week; periodically during the month, see behavior logs: averages 2 x per month; or one time in 1999, 6 times in 2004, 0 in 2005, 10 times in 2006.
 - **Intensity: A description of the heightened impact of the behavior, e.g., the depth, the force, the strength, the vigor or extreme level of the behavior**
 - **For example:** (Screams) loud enough to be heard in adjacent classrooms; (Hits with retracted fist) hard enough to leave bruises on person(s) hit; or (Bites) hard enough to leave marks, but has not yet broken skin.
 - **Duration: How long the behavior lasts**
 - **For example:** (After Lunch–5th and 6th Periods), Entire Period with no stopping; or Continuous for 20 minutes.

Source: Browning Wright et al. (2009, Sec. 4, p. 9)

85

Identifying ED: Limiting Criteria

- *To a marked degree: **Intense***
 - Ask:
 - Is the behavior of such significant frequency, intensity, and/or duration that it interferes with the individual's development?
 - How does the frequency, duration, and intensity of the problem behavior compare to the behavior of the student's peers or cultural group in a similar setting?
 - For those professionals using standardized, norm referenced tests or checklists, marked degree is often associated with a score or rating that differs from the mean by two (2) or more standard deviations.
 - For example, T-Scores above 70 on the BASC-2

Source: Washington State Association of School Psychologists (2000)

86

Identifying ED: Limiting Criteria

- *To a marked degree: **Intense***
 - *Severity of Disruptive Behavior Rating Rubric*
 1. Behavior is confined only to the observed student. May include such behaviors as: refusal to follow directions, scowling, crossing arms, pouting, or muttering under his/her breath.
 2. Behavior disrupts others in the student's immediate area. May include: slamming textbook closed, dropping book on the floor, name calling, or using inappropriate language.
 3. Behavior disrupts everyone in the class. May include: throwing objects, yelling, open defiance of teacher directions, or leaving the classroom.
 4. Behavior disrupts other classrooms or common areas of the school. May include: throwing objects, yelling, open defiance of school personnel's directions, or leaving the school campus.
 5. Behavior causes or threatens to cause physical injury to student or others. May include: display of weapons, assault on others.

Source: Gable et al. (1998, p. 13)

87

Identifying ED: Limiting Criteria

- *To a marked degree: **Intense***
 - *Sensitive Severity Scale*
 - Level 1:** One occurrence of verbal aggression occurs; swearing, non-person-directive gesturing.
 - Level 2:** Multiple occurrence of a level 1 behaviour. Physically aggressive gesture to people; raising fist, 'squaring up' &/or physical aggression to objects.
 - Level 4:** Physical aggression to self or others resulting in no injury.
 - Level 5:** Physical aggression to self or others resulting in injury leaving a mark; redness, bruise.
 - Level 6:** Physical aggression to self or others resulting in injury requiring 1st Aid.
 - Level 7:** Physical aggression to self or others requiring medical Attention.

Source: Adapted from Sharp (n.d., slides 21 & 22, www.lidoffenders.co.uk/.../Joanne%20Sharp%20presentation.ppt)

88

Identifying ED: Limiting Criteria

- *Adversely affects educational performance*
 - Educational performance is more than just academic achievement
 - The ED characteristic must occur in the school setting and impair the ability to benefit from the general education setting.
 - IDEA is an education law, thus focus of classification and placement efforts is on assisting the child to improve educational performance despite the presence of a handicapping (ED) condition.
 - If a student is able to progress in general education the classification of that child as ED is neither necessary nor appropriate.

Sources: Tibbetts (2013); Tibbetts et al. (1986)

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Identifying ED: Limiting Criteria

- *Adversely affects educational performance*
 - Ways to determine adverse affect
 - Achievement lower than one would expect given IQ.
 - Quality/degree of task completion, on-task behavior, group participation, and peer-teacher interaction.
 - Confirmed by at least two separate psychologist observations.
 - Documented teacher observations
 - Work samples
 - Criterion-referenced assessments
 - Grade reports

Sources: Tibbetts (2013); Tibbetts et al. (1986)

90

Identifying ED: Limiting Criteria

- *Adversely affects educational performance*
 - Must be documented that poor education performance is not due primarily to lack of attendance.
 - Additionally, if a child's educational performance is compared with others, comparisons should be made only with peers of the child's social-cultural background.
 - An adverse affect may be assumed when a child is actively dangerous to self or to others in the educational setting and the actions are not due to social maladjustment.

Sources: Tibbetts (2013); Tibbetts et al. (1986)

91

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data**
 - **Student**
 1. Remain accessible for participation in assessment process through regular school attendance and adherence to the evaluation schedule.
 2. Participate in the assessment process and give best effort.
 3. Contribute personal reflections, explanation, and interpretations as able.
 4. Cooperate and work collaboratively with all IEP team members.
 5. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

92

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - **Parent**
 1. Participate in the assessment process.
 2. Participate in the implementation of home-school collaborative interventions and services.
 3. Report student progress at home and in the community.
 4. Ask questions for clarification.
 5. Contribute personal reflections, explanations and interpretations as able.
 6. Work cooperatively and collaboratively with IEP team members.
 7. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

93

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - **Special Education Teacher**
 1. Conduct an individually administered assessment of academic achievement through the use of standardized assessment or curriculum based assessment.
 2. Interpret assessment findings in conjunction with current academic and classroom progress.
 3. Participate in conducting a functional behavioral assessment.
 4. Utilize valid and reliable formal and informal measures providing observable and measurable data.
 5. Contribute professional reflections, explanations and interpretations.
 6. Work cooperatively and collaboratively with IEP team members.
 7. Interact with all IEP team members with dignity and respect.
 8. Assist in the design of behavior intervention and/or support plans.

Source: Skalski (2000, pp. 35-38)

94

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - **General Education Teacher**
 1. Review and report current academic progress and classroom performance.
 2. Participate in the completion of assessment as needed.
 3. Provide a record of interventions attempted and their effectiveness.
 4. Contribute professional reflections, explanations and interpretations.
 5. Work collaboratively with IEP team members.
 6. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

95

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - **School Psychologist**
 1. Conduct an individually administered assessment of cognitive functioning including the relationship of the student's cognition and reasoning to his/her learning and development.
 2. Conduct an individually administered assessment of social, emotional and behavioral functioning relative to the school, home and community environments.
 3. Interview parents to determine family, educational, social and health history (as needed). Integrate parental reports into assessment interpretations.
 4. Utilize valid and reliable formal and informal measures providing observable and measurable data.
 5. Participate in conducting a functional behavioral assessment.
 6. Contribute professional reflections, explanations and interpretations.
 7. Work cooperatively and collaboratively with IEP team members.
 8. Assist in the design of behavior intervention and/or support plans.
 9. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

96

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - **School Social Worker**
 1. Participate in the assessment of social, emotional and behavioral functioning relative to the school, home and community environments.
 2. Conduct home visits when appropriate.
 3. Interview parents to determine family, educational, social and health history (as needed). Integrate parental reports into assessment interpretations.
 4. Utilize valid and reliable formal and informal measures providing observable and measurable data.
 5. Participate in conducting a functional behavioral assessment.
 6. Contribute professional reflections, explanations and interpretations.
 7. Work cooperatively and collaboratively with IEP team members.
 8. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

97

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - *School Counselor*
 1. Provide an overview of student academic progress and classroom performance.
 2. Summarize the student's progress towards graduation (when appropriate).
 3. Report the opinions of classroom teachers in absentia (if appropriate).
 4. Provide a record of interventions attempted and their effectiveness.
 5. Contribute professional reflections, explanations and interpretations.
 6. Work cooperatively and collaboratively with IEP team members.
 7. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

98

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - *School Administrator*
 1. Provide and review student discipline record.
 2. Provide a record of disciplinary interventions attempted and their effectiveness.
 3. Assist in the facilitation of a productive staffing.
 4. Ensure legal and procedural compliance.
 5. Contribute professional reflections, explanations and interpretations.
 6. Work cooperatively and collaboratively with IEP team members.
 7. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

99

Identifying ED: Responsibilities

- **Roles and responsibilities of school personnel in gathering assessment data.**
 - *Other Related Service Providers: School Nurse, OT, PT, Vision, Hearing Specialists as needed*
 1. Provide an assessment of overall physical health, sensory development, motor development, and medications.
 2. Interpret the implications of any existing conditions, developmental delays, or medications on the social, emotional, or behavioral development of the student.
 3. Participate in the gathering of health and medical history as appropriate.
 4. Contribute professional reflections, explanations and interpretations.
 5. Work cooperatively and collaboratively with IEP team members.
 6. Interact with all IEP team members with dignity and respect.

Source: Skalski (2000, pp. 35-38)

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Workshop Outline

1. Emotional Disturbance (ED) Defined
2. The Social Maladjustment Exclusion
3. Identifying ED for Special Education Eligibility Purposes
4. The ED Psycho-educational Report Template

101

Report Template

- Available from <http://www.csus.edu/indiv/b/brocks/>
- What are the procedures used in in your district/agency?
 - Interviews
 - Direct Behavioral Observations
 - Assessment of Intellectual Functioning
 - Assessment of Academic Functioning
 - Assessment of Basic Psychological Processes
 - Assessment of Social and Emotional Functioning

102

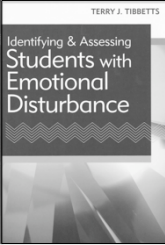
Report Template

- Legally defensible reports include
 - Multi-domain progress monitoring
 - Response to mental & behavioral health interventions social-emotional and academic functioning within a MTSS.
 - Make possible causal inferences.
 - Multi-source
 - Educational records, direct observation, teacher and caregiver interviews, mental health treatment providers
 - Multi-method
 - Qualitative and quantitative data (do not rely on psychometric test data)
 - Provide evidence of family involvement throughout the evaluation process.

Source: Sullivan & Sadeh (2014)

103

Recommended Resource



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What is “Emotional Disturbance?” Guidance for the School Psychologist

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Go to “CSUS courses,” “EDS 243,
Assessment Practicum,” follow the links
to course materials and look for “Report
Templates.”



Handout 1 Activity: Differentiating ED from SM

Discuss the following differentiating characteristics of ED and SM in small groups. For each of the characteristics that Clarizio (1987) suggested as differentiating ED from SM indicate whether you feel it (a) in fact reliably differentiates ED from SM, and (b) if you feel the differentiating characteristic represents an essential distinction.

<i>Characteristics</i>	<i>ED</i>	<i>SM</i>	<i>Agree it Differentiates</i>	<i>Essential Distinction</i>
1. Conscience Development	Self-critical; unable to have fun	Little remorse; pleasure seeking		
2. Reality Orientation	Fantasy; naive, gullible	Street-wise		
3. Adaptive Behavior	Consistently poor	More situationally dependent		
4. Domain	Affective disorder	Character disorder		
5. Aggression	Hurts self or others as an end	Hurts others as a means to an end		
6. Ego Strength	Easily hurt	Acts tough; survivor		
7. Anxiety	Tense; fearful	Appears relaxed; "cool"		
8. Peer Relations	Ignored or rejected	Accepted by sociocultural group		
9. Type of Friends	Law-abiding, younger, or no real friends	Bad companions, same age or older		
10. School Behavior	Seen as unable to comply; inconsistent achievement; good attendance record; appreciates help	Seen as unwilling to comply; generally low achievement; excessive absences; does not want help		
11. Locus of Control	Blames self	Blames others		
12. Cause	Psychological	Sociological		
13. Distrust	Wants to trust; feels insecure	Dumb to trust others		
14. Group Participation	Withdrawn; unhappy	Outgoing		
15. Management Needs	Emotional support; likes structure; decrease anxiety	Warmth; dislikes structure; need to increase anxiety		
16. Attitude Toward Authority	Overly compliant	Noncompliant; hostile		
17. Self-insight	Aware a problem exists	Denies problem		
18. Developmental Appropriateness	Inappropriate for age	Appropriate for age		
19. Activity Level	Hyperactive; hypoactive	Normal but acts out		
20. Stability of Affect	Variable; labile	Relatively stable; even		

Note. Adapted from Clarizio (1987)

Handout 2: DSM-5 Diagnoses that May be Associated with One or More of the Five ED Characteristics*

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
 - a) Selective Mutism
 - b) Dissociative Identity Disorder
 - c) Rumination Disorder
 - d) Anorexia Nervosa
 - e) Bulimia Nervosa
 - f) Body Dysmorphic Disorder
 - g) Trichotillomania (Hair-Pulling) Disorder
 - h) Excoriation (Skin-Picking) Disorder
 - i) Depersonalization/Derealization Disorder
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - a) Attention-Deficit/Hyperactivity Disorder
 - b) Delusional Disorder
 - c) Schizophreniform Disorder
 - d) Schizophrenia
 - e) Schizoaffective Disorder
 - f) Catatonia
 - g) Unspecified Catatonia
 - h) Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
 - i) Social Anxiety Disorder
 - j) Reactive Attachment Disorder
 - k) Disinhibited Social Engagement Disorder
3. Inappropriate types of behavior or feelings under normal circumstances.
 - a) Delusional Disorder
 - b) Schizophrenia
 - c) Schizoaffective Disorder
 - d) Catatonia Associated with Another Mental Disorder
 - e) Unspecified Catatonia
 - f) Bipolar I Disorder
 - g) Disruptive Mood Dysregulation Disorder
 - h) Obsessive-Compulsive Disorder
 - i) Posttraumatic Stress Disorder
 - j) Dissociative Amnesia
 - k) Conversion Disorder (Functional Neurological Symptom Disorder)
4. A general pervasive mood of unhappiness or depression.
 - a) Bipolar I Disorder
 - b) Bipolar II Disorder
 - c) Cyclothymic Disorder
 - d) Other Specified Bipolar and Related Disorder
 - e) Disruptive Mood Dysregulation Disorder
 - f) Major Depressive Disorder
 - g) Persistent Depressive Disorder (Dysthymia)

*Many of these DSM-5 Diagnoses might also be used to argue for eligibility using Other Health Impaired Criteria

- h)
- 5. A tendency to develop physical symptoms or fears associated with personal or school problems.
 - a) Separation Anxiety Disorder
 - b) Selective Mutism
 - c) Specific Phobia
 - d) Social Anxiety Disorder (Social Phobia)
 - e) Panic Disorder
 - f) Agoraphobia
 - g) Generalized Anxiety Disorder
 - h) Posttraumatic Stress Disorder
 - i) Somatic Symptom Disorder
 - j) Conversion Disorder (Functional Neurological Symptom Disorder)

Other DSM-5 Disorders and ***POSSIBLE*** IDEA Special Education Eligibility Categories

DSM-5 Disorder	IDEA Category
Intellectual Disability	Intellectual Disability Developmental Delay
Unspecified Intellectual Disability	Intellectual Disability Developmental Delay
Other Specified Neurodevelopmental Disorder	Intellectual Disability Specific Learning Disability Developmental Delay Autism
Language Disorder	Speech or Language Impairment
Speech Sound Disorder	Speech or Language Impairment
Childhood-Onset Fluency Disorder	Speech or Language Impairment
Social (Pragmatic) Communication Disorder	Speech or Language Impairment
Unspecified Communication Disorder	Speech or Language Impairment
Autism Spectrum Disorder	Autism
Attention-Deficit/Hyperactivity Disorder	Emotional Disturbance Specific Learning Disability Other Health Impairment
Specific Learning Disorder	Specific Learning Disability
Developmental Coordination Disorder	Specific Learning Disability
Psychotic Disorder Due to Another Medical Condition	Other Health Impairment
Catatonic Disorder Due to Another Medical Condition	Other Health Impairment
Bipolar and Related Disorder Due to Another Medical Condition	Other Health Impairment
Depressive Disorder Due to Another Medical Condition	Other Health Impairment
Anxiety Disorder Due to Another Medical Condition	Other Health Impairment
Obsessive-Compulsive and Related Disorder Due to another Medical Condition	Other Health Impairment
Psychological Factors Affecting Other Medical Conditions	Other Health Impairment
Insomnia Disorder	Other Health Impairment
Hypersomnolence Disorder	Other Health Impairment
Narcolepsy	Other Health Impairment
Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury	Traumatic Brain Injury
Major or Mild Neurocognitive Disorder Due to Another Medical Condition	Other Health Impairment
Major or Mild Neurocognitive Disorder Due to Multiple Etiologies	Other Health Impairment

Other DSM-5 Disorders That Would *Typically* not be Associated With a Special Education Eligibility Category (Unless Comorbid With Other Specific Conditions)

Other Specified Attention-Deficit/Hyperactivity Disorder
Unspecified Attention-Deficit/Hyperactivity Disorder
Stereotypic Movement Disorder
Tourett's Disorder
Persistent (Chronic) Motor or Vocal Tic Disorder
Provisional Tic Disorder
Other Specified Tic Disorder
Unspecified Tic Disorder
Unspecified Neurodevelopmental Disorder
Brief Psychotic Disorder
Substance/Medication-Induced Psychotic Disorder
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
Substance/Medication-Induced Bipolar and Related Disorder
Unspecified Bipolar and Related Disorder
Premenstrual Dysphoric Disorder
Substance/Medication-Induced Depressive Disorder
Other specified Depressive Disorder
Unspecified Depressive Disorder
Substance/Medication-Induced Anxiety Disorder
Other Specified Anxiety Disorder
Unspecified Anxiety Disorder
Hoarding Disorder
Substance/Medication-Induced Obsessive-Compulsive and Related Disorder
Other Specified Obsessive-Compulsive and Related Disorder
Unspecified Obsessive-Compulsive and Related Disorder
Acute Stress Disorder
Adjustment Disorders
Other Specified Trauma- and Stressor-Related Disorder
Unspecified Trauma- and Stressor-Related Disorder
Other Specified Dissociative Disorder
Unspecified Dissociative Disorder
Illness Anxiety Disorder
Psychological Factors Affecting Other Medical Conditions
Factitious Disorder
Other Specified Somatic Symptom and Related Disorder
Unspecified Somatic Symptom and Related Disorder
Avoidant/Restrictive Food Intake Disorder
Binge-Eating Disorder
Other Specified Feeding or Eating Disorder
Enuresis
Encopresis
Other Specified Elimination Disorder
Obstructive Sleep Apnea Hypopnea

Central Sleep Apnea
Sleep-Related Hypoventilation
Circadian Rhythm Sleep-Wake Disorders
Non-Rapid Eye Movement Sleep Arousal Disorders
Nightmare Disorder
Rapid Eye Movement Sleep Behavior Disorder
Restless Legs Syndrome
Substance/Medication-Induced Sleep Disorder
Other Specified Insomnia Disorder
Unspecified Insomnia Disorder
Other Specified Hypersomnolence Disorder
Unspecified Hypersomnolence Disorder
Other Specified Sleep-Wake Disorder
Unspecified Sleep-Wake Disorder
Delayed Ejaculation
Erectile Disorder
Female Organismic Disorder
Female Sexual Interest/Arousal Disorder
Genito-Pelvic Pain/Penetration Disorder
Male Hypoactive Sexual Desire Disorder
Premature (Early) Ejaculation
Substance/Medication-Induced Sexual Dysfunction
Gender Dysphoria
Other Specified Gender Dysphoria
Unspecified Gender Dysphoria
Oppositional Defiant Disorder
Intermittent Explosive Disorder
Conduct Disorder
Pyromania
Kleptomania
Other Specified Disruptive, Impulse-Control, and Conduct Disorder
Substance Use Disorders
Alcohol Use Disorder
Alcohol Intoxication
Alcohol Withdrawal
Unspecified Alcohol-Related Disorder
Caffeine Intoxication
Caffeine Withdrawal
Unspecified Caffeine-Related Disorder
Cannabis Use Disorder
Cannabis Intoxication
Cannabis Withdrawal
Other Cannabis-Induced Disorders
Unspecified Cannabis-Related Disorder
Phencyclidine Use Disorder
Other Hallucinogen Use Disorder

Phencyclidine Intoxication
Other Hallucinogen Intoxication
Hallucinogen persisting Perception Disorder
Other Phencyclidine-Induced Disorders
Other Hallucinogen-Induced Disorders
Unspecified Phencyclidine-Related Disorder
Unspecified Hallucinogen-Related Disorder
Inhalant Use Disorder
Inhalant Intoxication
Other Inhalant-Induced Disorders
Unspecified Inhalant-Related Disorder
Opioid Use Disorder
Opioid Intoxication
Opioid Withdrawal
Other opioid-Induced Disorders
Unspecified Opioid-Related Disorder
Sedative, Hypnotic, or Anxiolytic Use Disorder
Sedative, Hypnotic, or Anxiolytic Intoxication
Sedative, Hypnotic, or Anxiolytic Withdrawal
Other Sedative, Hypnotic, or Anxiolytic –Induced Disorders
Unspecified Sedative-, Hypnotic, or anxiolytic-Related Disorder
Stimulant Use Disorder
Stimulant Intoxication
Stimulant Withdrawal
Other Stimulant-Induced Disorders
Unspecified Stimulant-Related Disorder
Tobacco Use Disorder
Tobacco Withdrawal
Other Tobacco-Induced Disorders
Unspecified Tobacco-Related Disorder
Other (or Unknown) Substance Use Disorder
Other (or Unknown) Substance Use Intoxication
Other (or Unknown) Substance Use Withdrawal
Other (or Unknown) Substance-Induced Disorders
Unspecified Other (or Unknown) Substance-Related Disorder
Gambling Disorder
Delirium
Other Specified Delirium
Unspecified Delirium
Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease
Major or Mild Frontotemporal Neurocognitive Disorder
Major or Mild Neurocognitive Disorder with Lewy Bodies
Major or Mild Vascular Neurocognitive Disorder
Substance/Medication-Induced Major or Mild Neurocognitive Disorder
Major or Mild Neurocognitive Disorder Due to HIV Infection
Major or Mild Neurocognitive Disorder Due to Prion Disease

Major or Mild Neurocognitive Disorder Due to Parkinson's Disease
Major or Mild Neurocognitive Disorder Due to Huntington's Disease
Unspecified Neurocognitive Disorder
General Personality Disorder
Paranoid Personality Disorder
Schizoid Personality Disorder
Schizotypal Personality Disorder
Antisocial Personality Disorder
Borderline Personality Disorder
Histrionic Personality Disorder
Narcissistic Personality Disorder
Avoidant Personality Disorder
Dependent Personality Disorder
Obsessive-compulsive Personality Disorder
Personality Change Due to Another Medical Condition
Other Specified Personality Disorder
Unspecified Personality Disorder
Voyeuristic Disorder
Exhibitionistic Disorder
Frotteuristic Disorder
Sexual Masochism Disorder
Sexual Sadism Disorder
Pedophilic Disorder
Fetishistic Disorder
Transvestic Disorder
Other Specified Paraphilic Disorder
Unspecified Paraphilic Disorder