

**Seriously Emotionally Disturbed:
Guidelines for Determining Eligibility**

Maryland School Psychologists' Association

Ad Hoc Committee

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Introduction

Clarification of the definition of "Seriously emotionally disturbed" (SED) has been an issue of increasing concern in recent years to school psychologists across the country. That concern surfaced clearly in Maryland during the Fall of 1985 when Jane Slenkovich, nationally known attorney, spoke at the Maryland School Psychologists' Association (MSPA) Fall Conference on "The SED Child - Legal Guidelines for Determining Eligibility." The membership responded to that presentation in such an overwhelmingly positive fashion that the MSPA Board saw a mandate to work toward developing definitional clarity about the SED diagnosis.

An SED Committee was subsequently formed within MSPA to work on refining the definition of SED. The State School Psychology Representatives had already been working on the problem, so when MSPA took on the task in the Spring of 1986, the Representatives supported the MSPA initiative and turned their drafted materials over to the SED Committee. Special Education at the State level was also supportive of the effort to clarify the SED definition.

This project has now been in process for approximately a year and a half. As the Committee gathered information from other states and from local education agencies (LEAs) within Maryland, it was determined that a Best Practices section should also be incorporated. Not only did we want to help clarify the definition of SED for the school psychologist, but we also wanted to provide a model of the most professional way to identify a child who might carry this very serious label.

The references used for the definitional sections of this document came from various states, including Maryland (see bibliography). The procedural data collected to develop the Best Practices section came from a comprehensive survey (see appendix) sent out to the Maryland School Psychology Representatives in each LEA, and to a random sample of MSPA members from the six largest LEAs. The American Psychological Association's Standards for Providers of Psychological Services, and the National Association of School Psychologists' Professional Conduct Manual were also used to help formulate this best practices concept.

In developing this document MSPA had several goals in mind. First, the Board wanted to respond to the expressed concerns of the membership regarding the SED diagnosis. The definition of SED in the federal law is vague and open to varied interpretations. The sections on Eligibility and Social Maladjustment in these proposed guidelines were designed to make the definition of SED more functional and specific, and to assist the school psychologist in the differential diagnosis of this condition.

The second goal, addressed through the Best Practices section, was to provide a sound model for school psychologists evaluating a child suspected of being SED or identified as SED. LEAs differ in their procedures for handling these children, but the school psychologist in all jurisdictions in Maryland is to be the qualified examiner. The Best Practices section is designed to heighten awareness of the professional responsibility inherent in the process of deciding whether a child meets the diagnostic criteria for an SED label.

Finally, the goal of the overall project might best be described as an effort to increase communication. The SED diagnosis is made by a qualified examiner, but all professionals involved in addressing the suspected or labelled SED child need to have a functional concept of the SED profile. And, because of the seriousness of the SED diagnosis, all professionals involved in the various review steps for that child need to be aware of sound procedural practices. iv

The Maryland School Psychologists' Association is committed to professional development. We would like these proposed guidelines to be of benefit to all professional school personnel involved in working with the SED child.

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There are many people to whom the SED Committee owes gratitude. It is hard to know where to begin so, for the sake of organization, chronology will be the guidance. Thanks go first to the MSPA membership, which initially provided the impetus for this project. With the added support of the Maryland Representatives of School Psychologists, we began our work. Their Ad Hoc Committee Report on "Definitions and Guidelines for the Psychological Evaluation of Serious Emotional Disturbance" was our first working paper. We are indebted to the members of that committee, chaired by Phil Lauver of Garrett County. That membership included Neil Feehley, Baltimore County; Henry Groff, Frederick County; Bruce Johns, Montgomery County; Richard Mainzer and Phyllis Sunshine, Maryland State Department of Education; Enzo Monti, Harford County; Marion Salvagno, Charles County; Barbara Schwartz, Anne Arundel County; and Barbara Slater, Towson State University. Others who assisted the committee in the early stages of this project were Tom Craney of Frederick County, Phil Langsdorf of Cecil County, and Don Pumroy of the University of Maryland.

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We hope these guidelines read comfortably and clearly to you and that they will be of assistance as you go about your professional work.

I. Eligibility

The SED educational definition consists of three major components: a) SED as an emotional condition; b) SED as a set of three limiting criteria, all of which must be met prior to classification; and c) SED as a set of five characteristics, one of which must be met prior to classification. Each component of the definition requires careful consideration before making the differential diagnosis of SED.

A. SED as an Emotional Condition

"This term means a condition exhibiting one or more characteristics...;" thus, for any child to be considered for SED classification, there must be a serious emotional condition from which debilitating behavioral and/or psychological characteristics stem. An emotional condition is one which is manifested by a syndrome or pattern of disturbed symptoms. Isolated behaviors or expressions of emotionality per se do not constitute a serious emotional disturbance. While many handicapped children may exhibit one or more of the characteristics outlined in the educational definition of SED, this does not automatically define them as seriously emotionally disturbed.

B. SED as a Set of Three Limiting Criteria

PL 94-142 states that the characteristics of seriously emotionally disturbed children must be exhibited "...over a long period of time and to a marked degree, which adversely affects educational performance."

1. The phrase "over a long period of time" is generally accepted to mean that the student has a history of SED symptoms or characteristics that have been exhibited for approximately six consecutive months. However, the severity of certain SED symptoms (e.g., depression), and the danger they pose for the student when they occur, may dictate that professional judgement take precedence in regard to this time reference.

2. The phrase "to a marked degree" refers to the duration and frequency of the SED symptom or characteristic, and is defined to mean: a) the number of times an SED symptom takes place within a very short time span, i.e., a day or week; and b) the length of time in minutes or hours that the symptoms persist once they start. However, at times it may be very difficult or impossible to define the terms frequency and duration (e.g. with psychotic symptoms), and significance in this area may need to be evaluated on a case-by-case basis by the school psychologist.

3. The phrase "which adversely affects educational performance" should be viewed in two ways. Educational performance should be defined as not just traditional academic achievement, but also as relevant interpersonal skills. Traditional indicators of academic performance include present and past grades, achievement test scores, and retention/promotion decisions. Educational performance also includes school necessitated skills which go beyond pure academics. These skills include the degree to which the student participates in class activities, relationships with peers and adults in the educational setting, and other interpersonal and social skills which impact academic performance.

C. SED Characteristics

In order to be classified as SED a child must meet all three of the limiting criteria described above, and at least one of the five specific characteristics discussed below.

1. An inability to learn which cannot be explained by intellectual, sensory, or other health factors.

This characteristic is designed to ensure that a comprehensive and differential assessment is performed to rule out any non-SED reasons for the child's inability to learn. It requires that a child be so severely emotionally disturbed that he/she cannot learn, despite appropriate educational interventions and the efforts of the child himself.

Other possible reasons for a child's inability to learn might include mental retardation, speech and language disorders, multiple handicaps, autism, hyperactivity, or hearing/vision problems. A comprehensive assessment plan would then include evaluation of the child's physical health, intelligence, learning potential, speech and language abilities, and social-affective functioning. The differential assessment should also rule out motivational factors or behavioral difficulties (e.g., a student's refusal to complete homework), as well as social and cultural factors that may be interfering with the student's ability to learn. Non-attendance as a contributing factor must also be ruled out. Bower originally proposed this characteristic. As he noted in 1969,

An inability to learn is, perhaps, the single most significant characteristic of emotionally handicapped children in school.... If all other major causative factors have been ruled out, emotional conflicts or resistances can be ruled in.

Thus, the intent of this characteristic is to eliminate potential variables, other than emotional disturbance, that may be influencing the child's inability to learn. After all other possible behavioral, motivational, cognitive, cultural, sensory, and other health factors have been ruled out, then the inability to learn may be presumed to be due to emotional factors.

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

Eligibility under this SED characteristic requires that the child be unable to initiate or to maintain satisfactory interpersonal relationships with peers and teachers. This inability should be due to the severity of the child's emotional disturbance. The fact that the student may have no friends, or may be alienated from peers, does not necessarily make the child SED-eligible under this characteristic. Bower (1969) notes that

It isn't getting along with others that is significant here. Satisfactory interpersonal relations refers to the ability to demonstrate sympathy and warmth towards others, the ability to stand alone when necessary, the ability to have close friends, the ability to be aggressively constructive, and the ability to enjoy working and playing by oneself.

Eligibility under this characteristic must also address the fact that it is conjunctive: the child must show serious impairment both with peers and with teachers. This impairment must also be demonstrated to be primarily related to the SED handicapping condition, and a differential diagnosis should further rule out factors such as social

maladjustment (see Chapter II, B), withdrawal, aggression, or social immaturity as responsible for the impairment.

It should also be emphasized that the term "inability" must be separated from the terms "unwilling" or "lacking the social skills." Many learning disabled and mentally retarded children lack the effective social skills necessary to build satisfactory interpersonal relationships. Such a lack of social skills does not make a child eligible for SED classification under this characteristic. Similarly, many children may be unwilling to build satisfactory interpersonal relationships despite their ability to do so.

Examples of characteristic 2 are: §

- a) has no friends at home, at school, or in the community;
- b) does not voluntarily play, socialize, or engage in recreation with others;
- c) avoids communicating with teachers and peers;
- d) is extremely fearful of teachers and peers; and
- e) is excessively aggressive or withdrawn if others intrude on his space.

If the student demonstrates extensive withdrawal or avoidance of a large number of persons or circumstances and these tendencies do not stem from family tradition, emotional disturbance is suspected.

3. Inappropriate types of behavior or feelings under normal circumstances.

This characteristic does not refer to behaviors that are generally categorized as falling within the classification of behavioral disorders. To qualify under this characteristic the behaviors must be psychotic, overtly bizarre, or potentially or actually harmful to the student or to others. Typical behaviors that reflect this characteristic include catastrophic reactions to everyday occurrences, self-injurious behaviors, responses to delusions or hallucinations, symptoms of severe anxiety, and extreme emotional lability.

Examples of characteristic 3 are: §

- a) catastrophic reactions which deviate considerably from the norm;
- b) lack of appropriate fear reactions;
- c) flat, blunt, distorted, or excessive affect;
- d) bizarre behavior;
- e) self-mutilation;
- f) manic behavior;
- g) thought disorders, as revealed in significantly disorganized and illogical speech and language patterns;
- h) obsessions, defined as persistent, recurrent, intrusive, and uncontrollable thoughts or urges;
- i) peculiar posturing;
- j) extreme emotional lability;
- k) unexplained rage reactions; and
- l) inappropriate, extreme, and involuntary laughing or crying in normal social/academic circumstances.

Delusions and hallucinations also fall under this characteristic. The delusional child may believe that his/her feelings, behaviors, or ideas are under someone else's control. The student may have unfounded beliefs of persecution, delusions of grandeur,

§ The presence of any single example is not adequate to determine the existence of this characteristic.

and/or ideas of reference. Ideas of reference refer to situations or discussions involving others, which the student misperceives as relevant to the self despite clear and obvious evidence to the contrary. The child with hallucinations describes hearing things (voices, sounds), and/or seeing things (people, objects) which are not there. Students with delusions or hallucinations display signs of responding to imaginary ideas, visions, or sounds, instead of responding to the real environment.

4. A general pervasive mood of unhappiness or depression.

To meet this criterion the student must demonstrate actual, overt symptoms of depression. "Masked depression" or depressive equivalents, depression identified only by projective or other psychological tests, or situational depression (caused by an immediate, identifiable environmental stressor) are insufficient for diagnosis of the student as SED.

Major depression is one of the few DSM-III-R categories in which the "long period of time" criterion can be considered to be less than six months. The time criterion in these cases, as identified by DSM-III-R, can be as short as two weeks. In determining what time period is sufficient the school psychologist must take into account the previous emotional history of the student, the age of the student, the apparent etiology of the depression, and the degree and intensity of the behavioral symptoms.

Depressive symptomatology typically involves changes in four major areas: affective; motivational; cognitive; and physical and motor functioning. Characteristic affective symptoms can include dejection, hopelessness, and loneliness. Motivation declines during depressive episodes, and even simple activities such as eating, writing, or getting dressed become overwhelming. Physical and motor functioning also is affected with fatigue, loss of appetite, loss of sexual interest, and disturbance in sleep patterns. Cognitive symptoms include thoughts of worthlessness and helplessness, and the expectation that things will not change.

There may often be age specific symptoms of depression for children and adolescents that differ from those of adults. Increased irritability and negative affect may be found in adolescents who are depressed. Psycho-motor agitation can be a symptom of depression in children.

Although depressed affect is common during adolescence, the diagnosis of a major depression is infrequent in this age group. However, depressed affect may become ominous as a precursor to suicide. While expressed suicidal intent does not constitute evidence of an SED handicapping condition per se (e.g., it may be manipulative behavior as part of a severe behavioral disorder), it should immediately alert the school psychologist to the possible existence of SED. †

Examples of characteristic 4 are: *

- a) loss of interest or pleasure in usual activities or pastimes;
- b) feelings of worthlessness, hopelessness, self-reproach, or inappropriate guilt;
- c) blunted affect or lack of emotional responsiveness;
- d) an irrational increase in anxiety, fearfulness, or apprehension;
- e) prolonged periods of crying, and confusion about reasons for crying;

† Expressed suicidal intent should always be explored.

* The presence of any single example is not adequate to determine the existence of this characteristic.

- f) recurrent thoughts of death, wishes to be dead, or suicidal ideation or behavior;
- g) poor appetite or significant weight loss (when not dieting), or increased appetite or significant weight gain;
- h) insomnia or hypersomnia;
- i) loss of energy, fatigue; such as slowed thinking or indecisiveness; and
- k) psychomotor agitation or retardation (but not merely subjective feelings of restlessness or being slowed down).

Expressed suicidal intent should always be explored.

The presence of any single example is not adequate to determine the existence of this characteristic.

5. A tendency to develop physical symptoms or fears associated with personal or school problems.

This characteristic encompasses two separate categories: physical symptomatology, referred to in DSM-III-R as Somatoform Disorders, and fears or phobias.

Physical symptoms may range from headaches, stomach pains, or other bodily tension, to conversion disorders (hysterical neurosis, conversion type). In all these instances, the physical disorder should have no demonstrable organic etiology. Neither should the symptoms appear to be under conscious control. If so, then a behavioral disorder would appear more likely. Physical symptoms may also be correlated with school pressure, or a specific stressor in the child's life outside the school setting. Short term interventions may need to be tried before consideration of SED in these instances. Physical symptoms by themselves do not meet this SED characteristic since they do not fulfill the requirement of an established emotional disturbance (condition). Any physical symptom to be considered under this SED characteristic must be related to a specific and identifiable emotional disturbance.

Fears and phobias may range from incapacitating feelings of anxiety to specific and severe phobic reactions and panic attacks. Typically, such feelings and reactions include persistent and irrational fears of particular objects, activities, individuals, or situations, and result in consistent avoidance behavior or a significant rise in anxiety/panic when the object, activity, individual or situation cannot be avoided. In most cases the child can describe the fears or phobias accurately, but cannot give a meaningful rationale or explanation as to why one would feel this way.

A particular fear frequently encountered in children is school phobia. True school phobia fits under this SED characteristic. However, it is critical that the school psychologist differentiate between school phobia and truancy, which is often behavioral rather than emotional. Fenelon (1983)** has outlined some ways this differentiation may be addressed:

** Cited in Tibbetts (1985).

School Phobia

-versus-

Truancy

Fear about school _____	Anger about school
Neurotic disorder _____	Character/behavior disorder
Child always found at home _____	Child typically not at home
Generally a good student _____	Generally a poor student
Many excused absences _____	Many unexcused absences
Staff feels empathy for story _____	Staff feels anger/irritation for story

Physical symptoms, fears, phobias, and anxieties which qualify under this SED characteristic may take many forms.

Examples of characteristic 5 are: ††

- a) physical symptoms suggesting physical disorders with no demonstrable organic findings;
- b) positive evidence or strong presumption that symptoms are linked to psychological factors/conflict;
- c) persistent, irrational fear of a specific object, activity, or situation, resulting in compulsive avoidance behavior;
- d) intense disabling anxiety reaching panic proportions when the object, situation, or activity is approached;
- e) recognition by the individual that the fear is excessive or unreasonable in proportion to the actual situation; and
- f) intense fears or irrational thoughts related to separation from parent(s).

D. Schizophrenia--"...the term [SED] includes children who are schizophrenic...."

Schizophrenia is a severe and rare form of emotional disturbance characterized by severe withdrawal, disorganization, and distorted emotional reactions. At some phase of the illness schizophrenia always involves delusions, hallucinations, or disorders of affect and thought. Because of the severity and complexity of this disorder the reader should refer to the chapter on schizophrenia in DSM-III-R for diagnostic criteria.

†† The presence of any single example is not adequate to determine the existence of this characteristic.

II. Social Maladjustment

This term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

A careful and comprehensive description of the socially maladjusted student should help those who are interested in differentiating such students from those who are SED. The following description is designed to facilitate the process of distinguishing those students whose maladaptive behavior is socially disturbing to others, from those students whose behavior is symptomatic of true emotional disturbance. This section is organized into three parts derived from a conceptual focus which narrows from external, observable variables, to internal, inferred variables.

An important distinction to keep in mind throughout the following discussion is that a student can be considered SED if just one of the five qualifying characteristics described in Chapter I is present. Thus, a student may seem to fit most of the definition of social maladjustment and may, in fact, be socially maladjusted, but would also qualify as an SED student if the presence of any one of those characteristics could be demonstrated.

A. School/societal Variables

The socially maladjusted student is seen as violating major behavioral norms of the school and of the culture at large. The student is often in conflict with authority and reveals a strong dislike for school through truancy or tardiness, rebelliousness, lack of achievement motivation, or low achievement. The behaviors of concern may take aggressive forms (physical violence, theft), or more passive forms (chronic violation of rules, lying, substance abuse, work refusal). Problems may not be as likely to emerge in all three major realms of functioning (home, school, community) with the socially maladjusted child, as compared to the greater pervasiveness of problems with the SED child.

Behavior problems involving violation of major social norms are often cited in referrals on children who may be either SED or socially maladjusted. Confusion can arise regarding the differential diagnosis of the problem because of the behaviors in question. Two of the defining characteristics of SED, for example, involve school and societal characteristics which may contribute to this confusion. These are 1) "An inability to learn which cannot be explained by intellectual, sensory, or other health factors" and, 2) "Inappropriate types of behavior or feelings under normal circumstances."

Careful examination of the definitions of these characteristics in Chapter I above will help clear up the confusion. A child who is socially maladjusted but not SED may appear unable to learn; however, this apparent inability actually derives from rejection of the school's authority or values rather than from true emotional interference with the learning process. Such a child will show convincing evidence of adequate learning in realms relevant to the subculture with which he or she identifies.

Specific behavioral problems exhibited by a student must also be analyzed in this subcultural context when addressing the question of differential diagnosis. If the problematic behavior is accepted/approved by members of a subculture in which school, authority, and traditional social norms are rejected, then social maladjustment is the likely

diagnosis. On the other hand, if the behavior is of a bizarre or very unusual nature in any social group, SED may be the appropriate diagnosis. Age is an important consideration when assessing the degree to which a behavior is seen as unusual. Behavior interpreted as symptomatic of social maladjustment in a 15 year old (chronic violation of rules, physical violence, lying, and opposition to authority), would be seen as quite unusual in a 7 year old. 8

B. Interpersonal Variables

Students are found to be SED if they meet the characteristic of "An inability to build or maintain satisfactory interpersonal relationships with peers and teachers." But the existence of interpersonal conflicts or difficulties does not in itself determine SED. Socially maladjusted students often violate the rights of others (not necessarily with overt aggression), and are in conflict with those in positions of power and authority. Furthermore, many of the relationships of these students are characterized by a lack of true empathy, and are described as emotionally shallow. Such individuals tend to be egocentric and manipulative of others in seeking to meet their own needs. They have a tendency to blame others in conflict situations.

In spite of these real interpersonal deficits, the socially maladjusted student is capable of forming and maintaining peer relationships, if somewhat superficially, within the subculture to which he or she belongs. The student has "street" social skills, is able to cope with the major demands of the member subculture, and can project a good "front" when necessary.

In contrast, an SED student who qualifies on the basis of an inability to build or maintain satisfactory interpersonal relationships with peers and teachers is more likely to be aloof, withdrawn, socially inept and without friends. Such children are often ignored by peers, or are teased and picked on, where the socially maladjusted child may actually enjoy relatively high status among peers. The inability of the SED child to maintain satisfactory relationships is the key. The socially maladjusted child is more likely to be unwilling to maintain such relationships, particularly with teachers, in spite of an adequate ability to do so.

In a sense one can question how "satisfactory" are the interpersonal relationships of a socially maladjusted child who appears shallow, manipulative, and incapable of empathy. It is important to avoid making value judgements when assessing this area of a child's functioning. Ultimately this aspect of the relationship must be seen in self-referent terms: how able is the child to maintain interpersonal relationships in which the child's own needs are satisfied? The socially maladjusted child will almost always find a few similarly-maladjusted peers with whom to relate in a manner perceived by the child as satisfactory. On the other hand, the SED child with a problem in this area is less likely to get social-emotional needs met through effective interpersonal interactions in any domain.

C. Emotional/intrapsychic Variables

Variables falling into this category may provide the clearest distinctions between students who are SED and those who are socially maladjusted, but this area also allows for the greatest confusion. The emotional and intrapsychic variables most relevant to this differential diagnosis are discussed in the following paragraphs. They include cognitive integrity, "reality contact", and emotional factors such as depression, anxiety, and fearfulness.

1. Cognitive Integrity.

While "children who are schizophrenic" are specifically included in the definition of SED, it is assumed that children showing clear evidence of other psychotic disorders, such as formal thought disorders or severely impaired reality testing, should also be diagnosed as SED. By contrast, cognitive integrity and reality contact are described as being relatively good in socially maladjusted students, with the exception that they appear not to learn from their mistakes, or to significantly alter their negative patterns of behavior in response to punishment or negative consequences. Although sometimes described as having low self-esteem when younger, socially maladjusted students often appear to develop greater ego strength in later childhood and early adolescence as their habitual defensive denial, projection, and rationalization become "locked in" to an overall maladaptive personality pattern. Thus over time they become less actively and internally burdened by feelings of inner tension and low self-esteem. The socially maladjusted student usually feels superficially comfortable with himself or herself, and is likely to project an air of self-assurance. The SED child by contrast is personally uncomfortable, tends to misread environmental cues, and shows a marked lack of self-assurance.

On the other hand, the child who is SED is much more likely to show impaired cognitive integrity and ego strength, and to be actively troubled by emotional variables such as anxiety and/or depression. Indeed, the definition of SED concentrates on these emotional variables in particular. Characteristic #3 in PL 94-142 refers to "Inappropriate types of behavior or feelings under normal circumstances"; #4 involves "A general pervasive mood of unhappiness or depression"; and #5 involves "...fears associated with personal or school problems." Clearly the existence of an emotional condition is one of the major defining characteristics of the SED child. Lack of such a condition in a student with behavioral problems should lead toward the diagnosis of social maladjustment.

2. Emotional Factors.

Socially maladjusted students are often described as lacking a conscience and as not feeling guilt or remorse at their negative actions. Anxiety may be present, but most often as a result of the proximity of externally-imposed negative consequences after the commission of a misdeed. Any fearfulness or anxiety expressed can be seen as arising out of an intact reality testing process which results in realistic anticipation of likely consequences. For an SED student with problems in this area, anxiety will be more pervasive, less rationally-based, and present in anticipation of events rather than just in anticipation of consequences.

Similarly, depression when it is present as an SED-qualifying characteristic will be pervasive, and will not just be evident situationally. While it is quite possible for a socially maladjusted child to appear depressed, such depression can readily be seen as situational and reactive in nature. A good example of situational depression not qualifying the child as SED might be that shown by an adolescent after inpatient psychiatric hospitalization. In this case if the student showed no major depressive symptoms prior to hospitalization, the depression is most likely a situational reaction to being placed in the hospital, and should not be misinterpreted as a condition requiring special educational assistance following discharge. Such a student might qualify as SED because of the presence of alternative SED characteristics, but in such cases the reasons for the hospitalization, and behavioral patterns evidenced prior to hospitalization, should be carefully reviewed in determining the presence of this condition.

An additional useful distinction between the socially maladjusted student and the SED student involves both cognitive integrity and emotional factors. This distinction lies in the area of the student's reaction to his own impulsive acting out behavior. While the socially maladjusted student will typically not experience much guilt or internal discomfort at the behavior, the SED student is more likely to be frightened by these over-reactions, to be embarrassed by them, and/or to have experienced a profound sense of loss of self-control during the incident.

Because socially maladjusted students usually do not experience inner conflict, they typically have little desire to invest meaningful efforts into growth and change. Given the rigidity of the defensive structure there is often strong resistance to psychotherapy, which may be perceived as threatening or as merely irrelevant and trivial. Thus, prognosis is poor in such students. Punishment and the imposition of negative consequences usually have little long-term impact on their maladaptive patterns of behavior. As adults these individuals are likely to continue to show significant maladaptive behavior patterns.

III. Best Practice: The Role of the School Psychologist with Seriously Emotionally Disturbed Children

This chapter addresses the role of the school psychologist as a consultant to school personnel in the identification and evaluation of SED students. Early consultation and intervention strategies will be discussed first as methods for determining whether a formal referral should be initiated. The chapter then presents guidelines for the school psychologist in screening and formally assessing the potential SED student. Finally, the chapter describes best practices in designing, implementing, and monitoring programs for identified SED students.

A. Consultation

One of the most important roles of the school psychologist is as ongoing consultant to the school. As part of this consultation the school psychologist helps to define the nature and extent of any presenting problem. In the case of a potential SED student the consulting role may begin when a teacher or concerned administrator brings a particular student to the school psychologist's attention, before a formal referral to the ARD committee. The school psychologist may elect to observe the student and suggest some intervention strategies for modifying the behavior(s) of concern. The interventions might include behavior management techniques, short-term counseling, educational interventions, administrative interventions, parent consultation, and/or referral to outside agencies (medical, counseling, etc.). Follow-up at this level of consultation would include documentation of the results of these strategies. In the event these interventions prove unsuccessful, the special education referral process begins.

B. Evaluation Process

Evaluation is a comprehensive process that may start at the consultation level and proceed to referral for screening. The school psychologist plays an integral role in this process, which may eventually include formal assessment and diagnosis.

1. Screening.

If prior consultation has not taken place, the school psychologist assists the ARD committee in defining the presenting problem. Observation and teacher consultation by the school psychologist may be the first step indicated in this screening. Possible intervention strategies may be recommended and tried as outlined above. If the screening process continues beyond this step the school psychologist helps determine what additional data are needed, and how these data are to be gathered.

The data gathering process is a cooperative, interdisciplinary team effort. For diagnostic screening, data gathering should involve integrating existing information with new data. All information available on the student in school records needs to be reviewed and collated with the following: observation of the student in a variety of situations; social, medical, and developmental histories from interviews with parent(s)/guardian(s); interviews, questionnaires, and/or behavioral rating scales with parents, teachers, and pertinent school administrators; relevant medical or environmental factors; and, information from involved outside agencies.

2. Formal Assessment.

Psychological assessment is required to determine if a student qualifies for special education assistance on the basis of SED. Best practice indicates that a psychological assessment be conducted by a school psychologist. This professional has the most relevant psychological training and educational experience in the evaluation of SED as it relates to education. Psychiatrists and licensed psychologists from outside the LEA are also considered qualified examiners for SED. However, in cases where assessment reports by outside licensed professionals are received, the report and relevant school data should be reviewed by the LEA school psychologist. In these cases the local school psychologist should also conduct a psychological interview with the student, and then determine whether any further assessment is necessary. If the data seem consistent with an SED diagnosis, the school psychologist should prepare a written statement to that effect, supplementing the report from the outside source.

School psychologists use professional judgment to determine procedures and instruments to be employed in conducting an assessment. The assessment process must be conducted in the student's native language, taking into account the student's age, developmental level, and cultural/ethnic background. The formal assessment also utilizes individual rather than group diagnostic assessment procedures. The school psychologist uses data generated by these procedures and instruments, as well as data gathered during the screening phase, to determine if the student meets the diagnostic criteria for SED. Since the definition of SED is primarily behavioral, specific behavioral information on the student's functioning across a variety of settings is essential for a valid diagnosis.

Formal psychological assessment where an SED diagnosis is involved must be comprehensive, and must provide a description of the child's developmental levels and characteristics in the major realms of psychological functioning. Ordinarily the school psychologist will assess cognitive abilities and processes, emotional-affective variables, and behavioral functioning. Methods should include norm-referenced tests (particularly of cognitive functioning), structured interviews, projective techniques and personality assessment, questionnaires, and rating scales. The diagnosis of SED must be based on evidence from multiple sources, including a social/developmental history, and not just on results from a single test or assessment procedure. In particular, data generated through projective techniques must be confirmed by the school psychologist through other sources.

Because of the seriousness of the SED diagnosis the school psychologist may want to consult with a peer when deemed appropriate. A peer review process for SED cases is also highly recommended.

3. Determination of Handicapping Condition

Having determined through formal assessment that an emotional condition exists, the school psychologist uses professional judgment to make a decision about whether that condition meets the criteria for "Seriously emotionally disturbed." While the ARD committee is bound by the school psychologist's determination that an emotional condition exists, it is not bound by the school psychologist's judgment that this condition constitutes an educational handicap. The decision as to whether or not the child's emotional condition has adversely affected his educational performance, and the recommendation for the program placement, remain the responsibility of the ARD team.

As a member of the ARD team considering adverse educational impact, the school psychologist should consider the phrase "educational performance" to be one encompassing the various expectations present in the school setting. It is certainly necessary to examine academic performance in regard to present and past grades, test scores, retention(s), related educational deficits, and/or notable underachievement in comparison to intellectual potential. However, educational performance also includes school necessitated skills which go beyond pure academics, such as those alluded to in the designated characteristics of the law. These skills include the degree to which the student participates in class activities, how he relates and interacts with peers and adults in the educational setting, and other interpersonal and social skills which impact on academic performance.

The school psychologist who makes the SED diagnosis should be present at all school, regional, and county ARD meetings where the student is discussed, to answer questions about the student/assessment and to participate in the decision-making process.

C. Designing, Implementing, and Monitoring SED Programs

After a student has been designated educationally handicapped as a result of the SED condition, the level of special education service must be determined. The school psychologist assists the team in this determination, and also in the formulation of the Individual Education Plan (IEP). Depending upon the level of service to be provided, and/or whether the student remains within the LEA, the subsequent role of the school psychologist varies.

In the event the student is placed outside the LEA, the school psychologist should act as a consultant in the initial programming. An LEA school psychologist should also be involved in the student's annual review, be responsible for the three year reevaluation, and act as consultant regarding any plans to bring the student back into the mainstream. If the student remains within the LEA the school psychologist assumes either an initial or ongoing role in the case, depending on access to the student. In either instance, the school psychologist who has done the diagnostic assessment should be the one involved in the initial IEP planning.

The IEP has as its primary focus the academic growth of the student. However, educational goals and objectives simultaneously address the social, emotional, and adaptive functioning of the student since these were the factors seen as adversely impacting academic performance under the diagnosis. The school psychologist should assist the team in developing general educational goals, as well as specific behavioral objectives, based on needs identified in the screening and assessment processes. The school psychologist may also help in designing objective criteria and evaluation procedures to measure the student's progress in meeting these goals and objectives.

The SED student who needs counseling/therapy as a related service should have that service identified on the IEP. Within the school system the assessing school psychologist may handle this component of the IEP.

If an LEA school psychologist is providing the counseling/therapy to the student, that school psychologist will want to consult regularly with the student's teacher and any

other staff involved. The school psychologist may also want to provide staff inservice on the topic of SED. Ongoing contact with the parents for support and consultation is additionally important. If mental health services are provided both within and without the school setting, the school psychologist needs to establish and maintain regular contact with other service provider(s) to enhance communication and coordination of services. §

A school psychologist should also be responsible for reviewing the student's progress prior to the annual review. At a minimum that review should include behavioral data, progress in meeting therapy goals, test data, a summary of contacts with relevant outside agencies, information on parent contacts, and any other data or information that would be helpful in planning the new IEP. Every three years, or earlier if indicated, a comprehensive report must be prepared to assess the student's continuing SED eligibility.

As the student makes progress in meeting IEP goals and objectives, a reduction in special education services needs to be considered. A school psychologist should assist in developing these mainstreaming plans, and should work with the staff of the receiving school. The school psychologist should also be available to monitor any mainstreaming plan, provide consultation to staff, recommend modifications as necessary, and ensure the continuation of counseling/therapy when appropriate.

As the student moves increasingly into the mainstream the school psychologist should review the appropriateness of the SED diagnosis. That review should include observational data, interviews with the family and school staff, and other procedures or evaluations the school psychologist believes are needed to make a determination about the SED diagnosis. Formal assessment should be conducted, and a written report prepared, when an SED label is removed.

When the student no longer meets the criteria for SED, an ARD meeting should be held to dismiss the student from special education. Supportive services might continue, to facilitate the student's full transition to regular education. The school psychologist may consult on, or help to provide these services as needed; but, a systematic process should be built in to monitor the student's progress and adjustment after special education services are terminated.

§ Parent permission for release of information is required before the school psychologist can contact outside providers.

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Survey Review

A comprehensive questionnaire (see Appendix B) was sent out to the Maryland Representatives of School Psychologists from each Local Educational Agency, as well as to a small sample from the membership of the Maryland School Psychologists' Association. There were responses from more than two thirds of the counties in the state, and from the city of Baltimore. All of the larger counties were represented and there was representation from each geographical area of the state.

Selected Data

- More than 85% of the students identified as "Seriously emotionally disturbed" (SED) were in Levels IV through VI.
- As part of the SED screening and/or assessment, more than 68% of the Local Education Agencies (LEAs) required an educational history, a parent interview, school personnel interviews, a clinical interview of the student, an observation of the student, an educational assessment, a cognitive assessment, and a personality assessment.
- Less than 10% of the respondents reported the use of DSM-III or DSM-III-R diagnoses to classify SED students.
- In 85% of the LEAs, the school psychologist reviewed evaluations done by psychologists or psychiatrists outside of the school system. More than 50% of the respondents indicated that they also did additional screening of these students.
- Over 80% of the respondents felt that a clarification of the SED definition was needed.
- Over 60% of the respondents felt the need for consistent guidelines for diagnosis and placement of SED students.
- The data collected showed a fairly high degree of uniformity in the procedures for referral and placement of SED students.
- No LEA was able to report consistent procedures for the removal of the SED label.

Issues Raised by the Questionnaire

- Concern about differences in how eligibility for SED is interpreted across educational agencies in the state.
- Need for clarification of the term "socially maladjusted".
- Questions regarding what constitutes an adverse effect on educational performance for the SED population. Concern that there seems to be an excessive reliance on standardized test data.

- Fears that if state guidelines are adopted they would not provide the flexibility needed for this unique population.
- Difficulty with psychiatric and psychological reports from outside the school system because they often reflect a lack of understanding of SED in an educational setting.
- Concern that the school psychologist who assessed the student as SED was not included in ARD meetings for that student.
- Need for more transitional programming for students who leave SED programs.
- Need for more programs for students with adjustment problems who do not meet the criteria for SED.

MSPA Survey

1) How many SED students does your LEA have at each service level?

Please report current statistics.

	<u>LEA Programs</u>	<u>Non-LEA Programs</u>
Level I	_____	
Level II	_____	
Level III	_____	
Level IV	_____	_____
Level V	_____	_____
Level VI	_____	_____

2) Describe your LEA's current procedures, from referral to placement, for SED students. Follow a student in your mind's eye. Describe the initial referral process, the composition of the teams/committees reviewing the case at each step, the decision making process at each level - who and how, the involvement of the parent, and all other features of your process. Please specify the role of the School Psychologist at each stage.

3) Do the procedures for SED students vary depending upon the level of service to be provided (I-VI)? If so, in what way?

4) Are the procedures for SED different than those used for LD or MR students? If so, in what way?

5) Check what components are used in assessing SED students.

	<u>Required</u>	<u>Optional</u>
Educational History	_____	_____
Social/Family History	_____	_____
Parent Interview	_____	_____
School Personnel Interview(s)	_____	_____
Clinical Interview of Student	_____	_____
Observation	_____	_____
Behavioral Rating Scale(s)	_____	_____
Adaptive Behavior Measures	_____	_____
Medical Evaluation	_____	_____
Psychiatric Evaluation	_____	_____
Educational Assessment	_____	_____
Cognitive Assessment	_____	_____
Personality Assessment		
(a) Projective Tests	_____	_____
(b) Objective Measures	_____	_____
Other _____	_____	_____

6) In your LEA, what professionals are considered as qualified examiners for SED students?

7) In your LEA, who makes the decision about whether a student is "Seriously emotionally disturbed"? How is that decision made?

8) Are DSM-III categories used in your LEA to classify SED students? Please explain.

9) Who determines if the student's educational performance is adversely affected by emotional disturbance?

10) In your LEA, who decides what level of service will be provided to the SED student? Does this vary depending on the level of service? If so, how?

11) What procedures do you use when your LEA receives a copy of an evaluation done outside the system that identifies a student as "Seriously emotionally disturbed", and/or recommends a specific level of service for the SED student?

12) Do you feel there is a need for clarification of the definition of "Seriously emotionally disturbed"? Why?

13) Do you feel that uniform state guidelines for identification of the SED student would be helpful to your LEA? Why?

14) What are your procedures for removing the SED label from a student?

15) Are there any other related issues or concerns that you would like this committee to consider regarding the SED identification process?

Prepared by: _____

Title: _____