Emotional/Behavioral Disorders

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Emotional disturbance (ED, here called emotional or behavioral disorder or EBD) is one of the categories of disability included under the Individuals with Disabilities Education Improvement Act, also known as IDEA, 2004. Every teacher will have at least one student who is extraordinarily difficult because of his or her behavior, simply due to the fact that most students with EBD have not been identified and placed in special education. Most of the students who are the topic of this entry are in general education classrooms, where they typically cause serious and legitimate concern for their teachers and often for their classroom peers and school administrators as well. This has been true throughout the history of compulsory education, as James Kauffman and Timothy Landrum (2006) have observed.

A frequent misunderstanding is that students with EBD are just chronically difficult—irritating to teachers but not really disabled. However students can be both disturbed and disturbing, have EBD, and irritate the teacher. Some irritating students do not have EBD. Nevertheless, most students are neither particularly irritating nor have EBD. Moreover, a student who is consistently irritating is at high risk of acquiring EBD if he or she does not already have such a disability, and such a student is likely also to bring out the worst in others.

Another misunderstanding is that students with EBD exhibit their problematic behavior all the time. Such disorders tend to be episodic, highly variable, and
sometimes situation-specific (for example, exhibited only when demands are placed on the student to perform or exhibited only outside the home or family). Understanding the episodic nature of EBD is critical. Expecting someone with EBD to exhibit problem behavior all the time is somewhat like expecting a person with a seizure disorder to have constant seizures. Because EBD is typically episodic, an observer may miss incidents that cause a teacher, who sees the student throughout the day and week, enormous and legitimate concern.

### DEFINITION OF EBD

Defining EBD is fraught with difficulty, and the federal definition of this category of disability is seriously flawed. Distinguishing “emotional disturbance” from “behavioral disorder” is impossible. Steven Forness and Jane Knitzer recounted problems in the definition in IDEA (the federal special education law first enacted in 1975) and proposed an alternative formulated by the National Mental Health and Special Education Coalition, a coalition of more than thirty national organizations concerned with children's mental health. Although many definitions have been proposed, Daniel Hallahan, James Kauffman, and Paige Pullen conclude that all definitions contain these common elements:

- extreme behavior (not just slightly different from the usual)
- a chronic problem (constant and on-going, which does not resolve quickly)
- violation of social or cultural expectations

Most teachers understand that many students exhibit minor behavior problems and that some students exhibit serious problems that nonetheless fall short of disability. However, most teachers also understand that serious, persistent violations of behavioral expectations that are appropriate for a student's social and cultural context are debilitating.

A major controversy regarding definition is the exclusion in the IDEA definition of students who are socially maladjusted but not emotionally disturbed. Sometimes identification of a student with EBD is resisted because the family or community is said to have failed to teach the individual appropriate behavior, and the problem is therefore judged to be social maladjustment, not emotional disturbance. However, exclusions based on presumed or known causes are neither logically nor morally defensible. For example, one does not conclude that a student is not blind because his or her lack of sight was caused by X (e.g., disease, accident, or genetic process). Blind simply means one cannot see, regardless of the cause. Likewise, EBD simply means a serious, persistent problem behavior regardless of cause.

The exclusion of students who are judged to be socially maladjusted is essentially uninterpretable and indefensible for two other reasons. First, it is inconsistent with
the intention and writing of Eli Bower, who provided the federal definition without the exclusion. Second, the EBD most likely to be interpreted as social maladjustment (conduct disorder, which includes various forms of antisocial behavior and is closely linked to poor socialization) is one of the most serious disabilities in the EBD category (Kauffman and Landrum, 2009). Thus the exclusion of social maladjustment is both illogical, given the federal definition, and inconsistent with the IDEA principle of identifying and serving all students with disabilities.

PREVALENCE OF EBD

According to the U.S. Department of Education (2005) and the National Research Council (2002), about 1% of students in public schools in the United States receive special education under the ED (EBD) category. The Department of Health and Human Services (2001) as well as data from other studies (Costello, Egger, & Angold, 2005; Kauffman & Landrum, 2009) strongly suggest that the actual prevalence of EBD is at least five times greater (about 5%).

Students with EBD typically are rated as having behavior problems far more often than their peers and are directly observed to exhibit problems far more often than other students. Nevertheless, as Kauffman has suggested, in most cases students with EBD are not identified until their problems are severe and protracted, often because educators are afraid of labeling or of being accused of making a mistake in identification. Educators appear to be far more willing to decide that the student should be identified as having a learning disability (LD) than they are to identify a student as having EBD. As a consequence, students with EBD are often ignored or mislabeled. After reviewing the literature on identification of EBD, Costello and her colleagues concluded: “Substantively, we can say with certainty that only a small proportion of children with clear evidence of functionally impairing psychiatric disorder receive treatment” (p. 982). These children pose a heavy burden on public health, not to mention a serious problem for schools and schooling.

ASSESSMENT AND IDENTIFICATION

There is no standardized test for EBD as there is for intelligence or academic achievement. Standardized behavior rating scales and procedures for observing and evaluating problem behavior are available, but EBD is a matter of judgment that the student's behavior is seriously problematic and in need of change. In essence, teachers and other educators are the tests for EBD, as Michael Gerber suggested is the case for LD. That is, their judgments, based on comparisons to other students they have taught, comprise the test.
Assessment of internal states through projective testing and other psychoanalytic means is not a reliable basis for identification of students as having EBD. Although sometimes unconscious or internal states may be assessed by psychologists or psychiatrists, the direct observation and rating of behavior by school personnel is a better basis for judgment.

CHARACTERISTICS, VARIATIONS, AND SUBGROUPS

As a group, students with EBD tend to be lower than average in IQ and to be lower in academic achievement than most students, although there are a few high IQ and high-achieving students with EBD. Because students with EBD are typically not intellectually highly able and high-achieving, it is understandable that many would be identified as having LD. In fact, there is a substantial overlap in the characteristics of students with LD and those with EBD, as Janine Stichter, Maureen Conroy, and James Kauffman as well as other writers (e.g., Hallahan, Kauff-man & Pullen, 2009; Kauffman & Hallahan, 2005a) have noted.

Students with EBD are generally divided into two subcategories: those with externalizing behavior and those with internalizing behavior. Externalizing behavior includes aggression, disruption, and other forms of acting out; internalizing behavior includes such problems as depression, anxiety, and social withdrawal, in which the primary difficulty is private or internal. The most frequent problems observed by teachers are externalizing. However, internalizing problems can be debilitating, and students can have both types of problems, showing both types at the same time or alternating between the two.

Besides the two broad subcategories of externalizing and internalizing problems, EBD includes many other types of disorders. Kauffman and Landrum (2009) describe several subcategories of difficulty: attention and activity disorders, conduct disorders (which may be overt aggression or covert antisocial behavior), special problems of adolescence (which include delinquency, substance abuse, and early sexual activity), anxiety, depression, and schizophrenia. Many types of disorders can occur together. A case in which a particular individual exhibits simultaneous occurrence of disorders is described as comorbid. In fact, multiple or comorbid disorders are more common than are single difficulties.

Most students with EBD are not what most people would consider psychotic—unable to tell the difference between reality and unreality. However, a few students with EBD have schizophrenia, a major thought disorder that often includes hallucinations and delusions. For these students, antipsychotic medication, as well as appropriate education, is extremely important.
INTERVENTIONS AND INSTRUCTION

Intervention based on behavior principles is the most effective way of responding to EBD, as explained by Hallahan and Kauffman (2009), Kauffman and Landrum (2006, 2009), Stichter and colleagues (2008), and Hill Walker, Elizabeth Ramsey, and Frank Gresham (2004). Other interventions may appeal to one's intuition or tradition, but they tend to be less reliable and may make problems worse. Behavior principles emphasize instruction in how to behave, support for desirable behavior, and other primarily positive interventions, although effective, nonviolent, and appropriate punishment procedures may sometimes be necessary. Application of these behavior principles in teaching is also described by James Kauffman, Mark Mostert, Stanley Trent, and Patricia Pullen (2006), by Mary M. Kerr and C. Michael Nelson (2006), and by Landrum and Kauffman (2006). A behavioral approach relies primarily on using consequences to change behavior, although instruction, talking to students, and correcting environmental factors that set the stage for misconduct are also important. Skillful application of these principles should address the problems of students with EBD, as Hill Walker, Steven For-ness, and colleagues (1998) have suggested.

Appropriate academic instruction plays a primary role in programming for students with EBD and in classroom management. In fact, Kauffman, Mostert, Trent, and Pullen suggest that a teacher who is having difficulty with a student's behavior should first consider academic instruction. Joseph Witt, Amanda VanDerHeyden, and Donna Gilbertson, as well as Kathleen Lane, emphasize the importance of educators having instruction in academic skills in helping students with EBD.

Psychopharmacology plays an increasingly important role in managing EBD. The role of drugs can be overplayed or misunderstood, but medication is clearly important not only in managing such problems as attention deficit hyperactivity disorder (ADHD), depression, bi-polar disorder, and schizophrenia but also in making students with these disorders more accessible to instruction (see Steven Forness & Kelli Beard; Steven Forness, Stephanny Freeman, & Tanya Paparella; and Dean Konopasek & Steven Forness).

ISSUES IN ASSESSMENT AND EDUCATION

A major problem in assessment is fear of false identification. In fact, this fear is so common that students with EBD typically are known to have serious problems for years before they are identified, and the evidence for EBD must be so overwhelming that almost no one can argue that the identification is unjustified. Of course, such fear kills any hope of prevention, as Kauffman has pointed out.
No one suggests letting behavior problems fester until they become severe, protracted, and nearly insurmountable, yet that is what typically happens, as Kauffman, Walker and his colleagues (2004) and Phillip Wang and his associates (2005) have observed. In fact, Glen Dunlap and his colleagues present the consensus of researchers in the field that early identification of children with challenging behavior (EBD) is possible and more effective than later intervention. Moreover, Wang and his fellow researchers wrote that “long periods of untreated illness may also be harmful to those with less severe disorders” and that “most people with 1 disorder progress to develop comorbid disorders and such comorbidity is associated with an even more persistent and severe clinical course” (pp. 610–611). Thus, the case for early identification and prevention has been made clearly, yet prevention is not typically put into practice (see Dunlap & colleagues; Kauffman). Early identification and prevention are not controversial ideas; however, when they are put into practice, controversy can arise. Complications regarding labeling, privacy, disproportionate identification of children by ethnic or color group, and doubt about misdiagnosis result in inaction.

Violence in schools is recognized as a serious problem; however, few schools use what is known about violence prevention. Get-tough policies and harsh punishment for aggression, the usual responses, are mostly counterproductive. The best approaches include school-wide behavior monitoring and behavior management procedures that emphasize careful monitoring, clear expectations, reward for desirable behavior, and nonviolent negative consequences for behavioral infractions, which have been described by Walker and his colleagues (2004) and by Kerr and Nelson (2006). However, although some EBD students commit violent acts, most do not.

The placement of students with EBD has been a matter of special concern and controversy in the context of movement toward full inclusion, the idea that all students should be placed in general education classes in their neighborhood school regardless of their disabilities (see Kauffman and Hallahan, 2005b). The placement in general education classrooms of many students with EBD is not feasible, as James Kauffman, John Lloyd, Teresa Riedel, and John Baker have suggested. The idea of basing all services for all students with EBD in the communities where they live is appealing, and community-based services are clearly feasible for some. However, closing all hospitals and residential placements for students with severe EBD and attempting to provide all services in the community has not proven feasible (Hallahan & Kauffman; Kauffman & Landrum, 2009). Effective programs for students with EBD are expensive, and inclusionary programs and community-based services promise savings for taxpayers. The
anticipated cost saving makes inclusionary, community-based programs popular, although research does not show them to be particularly effective.

Adolescents and young adults with EBD are among the most frequently unemployed individuals with disabilities. Helping students with EBD make the transition from high school to work or to further education is among the most difficult tasks in special education, as Douglas Cheney and Michael Bullis have noted. Programs for the transition of students with EBD have been criticized as unsuccessful, but they are often criticized for other reasons as well. Critics may claim that they represent consignment of students to second-class citizenship or that they emphasize vocational skills when they should be focused on academic preparation for higher education. In fact, any schooling different from that for students headed for college is vulnerable to charges that its expectations are too low.

Students who are members of ethnic minority groups in the United States, particularly African Americans, are disproportionately identified as having EBD. Although the reasons for disproportionality have not been identified unambiguously by research, multicultural special education is considered essential (Hallahan, Kauffman & Pullen, 2009). That is, special education teachers need to be sensitive to and respectful of cultural differences, but they may not understand how to do so and much of the education literature is unclear on the subject. James Kauffman, Maureen Conroy, Ralph Gardner, and Donald Oswald have suggested that effective, evidence-based education is culturally neutral and that culturally sensitive education demands attention to the individual student from a scientific perspective. Although science itself has been criticized as culturally biased, that criticism has been resoundingly rejected by many special educators, exemplified by Challenging the Refusal of Reasoning in Special Education, edited by Mark Mostert, Kenneth Kavale, and James Kauffman. About ethnicity, Kauffman, Conroy, Gardner, and Oswald concluded that “first and foremost we must recognize that the most culturally responsive practices are empirically validated instructional strategies…. At this point the data seem to suggest that this applies to all children, regardless of their ethnicity.”

See also: Special Education

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