Identifying Emotional Disturbance: Guidance for School Psychologists

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Preface: Changes in Selected Eligibility Categories Rates

Rate per 1,000 Students (Age 6–21 years)

Preface: Prevalence Estimates of Childhood Mental Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Estimate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agoraphobia</td>
<td>2.4^a</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>0.3^a - 2.2^a</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>1.0 - 2.3</td>
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<tr>
<td>Panic disorder</td>
<td>0.48 - 2.3</td>
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<tr>
<td>Posttraumatic stress disorder</td>
<td>5.0^a</td>
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<tr>
<td>Separation anxiety</td>
<td>7.6^a</td>
</tr>
<tr>
<td>Social phobia</td>
<td>0.4^a</td>
</tr>
<tr>
<td>Bipolar I or II disorder</td>
<td>2.98</td>
</tr>
<tr>
<td>Childhood onset schizophrenia (before 13 yrs)</td>
<td>0.014</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>6.3^a</td>
</tr>
<tr>
<td>Depression</td>
<td>4.3^a</td>
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</tbody>
</table>

^a: Prevalence rates are estimated per IDEA, 2012.

References: Perou et al. (2013); Health Care Cost Institute (2012); Perou et al. (2013); Pratt & Brody (2008).

Preface: Ethnic Disparities

% of ED Population

<table>
<thead>
<tr>
<th>Race or Ethnicity</th>
<th>% of ED Population</th>
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<tr>
<td>White, non-Hispanic</td>
<td>1.44</td>
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<td>Black, non-Hispanic</td>
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<td>Hispanic</td>
<td>7.07</td>
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<tr>
<td>American Indian or Alaska Native</td>
<td>1.1</td>
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<tr>
<td>Other</td>
<td>5.27</td>
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<tr>
<td>Overall</td>
<td>6.55</td>
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</table>

% of Student Population

<table>
<thead>
<tr>
<th>Race or Ethnicity</th>
<th>% of Student Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>70.1</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>13.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12.0</td>
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<tr>
<td>American Indian or Alaska Native</td>
<td>2.5</td>
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<tr>
<td>Other</td>
<td>1.4</td>
</tr>
<tr>
<td>Overall</td>
<td>94.4</td>
</tr>
</tbody>
</table>

Institute on Disability, Univ. of New Hampshire (2013)
http://healthcarecostinstitute.org/annual-cost-statistics/special-education

Sources: Perou et al. (2013); Health Care Cost Institute (2012); Perou et al. (2013); Pratt & Brody (2008).
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 known financial conflicts of interest related to this presentation.

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

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."


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)

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)(iii)

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)(iii)
**What is ED Under IDEA?**

- An inability to learn not explained by intellectual, sensory, or health factors
- An inability to build/maintain interpersonal relationships with peers/teachers
- Inappropriate types of behavior or feelings under normal circumstances
- Pervasive mood of unhappiness or depression
- Tendency to develop physical symptoms or fears associated with personal or school problems
- Exhibited for a long period of time and to a marked degree
- Adversely affects educational performance

**Cannot be**

- Social maladjustment

**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.

**Workshop Outline**

1. Emotional Disturbance (ED) Defined
2. The Social Maladjustment Exclusion
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4. The ED Psycho-educational Report Template

**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)
  - Wayne County Regional Ed. Service Agency (2004)
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).

What is Social Maladjustment?

- Lack of motivation/interest in school
- Self-centered, impulsive, and irresponsible behavior
- Low frustration tolerance
- Rejection of authority and discipline
- Absence of concern for the feelings of others
- Projection of blame for socially prescribed behavior
- Violation of rights of others
- Habitual lying
- Inability to delay gratification
- Frequent stealing
- Substance abuse
- Membership in socially maladjusted peer group
- Manipulation for personal gain
- Excessive use of profanity
- Extreme testing of limits

Source: Clarizo (1992, p. 138)

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.

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

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)

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)
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(s) is/are 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)
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)

What is Social Maladjustment?

• Legal Perspectives.
    "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)

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)

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)

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
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

• **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 same high school, as an 11th-grader the following fall. According to his mother, Student C "experienced" 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 he 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

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).

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

Workshop Outline

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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
### What is ED Under IDEA?

<table>
<thead>
<tr>
<th>Can be schizophrenia</th>
<th>Emotional Condition (must be at least one of the following)</th>
<th>Cannot be a physical or health factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An inability to learn not explained by intellectual, sensory, or health factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Inappropriate types of behavior/interpersonal relations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pervasive mood of unhappiness/depression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Identifying ED: An Emotional Condition

- **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 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* can identify a "condition," not the need for Sp.Ed.

### Identifying ED: An Emotional Condition

- **NEVER** 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

### 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.
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)

What is ED Under IDEA?

<table>
<thead>
<tr>
<th>Can be</th>
<th>Emotional Condition</th>
<th>Cannot be</th>
</tr>
</thead>
<tbody>
<tr>
<td>schizophrenia</td>
<td>(Results in at least one of the following)</td>
<td>mental retardation</td>
</tr>
<tr>
<td>1. An inability to learn which cannot be explained by intellectual, sensory, or health factors</td>
<td>2. An inability to hold, maintain, interpersonal relationships with peers/students</td>
<td></td>
</tr>
<tr>
<td>3. Inappropriate types of behavior/feelings under normal circumstances</td>
<td>4. Persistent mood of unhappiness/depression</td>
<td></td>
</tr>
<tr>
<td>Exhibited for a long period of time and to a marked degree</td>
<td>Adversely affects educational performance</td>
<td></td>
</tr>
</tbody>
</table>

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


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.”

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)

- 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).

Identifying ED: Characteristic 2

- "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."


Identifying ED: Characteristic 2

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

Identifying ED: Characteristic 2

- 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).

Identifying ED: Characteristic 2

- 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
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...
    - Catastrophic reactions to everyday occurrences
    - Overreaction to environmental stimuli
    - Low frustration tolerance
    - Severe anxiety
- Additional examples include...
  - 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)

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.


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 and identification.

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

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)

### 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)

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

**Sources:** APA (2013, pp. 160-161)

### Identifying ED: Characteristic 4 (continued)

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


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).

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

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)

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

What is ED Under IDEA?

- An inability to learn not explained by intellectual, sensory, or health factors
- An inability to build/maintain interpersonal relationships with peers/classmates
- Inappropriate types of behavior/feelings under normal circumstances
- Tendency to develop physical symptoms or fears associated with personal or school problems
- Exhibited for a long period of time and to a marked degree, adversely affecting educational performance

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 disturbance rather than a severe emotional disturbance.

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

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)

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.


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?


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)

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.

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


- 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

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

- **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.
  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)

- **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.
    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)

- **Roles and responsibilities of school personnel in gathering assessment data.**
  - **School Psychologist**
    1. Conduct an individually administered assessment of academic performance through the use of standardized assessment or curriculum based assessment.
    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. 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)

- **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)
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).
    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)

- 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)

- 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)

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

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

- 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)
Identifying Emotional Disturbance
NASP 2015 Summer Conference

Recommended Resource


References


References


References


References


References


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

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http://www.csus.edu/indiv/b/brocks/

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.

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

*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) Trichotillominia (Hair-Pulling) Disorder
   h) Excoriation (Skin-Picking) Disorder
   i) Depersonalizaton/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*
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**

<table>
<thead>
<tr>
<th>DSM-5 Disorder</th>
<th>IDEA Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Disability</td>
<td>Intellectual Disability</td>
</tr>
<tr>
<td></td>
<td>Developmental Delay</td>
</tr>
<tr>
<td>Unspecified Intellectual Disability</td>
<td>Intellectual Disability</td>
</tr>
<tr>
<td></td>
<td>Developmental Delay</td>
</tr>
<tr>
<td>Other Specified Neurodevelopmental Disorder</td>
<td>Intellectual Disability</td>
</tr>
<tr>
<td></td>
<td>Specific Learning Disability</td>
</tr>
<tr>
<td></td>
<td>Developmental Delay</td>
</tr>
<tr>
<td></td>
<td>Autism</td>
</tr>
<tr>
<td>Language Disorder</td>
<td>Speech or Language Impairment</td>
</tr>
<tr>
<td>Speech Sound Disorder</td>
<td>Speech or Language Impairment</td>
</tr>
<tr>
<td>Childhood-Onset Fluency Disorder</td>
<td>Speech or Language Impairment</td>
</tr>
<tr>
<td>Social (Pragmatic) Communication Disorder</td>
<td>Speech or Language Impairment</td>
</tr>
<tr>
<td>Unspecified Communication Disorder</td>
<td>Speech or Language Impairment</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>Autism</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td>Emotional Disturbance</td>
</tr>
<tr>
<td></td>
<td>Specific Learning Disability</td>
</tr>
<tr>
<td></td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Specific Learning Disorder</td>
<td>Specific Learning Disability</td>
</tr>
<tr>
<td>Developmental Coordination Disorder</td>
<td>Specific Learning Disability</td>
</tr>
<tr>
<td>Psychotic Disorder Due to Another Medical Condition</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Catatonic Disorder Due to Another Medical Condition</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Bipolar and Related Disorder Due to Another Medical Condition</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Depressive Disorder Due to Another Medical Condition</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Anxiety Disorder Due to Another Medical Condition</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Obsessive-Compulsive and Related Disorder Due to another Medical Condition</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Psychological Factors Affecting Other Medical Conditions</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Insomnia Disorder</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Hypersomnolence Disorder</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Narcolepsy</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury</td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td>Major or Mild Neurocognitive Disorder Due to Another Medical Condition</td>
<td>Other Health Impairment</td>
</tr>
<tr>
<td>Major or Mild Neurocognitive Disorder Due to Multiple Etiologies</td>
<td>Other Health Impairment</td>
</tr>
</tbody>
</table>
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
- Hording 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
- Ecopresis
- 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 Hypersomnia Disorder
Unspecified Hypersomnia Disorder
Other Specified Sleep-Wake Disorder
Unspecified Sleep-Wake Disorder
Delayed Ejaculation
Erectile Disorder
Female Orgasmic 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 Hallucinogenic 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
Historionic 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