

## EMOTIONAL DISTURBANCE

### I. DEFINITION

"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; or
- E. A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (ED).

### II. POSSIBLE REFERRAL CHARACTERISTICS

Identification of students with emotional disturbance is not a simple, clear-cut task. Many variables enter into the identification process. Any or a combination of the behaviors listed below may characterize a student with an emotional disturbance, but may also be exhibited by students in other disability categories.

- A. **Intellectual**
  - 1. Intellectual functioning is not as strong an indicator as other referral characteristics
- B. **Academic (That cannot be attributed to intellectual, sensory or health factors)**
  - 1. Failure in skill acquisition
  - 2. Severe learning deficiencies given chronological age expectancy
  - 3. Nonattending to class instruction; short attention span
  - 4. Little motivation for academic learning

## **C. Behavior**

- 1. Mood swings**
  - a.** Laughs, cries or becomes very angry without apparent cause at times when others would show different reaction
  - b.** Looks depressed almost all the time without regard to circumstances
  - c.** Daydreams; sits with a vacant expression doing nothing productive
  
- 2. Responses**
  - a.** Talks inappropriately, without regard for the questions or answers of others
  - b.** Shows extreme interest in morbid, obscure or gruesome events
  - c.** Is in constant motion; compulsively manipulates objects; moves about the room excessively
  - d.** Talks incessantly; frequently talks without permission or interrupts conversations
  - e.** Does not seem to learn from experience; behavior does not improve with usual disciplinary methods
  - f.** Acts impulsively and shows poor judgment; does not consider or understand consequences of his behavior
  
- 3. Neurotic complaints**
  - a.** Complains of feeling uneasy or anxious most of the time without apparent cause
  - b.** Complains of being afraid of some thing(s) that the vast majority of people do not fear
  - c.** Is overly suspicious or jealous of others
  
- 4. Interpersonal relationships**

- a. Impaired ability to build or maintain satisfactory interpersonal relationships with peers and teachers
  - b. Cannot make or keep friends
  - c. Repeatedly engages in fights or misunderstandings
  - d. Cannot work with others in learning situations
  - e. Cannot play with others cooperatively
  - f. Cannot communicate with or respond to others due to an apparent lack of awareness of the real world
5. Self-concept
- a. May have slovenly, unkempt appearance
  - b. Fearful of new situations; unwilling to attempt new or difficult tasks
  - c. Shows extreme negative reaction to minor failures

**D. Communication**

- 1. Does not speak or speaks only when spoken to
- 2. Speech is unusually fast or slow
- 3. Speaks with marked dysfluency, stutters, clutters or otherwise demonstrates interruptions in the flow of speech
- 4. Voice unusually high, low, loud, soft or scratchy
- 5. Primarily uses jargon, profanity or other speech inappropriate to context

**E. Physical**

- 1. Complains of physical pain, sensations or discomfort, or physical or bodily impairment in the absence of an organic basis
- 2. Engages in repetitive, stereotyped motor behavior, such as tics, nailbiting or rocking
- 3. Habitually sucks thumb or fingers

4. Overcome frequently by drowsiness or sleep during the day; seems tired or without energy

### **III. SCREENING INFORMATION**

#### **A. Required**

1. Hearing
2. Vision

#### **B. Recommended**

1. Formal
2. Informal
  - a. Checklists
  - b. Rating scales
  - c. Anecdotal records
  - d. Self-concept inventories
  - e. Sociometric techniques
  - f. Classroom work samples

### **IV. REQUIRED EVALUATION DATA**

- A. Social History**
- B. Individual Intelligence (One required)**
- C. Individual Achievement (One required)**
- D. Adaptive Behavior (One required)**
- E. Communicative Abilities (Required as indicated below)**

A comprehensive language screening measure is required. Screening instruments must be established and validated for such use and assess areas of receptive and expressive language. These instruments cannot be single-word vocabulary measures only. Review of social, educational, and

communication history and/or classroom observation of communicative abilities should also be utilized. If the student fails the screening or if language is identified as a problem area, a diagnostic measure is required.

**F. Other**

1. Clinical diagnosis of emotional disturbance by a licensed psychologist or psychiatrist (Required)
2. Behavioral observation in a variety of settings (Required) During the observation, attention should be given to noting specific behaviors and their frequency, duration and intensity. Other variables which should be considered in making an observation are the setting in which the behavior occurs, the stimulus for the behavior, the sequences of behavior, the time the behavior occurs and the effects of the behavior on the student and others.
3. Learning processes (Required--each area of suspected deficit must be assessed)
  - a. Visual perception
  - b. Auditory perception
  - c. Perceptual-motor development
4. Specific subject areas (Required--each area of suspected deficit must be assessed)

**V. OPTIONAL EVALUATION DATA**

- A. **Functional Skills Assessment**
- B. **Vocational Assessment**
- C. **Medical**
  1. Physical examination
  2. Specialized, if indicated

**VI. EVALUATION DATA ANALYSIS**

Many individuals at one time or another display behaviors similar to, or the same as, those displayed by individuals referred to here as having "emotional

disturbance." The primary differences between the individual with "emotional disturbance" and other individuals, however, are as follows:

- A. **The duration of the behavior.** The behavior does not occur as an isolated instance, but rather is long standing.
- B. **The intensity or magnitude of the behavior.** The behavior is grossly inappropriate for the time and place in which it occurs.
- C. **The rate of the behavior.** The behavior happens with a much higher frequency than is expected to occur during a given length of time under normal circumstances. For a student to be eligible under this category, the evaluation data must be analyzed to determine if the behaviors exhibited by the student are of a marked degree, are displayed over an extended period of time and result in an adverse affect on educational performance. Students experiencing behavior problems, but not to the degree that special education and related services are needed, should be considered for referral for other services for which they might be eligible.

The analysis of evaluation data also provides information for the development of the educational program. Identification of specific behaviors will assist in determining appropriate interventions/teaching methods for managing the environment, as well as instructional techniques.

## VII. PROGRAMMING CONSIDERATIONS

For the student with emotional disturbance to succeed, the program should provide for growth in social, emotional and academic areas. It is recommended that all personnel (e.g., counselors, therapists, related services providers, etc.) providing services to the student participate in program development and coordination of service delivery.

- A. It is essential that the teacher of students with emotional disturbance have knowledge and understanding of behavioral principles as they apply to the management of such students. The following list of basic techniques are applicable to any class setting in which students with emotional disturbance are being served.
  - 1. Stop misbehavior in time
  - 2. Program for a variety of changes
  - 3. Make tasks clear and orderly and give the student time to complete one task before beginning another

4. Comment positively when the student is attending appropriately to a task
5. Establish limits and maintain consistent, clear ground rules
6. Manage transitional times with quieting down periods between activities
7. Set up "filler" corners, activity centers a student can go to when he has completed required activities
8. Set up a quiet corner where a student can go to be alone, to cry or to calm down
9. Provide success; be sure the material is relevant, interesting and appropriate for the student

**B.** In addition to the techniques listed above, other procedures which might be included in programming are:

1. Contracts - academic, behavioral
2. Time-out areas
3. Contingency reinforcement programs
4. Direct teaching of social skills

**C. Academic**

Students who have emotional disturbance often display a wide discrepancy in academic skills. Basic academic skills--such as reading, writing, spelling, arithmetic--are taught along with appropriate interpersonal responses. Whenever possible, students working on grade level should be maintained in the regular classroom in those subject matter classes. For the student who has difficulty attending to task, the teacher may use individual or sequential learning materials which provide immediate feedback. During academic instruction, highly-motivating, age-appropriate materials on the student's instructional level should be used.

**D. Social**

Interpersonal skills are best learned as part of everyday interaction with teachers, peers and other adults. Generally, an appropriately structured environment provides opportunity for naturally occurring social rewards that shape and maintain appropriate behaviors. However, some students

with ED require a more systematic and direct teaching approach to social skills development. While direct instruction in interpersonal skill acquisition/development may be necessary, these skills should be an integral part of the total curriculum.

#### **E. Communicative Abilities**

One of the basic skills necessary to participate in activities at school, home and in the community is the ability to communicate with others. However, some students with emotional disturbance cannot or do not relate to other people. In addition, these students often lack the necessary behavioral controls to attend and respond to the environment and to individuals with whom they need to communicate.

Students with emotional disturbance may exhibit difficulties with communication in such areas as articulation, comprehension and expression of language, voice and/or fluency. In particular, the student may demonstrate problems with pragmatics (using language socially in context), such as difficulty with verbal problem-solving, inappropriate conversational skills and/or impulsive use of language.

Based on the individual needs of the student, instruction in the area of language development may be provided in the context of a direct speech/language therapy program, a special education classroom and/or a regular education environment. Services of the speech/language pathologist may range from consultative functions to provision of direct services.

#### **F. Physical**

Physical expression of emotional conflict is an area that should be addressed throughout the instructional program of a student identified with emotional disturbance. Such physical, behavioral expressions can range from severely withdrawn, inactive behaviors to the more aggressive active behaviors. Often it is this physical expression of an emotional condition that prevents the student from functioning in the "regular" school environment.

The goal of the instructional program should be to provide intervention strategies which will eliminate or lessen problematic behaviors and establish appropriate behaviors to facilitate academic achievement and behavioral performance.

The ability to distinguish between and program for inappropriate behaviors which have a physical basis and those that do not is an essential component of an appropriate instructional program. In some cases,

successful treatment may include addressing underlying biological problems; hence, interventions such as drug therapy, diet control, exercise or alteration of environmental factors that may exacerbate the problem(s) may be considered.

When chemical treatment is present, those personnel working with the student must be cognizant of the unpredictability of side effects. All service delivery personnel must be informed about the type of medication the student is taking, as well as the possible behavioral side effects.