


The Identification of Emotional Disturbance:  
Addressing Disproportionality

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SACRAMENTO STATE  
Leadership begins here.

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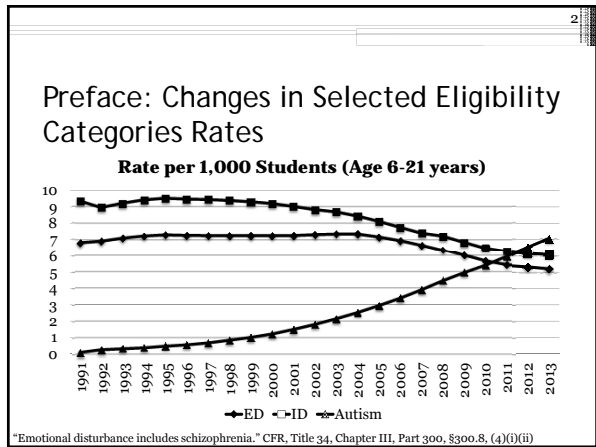
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Preface: Prevalence Estimates of Childhood Mental Disorders

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

<sup>a</sup>13-18 yrs lifetime prev; <sup>b</sup>8-15 yrs 12-month est; <sup>c</sup>DSM-IV lifetime est for children & adolescents; <sup>d</sup>12-17 yrs.  
Sources: Perou et al. (2013)<sup>a,b,c</sup>; Pratt & Brody (2008)<sup>d</sup>

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Preface: Prevalence Estimates of Childhood Mental Disorders

1. 13 to 20% of children
2. 1994-2011 surveillance suggests increasing prevalence
3. 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)

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Preface: Percentage of Students Identified as ED (per IDEA, 2013)

Rank	State	% of Pop. "ED"
1	Vermont	1.52
2	Minnesota	1.28
3	Massachusetts	1.05
4	Wisconsin	1.01
5	District of Columbia	0.92
<b>Overall</b>	<b>50 States &amp; DC</b>	<b>0.55</b>
47	Utah	0.26
48	Tennessee	0.24
49	Louisiana	0.17
50	Alabama	0.13
51	Arkansas	0.12

Institute on Disability, Univ. of New Hampshire (2015)  
<http://disabilitycompendium.org/compendium-statistics/special-education>

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Workshop Objectives

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

1. understanding of the Federal (IDEA) definitions of/criteria for ED (and associated definitions of social maladjustment).
2. consider the causes, and begin to identify solutions to, the problem of disproportionality..
3. ability to conduct ED eligibility evaluations (including having a better understanding of the social maladjustment exclusion).

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## Workshop Outline

1. Emotional Disturbance (ED) Defined
2. Disproportionality
3. Improving Referral and Assessment Practices

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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.”

Source: 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?

- 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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13



### 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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14



### What is ED Under IDEA?

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

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

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### What is ED in California?

According to the California Code of Regulations ...

(4) 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**:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- 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 under subdivision (b)(4) of this section.

[emphasis added]

Source: CCR, Title 5, Division 1, Chapter 3, Subchapter 1, Article 3.1, §3030 (5 CCR §3030)

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16

### ED vs. Autism

- “Autism does not apply if a child's educational performance is adversely affected **primarily** because the child has an emotional disturbance, as defined in ... [ED eligibility criteria] of this section.”

Emphasis and brackets added

Title 5, Education; Division 1, California Department of Education; Chapter 3, Individuals with Exceptional Needs; Subchapter 1, Special Education; Article 3.1, Individuals with Exceptional Needs

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17

### ED vs. Autism

- Discussion
  - Under what circumstances would student with a DSM-5 ASD diagnosis meet IDEA's Emotionally Disturbed eligibility criteria?
  - Can Autism be a secondary eligibility criteria for ED (and visa versa)?
  - Under what circumstances would a student who met IDEA's Autism criteria in preschool, be determined to meet IDEA's Emotionally Disturbed eligibility criteria in middle (or high) school?

Title 5, Education; Division 1, California Department of Education; Chapter 3, Individuals with Exceptional Needs; Subchapter 1, Special Education; Article 3.1, Individuals with Exceptional Needs

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18

### Workshop Outline

1. Emotional Disturbance (ED) Defined
2. Disproportionality
  - a) Definition
  - b) Causes
  - c) Solutions
3. Improving Referral and Assessment Practices

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### Disproportionality: IDEA 2004

- Congress was concerned about too many minorities in special education.
- Consequently, IDEA 2004 specified that if states found districts had "significant disproportionality," those districts would be required to spend 15% of their federal special education money on "coordinated, early intervening services."
- Under current regulations, that money is not to be used for students already identified as having disabilities.
- The money is for students "who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment."
- The money can be spent at any grade, but the Education Department wants states to focus on kindergarten through 3rd grades.
- Districts found to have overrepresentation that does not rise to the level of "significant" are also *allowed* to use part of their federal special education money for early-intervention services.

Source: 34 CFR §300.647

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### Disproportionality: Final Rules

- The Office of Special Education Programs published final regulations on significant disproportionality in December 2016.
  - Significant disproportionality in regard to identifying children as children with disabilities or as children with specific disabilities is, by definition, overrepresentation.

Source: 34 CFR §300.647

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21

### Disproportionality: Defined

Term	Definition
Representation	The rate at which children from a particular racial/ethnic group are identified with disabilities as determined by a mathematical formula.
Overrepresentation	When children from a particular racial/ethnic group have a higher risk of being identified with disabilities as compared to children not in that particular racial/ethnic group.
Underrepresentation	When children from a particular racial/ethnic group have a lower risk of being identified with disabilities as compared to children not in that particular racial/ethnic group.

Source: U.S. Department of Education, Office for Civil Rights. (2016).

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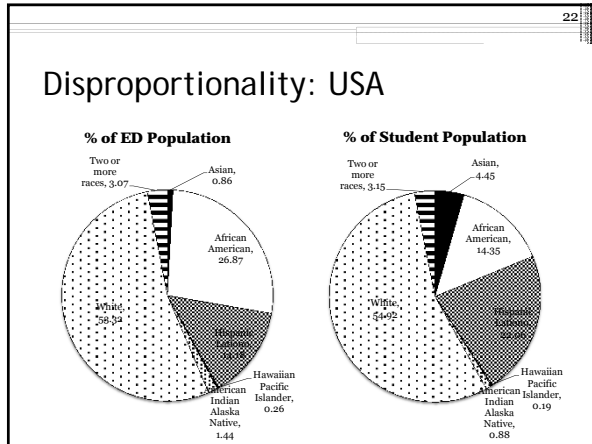
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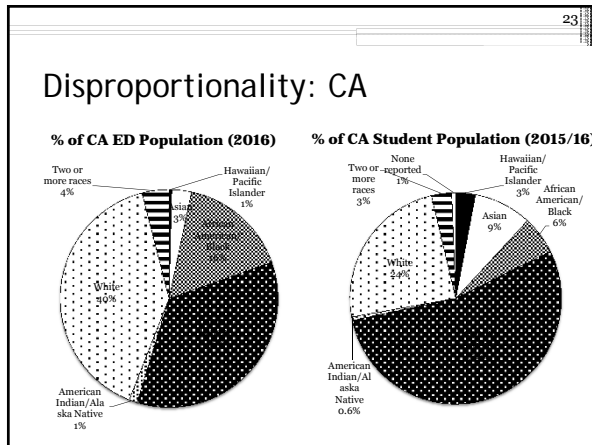
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### Disproportionality: Defined

- 1) *Inappropriately identifying* African-American students as ED and needing special education and related services even though they do not (**over-identification**)
- 2) *Failing to appropriately identify students in other racial or ethnic groups* as ED and needing special education and related services even though they do (**under-identification**)
- 3) *Appropriately identifying all students* who with ED, but underlying variations in the prevalence of those disabilities across racial and ethnic groups result in an overrepresentation of African-American students (**correct identification**).

Source: U.S. Department of Education (2017, p. 2).

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### Disproportionality: Causes

- The overrepresentation of African American's in the ED category is a specific concern.
- Activity:
  - In small groups discuss what you consider to be some of the causes of the this overrepresentation
  - Be prepared to share the results of your discussions with the larger group.

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### Disproportionality: Causes

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### Disproportionality: Causes

#### Health Disparities

- Life expectancy
  - Hispanic/Latino 82.0
  - White 78.7
  - **Black/African American 75.1**
- Infant Mortality (deaths per 1,000 live births)
  - Hispanic/Latina 5.01
  - White 4.89
  - **Black/African American 10.93**
  - Asian/Pacific Islander 3.68
  - American Indian/Alaskan Native 7.66

Source: National Center for Health Statistics. (2017).

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28

### Disproportionality: Causes

Health Disparities

- Low birthweight (% of births <2,500 grams)
  - Hispanic/Latina 7.21
  - White 7.0
  - **Black/African American 13.03**
  - Asian/Pacific Islander 8.40
  - American Indian/Alaskan Native 7.53
- Very low birthweight (% of births <1,500 grams)
  - Hispanic/Latina 1.23
  - White 1.12
  - **Black/African American 2.81**
  - Asian/Pacific Islander 1.13
  - American Indian/Alaskan Native 1.27

Source: National Center for Health Statistics. (2017). Retrieved from <https://www.cdc.gov/nchs/data/hus/hus16.pdf>

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### Disproportionality: Causes

Poverty

- Percent below poverty level
  - Hispanic/Latino 21.4
  - White 11.6
  - **Black/African American 24.1**
  - Asian 11.4
- With children under age 18
  - Hispanic/Latino 28.6
  - White 16.7
  - **Black/African American 32.7**
  - Asian 11.4

Source: National Center for Health Statistics. (2017). Retrieved from <https://www.cdc.gov/nchs/data/hus/hus16.pdf>

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### Disproportionality: Causes

Poverty

- Homicide death rates
  - Hispanic/Latino 4.9
  - White 3.3
  - **Black/African American 19.8**
  - Asian/Pacific Islander 1.6
  - American Indian/Alaskan Native 6.2

Homicides  
1-1-18 to 6-19-18



Source: National Center for Health Statistics. (2017).

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31

## Disproportionality: Causes

<b>Health Disparity Outcome: Trauma</b>	
Stage	Risk/Challenge
Childhood	<ol style="list-style-type: none"> <li>1. Inadequate, under-resourced systems (schools, family disruption, negative peers)</li> <li>2. Masculine gender role socialization that stifles trauma recognition and response</li> <li>3. Adverse childhood experiences and associated neurobiological changes</li> <li>4. Childhood maltreatment and sexual abuse Developmental disabilities or special needs</li> <li>5. Boys seen as older, less innocent, dehumanized</li> </ol>

Source: Powell et al. (2018, p. 50)

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32

## Disproportionality: Causes

<b>Health Disparity Outcome: Trauma</b>	
Stage	Risk/Challenge
Adolescence	<ol style="list-style-type: none"> <li>1. Masculine role identity negotiation and consolidation can strongly emphasize male behavioral risk-taking.</li> <li>2. Intimate partner violence victimization</li> <li>3. Maladaptive emotion/affect regulation</li> <li>4. Greater exposure to community and race-based violence,</li> <li>5. Delayed help-seeking</li> <li>6. Increased experience of microaggressions and higher sexual coercion among sexual minorities</li> </ol>

Source: Powell et al. (2018, p. 50)

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33

## Disproportionality: Causes

<b>Health Disparity Outcome: Violence</b>	
Stage	Risk/Challenge
Childhood	<ol style="list-style-type: none"> <li>1. Repeated exposed to violence results in emotional desensitization, depressive symptoms and aggressive behaviors</li> <li>2. Having a disability (e.g., a learning disability)</li> <li>3. Adverse childhood experiences induce trauma</li> <li>4. Exposure to traumatic violence and chronic stress</li> </ol>

Source: Powell et al. (2018, p. 52)

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34

### Disproportionality: Causes

Health Disparity Outcome: Violence	
Stage	Risk/Challenge
Adolescence	<ol style="list-style-type: none"> <li>1. Hopelessness, depression, previous victimization, corporal punishment</li> <li>2. Rigid adherence to masculine ideology</li> <li>3. Gang involvement</li> <li>4. Hate crime victimization: Gay males more likely to be victims of violence/hate crimes</li> <li>5. Lack of protection and support</li> </ol>

Source: Powell et al. (2018, p. 52)

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35

### Disproportionality: Causes

Health Disparity Outcome: Depression	
Stage	Risk/Challenge
Childhood	<ol style="list-style-type: none"> <li>1. Vulnerable to depression as males learn to manage difficult emotions</li> <li>2. Increase in suicide</li> <li>3. Childhood maltreatment increases lifetime risk of depression</li> </ol>
Adolescence	<ol style="list-style-type: none"> <li>1. Chronic stress</li> <li>2. Under-/misdiagnosed depression                             <ul style="list-style-type: none"> <li>• Symptoms of depression in misinterpreted, leading to social reprimand</li> </ul> </li> <li>3. Strict use of avoidant coping strategies</li> <li>4. Racism, invisibility, perceived discrimination</li> </ol>

Source: Powell et al. (2018, p. 53)

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### Disproportionality: Solutions

- The overrepresentation of African American's in the ED category is a specific concern.
- Discussion:
  - How do we address the disproportionality caused by health disparities and poverty?

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37

### Disproportionality: Solutions

- Higher socioeconomic status and better housing
- Positive masculine gender role socialization
- Early childhood development and support
- Resilience-building
- Posttraumatic growth
- High religiosity and authoritarian parenting
- Positive and supportive family functioning that promotes resilience
  - Parenting programs
- Positive self-regulation
- Positive self-esteem, sense of mastery, and other sources of social support
- Emotion control
- Reducing adherence to masculinity
- Reducing bullying/violence/trauma against youth, including LGBT
  - Through school-based programs, training, and policies
- Having access to health/mental health services
- Professionals who can assess and treat depression

Source: Powell et al. (2018, pp. 50-53)

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38

### Disproportionality: Causes

#### Educator's Explicit Bias

- Underlying racism and cultural ignorance in staff and school processes.

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39

### Disproportionality: Causes

#### Educators Implicit Biases

Source: Gilliam et al. (2016)

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### Disproportionality: Causes

#### Educators Implicit Biases



Source: Gilliam et al. (2016)

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41

### Disproportionality: Causes

#### Educators Implicit Biases

- ... disproportionate expulsion of Black boys [has] gained attention in recent years, but little has been done to understand the underlying causes behind this issue. This study examined the potential role of ... educators' implicit biases as a viable partial explanation behind disparities in ... expulsions. Participants were ... primed to expect challenging behaviors (although none were present) while watching a video of preschoolers, balanced by sex and race, engaging in typical activities, as the participants' eye gazes were tracked.  
**Findings revealed that when expecting challenging behaviors teachers gazed longer at Black children, especially Black boys.**

Source: Gilliam et al. (2016)

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### Disproportionality: Solutions

- The overrepresentation of African American's in the ED category is a specific concern.
- Discussion:
  - How do we address the disproportionality caused by implicit and explicit bias?

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43

## Disproportionality: Solutions

- **Research**
  - Normative vs. optimal development
    - The natural history of male role socialization in families, within/across generations, and over the lifespan
  - Stress exposures (e.g., types of stress, chronic stress)
    - And their negative psychological consequences (e.g., depression)
  - Preparation and improvement of a workforce that educates, treats, and provides services
    - Address implicit bias and stereotyping in reference to racial, ethnic, gender, sexual minority status and the intersection of these identities and characteristics.
  - Demonstrate the effects of programs and interventions
  - Determine the impact of proposed and current policies and programs.
  - The role of masculinity, chronic stress, trauma, depression, and sub-stance abuse
    - And their relationship to health status, health behaviors, and use of services across the lifespan; integrate these measures into the nation's Healthy People objectives.
  - Evaluate existing assessment measures of boys and men of color and sexual and gender minority males

Source: Powell et al. (2018, p. 4)




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## Disproportionality: Solutions

- **Practice Education, and Training**
  - Increase psychotherapeutic support for families
  - Address stress inducing implications of exposure to implicit biases and the micro-aggressions
  - Comprehensive assessments
  - Training
    - Particularly for those working in elementary schools, high schools, junior colleges, universities, and communities
  - Youth mentoring programs
    - Incorporate more reflexive examples of demonstrating manhood or masculinities into existing rites-of-passage mentoring programs to reflect a wider range of options for expressing masculinities
  - Assessment of trauma exposure and mental health needs as well as mental health and addiction care

Source: Powell et al. (2018, pp. 4-5)




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## Disproportionality: Solutions

- **Practice Education, and Training**
  - Access to interventions that assist in substance abuse recovery in the criminal justice system during the transition from incarceration
  - Treatment services and modalities that attend to sexual identity and the complex interplay between persons and behavioral, psychosocial, and social stressors that place sexual minority men at risk
  - Provide rehabilitative and supportive services to vulnerable boys and men who have been impacted by trauma and violence
    - Attend to the unique ways such events impact masculine role identity
    - Integrate services in spaces where racial/ethnic and sexual minority boys and men live, work, play, pray, are educated, and acquire health care
    - Provide support also for families and friends who are close to those who are impacted by trauma and violence.
  - Gender-based prevention programs aimed at men involved in violence as perpetrators or peer bystanders (e.g., Coaching Boys Into Men)
  - Incentivize, expand, and support state and local programs to assist boys and men who are reentering communities from prisons and jails.
    - Retention and engagement in schools, family and community life, and the workforce.

Source: Powell et al. (2018, pp. 4-5)




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46

### Workshop Outline

1. Emotional Disturbance (ED) Defined
2. Disproportionality
3. Improving Referral and Assessment Practices
  - a) Social Maladjustment Exclusion
  - b) Emotional Condition
  - c) Five Characteristics
  - d) Limiting Conditions

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### What is Social Maladjustment?

- Neither Federal nor State regulations define this term.
- Further, it is not a clinical diagnosis.
- Consequently, court rulings have had a significant impact on this exclusion, what it means, and how it is applied.
  - One such definition of Social Maladjustment is:
    - A child who has a persistent pattern of violating societal norms with truancy, substance abuse, a perpetual struggle with authority, is easily frustrated, impulsive, and manipulative.

Source: Doe v. Board of Education of the State of Connecticut (1990, October 24)

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### What is Social Maladjustment?

- Some understanding of how Hearing Officers in Illinois view the Social Maladjustment Exclusion can be found in a ppt by Mary Schwartz, Impartial Hearing Officer, IL.

**SOCIAL MALADJUSTMENT**

"Teenagers, for instance, can be a wild and unruly bunch. Adolescence is, almost by definition, a time of social maladjustment for many people." Springer v. Fairfax County School, 134 F.3d 659,664 (4<sup>th</sup> Cir. 1998).

Characterized by:

- Intentionality
- Little remorse
- Lack of empathy
- Failure to take responsibility for behavior

Source: Schwartz, M. (2010). *The nexus between DSM & IDEA: Social Maladjustment v. Emotional Disturbance*. Workshop presented at the 2010 Special Education Hearing Officers and Mediator Training, San Diego, CA

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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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53

### 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.*

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

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54

### 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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55

### 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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56

### 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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57

### 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 11<sup>th</sup> 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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58

### ED/SM Case Studies

- **Activity: Case Study B**
  - Student B is a 9<sup>th</sup> 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 7<sup>th</sup> 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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59

### Social Maladjustment and Sec. 504

- While IDEA excludes students with social maladjustment from eligibility for special education, the Rehabilitation Act of 1974, Section 504, does not appear to do so.
- To be Section 504 eligible, we only need to establish that a student’s challenge (which we might view as “social maladjustment”) is a mental impairment that substantially limits a major life activity (e.g., the ability to learn).

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60

### Is the Distinction Between ED & SM Relevant?

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

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61

### Is the Distinction Between ED & SM Relevant?

IDEA Characteristics	Conduct Disorder Criteria
An inability to learn which cannot be explained by intellectual, sensory, or health factors	(13) often stays out at night despite parental prohibitions, beginning before age 13 years (14) has run away from home overnight at least twice while living in parental or parental surrogate home (15) is often truant from school, beginning before age 13 years

Source: Lewis (n.d.)

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62

### Is the Distinction Between ED & SM Relevant?

IDEA Characteristics	Conduct Disorder Criteria
An inability to build or maintain satisfactory interpersonal relationships with peers and teachers	(1) often bullies, threatens, or intimidates others (2) often initiates physical fights (3) has use a weapon that can cause serious physical harm to others (4) has been physically cruel to people (6) has stolen while confronting a victim (7) has forced someone into sexual activity

Source: Lewis (n.d.)

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63

### Is the Distinction Between ED & SM Relevant?

IDEA Characteristics	Conduct Disorder Criteria
Inappropriate types of behavior or feelings under normal circumstances	(5) has been physically cruel to animals (8) has deliberately engaged in fire setting with the intention of causing serious damage (9) has deliberately destroyed others' property (10) has broken into someone else's house, building, or car (11) often lies to obtain goods or favors or to avoid obligations (12) has stolen items of nontrivial value without confronting a victim

Source: Lewis (n.d.)

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64

### 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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65

### What is ED Under IDEA?

Can be schizophrenia	Emotional Condition <small>(Results in at least one of the following)</small>	Cannot be social maladjustment
<p>An inability to learn not explained by intellectual, sensory, or health factors</p> <p>Inappropriate types of behavior/feelings under normal circumstances</p> <p>Tendency to develop physical symptoms or fears assoc. w/ personal/school problems</p>	<p>An inability to build/ maintain interpersonal relationships with peers/teachers</p> <p>Pervasive mood of unhappiness/depression</p>	
<p>Exhibited for a long period of time and to a marked degree Adversely affects educational performance</p>		

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### Identifying ED: An Emotional Condition

- Emotional Disturbance is a legal category created by Congress to distinguish a narrow range of pupils with emotional problems who are eligible for special education services.
- The criteria regarding emotional disorders in the medical and mental health fields are significantly different than the educational criteria for ED.

Source: *Student v. Placentia-Yorba Linda Unified School District* (2009, p. 4)

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67

### 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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68

### Identifying ED: An Emotional Condition

- A DSM diagnosis by itself does not provide evidence of ED.

**DSM-IV IS RELEVANT.....**

- Symptoms per above diagnoses provide information that may be relevant to determination of emotional disorder
- Expert testimony may reference and discuss DSM-IV symptomatology

**BUT NOT SUFFICIENT**

Source: Schwartz, M. (2010). *The nexus between DSM & IDEA: Social Maladjustment v. Emotional Disturbance*. Workshop presented at the 2010 Special Education Hearing Officers and Mediator Training, San Diego, CA

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69

### 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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70

### 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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71

### Identifying ED: An Emotional Condition

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

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72

### 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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73

### 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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74

### 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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75

### What is ED Under IDEA?

Can be schizophrenia	<b>Emotional Condition</b> (Results in at least one of the following)	Cannot be social maladjustment
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/feelings under normal circumstances	Pervasive mood of unhappiness/depression	
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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76

### Identifying ED: The Five Characteristics

- How many characteristics need to be met to qualify?
- Do students who meet more than one characteristic gain access to more services?
  - Are these students more ED?
- Does the psychoeducational report need to consider all five of the characteristics?
  - Why might it be especially important to consider characteristic 1 in ALL psychoeducational reports?

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77

### 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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78

### 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 (prior to 1991 was a "rule in)
    - 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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80

### 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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81

### 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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82

### 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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83

### 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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84

### 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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86

### 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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87

### 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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88

### 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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89

### 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)

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91

### 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)

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92

### 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)

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93

### 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)

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94

### 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)

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95

### 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).

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96

### 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)

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97

### 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)

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98

### 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)

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### 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)

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100

### 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)

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101

### 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)

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102

### What is ED Under IDEA?

Can be schizophrenia → **Emotional Condition** ← Cannot be social maladjustment

(Results in at least one of the following)

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

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103

### 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)

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104

### 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 6months
    - 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)

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105

### 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)

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106

### 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)

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107

### 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)

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108

### 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)

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109

### 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)

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110

### 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)

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111

### 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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112

### 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)

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113

### 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)

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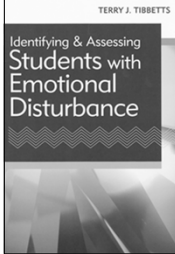
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114

### Recommended Resource



Tibbetts, T. J. (2013). *Identifying & assessing students with emotional disturbance*. Baltimore, MD: Brooks.

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## The Identification of Emotional Disturbance: Addressing Disproportionality

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*Leadership begins here.*

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