


**The Identification of Emotional Disturbance:  
Addressing Disproportionality (Session 1)**

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**SACRAMENTO STATE**  
Leadership begins here.

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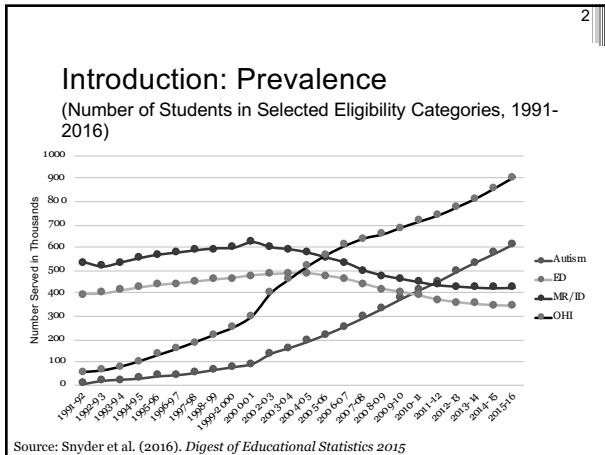
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**Preface: Prevalence Estimates of Childhood Mental Disorders**

Disorder	Estimate (%)
Agoraphobia	2.4 <sup>a</sup>
Generalized anxiety disorder	0.3 <sup>b</sup> - 2.2 <sup>a</sup>
Obsessive-compulsive disorder	1.0 - 2.3 <sup>c</sup>
Panic disorder	0.48 <sup>b</sup> - 2.3 <sup>a</sup>
Posttraumatic stress disorder	5.0 <sup>a</sup>
Separation anxiety	7.6 <sup>a</sup>
Social phobia	9.1 <sup>a</sup>
Bipolar I or II disorder	2.9 <sup>a</sup>
Childhood onset schizophrenia (before 13 yrs)	0.014
Eating disorder	0.1 <sup>b</sup>
Depression	4.3 <sup>d</sup>

<sup>a</sup>13-18 yrs lifetime prev; <sup>b</sup>8-15 yrs 12-month est; <sup>c</sup>DSM-IV lifetime est for children & adolescents; <sup>d</sup>12-17 yrs.

Sources: Perou et al. (2013)<sup>a, b, c</sup>; Pratt & Brody (2008)<sup>d</sup>

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### Preface: Prevalence Estimates of Childhood Mental Disorders

1. 13 to 20% of children
2. 1994-2011 surveillance suggests increasing prevalence
3. 24% increase in inpatient admissions 2007-2010
  - Mood disorders a common primary diagnosis
  - 80% increase in rate of rate of hospitalizations of children with depression
  - ER visits for suicidal ideation and attempts increased from 580,000 in 2007 to 1,200,000 in 2015

Burstein et al. (2015) Merikangas et al. (2010); Health Care Cost Institute (2012); Perou et al. (2013); Pfuntner et al. (2013)

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### Preface: Percentage of Students Identified as ED (per IDEA, 2017-18)

Rank	State	% of Pop. "ED"
1	Minnesota	1.79
2	Massachusetts	1.69
3	Pennsylvania	1.43
4	Indiana	1.22
5	Rhode Island	1.14
<b>Overall</b>	<b>50 States &amp; DC</b>	<b>0.65</b>
44	California	0.39
46	Utah	0.29
47	South Carolina	0.29
49	Louisiana	0.25
50	Arkansas	0.20
51	Alabama	0.18

Source: Digest of Educational Statistics

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### Workshop Objectives

From this workshop it is hoped that participants will increase their ...

1. understanding of the State and Federal (IDEA) definitions of/criteria for ED (and associated definitions of social maladjustment).
2. consider the causes, and begin to identify solutions to, the problem of disproportionality.
3. ability to conduct ED eligibility evaluations (including having a better understanding of the social maladjustment exclusion).

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## Workshop Outline

1. Emotional Disturbance (ED) Defined
2. Disproportionality
3. Improving Referral and Assessment Practices

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## What is ED?

- Clinical vs. Educational Approaches
  - Clinical professionals utilize an *inclusive* approach (e.g., DSM-5).
  - Educational professionals utilize an *exclusive* approach (i.e., IDEA).
    - “ED is a legal category created by Congress to distinguish a narrow range of pupils with emotional problems who are eligible for special education services. Thus the criteria regarding emotional disorders in the medical and mental health fields are significantly different than the education criteria for ED.”

Sources: Tibbetts (2013); *Student v. Placentia-Yorba Linda USD*, 2009, p. 3

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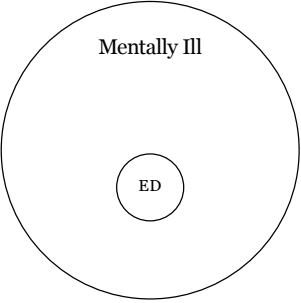
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## Mentally Ill vs. IDEA ED Populations



The diagram consists of two concentric circles. The larger, outer circle is labeled "Mentally Ill". Inside it, centered, is a smaller circle labeled "ED". This visualizes that the population of students with Emotional Disturbance (ED) is a subset of the population of students who are Mentally Ill.

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### What is ED According to DSM-5?

- “A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. **Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders** unless the deviance or conflict results from a dysfunction in the individual, as described above.” [emphasis added]

Source: APA (2013, p. 20)

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### What is ED Under IDEA?

- According to the Code of Federal Regulations “emotional disturbance” is a term, used to describe a student with a disability (a “serious emotional disturbance”) **who needs special education and related services.**
  - The presence of a DSM-5 diagnosis is not sufficient!
  - More specifically . . .

Source: CFR, Title 34, Chapter III, Part 300, §300.8 (Child with a disability), (4)(i)(ii)

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### What is ED Under IDEA?

Emotional [behavioral] disturbance [disability] means a **condition** exhibiting [where the student exhibits] 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:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Emotional [behavioral] disturbance [disability] includes **schizophrenia**. The term does not apply to children who are **socially maladjusted**, unless it is determined that they have an emotional disturbance [under (e)(i)]. [emphasis added, highlighted text = Washington State language]

Source: CFR, Title 34, Chapter III, Part 300, §300.8 (Child with a disability), (4)(i)(ii)

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### What is ED Under IDEA?

- Students with an ED may also be socially maladjusted, but to receive services under IDEA, they must satisfy IDEA eligibility requirements.

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### Essential Elements of ED

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graph TD
    A[Can be schizophrenia] --> B[Emotional Condition  
(Results in at least one of the following)]
    C[Cannot be social maladjustment] --> B
    B --- D1[An inability to learn not explained by intellectual, sensory, or health factors]
    B --- D2[An inability to build/maintain interpersonal relationships with peers/teachers]
    B --- D3[Inappropriate types of behavior/feelings under normal circumstances]
    B --- D4[Pervasive mood of unhappiness/depression]
    B --- D5[Tendency to develop physical symptoms or fears assoc. w/ personal/school problems]
    D1 --- E[Exhibited for a long period of time and to a marked degree  
Adversely affects educational performance]
    D2 --- E
    D3 --- E
    D4 --- E
    D5 --- E
  
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### ED vs. Autism

- “Autism does not apply if a child's educational performance is adversely affected **primarily** because the child has an emotional disturbance, as defined in ... [ED eligibility criteria] of this section.”

Emphasis and brackets added

IDEA, Section 300.8, Child with a disability, (c), (ii)

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### ED vs. Autism

- Under what circumstances would student with a DSM-5 ASD diagnosis meet IDEA’s Emotionally Disturbed eligibility criteria?
- Can Autism be a secondary eligibility criteria for ED (and visa versa)?
- Under what circumstances would a student who met IDEA’s Autism criteria in preschool, be determined to meet IDEA’s Emotionally Disturbed eligibility criteria in middle (or high) school?

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### ED vs. OHI

- Both criteria might be appropriate
  - ED best reflects presentation or behavior associated with the “characteristic.”
  - OHI best reflects the etiology of the “condition.”

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### ED vs. OHI

- Under what circumstances would a student with PTSD, ADHD or another “condition” be found eligible for ED? When would such students be classified OHI?
- What are the pros and cons of using ED vs. OHI criteria?

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## Workshop Outline

1. Emotional Disturbance (ED) Defined
2. Disproportionality
  - a) Definition
  - b) Causes
  - c) Solutions
3. Improving Referral and Assessment Practices

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## Disproportionality: IDEA 2004

- Congress was concerned about too many minorities in special education.
- Consequently, IDEA 2004 specified that if states found districts had "significant disproportionality," those districts would be required to spend 15% of their federal special education money on "coordinated, early intervening services."
- Under current regulations, that money is not to be used for students already identified as having disabilities.

Source: 34 CFR §300.647

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## Disproportionality: IDEA 2004

- The money is for students "who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment."
- The money can be spent at any grade, but the Education Department wants states to focus on kindergarten through 3rd grades.
- Districts found to have overrepresentation that does not rise to the level of "significant" are also *allowed* to use part of their federal special education money for early-intervention services.

Source: 34 CFR §300.647

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### Disproportionality: Final Rules

- The Office of Special Education Programs published final regulations on significant disproportionality in December 2016.
  - Significant disproportionality in regard to identifying children as children with disabilities or as children with specific disabilities is, by definition, overrepresentation.

Source: 34 CFR §300.647

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### Disproportionality: Defined

Term	Definition
Representation	The rate at which children from a particular racial/ethnic group are identified with disabilities as determined by a mathematical formula.
Overrepresentation	When children from a particular racial/ethnic group have a higher risk of being identified with disabilities as compared to children not in that particular racial/ethnic group.
Underrepresentation	When children from a particular racial/ethnic group have a lower risk of being identified with disabilities as compared to children not in that particular racial/ethnic group.

Source: U.S. Department of Education, Office for Civil Rights. (2016).

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### Disproportionality: USA 2016

**% of ED Population**

Race/Ethnicity	Percentage
White	54.31
African American	26.86
Two or more races	3.88
Asian	0.93
Hawaiian Pacific Islander	0.27
American Indian Alaska Native	1.44
Other	1.14

**% of Student Population**

Race/Ethnicity	Percentage
White	49.8
African American	15.4
Two or more races	3.1
Asian	5.2
Hawaiian Pacific Islander	0.3
American Indian Alaska Native	0.88
Other	1.9

Source: Snyder et al. (2016). *Digest of Educational Statistics 2015*

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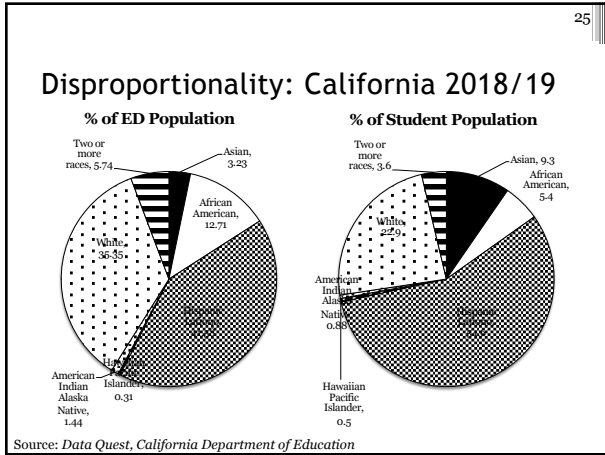
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### Disproportionality: Defined

- 1) *Inappropriately identifying* African-American students as ED and needing special education and related services even though they do not (**over-identification**)
- 2) *Failing to appropriately identify students in other racial or ethnic groups* as ED and needing special education and related services even though they do (**under-identification**)
- 3) *Appropriately identifying all students* who with ED, but underlying variations in the prevalence of those disabilities across racial and ethnic groups result in an overrepresentation of African-American students (**correct identification**).

Source: U.S. Department of Education (2017, p. 2).

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### Disproportionality: Causes

- The overrepresentation of students identified as African American, in the ED category, is a specific concern.
- What you consider to be some of the causes of this overrepresentation?

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### Disproportionality: Causes

- Overrepresentation is due to :
  1. .

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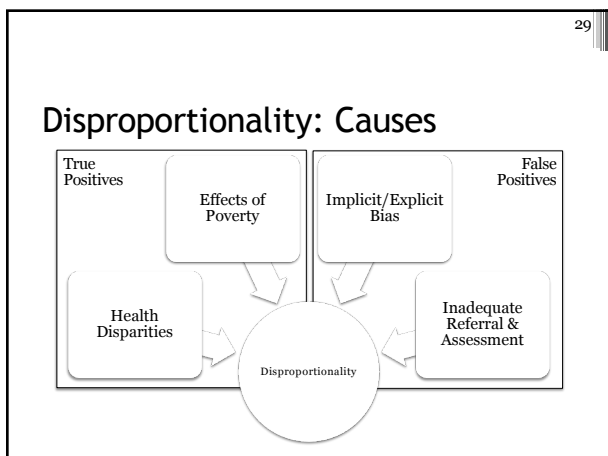
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### Disproportionality: Causes

#### Health Disparities

- Life expectancy
  - Hispanic/Latino 82.0
  - White 78.7
  - **Black/African American 75.1**
- Infant Mortality (deaths per 1,000 live births)
  - Hispanic/Latina 5.01
  - White 4.89
  - **Black/African American 10.93**
  - Asian/Pacific Islander 3.68
  - American Indian/Alaskan Native 7.66

Source: National Center for Health Statistics. (2017).

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### Disproportionality: Causes

Health Disparities

- Low birthweight (% of births <2,500 grams)
  - Hispanic/Latina 7.21
  - White 7.0
  - **Black/African American 13.03**
  - Asian/Pacific Islander 8.40
  - American Indian/Alaskan Native 7.53
- Very low birthweight (% of births <1,500 grams)
  - Hispanic/Latina 1.23
  - White 1.12
  - **Black/African American 2.81**
  - Asian/Pacific Islander 1.13
  - American Indian/Alaskan Native 1.27

Source: National Center for Health Statistics. (2017). Retrieved from <https://www.cdc.gov/nchs/data/hus/hus16.pdf>

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### Disproportionality: Causes

Poverty

- Percent below poverty level
  - Hispanic/Latino 21.4
  - White 11.6
  - **Black/African American 24.1**
  - Asian 11.4
- Homes with children under age 18
  - Hispanic/Latino 28.6
  - White 16.7
  - **Black/African American 32.7**
  - Asian 11.4

Source: National Center for Health Statistics. (2017). Retrieved from <https://www.cdc.gov/nchs/data/hus/hus16.pdf>

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Source: National Center for Health Statistics. (2017). <https://www.crimemapping.com/man/agency/209>

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## Disproportionality: Causes

Health Disparity Outcome: Trauma	
Stage	Risk/Challenge
Childhood	<ol style="list-style-type: none"> <li>1. Inadequate, under-resourced systems</li> <li>2. Masculine gender role socialization that stifles trauma recognition and response</li> <li>3. Adverse childhood experiences and associated neurobiological changes</li> <li>4. Childhood maltreatment and sexual abuse</li> <li>5. Developmental disabilities or special needs</li> <li>6. Boys seen as older, less innocent, dehumanized</li> </ol>

Source: Powell et al. (2018, p. 50)

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## Disproportionality: Causes

Health Disparity Outcome: Trauma	
Stage	Risk/Challenge
Adolescence	<ol style="list-style-type: none"> <li>1. Masculine role identity negotiation and consolidation can strongly emphasize male behavioral risk-taking</li> <li>2. Intimate partner violence victimization</li> <li>3. Maladaptive emotion/affect regulation</li> <li>4. Greater exposure to community and race-based violence,</li> <li>5. Delayed help-seeking</li> <li>6. Increased experience of microaggressions and higher sexual coercion among sexual minorities</li> </ol>

Source: Powell et al. (2018, p. 50)

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## Disproportionality: Causes

Health Disparity Outcome: Violence	
Stage	Risk/Challenge
Childhood	<ol style="list-style-type: none"> <li>1. Repeated exposed to violence results in emotional desensitization, depressive symptoms and aggressive behaviors</li> <li>2. Having a disability (e.g., a learning disability)</li> <li>3. Adverse childhood experiences induce trauma</li> <li>4. Exposure to traumatic violence and chronic stress</li> </ol>

Source: Powell et al. (2018, p. 52)

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## Disproportionality: Causes

Health Disparity Outcome: Violence	
Stage	Risk/Challenge
Adolescence	<ol style="list-style-type: none"> <li>1. Hopelessness, depression, previous victimization, corporal punishment</li> <li>2. Rigid adherence to masculine ideology</li> <li>3. Gang involvement</li> <li>4. Hate crime victimization: Gay males more likely to be victims of violence/hate crimes</li> <li>5. Lack of protection and support</li> </ol>

Source: Powell et al. (2018, p. 52)

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## Disproportionality: Causes

Health Disparity Outcome: Depression	
Stage	Risk/Challenge
Childhood	<ol style="list-style-type: none"> <li>1. Vulnerable to depression as males learn to manage difficult emotions</li> <li>2. Increase in suicide</li> <li>3. Childhood maltreatment increases lifetime risk of depression</li> </ol>
Adolescence	<ol style="list-style-type: none"> <li>1. Chronic stress</li> <li>2. Under-/misdiagnosed depression                             <ul style="list-style-type: none"> <li>• Symptoms of depression in misinterpreted, leading to social reprimand</li> </ul> </li> <li>3. Strict use of avoidant coping strategies</li> <li>4. Racism, invisibility, perceived discrimination</li> </ol>

Source: Powell et al. (2018, p. 53)

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## Disproportionality: Solutions

- How do we address the disproportionality caused by health disparities and poverty?

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### Disproportionality: Solutions

- Higher socioeconomic status and better housing
- Positive masculine gender role socialization
- Early childhood development and support
- Resilience-building
- Posttraumatic growth
- High religiosity and authoritarian parenting
- Positive and supportive family functioning that promotes resilience
  - Parenting programs

Source: Powell et al. (2018, pp. 50-53)

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### Disproportionality: Solutions

- Positive self-regulation
- Positive self-esteem, sense of mastery, and other sources of social support
- Emotion control
- Reducing adherence to masculinity
- Reducing bullying/violence/trauma against youth, including LGBT
  - Through school-based programs, training, and policies
- Having access to health/mental health services
- Professionals who can assess and treat depression

Source: Powell et al. (2018, pp. 50-53)

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### Disproportionality: Causes

**Educator's Explicit Bias**

- Underlying racism and cultural ignorance in staff and school processes.

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## Disproportionality: Causes

### Educators Implicit Biases

Source: Gilliam et al. (2016)

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## Disproportionality: Causes

### Educators Implicit Biases

Source: Gilliam et al. (2016)

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## Disproportionality: Causes

### Educators Implicit Biases

- ... disproportionate expulsion of Black boys [has] gained attention in recent years, but little has been done to understand the underlying causes behind this issue. This study examined the potential role of ... educators' implicit biases as a viable partial explanation behind disparities in ... expulsions. Participants were ... primed to expect challenging behaviors (although none were present) while watching a video of preschoolers, balanced by sex and race, engaging in typical activities, as the participants' eye gazes were tracked. **Findings revealed that when expecting challenging behaviors teachers gazed longer at Black children, especially Black boys.**

Source: Gilliam et al. (2016)

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### Disproportionality: Solutions

- How do we address the disproportionality caused by implicit and explicit bias?

1. [listing of suggested solutions]

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### Disproportionality: Solutions

- “Until you make the unconscious conscious, it will direct your life and you will call it fate.”

*-Carl Jung*



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### Disproportionality: Causes



**When Teachers Punish Black Kids More Severely Than White Kids**  
NEWS.ORG. DEC 11, 2017

Source: <https://www.civillib.com/solutions/2017/12/when-teachers-punish-black-kids-more-severely-than-white-kids/547382/>

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### Disproportionality: Solutions

- Research
  - Normative vs. optimal development
    - The natural history of male role socialization in families, within/across generations, and over the lifespan
  - Stress exposures (e.g., types of stress, chronic stress)
    - And their negative psychological consequences (e.g., depression)
  - Preparation and improvement of a workforce that educates, treats, and provides services
    - Address implicit bias and stereotyping in reference to racial, ethnic, gender, sexual minority status and the intersection of these identities and characteristics.

Source: Powell et al. (2018, p. 4)




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### Disproportionality: Solutions

- Research
  - Demonstrate the effects of programs and interventions
  - Determine the impact of proposed and current policies and programs.
  - The role of masculinity, chronic stress, trauma, depression, and sub- stance abuse
    - And their relationship to health status, health behaviors, and use of services across the lifespan; integrate these measures into the nation's Healthy People objectives.
  - Evaluate existing assessment measures of boys and men of color and sexual and gender minority males

Source: Powell et al. (2018, p. 4)




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### Disproportionality: Solutions

- Practice Education, and Training
  - Increase psychotherapeutic support for families
  - Address stress inducing implications of exposure to implicit biases and the micro-aggressions
  - Comprehensive assessments
  - Training
    - Particularly for those working in elementary schools, high schools, junior colleges, universities, and communities
  - Youth mentoring programs
    - Incorporate more reflexive examples of demonstrating manhood or masculinities into existing rites-of-passage mentoring programs to reflect a wider range of options for expressing masculinities
  - Assessment of trauma exposure and mental health needs as well as mental health and addiction care

Source: Powell et al. (2018, pp. 4-5)




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## Disproportionality: Solutions

- Practice Education, and Training
  - Access to interventions that assist in substance abuse recovery in the criminal justice system during the transition from incarceration
  - Treatment services and modalities that attend to sexual identity and the complex interplay between persons and behavioral, psychosocial, and social stressors that place sexual minority men at risk
  - Provide rehabilitative and supportive services to vulnerable boys and men who have been impacted by trauma and violence
    - Attend to the unique ways such events impact masculine role identity
    - Integrate services in spaces where racial/ethnic and sexual minority boys and men live, work, play, pray, are educated, and acquire health care
    - Provide support also for families and friends who are close to those who are impacted by trauma and violence.

Source: Powell et al. (2018), pp. 4-5



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## Disproportionality: Solutions

- Practice Education, and Training
  - Gender-based prevention programs aimed at men involved in violence as perpetrators or peer bystanders (e.g., Coaching Boys Into Men)
  - Incentivize, expand, and support state and local programs to assist boys and men who are reentering communities from prisons and jails.
    - Retention and engagement in schools, family and community life, and the workforce.

Source: Powell et al. (2018), pp. 4-5



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## Workshop Outline

1. Emotional Disturbance (ED) Defined
2. Disproportionality
3. Improving Referral and Assessment Practices
  - a) Social Maladjustment Exclusion
  - b) Emotional Condition
  - c) Five Characteristics
  - d) Limiting Conditions

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## The Identification of Emotional Disturbance: Addressing Disproportionality

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**SACRAMENTO  
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*Leadership begins here.*

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