EMOTIONAL DISABILITY GUIDELINES

Federal Definition of Emotional Disability:

The IDEA, as passed by Congress, does not provide guidance on how to classify a student as having emotional disturbance (titled 'Emotional Disability' in North Dakota; ND Century Code 15.1-32-04), but some guidance can be drawn from the definition found in the federal regulations (Section 300.8(c)(4)). Criteria for eligibility are determined by breaking apart the definition.

Eligibility:

A multidisciplinary team determines eligibility of children and youth ages 3-21 for special education services in North Dakota schools. The team shall determine that a student is eligible for special education services in the area of Emotional Disability when there is documentation that indicates that he or she exhibits **one or more** of the following conditions:

Criteria:

An inability to learn that cannot be explained by intellectual, sensory, or health factors

- The student cannot learn in a regular classroom or integrated early childhood setting. The student failed to attain a satisfactory rate of educational progress, which cannot be explained by intellectual, sensory, health, cultural, or linguistic factors.

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

- This characteristic is a pervasive inability to develop appropriate relationships with others across multiple settings or situations. It requires documentation that the student is unable to initiate or to maintain satisfactory interpersonal relationships with peers and adults in multiple settings, at least one of which is educational. Satisfactory interpersonal relationships include, but are not limited to, the ability to demonstrate sympathy, warmth, and empathy towards others; to establish and maintain friendships; to be constructively assertive; and to work and play independently. Examples of unsatisfactory student characteristics may include behaviors, such as, physical or verbal aggression, lack of affect, disorganized/distorted emotions toward others, demands for attention, or withdrawal from social interactions. These should be considered when observing the student's interactions with peers and adults.

Inappropriate types of behavior or feelings under normal circumstances

- Inappropriate behavior can be withdrawn, deviant, or bizarre behavior, not just aggressive or acting-out behavior. Some children express their inappropriate behavior or feelings through confused verbalizations, fantasizing, preoccupation with emotional conflict in their art work, written expression, or other outlets. Feelings deviate significantly from expectations for the student's age, gender, and culture across different environments. Examples of behavior or feelings that might be inappropriate under normal circumstances may include:
    - Limited or excessive self-control;
    - Low frustration tolerance, emotional overreactions, and impulsivity;
    - Limited premeditation or planning;
    - Limited ability to predict consequences of behavior;
    - Rapid changes in behavior or mood;
    - Antisocial behaviors;
    - Excessive dependence and over-closeness, and inappropriate rebellion and defiance; **and**
    - Low self-esteem and/or distorted self-concept.

  Once it is established that the inappropriate behaviors are significantly deviant, it also must be determined that they are due to an emotional condition. The condition is documented by a comprehensive assessment. The Multidisciplinary Team (MDT) must determine whether the student's inappropriate responses are occurring "under normal circumstances." When considering "normal circumstances," the MDT should take into account whether a student's home or school situation is disrupted by stress, recent changes, or unexpected events. However, such evidence does not preclude an eligibility determination.

A general pervasive mood of unhappiness or depression

- This characteristic requires documentation that the student's unhappiness or depression is occurring across most of the student's life situations. The student must demonstrate a consistent pattern of unhappiness or depression, which may include:

- Depressed or irritable mood most of the time (e.g., feeling sad, appearing tearful);
- Diminished and unexpected changes in weight or appetite;
- Insomnia or hypersomnia nearly every day;
- Fatigue or diminished energy nearly every day;
- Feelings of worthlessness or excessive or inappropriate guilt;
- Diminished ability to think or concentrate, or indecisiveness, nearly every day; and
- Recurrent thoughts of death, or suicidal ideation.

The characteristics cannot be the effect of normal bereavement (i.e. death in the family).

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

- This might be marked by physical complaints or consistent physical symptoms that cannot be easily checked or verified and are most visible during stressful situations. Behaviors that may indicate physical symptoms can include excessive absences, tardiness, truancy, refusals to attend school, self-mutilation, unusual sleeping or eating patterns, accident prone, flinching or cowering, neglecting self-care and hygiene, auditory or visual hallucinations, psychosomatic illnesses, headaches, asthma, stomach aches, refuses to attend school, extremely anxious, fearful of getting hurt or rejected, tiredness, clingy, or constantly complaining of being picked on. Symptoms suggesting physical disorders are present with no demonstrable medical findings. The symptoms are not culturally sanctioned response patterns.

Exclusionary Clause:

The term does not include socially maladjusted

- Socially maladjusted has proven to be a difficult term to define. It is not defined by IDEA regulations and is not considered a legal term. LRP Publications notes that “social maladjustment generally is considered to be a persistent pattern of conduct in which the basic rights of others and other age-appropriate societal norms are violated.” (LRP Publications, 1999, *The Answer Book in Special Education Law*. P. 1-11) A chart that compares emotional disability (ED) with socially maladjusted has been included in the Tools Section, page 46.

Additionally the following three essential qualifiers must be evident:

Over a long period of time

- The behavior has existed over a significant amount of time. Best practice suggests using a standard of 6 months, although the age of the student and the intensity of the behavior must be considered. “According to OSEP, a generally acceptable definition of “a long period of time” is a range of time from two to nine months, assuming preliminary interventions have been implemented and proven ineffective during that period.

To a marked degree

- In determining this qualifier, evidence of the behavior should be observed by more than one person across a variety of settings and environments. It should occur in noticeable, predictable patterns, and be considered significant in rate, frequency, intensity, or duration. The problem behaviors must be more severe or frequent than the normally expected range of behavior for individuals of the same age, gender, and cultural group. Finally, the problem behaviors have not been changed or improved after implementation of at least two planned and documented interventions applied in a school or therapeutic setting prior to referral. Behavioral characteristics should not be a secondary manifestation attributable to substance abuse, medication, or a general medical condition (e.g.,hypothyroidism).

Adversely affects educational performance

- The behavior significantly impacts a student’s educational progress, which takes into consideration academic performance and/or social emotional growth. Academic performance is more than achievement level. It includes things such as an inability to take on what is expected at the age level, sudden changes in grades, inconsistent performance, spending excessive time or energy to complete assignments to maintain grades, or excessive energy to maintain effort in the classroom. Social emotional growth may include difficulties in the areas of social relationships, personal adjustment (self-esteem and self-concept), self-care, and vocational skills. Considerations in this area generally include the frequency, duration and intensity of the behavior in comparison to peers. It also can include consideration of whether the behavior adversely affects the education of others.

Medical Diagnosis:

A medical diagnosis by a qualified professional based on the current Diagnostic and Statistical Manual (DSM-V-TR) is not required, but is considered best practice.

Educational Impact:

The impact of the disability requires **specialized instruction** as it has an **adverse impact** on educational performance and is **not** able to be provided by general education.