

**Washington State Association of School Psychologists
Professional Practice Standards Guidelines
in Evaluation and Identification of
Students with Emotional/Behavioral Disabilities**

Background

With the passage of P. L. 94-142 the identification of students with disabilities became a significant function for school psychologists. The category of Serious Emotional Disturbance was developed to provide a means for identifying and serving those students whose emotional or behavioral functioning was significantly different from that of their peers, to the extent that this interfered with their school performance. The definition was derived primarily from work by Bower (1960) in defining emotional disturbance. With the reauthorization of IDEA in 1997 an emphasis was placed on student behavior. This resulted in a state level change in the name of the disability category to Emotional/Behavioral Disability (EBD). In addition, significant attention was drawn to appropriate discipline of students with disabilities. In no case is this more important than appropriate intervention for students with emotional and behavioral disabilities. The process of determining whether or not a behavior is a manifestation of a given disability is an integral part of current discipline proceedings. To make these determinations, teams need to have useful information on the nature of disability and reasonable manifestations thereof. In the case of EBD this can be challenging, given the often-heterogeneous group of students that are served under this disability category. Furthermore, there is great inconsistency within and across states in the identification and service provided to students with EBD. At last report 27 of 50 states used a definition for EBD that differed from the language in federal law, and among these significant differences exist in both the eligibility criteria and assessment procedures used. The purpose of the current paper is to clarify both appropriate identification and appropriate evaluation procedures for determining whether or not a student qualifies for service as EBD using the criteria set forth in Washington state regulations.

WAC 392-172-118

The definition of emotional/behavioral disability in WAC 392-172-118 mirrors the federal language, and is virtually unchanged since its initial conception in P. L. 94-142. The current definition states that students who are emotionally/behaviorally disabled are those who exhibit, over a long period of time and to a marked degree, one or more of the following characteristics, which adversely affects their educational performance and requires specially designed instruction:

- 1) *An inability to learn which cannot be explained by intellectual, sensory, or health factors.* Examples may include, but are not limited to: disorders in thinking, reasoning, and/or perception, pervasive depressive symptoms affecting school performance, anxiety disorders affecting school performance (school phobia, obsessive-compulsive disorder or tendencies), or other significant disorders in thought or affect.
- 2) *An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.* Examples may include consistently anxious or fear-driven avoidance of others, social withdrawal, isolation, bizarre patterns of interpersonal interaction, excessive attention seeking (either seeking excessive approval or negative attention). **Note:** It is important to differentiate between unsatisfactory and undesirable relationships. In some cases students are able to form meaningful and personally satisfactory relationships that are undesirable from an adult perspective. Gang membership, identification in particular subcultures, and some delinquent behavior can be personally meaningful to children and may not constitute eligibility under this criterion.
- 3) *Inappropriate types of feelings or behavior under normal circumstances.* Examples: catastrophic reactions to routine occurrences, hallucinations, disorganized speech, delusions, extreme social withdrawal or isolation, excessive preoccupation with fantasy, bizarre and/or non-purposeful emotional responses and actions in normal circumstances.
- 4) *A general pervasive mood of unhappiness or depression.* Examples: abnormally self-destructive thoughts or behavior, feelings of guilt, worthlessness or gross inadequacy, obsessions with death/suicide, morbid preoccupation, chronic moods of extreme unhappiness, excessive crying, signs of depression (loss of interest or pleasure, slowed thinking or action, inattention, memory deficits, etc)

- 5) *A tendency to develop physical symptoms or fears associated with personal or school problems.* Examples: chronic somatic complaints associated with psychosocial stressors, irrational fears or phobic reactions, preoccupation with irrational fears or morbid beliefs.

Definitions

Some terms in these criteria must be operationally defined to be useful for assessment and identification of EBD. These include:

- 1) a long period of time: the behaviors that are typically associated with EBD are often linked with diagnostic categories used by psychologists, psychiatrists, and other health-related professionals. In DSM-IV, the standard diagnostic manual for these professionals, the commonly used duration criterion is a pattern of symptoms present for at least six months. While some disorders (schizophreniform disorder, acute-stress disorder, adjustment disorder) use more brief time spans, it is recommended that the 6 month benchmark be used in standard practice to differentiate a standing pattern of emotion or behavior from more transient and reactive/acute conditions.

Ask:

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

- 2) marked degree: for identification of a disability, the emotional or behavioral pattern under question must differ significantly from that of a student's peer group. Significant differences can be observed on one or more dimensions of behavior:

Frequency: the behavior occurs significantly more often than is typical for a student of similar age and development.

Duration: the behavior persists over a longer period of time in a given episode than is typical

Intensity: the behavior is more extreme than usual, given behavioral antecedents.

Examples include loudness, level of physical aggression, or degree to which the behavior is seemingly irrational or uncontrollable.

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.

- 3) adversely affects educational performance: While this can include levels of academic achievement, as measured by standardized tests, curriculum based measures, grades, etc, other significant domains of educational function should be considered. These include social functioning, school participation and attendance, and performance in school related non-academic and extracurricular activities. Also included are functional communication skills and health/fitness skills that are identified in the Washington Essential Academic Learning Requirements (EALR's). This does not necessarily include, however, inability to participate in extracurricular activities due to disciplinary action due to normal school misbehavior.

- 4) requires specially designed instruction: To require special education services, a clear record of attempted interventions in the general curriculum must be documented. If a student's behavior continues to interfere with their educational performance, despite attempts at intervention using appropriate and sound methods, they may require specially designed instruction.

Assessment Procedures

The assessment of emotional/behavioral disability must be a multidimensional and empirically based assessment. Psychologists should participate in the evaluation with team members, including parents, teachers, school administrators, among others. No single participant or measure should make the eligibility determination. Given this, a number of assessment procedures may be used in concert to assess the presence of EBD. These include:

1. Norm referenced, standardized tests and behavior reports: Instruments such as the Behavior Assessment Scale for Children (BASC), Child Behavior Checklist (CBCL), Scale for Assessing Emotional Disturbance (SAED) and others have been developed for the identification of clinically significant behavior and emotional patterns. Each has been validated on representative samples of children and has demonstrated sufficient reliability and validity for use. While many scales exist, appropriate training and instruction must be available to ensure inter-rater reliability and appropriate interpretation of scores.
2. Direct observations: Any evaluation should include direct behavioral observations of the student, by multiple raters and in multiple settings. Structured observation of the student in non-school environments is important in identifying a persistent pattern of behavior across situations.
3. Functional Behavior Analysis: One means of assessing student behavior is to identify the antecedents and consequences of behavior, to understand the function that the behavior serves. This can be useful in both identification and development of intervention for students with EBD.
4. Developmental History: A thorough developmental history can be useful in identifying the age of onset of problems, as well as environmental factors that may contribute to the development of EBD (for example, trauma, etc.). This can be important in developing appropriate interventions and anticipating outcomes. Clinical evidence suggests that early onset of behavior problems is associated with worse long-term outcome, and may be related to social maladjustment (see below).
5. Interviews: A thorough interview with the parents/guardians of the student can be useful in identifying both psychosocial/environmental stressors and developmental issues. This information can also be used to investigate a pattern of disturbance evident outside of school. Similarly, clinical interviews with the child can be essential in learning about the subjective emotional experience of children with internalizing-spectrum disabilities. Use of projective tests or other materials in the child interview can be useful in accessing this information in a useful and non-threatening way.
6. Academic Evaluation: Use of a variety of assessment procedures can be helpful to determine the degree to which EBD impacts academic functioning. Standardized measures of academic achievement, as well as curriculum-based measurements and state/district testing can be used for this purpose.
7. Cognitive Evaluation: While intelligence testing will not be necessary in all or most cases, this area should receive consideration when hypothesizing about the cause(s) of behavior and potential intervention.

Social Maladjustment and EBD

Part of the definition of EBD in Washington state includes the following statement:

“This term (EBD) does not include students who are socially maladjusted, unless it is determined that they are also emotionally/behaviorally disabled.” (WAC 392-172-118(3))

The current definition, as stated previously, was largely derived from a definition of emotional disturbance proposed by Bower (1960). The social maladjustment exclusion, however, was not a part of that definition. In fact, some critics argue that what Bower defined was the essence of social maladjustment, and that the federal and state exclusion is paradoxical. The Council for Children with Behavior Disorders (CCBD) and National Association of School Psychologists (NASP) have adopted the position that the social maladjustment exclusion does not best serve all children, and they do not include it in their definitions of EBD. Furthermore, there is consistent lack of consensus in the identifying non-EBD social maladjustment.

In the 23 states that currently include the exclusion there is no commonly agreed upon means to identify these students. Some themes, however, do emerge.

Students who are primarily socially maladjusted, and not identified as meeting qualifying criteria for EBD are often those children or adolescents that engage in simple, chronic delinquent behavior. Breaking rules or social conventions for obvious secondary gain, frequent involvement in the criminal justice system, truancy, running away from home, early sexual promiscuity, and drug/alcohol use are often associated with social maladjustment that is not related to EBD. Similarly, students who demonstrate controlled misbehavior depending on situation and potential gain, or those whose misbehavior is associated with testing limits are also often considered to be socially maladjusted without EBD.

Some professionals use clinical diagnosis of Oppositional-Defiant Disorder or Conduct Disorder as equivalent to social maladjustment and exclude students on the basis of this diagnosis. This is clearly against the spirit of Section 504 and IDEA, as it constitutes potential discrimination based on a valid clinical diagnosis. This is supported by critique by CCBED and other child advocates who argue that conduct disorder in particular is often associated with other forms of EBD. Clinicians who choose to equate ODD, CD, and other similar disorders as exclusionary factors are burdened with the further determination that there is no other pattern of behavior or emotional response that would qualify as EBD. Students who demonstrate dysthymia, depression, anxiety, or other emotional/behavioral disturbance secondary to ODD or CD may be eligible under the EBD category. Furthermore, while excluded disorders may not meet IDEA eligibility criteria, they are likely to merit protection under section 504, including protection regarding disciplinary action related to the disabling condition.

Rather than using diagnostic criteria for exclusion, it is recommended that psychologists evaluate the behavior's impact on the student's educational progress. EBD constitutes a stable and persistent pattern of behavior that is maladaptive and self-destructive to the student. Those students whose behavior is annoying or disruptive to systems, but not directly self-destructive beyond issues of normal discipline and misbehavior, may not be best identified as students with EBD. This is true, not because of a particular diagnostic label, but because their behavior is primarily destructive to others and not themselves.

Conclusion

The purpose of this paper is to clarify the professional standards for identifying those students who meet eligibility for emotional/behavioral disability. It is intended to guide clinical practice in identifying and programming for a growing population of students that have been misidentified and underserved in the past.

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