

Literature Review

Emotional Disturbance

Formerly referred to as serious emotional disturbance (SED), emotional disturbance (ED) is a category of educational disability. The label/term is most often applied to academically struggling students whose emotional and behavioral problems are the most prominent aspect of their educational disability. Students with ED represent a fraction of students with emotional and behavioral disturbance (EBD). This broader classification refers to having a diagnosed mental disorder, emotional disturbance, or social or personal maladaptation, which may or may not be accompanied by serious functional impairments (O'Connell, Boat, & Warner, 2009).

Students classified as ED have met a specific definition according to a federal regulation (Individuals with Disabilities Education Improvement Act, 2004) and are therefore eligible for special education services. Federal law defines ED as a condition in which one or more of the following characteristics are exhibited over a long period of time and to a marked degree that adversely affects a child's educational performance:

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

The law also notes that the classification includes schizophrenia; however, it does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. (Assistance to States for the Education of Children With Disabilities and Preschool Grants for Children With Disabilities: Final Rule, 2006).

The Center for Mental Health Services (2013) provides a definition of ED that is slightly more specific in that it applies to children and adolescents younger than 18 who have a diagnosable mental, behavioral, or emotional disorder that substantially interferes with or limits the child's role or functioning in family, school, or community activities (see also American Psychiatric Association, 2013).

The assessment of a student for educational disability due to emotional disturbance involves a comprehensive and thorough process—which is carried out by a multidisciplinary team of

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school psychologists, school social workers, school nurses, school counselors, mental health professionals, and teachers – to evaluate a number of domains. These domains include emotional-behavioral functioning, intellectual-developmental functioning, educational progress, health, and any other areas recommended by the Individualized Education Program (IEP) team. To rule out general social maladjustment, schools may also conduct a sociocultural interview with a parent to obtain the student’s developmental history and rule out environmental factors.

Outcomes of Students with ED

Students with ED often have poor educational, behavioral, and social outcomes (Bradley, Doolittle, & Bartolotta, 2008). *Academically*, students with ED exhibit significant difficulties, such as low proficiency in reading and math, low or failing grades, and high grade-retention rates. They are also less likely than students nationwide to graduate with a diploma (about 56 percent, compared with about 76 percent of students nationwide (Bradley, Doolittle, & Bartolotta, 2008; Reschly & Christenson, 2006; Stillwell, Sable, & Plotts, 2011). *Behaviorally*, students with ED tend to have multiple emotional and behavioral problems, many of which begin in childhood. School disciplinary data suggest that about 48 percent of students with ED have been suspended or expelled at least once (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). *Socially*, students with ED have high rates of juvenile and criminal justice involvement, substance misuse, and unemployment (Kauffman & Landrum, 2009). Estimates of the prevalence of ED in youth in correctional facilities range as high as 20 percent (Rutherford et al., 2002). Although all students with ED experience impairments in academic and behavioral functioning, recent profiles of students with ED suggest that the level of impairment varies a great deal within this population (Wiley, Siperstein, Forness, & Brigham, 2010).

Scope of the Problem

Students with ED represent about 6 percent of public school students receiving special education services, which is less than 1 percent of all public school students (U.S. Department of Education, 2015). Though few in number, this population is the most impaired of all children with EBD and many have co-occurring disorders (Kauffman, Simpson, & Mock, 2009). Unfortunately, special education services alone have not been found to produce significant improvement in the learning and behavior of students with ED (Morgan, Frisco, Farkas, & Hibell, 2010). Thus, more intensive interventions are needed for this population.

Outcome Evidence

A few meta-analyses have examined the effectiveness of varied interventions designed to improve the academic outcomes for students with ED; however, this review did not identify any that examined effects on social, emotional, and behavioral outcomes.

Programs that Support Children and Youth with Emotional and Behavioral Problems

Few, if any, programs have been developed specifically for this population. However, other research assessing program impacts on externalizing behaviors (e.g., defiant, aggressive, and disruptive behaviors) and internalizing behaviors (e.g., depressive or anxious symptoms or behaviors) has been developed for clinical populations of children and adolescents. Given the pervasive impact ED has on the lives of children and their families, intervening early is recommended. Parent management training (PMT), which is designed to increase positive behaviors and to decrease undesired behaviors in children through the use of social learning and behavioral strategies, is the recommended “go-to” treatment for disruptive behaviors in preschool children (Eyberg, Nelson, & Boggs, 2008). Similarly, behavioral and/or cognitive-behavioral treatment models (most notably, cognitive-behavioral therapy or CBT) are usually the first line of treatment for depressive and anxiety disorders and they can be implemented with children as young as 6 years of age (Bennett et al., 2013). Preliminary research suggests that short-term psychodynamic psychotherapies may also be effective in treating a range of mental disorders in children and adolescents (Abbass, Rabung, Leichsenring, Refseth, & Midgley, 2013).

The National Registry of Evidence-based Programs and Practices (NREPP) summarizes evidence for a number of programs designed to treat and support children and youth with serious emotional and behavioral problems. Several of these programs are listed below.

- Behavior Management through Adventure (BMtA)
- Cognitive Behavioral Therapy (CBT) for Adolescent Depression
- Multisystemic Therapy with Psychiatric Supports (MST-Psychiatric)
- Parent–Child Interaction Therapy (PCIT)
- Parenting with Love and Limits (PLL)

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