



Emotional Disturbance

◆ Definition ◆

Many terms are used to describe emotional, behavioral, or mental disorders. Currently, students with such conditions are categorized as having a serious emotional disturbance, which is defined under the Individuals with Disabilities Education Act (IDEA) as follows:

"...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects 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; or
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems." [Code of Federal Regulations, Title 34, §300.7(b)(9)]

As defined by IDEA, serious emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

It is important to know that the Federal government is currently reviewing the way in which serious emotional disturbance is defined and that the definition may be revised.

◆ Incidence ◆

For the 1998-99 school year, 463,172 children and youth with a serious emotional disturbance were provided services in the public schools (*Twenty-Second Annual Report to Congress*, U.S. Department of Education, 2000).

◆ Characteristics ◆

The causes of emotional disturbance have not been adequately determined. Although various factors such as heredity, brain disorder, diet, stress, and family functioning have been suggested as possible causes, research has not shown any of these factors to be the direct cause of behavior problems. Some of the characteristics and behaviors seen in children who have emotional disturbances include:

- Hyperactivity (short attention span, impulsiveness);
- Aggression/self-injurious behavior (acting out, fighting);
- Withdrawal (failure to initiate interaction with others, retreat from exchanges or social interaction, excessive fear or anxiety);
- Immaturity (inappropriate crying, temper tantrums, poor coping skills); and
- Learning difficulties (academically performing below grade level).

Children with the most serious emotional disturbances may exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings and are sometimes identified as children who have a severe psychosis or schizophrenia.

Many children who do not have emotional disturbances may display some of these same behaviors at various times during their development. However, when children have a serious emotional disturbance, these behaviors continue over long periods of time. Their behavior signals that they are not coping with their environment or peers.

◆ Educational Implications ◆

The educational programs for children with a serious emotional disturbance need to include attention to mastering academics, developing social skills, and increasing self-awareness, self-control, and self-esteem. Career education (both vocational and academic) is also a major part of secondary education and should be a part of the transition plan included in every adolescent's Individualized Education Program (IEP).

Behavior modification is one of the most widely used approaches to helping children with serious emotional disturbance. However, there are many other techniques that are also successful and may be used in conjunction with behavior modification. Life Space Intervention and Conflict Resolution are two such techniques.

Students eligible for special education services under the category of serious emotional disturbance may have IEPs that include psychological or counseling services. These are important related services which are available under the law and are to be provided by a qualified social worker, psychologist, guidance counselor, or other qualified personnel.

There is growing recognition that families, as well as their children, need support, respite care, intensive case management services, and a multi-agency treatment plan. Many communities are working toward providing these wrap-around services, and there are a growing number of agencies and organizations actively involved in establishing support services in the community. Parent support groups are also important, and organizations such as the Federation of Families for Children's Mental Health and the National Alliance for the Mentally Ill (NAMI) have parent representatives and groups in every state. Both of these organizations are listed under the resources section of this fact sheet.

◆ Other Considerations ◆

Families of children with emotional disturbances may need help in understanding their children's condition and in learning how to work effectively with them. Help is available from psychiatrists, psychologists or other mental health professionals in public or private mental health settings. Children should be provided services based on their individual needs, and all persons who are involved with these children should be aware of the care they are receiving. It is important to coordinate all services between home, school, and therapeutic community with open communication.

◆ Resources ◆

Adamec, C. (1996). *How to live with a mentally ill person: A handbook of day-to-day strategies*. New York, NY: John Wiley & Sons. (Telephone: 1-800-225-5945.)

Hatfield, A.B. (1991). *Coping with mental illness in the family: A family guide* (Rev. ed.) Arlington, VA: National Alliance for the Mentally Ill. [Product # 082. Telephone: (800) 950-6264]

Jordan, D. (1996). *A guidebook for parents of children with emotional or behavior disorders*. Minneapolis, MN: PACER Center. [Telephone: (612) 827-2966.]

Jordan, D. (1995). *Honorable intentions: A parent's guide to educational planning for children with emotional or behavioral disorders*. Minneapolis, MN: PACER Center. [See telephone number above.]

Koplewicz, H.S. (1996). *It's nobody's fault: New hope and help for difficult children*. New York: Random House/Times Books. (Telephone: 1-800-733-3000.)

Wilen, T.E. (1998). *Straight talk about psychiatric medications for kids*. New York: Guilford. (Telephone: 1-800-365-7006.)

◆ Organizations ◆

American Academy of Child and Adolescent Psychiatry
Public Information Office, 3615 Wisconsin Ave., NW,
Washington, DC 20016. Telephone: (202) 966-7300;
(800) 333-7636. Web: www.aacap.org

ERIC Clearinghouse on Disabilities and Gifted Education,
Council for Exceptional Children, 1110 N. Glebe
Road, Suite 300, Arlington, VA 22201-5704.
Telephone: (800) 328-0272 (V/TTY).
E-Mail: ericec@cec.sped.org
Web: <http://ericec.org>

Federation of Families for Children's Mental Health,
1021 Prince St., Alexandria, VA 22314-2971.
Telephone: (703) 684-7710. E-Mail: ffcmh@ffcmh.org
Web: www.ffcmh.org

National Alliance for the Mentally Ill (NAMI), Colonial
Place Three, 2107 Wilson Boulevard, Suite 300,
Arlington, VA 22201-3042. Telephone: 1-800-950-
6264; (703) 524-7600; (703) 516-7227 (TTY).
E-mail: namiofc@aol.com Web: www.nami.org

National Mental Health Association, 1021 Prince Street
Alexandria, VA 22314-2971. Telephone: (703) 684-
7722; (800) 969-6642; (800) 433-5959 (TTY).
E-mail: nmhainfo@aol.com. Web: www.nmha.org

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