Emotional Disturbance (ED): Deconstructing a Definition

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January 22, 2019

Objectives

- Have a clear understanding of the Emotional Disturbance definition
- Be able to identify students with social-emotional challenges who require a referral for a special education evaluation
- Be able to identify behaviors that are and are not indicative of Emotional Disturbance
- Differentiate between Emotional Disturbance and Social Maladjustment

Statistics

- Approximately 6 million students ages 6-21 years old qualify for Special Education
- Approximately 6% (or 335,000) students qualify as ED
- Approximately 52% of these students are between the ages of 13 & 17
- Approximately 75% of these students are males
- Approximately 20% or 17.1 million children and adolescents have a diagnosable psychiatric disorder
- Children and youth with emotional and behavioral disorders are considered the most under identified and underserved of all the disability groups

Problematic Definition

- Many of the problems of under identification are attributed to the federal definition of ED
- The definition is vague and highly subjective and is compounded by definitional problems of social maladjustment and the exclusionary clause
- The defining characteristics of the definition are based on a 1957 study of 6000 school aged children (Bower, E.L., 1982)
- The federal definition has undergone minor changes since the initiation of IDEA in 1975
Emotional Disturbance

Federal Definition

Emotional disturbance is defined under the Individuals with Disabilities Educational Act (IDEA) as:

"...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." [Code of Federal Regulations, Title 34, Section 300.7(c)(4)(i)]

As defined by the IDEA, emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. [Code of Federal Regulation, Title 34, Section 300.7(c)(4)(ii)]

Long Period of Time

This phrase means the student has a history of emotional impaired symptoms or characteristics that can be considered "chronic."

Chronic can be referred to as:

- Sustained behavior over a long period of time (e.g., 6 months or longer);
- A high frequency of occurrences over a short period of time;
- Multiple acute episodes that may be the culmination of an underlying mental health disorder.

- The severity of certain symptoms and the serious safety risk they may pose for the student and/or others when they occur.

- If it has been a shorter period of time, there must be an expectation that the behavioral problems will continue to exist without special education intervention.

Marked Degree

- Evidence of the behavior should be observed by more than one person across a variety of settings and environments. It should occur in noticeable, predictable patterns, and be considered significant in rate, frequency, intensity, or duration.

- The problem behaviors have not been changed or improved after implementation of at least two planned and documented interventions applied in the school setting prior to referral.

- Behavioral characteristics should not be a secondary manifestation attributable to substance abuse, medication, or a general medical condition (e.g., hypothyroidism).
Marked Degree Characteristics

- **Pervasiveness** — Students should demonstrate the characteristics of their disability across most settings (i.e., school, home, community). Problems should be observed and documented by several members of the school staff or in more than one class in order to verify that they are pervasive in the school environment and not confined to a single setting or relationship.

- **Severity / Intensity** — Refers to the demonstration of problem behaviors in an overt, acute, and observable manner. Manifestations of the problem behaviors must be clearly apparent to school staff and others who are familiar with the student and not solely documented in psychological assessments or clinical settings.

Adversely Affects Education

- Refers to those characteristics which interfere primarily with academic performance and social functioning in the school setting to a marked degree. This includes the frequency, duration or intensity of a student’s behavior in comparison to peers.

- The condition must be pervasive (continuing over time) and intense (overt, acute, observable).

- The adverse effect may be indicated by either reduced classroom performance or by lowered academic achievement.

- Private evaluations/DSM-IV diagnoses do not by themselves qualify a student for an educational emotional impairment.

Adversely Affects Education (ex):

- Inability to pass from grade to grade, or to pass several academic courses in a given year;

- Work samples that show abnormal thought processes and/or an inability to complete tasks;

- Clearly demonstrates a rate of academic progress that is noticeably slower than that of the student’s peers and slower than what would have been predicted based on his/her intellectual ability;

- Standardized achievement scores that are approximately one and a half standard deviations below the student’s expected achievement based on intellectual ability;

- Inability to attend, concentrate, follow class discussions and/or participate appropriately in educational activities, resulting from such things as bizarre thought processes or out-of-control emotions;

- Serious, recurring disciplinary problems that are emotionally based and that interfere with educational performance.

A. Inability to Learn

- This category requires that a student have so severe an emotional disability that he/she cannot learn despite appropriate educational interventions. Inability to learn should not be confused with an unwillingness or disinterest in learning. Basic definitions of inability to learn may include the following:

- Incapable, unable, cannot, lacks the power or capacity to learn;

- Cannot make academic gains when causes such as learning disability, mental retardation, and lack of motivation are eliminated;

- A student with emotional disability may exhibit discrepant achievement due to anxiety, pervasive depression, and/or reality distortion.
Inability to Learn (cont.)

• Fragmentation of thought or disorders in thinking, reasoning, memory, and/or perception such as that resulting from schizophrenic or bipolar deterioration;
• Incoherence and/or inability to make realistic/rational decisions;
• Reports of hallucinations or delusions that interfere with learning, such as hearing or seeing things that are not there, or believing his/her thoughts are controlled by someone else;
• Disturbed or unclear awareness of reality, such as not being able to distinguish between reality and fantasy;
• Inattention or inability to focus on assigned tasks due to an emotional disability (e.g., disturbed thoughts, disordered processing, obsessive-compulsive symptoms, etc.).

B. Interpersonal Relationships

• Has no friends at home, at school or in the community;
• Does not voluntarily play, socialize, or engage in recreation or structured activities with others;
• Averts talking with teachers and peers, or is selectively mute;
• Is excessively physically or verbally aggressive when others approach him/her; alienates others through consistently hostile or detached (uncaring) behaviors;
• Shows lack of affect, disorganized emotions toward others, or auditory/visual hallucinations which negatively affect relationships with others;

Interpersonal Relationships (cont.)

• Displays consistent anxiety-based or fear-driven avoidance of meaningful school-based social interactions;
• Exhibits withdrawal, isolation and/or bizarre interactive patterns suggesting behaviors symptomatic of schizophrenia, social phobic reactions, depression, obsessive-compulsive disorders, etc.;
• Seeks excessive approval from others through abusive, self-humiliating and/or immature actions;
• Seeks negative attention by being ostracized, punished, humiliated, and/or hurt by others.

C. Inappropriate Behaviors

• Reacts catastrophically to everyday occurrences;
• Lacks appropriate fear reactions;
• Shows flat, blunted, distorted, or excessive affect;
• Engages in bizarre verbalizations, peculiar posturing or ritualistic behavior;
• Engages in self-mutilation;
• Demonstrates manic reactions or manic behaviors, such as unexplained euphoria, racing thoughts, and excessive activity;
• Has delusions, unfounded feelings of persecution, over-exaggeration of ability, or feeling that situations or discussions always refer to him/her even with evidence to the contrary;
• Has hallucinations, such as hearing things that are not there or seeing things that are not there;
• Has obsessions, such as persistent, recurrent, or intrusive thoughts that cannot be controlled;
Inappropriate Behaviors (cont.)

- Displays extreme changes or shifts in mood or feelings;
- Displays unexplained rage reactions or violent temper tantrums;
- Dwells in a fantasy life or seems to be out of touch with reality;
- Displays regressive behaviors and/or unacceptable social behaviors under stress, such as temper tantrums, excessive or uncontrollable crying, whining, or self-harm;
- Laughs or cries inappropriately in ordinary or common social or academic situations;
- Displays disjointed verbal communication in which ideas are not logically related to the content of the discussion;
-Displays extreme social withdrawal;
- Behaves aggressively in a manner that seems unprovoked or extreme for the circumstance, such as physically attacking other children for unclear or unjustified reasons;
- Expresses unusual and unprovoked sexual behaviors, such as public masturbation or attempts to fondle teachers or peers.

D. Unhappiness or Depression

- Must be pervasive, chronic, and observable in the school setting;
- Seems constantly unhappy, sad, depressed and/or hopeless;
- Has lost interest in and/or pleasure in activities, pastimes or social relations;
- Displays major changes in eating patterns and weight level when not dieting;
- Demonstrates loss of energy, is frequently fatigued/over-tired, and/or is experiencing insomnia or hypersomnia;
- Acts excessively agitated or is unusually over or under-active compared to previous behavior;
- Manifests feelings of worthlessness or inferiority, through repeated self-denigration;
- Expresses feelings of excessive or inappropriate guilt;

Unhappiness & Depression (cont.)

- Shows prolonged periods of crying and confusion about the reason for crying;
- Seems to feel little or no emotion or is emotionally unresponsive;
- Has recurrent thoughts of death or desires to be dead;
- Engages in suicidal ideation and/or attempts to harm self;
- Displays outbursts of uncontrollable and excessive anger, frustration, or irritability which are changes from previous behavior;
- Exhibits diminished ability to think or concentrate, such as memory difficulty or indecisiveness, that is not associated with marked loosening of associations or incoherence;
- Loss of interest in socialization or preferred activities

E. Physical Symptoms & Fears

- Complains of physical problems without known medical cause, such as aches and pains, headaches, nausea, problems with eyes, rashes, stomachaches, cramps or vomiting;
- Displays physical reactions that appear specifically linked to stress or conflict, such as increased heart rate, sweating palms, or tremors;
- Shows physical reactions or behaviors that are not under voluntary control, such astics, eye blinking, or unusual vocalizations that are not related to physical conditions;
Physical Symptoms & Fears (cont.)
- Has persistent and irrational fear of specific objects, situations, or activities that result in compulsive and/or avoidance behavior;
- Expresses excessive fear of going to school;
- Has irrational fear that catastrophe or harm will occur to self, parent, or other important person, or fears a parent/adult will leave home and never return;
- Worries excessively about learning or school performance to the point where somatic complaints are evident and/or result in the inability to function/perform;
- May be preoccupied with morbid beliefs or thoughts.

Social Maladjustment Exclusion
- There is not an agreed upon definition and is not defined by IDEA.
- Social Maladjustment (SM) has generally been accepted as consisting of behaviors that are outside established norms of the majority culture but that may be acceptable to members of the same subculture. It involves a persistent pattern of violating societal norms through such behaviors as truancy, substance abuse, perpetual struggles with authority, poor motivation for schoolwork, and impulsive and manipulative behavior.
- Students who are identified as SM are excluded from ED eligibility.

SM Characteristics
- Displays misbehavior that is controlled and understood;
- Usually has intact peer relations;
- Is often a member of a subculture group that is asocial or antisocial;
- Is often skilled at manipulating others;
- Has conflicts primarily with authority figures (e.g., parents, school personnel, police);
- Often displays self-confidence or strong self-identity outside of school situations;
- Tends to be independent and to appear self-assured;
- Appears defiant and oppositional;
- Shows courage, responsibility and imagination but toward undesirable ends;
- Generally reacts toward situations with appropriate affect;
- Lacks appropriate guilt (i.e., underdeveloped conscience) and often blames others for his/her problems though otherwise appears reality oriented;
- Dislikes school except as a place for social contacts;
- Is frequently truant, and/or rebels against rules and structures;
- Is involved with the criminal justice system;
- Frequently avoids school achievements even in areas of competence;
- Has a diagnosis of conduct disorder or a dual diagnosis of conduct disorder and substance abuse.
Emotional Disturbance & Social Maladjustment

- It is possible for a student to exhibit behaviors characteristic of both disorders and then appropriately be certified as emotionally disturbed.
- The most common mistake by school psychologists is to automatically disqualify a student once they see evidence of socially maladjusted behavior without considering the underlying cause.
- Another common mistake is equating Conduct Disorder with Social Maladjustment.

Arguments for Removal of the SM exclusionary clause

- There is no federal definition, states and local education agencies are left to create their own definition, which leads to inconsistency in eligibility determinations.
- The SM and ED are indistinguishable and some believe there is a lack of assessment tools to truly differentiate between a student with SM and a student with ED.
- It becomes easier to exclude students using this clause, rather than using the definition to exclude students.
- Distinguishing ED and SM on the basis of intentionality involves creating false dichotomies because both groups are capable of impulsive or unintentional acts.
- There is often an overlap between ED & SM.

Comprehensive Evaluation

- Emotional/Behavioral
  - Direct observation of student
  - Interview with student
  - Play-based assessment (e.g., with preschool children)
  - Personality testing (e.g., sentence completion, projective drawings)
  - Student self-report
  - Observable behavior in multiple settings
  - Standardized tests (e.g., rating scales, inventory, etc.) (by teacher, parent, other observer)
  - Documentation of specific behavioral incidents (e.g., discipline reports)
  - Psychosocial history, family background, behavior history, developmental history, educational history, special services, recent psychosocial functioning, etc.
  - Medical
  - In-depth, structured interviews with parent(s) or guardian(s)
- Intellectual/Developmental Functioning
  - Standardized cognitive/developmental testing
  - Documentation of cognitive or developmental level valid and still applicable
  - Other documented evidence (e.g., group testing) that establishes a level of cognitive functioning
- Educational Progress
  - Standardized academic measures
  - Objective data on classroom performance (e.g., grades on assignments, tests)
  - Standardized achievement testing
  - Work samples/photographs of student work
- Health Assessment
  - Past and current health status reports

References

- Centers for Disease Control & Prevention (CDC) https://www.cdc.gov/childrensmentalhealth/data.html
- ChildMind.org (2016 Mental Health Report)
- Individuals with Disabilities Act (IDEA) https://sites.ed.gov/idea/