



The following slides provide guidance on the eligibility category, definition, and criteria for “child with a Serious Emotional Disability” in Colorado public schools.

A shorter version of these slides may also be found within the Comprehensive Overview Training PowerPoint, which provides guidance on every eligibility category.

If these slides are used as a self-standing training tool, it is recommended that they be supplemented with the posted slides specific to the HB11-1277 Overview, which can be found at: http://www.cde.state.co.us/cdesped/Training_ECEAEligibility.asp

The HB11-1277 Overview slides will detail the history and timelines of implementation of the new eligibility categories, definitions, and criteria.

Together We Can

Vision

All students in Colorado will become educated and productive citizens capable of succeeding in a globally competitive workforce.

Mission

The mission of CDE is to shape, support, and safeguard a statewide education system that prepares all students for success in a globally competitive world.

Serious Emotional Disability

- The following slides have been vetted internally within the Colorado Department of Education for training purposes of the definition and eligibility criteria for Serious Emotional Disability.
- If you make any changes to these slides, please acknowledge that they are different from this vetted product and may no longer represent the viewpoint of the CDE.

Eligibility Checklist for Serious Emotional Disability

- It is recommended that the following training slides be used in conjunction with the post-HB11-1277 Eligibility Checklist for a Child with Serious Emotional Disability, which can be found at:

http://www.cde.state.co.us/cdesped/IEP_Forms.asp

SERIOUS EMOTIONAL DISABILITY

Serious Emotional Disability
(formerly Significant Identifiable Emotional Disturbance)

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If there are any questions about the definition and eligibility criteria for Serious Emotional Disability, please be in contact with Barb Bieber at bieber_b@cde.state.co.us or (303) 866-6933.

If there are any questions about whether a specific child meets the established criteria for Serious Emotional Disability, please be in contact with the administrative unit's Special Education Director.

2.08 (3) A child with a Serious Emotional Disability shall have emotional or social functioning which prevents the child from receiving reasonable educational benefit from general education.

2.08 (3) (a) Serious Emotional Disability means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree:

2.08 (3) (a) (i) An inability to learn which is not primarily the result of intellectual, sensory or other health factors;

2.08 (3) (a) (ii) An inability to build or maintain interpersonal relationships which significantly interferes with the child's social development;

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The next slides include the exact wording of a Child with a Serious Emotional Disability eligibility criteria that are in the current *Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8*

- SED criteria now align with the Federal language in IDEA
- Previous 12 Characteristics for SIED are replaced by 5 criteria
- 12 characteristics were descriptions of fairly specific behaviors
- 5 criteria are more global in nature

- 2.08 (3) (a) (iii) Inappropriate types of behavior or feelings under normal circumstances;
- 2.08 (3) (a) (iv) A general pervasive mood of unhappiness or depression; and/or
- 2.08 (3) (a) (v) A tendency to develop physical symptoms or fears associated with personal or school problems.

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Final 3 of the 5 criteria in IDEA

Final 2 have direct relationship to former characteristics:

1. Exhibits pervasive sad affect, depression and feelings of worthlessness
2. Persistent physical complaints, not due to medical condition

2.08 (3) (b) As a result of the child's Serious Emotional Disability, as described above, the child exhibits one of the following characteristics:

2.08 (3) (b) (i) Impairment in academic functioning as demonstrated by an inability to receive reasonable educational benefit from general education which is not primarily the result of intellectual, sensory, or other health factors, but due to the identified serious emotional disability.

2.08 (3) (b) (ii) Impairment in social/emotional functioning as demonstrated by an inability to build or maintain interpersonal relationships which significantly interferes with the child's social development. Social development involves those adaptive behaviors and social skills which enable a child to meet environmental demands and assume responsibility for his or her own welfare.

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- Because the Federal criteria have been criticized for somewhat vague language, we retained the above 2 characteristics and 4 qualifiers that were part of ECEA in the past, but modified the language in some instances.
- These 2 characteristics emphasize that the child must have an impairment in academic functioning or social-emotional functioning. These 2 characteristics have equal weight.

2.08 (3) (c) In order to qualify as a child with a Serious Emotional Disability, all four of the following qualifiers shall be documented:

2.08 (3) (c) (i) A variety of instructional and/or behavioral interventions were implemented within general education and the child remains unable to receive reasonable educational benefit from general education.

2.08 (3) (c) (ii) Indicators of social/emotional dysfunction exist to a marked degree; that is, at a rate and intensity above the child's peers and outside of his or her cultural norms and the range of normal development expectations.

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The intent of the four qualifiers remains the same. A student must meet all four to be eligible as a child with a serious emotional disability

They require:

- 1. Interventions have been implemented within general education (similar to SLD). Interventions must have been attempted prior to referral for SED eligibility.
- 2. The social-emotional behaviors must be significantly different from peers when both cultural norms and level of development are taken into account.

2.08 (3) (c) (iii) Indicators of social/emotional dysfunction are pervasive, and are observable in at least two different settings within the child's environment. For children who are attending school, one of the environments shall be school.

2.08 (3) (c) (iv) Indicators of social/emotional dysfunction have existed over a period of time and are not isolated incidents or transient, situational responses to stressors in the child's environment.

2 final qualifiers:

- Pervasive across environments – one of which must be school
- The behaviors are not transient reactions to specific situations.

Social Maladjustment Exclusionary Clause

- **2.08 (3) (d)** The term “Serious Emotional Disability” does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability under paragraph (3)(a) of this section 2.08.

This is the area of most change from previous SIED criteria

To Be Eligible as a Child with SED

- 2.08 (3) A child with a serious emotional disability shall have emotional or social functioning which prevents the child from receiving reasonable educational benefit from general education.

- This statement applies to each of the disability categories.

Prevalence of Emotional Disability

- **Almost 1 in 5 young people have a diagnosable mental, emotional or behavioral disorder**
 - National Academies (2009);
 - Surgeon General Report (1999)
- **Almost 3 out of 4 do not receive needed services**
- **Majority receive Mental Health services in the schools**
- **S/E/B problems are often precursors to delinquency, substance abuse, health-risking sexual behaviors & school failure**
- **Youth with emotional disability have the highest dropout rate of any disability (44% leave school)**

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- This slide provides the context for when SED is being considered
- These statistics include the incidence of depression, conduct disorder and substance abuse
- Large numbers of young people are affected
- Many disorders have life-long effects that include high psychosocial & economic costs
- 1 in 10 have a disability that causes significant impairment
- Students with ED are under-identified – only 1-2% of the overall student population are identified as SED
- SED is also associated with negative outcomes

Context of a Multi-Tiered System of Supports

- **Integration of Rtl and PBIS frameworks**
- **Students demonstrating S/E/B needs are identified & supported through a Comprehensive System that includes:**
 - Proactive & preventative strategies at the universal level
 - Universal screening for S/E/B concerns
 - Problem Solving Process
 - Family and community partnering
 - Evidence –based interventions at the targeted level
 - Functional Behavioral Assessment/BIP
 - Progress Monitoring
 - Intensive, individualized interventions at Tier 3

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Rtl = Response to Intervention

PBIS = Positive Behavioral Interventions and Support

By having in place a well-defined, multi-tiered system of high-quality, evidence-based supports implemented with fidelity, a school/district can respond effectively to the needs of all students exhibiting a wide range of learning & behavioral needs.

Think about SED identification within this context. As MTSS components are described, think about how they fit with what your school/district has in place.

Universal level needs to be in place for academics and behavior and to be effective for 80% of students

Progress monitoring – CBM, structured observations, time sampling

Expanded information on the MTSS framework is included in the SED Guidelines

Tier I: Universal Level

- **Focus upon proactive and preventative strategies to reduce problem behavior and academic failure**
- **Ex: Development of 3-5 positively stated behavioral expectations**
 - Explicitly taught
 - Culturally responsive
 - Reinforced to all students
- **Universal interventions need to work for at least 80% of students**
- **Reciprocal relationship between good classroom management & effective instruction**

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Schools need to have a framework for Social /Emotional /Behavioral interventions. Rx: PBIS or public health framework

Universal interventions aimed to be effective for at least 80% of students. A school simply can't do individualized interventions for 20% of their students

Well established that the classroom environment significantly affects student behavior.

At the classroom level, evidence-based management strategies should be implemented.

Proactive classroom management strategies should:

- Identify, teach & reinforce behaviors that will lead to student success
 - Prevent problem behaviors
 - Facilitate academic success
- George Sugai: Best behavior management strategy is academic engagement. Conversely, academic interventions have best results when paired with behavior strategies.

Universal Screening for S/E/B Concerns

- School needs to have a system to review students for behavior concerns
- Minimum of 2 X per year
- Can use information you already have to identify students at risk:
 - Attendance data
 - Tardy patterns
 - Health history
 - Discipline referrals
 - Suspension incidents
 - Unexplained change in school performance*

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S / E / B = Social/ Emotional / Behavioral

Attendance and tardy information can reveal students with a variety of social and behavioral challenges, e.g., poor health, lack of transportation, avoidance of academic failure, or a need for support outside of school.

With PBIS is being implemented, the analysis of Office Discipline Referrals (ODR) data can be used to identify students needing targeted interventions

Colorado's Academic standards and benchmarks for Comprehensive Health and PE can be used as guidelines for S-E expectations across grade levels.

*Institute of Medicine Report, 2009 : ½ of all MI occur by age 14 (school aged population)

We need to be able to recognize these students

One sign: is precipitous drop in school performance

Early intervention is key for S/E/B problems. Best to remediate before behavior is engrained.

IDEA allows 15% of special education funds to be used for Early Intervening Services.

Formal Universal Screening

- Behavioral & Emotional Screening System (BESS: Kamphaus & Reynolds, 2007)*
- Systematic Screening for Behavior Disorders (SSBD: Walker & Severson, 1990)*
- Social Skills Improvement System (SSIS: Gresham & Elliot, 2007)*
- Presumption that a system is in place for referral resources.

***These examples are provided for informational purposes only and do not constitute an endorsement by the CDE.**

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SSBD = gold standard, gated system which involves teacher training, nominating 3 externalizing & 3 internalizing students in their classroom, rating scales, and observation by trained, outside observer

Districts shy away from formal screening, but works well if system is in place for intervention and/or referral.

Screening should be used to select students for targeted interventions that are already in place.

Family & Community Partnering Is Critical for Students with SED

- Initial contact to establish communication:
- Describe the child's strengths
- Define the behavior or concern
- Gain information from parents that is relevant to intervention planning
- Plan for the intervention, including coordinating with an intervention in the home
- Plan for progress monitoring
- Resource: *A Family & Community Partnering Toolkit* at www.cde.state.co.us/Rtl/FamilyCommunityToolkit.htm

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“Building Bridges” grant developed “scripts” for calling parents. Mesa School District policy dictated that the first call is to parents, prior to referral to the Problem Solving (PST).

Always best practice to obtain parent input and permission for small group and/or individual interventions, particularly if they involve removal from the general education classroom.

Schools often use a “Parent Partnership” form to obtain permission. Different from a consent form for special education

Example: for a Social Skills group, should provide for parents:

- Explanation of the student's needs (why selected)
- Type of intervention to be provided and how
- Expected outcomes
- How the family can partner in the intervention – need consistency between school & home for behavior change

Tier II: Targeted Level

- **Problem Solving team plans additional supports & interventions:**
 - Defines behavior(s) of concern based on data
 - Selects an evidence-based intervention
 - Selects a targeted goal
 - Establishes progress monitoring procedures
 - Assigns tasks & timelines

****A Functional Behavioral Assessment may be needed to identify the focus of the intervention**

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MTSS = Multi-Tiered System of Supports

MTSS makes the assumption that schools have a Problem Solving Team (PST) in place. (Can use previous SIT team or Student Support Team.)

Both RtI and SED guidelines provide detailed descriptions of problem solving process

At the targeted level, need to have standard protocol interventions in place for students needing more supports (5-15%)

Do FBAs earlier. Consider use of an Functional Behavioral Assessment (FBA) at the targeted level – most efficient way of planning interventions

“Practical FBA” CDE offered 3 workshops during fall 2012. Sheldon Loman, Ph.D., from OSU has a manual for Practical FBA. To be used with mild to moderate behavioral problems.

Functional Behavioral Assessment

- **FBA provides important information on the functions a behavior serves**
- **Also gain understanding of conditions (e.g., antecedents & consequences) that sustain and motivate the behavior**
- **FBA leads to development of a positive Behavior Intervention Plan**
 - Due to the strong connection between academics and behavior, the BIP may need to include interventions in both areas

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Need to do an FBA first, before developing a Behavior Support Plan.

FBA allows a team to identify patterns and root causes of behaviors.

To identify specific triggers related to time and location

And hypothesize underlying purposes and possible targeted interventions.

For best results, family members and students themselves should be involved in the FBA process, particularly when behaviors are also occurring at home.

Parent Permission

- Colorado law* requires that the parent be notified of any test in the area of behavior.
- The recommended testing must be described along with how the results will be used
- Special Education Consent should not be used unless the child has been referred.

***"School personnel shall not test or require a test for a child's behavior without prior written permission from the parents or guardians of the child and prior written disclosure as to the disposition of the results or the testing there from."**

(C.R.S 22-32-109 [1][ee].

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A distinguishing factor that may help guide teams in whether parental consent is required is whether a student is the only one receiving a particular assessment.

Professional judgment that depends on the context and purpose should be utilized in determining whether parent permission is needed for a behavioral observation

If an observation is being conducted for an FBA, this would be considered a behavioral assessment and permission should be obtained.

Examples of Targeted Interventions

- Self-monitoring
- Check-in/check-out program
- Re-teaching expectations
- Targeted social-emotional curriculum
- Strategies to support & encourage academic engagement

- **Team should also determine whether the intervention has been delivered with fidelity**
 - Integrity
 - Sufficiency

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Interventions do not need to be complex.

Multiple school personnel can provide the interventions: classroom teacher, intervention specialist, related service providers or other staff within general education.

Standard protocol interventions involve small group, supplemental supports.

Student progress should be monitored and discussed regularly between the Problem Solving Team, interventionist and family.

If student does not respond to 1st intervention, the PST may modify the plan by either changing the intervention or increasing its intensity

Social Skills training has best overall research results

CASEL (Collaborative for Academic and Social Emotional Learning) website has a great resource which provides comprehensive information on manualized interventions.

Monitoring Interventions

- **Targeted interventions should be monitored at least every other week using relevant PM tools:***
 - Direct observation, using time sampling tools
 - Office referral patterns
 - Teacher and family ratings
 - Points earned toward daily goals
 - Student self-monitoring data

*Typically, 20 to 40 school days (4-8 weeks) is considered an adequate period for determining whether interventions are having an impact (Sprague, et al., 2008)

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Assessment of behavior through direct observation provides the most precise and accurate data on which to base intervention decisions.

Observations should take place in relevant settings where problems are occurring as well as in those settings where the behavior is less likely to occur.

Observations can be of short duration – 10 to 20 minutes. Because children’s behavior varies, it is important to do several observations over different days

Observing 1 or 2 children matched on sociocultural characteristics helps to establish whether the behavior is substantially different from the child’s age or grade level peers

George Batsche: need to reach at least 75% compliance with behavior for teacher acceptance.

Independent Seatwork Observation Form

Student Name: _____ Date: _____
 Observer: _____ Location: _____ Start Time: _____ End Time: _____
 Description of Activities: _____

This simple observation form is used to determine the amount of time that a student is on-task when completing an independent assignment in the classroom. It can be used for an observation of up to 15 minutes.

Directions: Observe the student at a time when the student is scheduled to be engaged in independent seatwork.

On-Task Behavior is coded using a momentary time-sampling procedure. At the start of each 15-second interval, the observer glances at the target child for approximately two seconds and determines if the child is on-task or off-task during the brief observation. If the child is found to be on-task (doing his or her assigned seatwork), the interval is marked with an "X." If the child is off-task, the interval remains unmarked. The observer then ignores this behavior category until the onset of the next time interval.

Use Table 1 below (*Calculate the Rate of On-Task Behavior During the Observation Period*) to calculate the student's time on task (engaged academic time).

	1				2				3				4				5			
	0:00	0:15	0:30	0:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30	4:45
ON-TASK																				
	6				7				8				9				10			
ON-TASK																				
	11				12				13				14				15			
ON-TASK																				

Type of Behavior	Number of intervals in which the On-Task behavior was observed.	The TOTAL number of intervals in the observation period(s)	Rate (in decimal form) that the On-Task behavior occurred during the observation.	Rate (in percentage form) that the On-Task behavior occurred during the observation.
ON-TASK	Divided by	Equals	Times 100 =	%

Progress monitoring should be documented.

Example from Intervention Central – free to download

Time sampling in 15 second segments

Classroom Behaviors Observation Form (C-BOF)

Student Name: _____ Rocky Smith _____ Date: _____ Feb 6, 2006 _____

Observer: _____ Mr. Wright _____ Location: _____ 3rd Grade Classroom _____ Start Time: _____ 10:22 _____ End Time: _____ 10:37 _____

Description of Activities: Ms. Conroy, classroom teacher, reviewed upcoming reading vocabulary, asked students higher-level comprehension questions from a story that they had read on the prior day, and introduced a writing assignment.

	1				2				3				4				5			
	0:00	0:15	0:30	0:45	0:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30	4:45
SW																				
OS			✓	✓			✓	✓		✓	✓	✓				✓				
PLO/MO																				
CO			✓	✓							✓	✓								
PI				✓				✓				✓			✓	✓				
TI				+				-				+				-				

	6				7				8				9				10			
	0:00	0:15	0:30	0:45	0:00	0:15	0:30	0:45	0:00	1:15	1:30	1:45	0:00	0:15	0:30	0:45	0:00	0:15	0:30	0:45
SW																				
OS																				
PLO/MO																				
CO				✓							✓	✓				✓			✓	✓
PI				✓				✓				✓				✓				
TI				-				-				-				-				

	11				12				13				14				15			
	0:00	0:15	0:30	0:45	0:00	1:15	1:30	1:45	0:00	1:15	1:30	1:45	0:00	1:15	1:30	1:45	0:00	1:15	1:30	1:45
SW																				
OS																				
PLO/MO																				
CO				✓				✓				✓				✓				✓
PI				✓				✓				✓				✓				✓
TI				-				-				-				+				-

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CBOF
Form:
Sample
p. 154

Can observe several behaviors at the same time.

School work, out of seat, play with object, call out, peer interaction, etc.

15 minutes and 15 second intervals

Most accurate to record if behavior is occurring at the beginning of that segment.

Often the goal is academic engagement so need to monitor (e.g., school work) to see if it's improving.

Table 1: Calculate the Rate that Target Behaviors Occurred during the Observation Period							
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
Type of Behavior	Number of intervals in which the behavior was observed.		The TOTAL number of intervals in the observation period(s)		Rate (in decimal form) that the behavior occurred during the observation.		Rate (in percentage form) that the behavior occurred during the observation.
SW: School Work	29	Divided by	60	Equals	0.48	Times 100 =	48 %
OS: Out of Seat	3	Divided by	60	Equals	0.05	Times 100 =	5 %
PLO/MO: Playing With Objects / Motor Behavior	15	Divided by	60	Equals	0.25	Times 100 =	25 %
CO: Call-Outs / Verbalizations	22	Divided by	60	Equals	0.37	Times 100 =	37 %
PI: Peer Interactions	14	Divided by	60	Equals	0.23	Times 100 =	23 %
TI+: Positive or Neutral Teacher Interactions	3	Divided by	60	Equals	0.05	Times 100 =	5 %
TI-: Negative Teacher Interactions	12	Divided by	60	Equals	0.20	Times 100 =	20 %

Table 2: Chart the Student's Behavior Profile							
C-BOF Behavior Profile							
Date: <u> 2 </u> / <u> 6 </u> / 06							
Setting/Activity: <u> English/Language Arts </u>							
SW	OS	PLOMO	CO	PI	TI+	TI-	
48%	5%	25%	37%	23%	5%	20%	

CBOF Calculation Table: Sample & Profile p. 155

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15 minutes X 15 second intervals (4 samples per minute)

60 data points per behavior

Often the goal is academic engagement so need to monitor work performance (i.e., seat work – left column) to see if it is improving.

Tier III

- If targeted levels of intervention are not sufficient, PST may decide to collect more information through diagnostic/prescriptive assessments
- An FBA should be completed if not already done
- Supports and interventions at the Intensive Tier are for students with significant and/or chronic deficits, approximately 1 to 5 % of the population
- Response to Tier III intervention needs to be monitored at least 1 time/week

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FBA = Functional Behavioral Assessment

Not “diagnosing” a disability but informing interventions

Interventions are still evidenced based, but designed to be more intense and address individual needs

Increased intensity = smaller group, more frequent

Discussion

- Does your school/district have a framework in place?
- What are strengths of the current system?
- Are there targeted (e.g., standard protocol) interventions in place in order to make referrals? For example, a standing small group for social skills training?
- Does anything need to be added?

Reducing Bias in Special Education Referrals

- By requiring that referrals to both the PST and special education be based on data and by having a required period of interventions with consistent progress monitoring, significant sources of bias are eliminated
- Anticipated that this process will reduce the disproportionate representation of specific demographic groups in SED programs

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Another concern is related to disproportionality in Special Education or in specific disability categories (indicator 9 & 10 in the State Performance Plan)

SED has traditionally been a category where overrepresentation of minority groups has occurred.

At the same time, the MTSS process is not intended to delay SED eligibility if a disability is suspected.

Evaluation Planning

- **If a decision has been made to refer a student for a Sped. Evaluation, the Multidisciplinary Team, including the parents, must review existing information on the child. Data already gathered can include:**
 - **Record Reviews**
 - **Interviews with teachers, students & parents**
 - **Evaluations & other information provided by the parents**
 - **Current classroom, local or state assessments**
 - **Classroom observations**
 - **Work samples**
 - **Progress Monitoring data**

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At this point, quite a bit of data has already been gathered:

Parent interview, medical/psychiatric evaluations and health or developmental history.
Obtain outside evaluations whenever possible

Other data already gathered as part of the intervention process, including structured observations, interviews or an FBA

In many cases, there may be only a few remaining questions about whether a student is eligible

Team must decide what further information is needed for a full and individual evaluation

Helpful for the team to review the Determination of Disability Form to decide what additional questions may need to be answered

Utilize the Prior Written Notice and Consent to Evaluate Form

Social/Emotional Evaluation Should Include:

- Frequency, intensity or duration of maladaptive behaviors or deficits in coping skills
- Distinctive patterns of behavior which characterize the students' feelings, attitudes, moods, thought processes and personality traits
- Present levels of academic functioning, including strengths & weaknesses
- Vocational needs (for students 14 and older)
- There must be at least 1 standardized assessment that supports the team's conclusion that a student is or isn't SED

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Basically, gathering a Body of Evidence

Evaluation must use multiple methods and multiple source, e.g., multiple measures, settings and informants should be used

Including family members' knowledge of their child can enhance the validity of the assessment process

Assessments Should Be:

- More focused than in the past
- Designed to answer specific questions
- Empirically based
- Culturally & linguistically responsive
- Use a variety of tools & strategies
- Address academic functioning, social-emotional functioning & exclusionary criteria
- Include information from a variety of sources (e.g., parents, student general and sped teachers, related service providers, and community agencies.)

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Evaluation still must be sufficiently comprehensive to identify all of the child’s needs for sped and related services, whether or not linked to the primary disability category.

For example, if depression is suspected (related to 4th criteria,) utilize depression scales.

Reduced reliance on formal, standardized assessments is presumed

Convergence of data from a variety of sources

Team may not use any single measure or assessment as the sole criterion

For determination of SED, progress monitoring data alone is not sufficient

Evaluation of culturally & linguistically diverse students should be conducted in the student's dominant spoken language whenever possible

Full and Individual Evaluation

- Record Review
- Semi-structured interviews (with student, parents, teachers)
- Observation of the child across at least 2 relevant settings
- CBM & other progress monitoring
- Results from state & local assessments
- FBA
- Behavior rating scales
- Developmental, behavioral & functional life skills checklists
- Standardized assessments

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Record review and Interviews are important for obtaining information about student's medical & developmental history, social-emotional functioning, educational progress or history and community involvement.

Semi-structured interviews can fill gaps in the above information

Family is also critical in identifying home environmental factors that may be impacting the child's behavior

Observations – Structured observations should be completed across multiple settings and time periods. Observations should be designed to address specific questions.

FBA should almost always be done prior to referral to special education.

Rating scales can help describe the intensity and frequency of behaviors that are characteristic of emotional disability. Rating scales are not exact, are subjective, and should be used in conjunction with other methods.

At least 1 standardized assessment is required. Test of cognitive ability is not required for SED identification unless needed to rule out cognitive impairment

Standardized Measures to Assess S/E and/or Adaptive Behavior*

- Achenbach System of Empirically Based Assessment (ASEBA)
- Beck Depression Inventory for Youth
- Behavior Assessment System for Children (BASC-2)
- Behavior & Emotional Rating Scale (BERS-2)
- Conner's Comprehensive Behavior Rating Scales
- Devereux BRIEF
- Revised Children's Manifest Anxiety Scale – Second Edition
- Reynolds Child Depression Scale
- Social Emotional Assets & Resilience Scales (SEARS)
- * Examples from school districts; not CDE endorsements

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This slide shows instruments typically used, according to SED Task Force.

Sometimes adaptive measures are also utilized, e.g., Vineland, ABAS, Ages and Stages (for up to age 7)

Looking for corroborative evidence.

Most projective measures do not offer sufficient reliability and validity to be used for special education decision making. The inadequacy and educational irrelevance of personality tests have led to increasing reliance on more objective procedures.

Discussion

- How does this process align with your current assessment procedures?
- Is it similar to what you are already doing for Specific Learning Disability (SLD)?
- Does anything need to be added?

To Be Eligible as a Child with SED

- 2.08(3)(a) Serious emotional disability means a condition exhibiting **one or more of the following characteristics** over a long period of time and to a marked degree:**

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Implementing the criteria:

Federal criteria do not define either long period of time or marked degree. The qualifier “a long period of times” requires that the student must exhibit one or more of the characteristics long enough to be considered chronic. In DSM 5 this means that they are manifested for around 6 months, or displayed by a high frequency or occurrences over a shorter period of time. In general a school semester might be considered as a long period of time.

At same time, “Long period of time” is very individual. Intent is to avoid labeling a student who is reacting to a situational trauma. A long period is very different for six year old compared to a 16 year old.

One caveat is intensity of the behavior. For example, a team wouldn’t want to wait an extended period on a child exhibiting severe depression. It is also assumed that preliminary interventions have been implemented and proven ineffective during that period.

To a “marked degree” means that a student is significantly different than peers that are “matched” (e.g., age, sex, culture).

Should take into consideration: (a) different environments; (b) child’s developmental stage; (c) evidence of the behavior should be observed by more than one person across a variety of settings and environments. It should occur in noticeable patterns and should be considered significant in rate, frequency, intensity, or duration; (d) behaviors must be more severe or frequent than the normally expected range for students of the same age, gender, and cultural group; and

The problem behaviors have not changed or improved after implementation of at least two planned and documented interventions.

Finally, the behavior is not the result of a developmental phase or due to ethnic or cultural issues.

To Be Eligible as a Child with SED

- **2.08 (3)(a)(i)** An inability to learn which is not primarily the result of intellectual, sensory or other health factors; **and/or**

Questions to Consider:

- Is there a history of a specific learning disability?
- Have there been attendance issues?
- Does the student display a disorder in thought, reasoning, perception or memory, which can be attributed to the emotional condition?

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Inability to learn:

- Demonstrated by a failure to attain a satisfactory rate of educational progress which cannot be explained by intellectual, sensory, health, cultural or linguistic factors.
- Child has so severe an emotional disability that he/she cannot learn despite appropriate educational interventions. Inability to learn should not be confused with an unwillingness or disinterest in learning.
- The team must rule out a Specific Learning Disability, Intellectual Disability, Autism Spectrum Disorder, Traumatic Brain Injury, or other neurological impairment, or a communication disorder
- The team must rule out poor attendance (e.g., lack of opportunity to learn)
- The team must look at issues like whether there is a thought disorder that interferes with learning.
- Underlying thoughts and feelings associated with ED may manifest themselves in behaviors like being disorganized, quitting, or giving up easily, or difficulty retaining material. There may also be discrepant achievement or uneven patterns of performance.

To Be Eligible as a Child with SED

- **2.08 (3)(a)(ii)** An inability to build or maintain interpersonal relationships which significantly interferes with the child's social development; **and/or**

Questions to Consider:

- Does the student participate in social activities?
- Does the student report having friends?
- Does the student withdraw from peer and/or adult contact?
- Are the student's peers alienated by the intensity of student's need for attention?
- Are the student's peer relationships short-lived or anxiety provoking?
- Is the problem with peers/adults related to antisocial subgroup behavior?

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This criterion requires documentation that the student is unable to initiate or to maintain satisfactory interpersonal relationships with peer and adults in multiple settings. Looking for a pervasive inability to develop relationships with others across settings & situation (e.g., more than one teacher, peer, or peer group.) Examples of student characteristics include: (a) verbal/physical aggression when approached; (b) lack of affect or disorganized affect; (c) demands or need for constant attention from others; and (d) withdrawal from all social interaction It is not an issue of getting along with others. It is a question of whether the student has an impairment that negatively affects his/her ability to interact with others (e.g., demonstrating empathy to others, initiating positive interactions, enjoying working and playing with others, etc.)

Assessment, including interviews, should: (1) Search for any friendships or involvement in activities and, if present, examine their nature (e.g., are they universally problematic.) and (2) Always ask in a clinical interview, if the child has a friend.

- Consider whether the student is unable or unwilling to initiate or maintain relationships.
- Are conflicts with adults primarily with authority figures or involve control issues or power struggles?
- Does the student almost always choose solitary activities? Or are they participating in anything? Sports may be an area of competence.
- Are relationships sometimes chaotic? Or filled with upheaval?
- Is there social isolation? Or extreme withdrawal?
- Are problems related to antisocial subgroup associations?

Other factors should be ruled out, such as social maladjustment, social immaturity, or another disability category

Characteristics of Inability to Build or Maintain Relationships

- Has no friends at home, at school, or in community
- Does not voluntarily play, socialize or engage in activities with others
- Avoids talking with teachers & peers or is selectively mute
- Alienates others through hostile or detached behaviors
- Shows lack of affect or disorganized emotions toward others
- Exhibits withdrawal, isolation, or bizarre interactive patterns
- Seeks negative attention by being punished, humiliated or hurt by others

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Additional characteristics from research literature to look for

To Be Eligible as a Child with SED

- **2.08 (3)(a)(iii) Inappropriate types of behavior or feelings under normal circumstances; and/or**

Questions to Consider:

- **What is the student's affect? Is it inappropriate or distorted?**
- **Is the student generally anxious or fearful?**
- **Does the student have severe mood swings of depression to happiness to rage/anger for no apparent reason?**
- **Does the student have delusions, auditory or visual hallucinations, grossly disorganized behavior?**
- **Does the student have control of his or her behavior?**
- **Is the problem with peers/adults related to antisocial subgroup behavior?**

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This criteria requires that the child's behavior deviate significantly from expectations for the child's age, sex, and culture. Additionally, if significantly deviant, behaviors must be due to an emotional condition. Inappropriate behaviors or feelings refer to behaviors that make the student appear strange or unusual compared to others in the same situation. Inappropriate behavior can be withdrawn, deviant, or bizarre, not just aggressive or acting-out behavior. Some children express their inappropriate behavior or feelings through confused verbalizations, fantasizing, or preoccupation with emotional conflict in their art work, written expression, or other outlets. Child should be compared to peers in similar circumstances or to developmental norms. In some cases, consider whether symptoms of mental illnesses or other disorders are interfering with functioning. Behaviors should occur under normal conditions. Teams should consider whether the child's home or school situation is disrupted by stress, recent changes, or unexpected events – although this evidence does not necessarily disqualify an eligibility determination

This category does not include behaviors that would be described as solely oppositional in nature. It also does not include behaviors that are willful and understood by the student. It does include behaviors that are bizarre or psychotic, such as compulsions, preoccupations, delusions, ritualistic body movements, etc.

Teams should consider if: (a) There is inappropriate affect; (b) Thought disorder with delusions or auditory or visual hallucinations?; (c) Is there disorganized speech? (d) Does the student display a marked illogical thinking or loose associations?; (e) Are they reality oriented?; (f) Does the student accept responsibility for their behavior or are they confused?; (g) Does the student display bizarre ideas or statements?; (h) Is behavior disorganized or out of control?; (i) Does the student display unexplained rage reactions, or explosive, unpredictable behavior?; and (m) Again, differentiate if behaviors are associated with antisocial subgroup activities or expectations.

3 components: Once it is established that behaviors are significantly deviant, it also must be determined that they are due to an emotional condition. The team must also determine whether the student's inappropriate responses are occurring "under normal circumstances."

Characteristics of Inappropriate Behaviors or Feelings

- Reacts catastrophically to everyday occurrences
- Lacks appropriate fear reactions
- Shows flat, blunted, distorted or excessive affect
- Engages in bizarre verbalizations, peculiar posturing or ritualistic behavior
- Engages in self-mutilation
- Displays extreme changes or shifts in mood or feelings
- Has delusions, hallucinations, obsessions
- Violent temper tantrums.
- Laughs or cries inappropriately in ordinary settings

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Critical question is whether child's reactions to everyday occurrences are appropriate in relation to how the child's peers would react.

To Be Eligible as a Child with SED

- **2.08 (3)(a)(iv) A general pervasive mood of unhappiness or depression; and/or**

Questions to Consider:

- **Does the student fail to demonstrate an interest in special events or interesting activities – or his or her usual activities?**
- **Does the student have control of his or her behavior?**
- **Does the student display persistent feelings of depression, hopelessness, sadness or irritability?**
- **Is the student engaging in self-destructive behavior?**
- **Does the student have problems with poor appetite or overeating, sleep problems, low energy, poor concentration, hygiene?**

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To meet this criteria, the student must demonstrate actual symptoms of depression which typically involves changes in four major areas: affective, motivational, physical and motor functioning, and cognitions. The student's manifestation of unhappiness must be pervasive, chronic and observable in the school setting. This criteria requires that the child's unhappiness or depression occurs across most, if not all, of the child's life situations and is interfering with functioning.

Looks at depressive symptomatology, e.g., changes in behavior associated with depression: (a) problems with eating, demonstrated weight loss or weight gain, problems with sleeping, low energy or fatigue, personal hygiene; (b) often these students look different; (c) does the student report problems with concentration?; (c) sudden drop in grades?; (d) lack of interest in activities previously enjoyed?; (e) Is the student displaying behaviors associated with poor self-esteem or inadequate self concept (e.g., blames self for inadequacies, real or imagined?); (f) does the student report recurrent thoughts of death or suicide?; and (g) is the student engaging in self-destructive behavior?

This pattern should NOT be: (a) a temporary response to situational factors or a medical condition (e.g., hypothyroidism); (b) attributable to substance abuse or medication; and (c) the effect of normal bereavement

Feelings of depression are considered natural reactions when they are a response to traumatic events such as parental divorce or death of a family members. Such reactions should be evaluated in the context with special attention given to their intensity and duration. If mild or moderate or of short duration and tied to a specific situation, they should be addressed using non-special education interventions, e.g., individual counseling or referral. If depression seems unusually intense or has generalized to other situations, this could indicate an ED. Talk about death or desire to commit suicide would indicate a severe reaction that needs to be addressed immediately through referral to a mental health professional.

Characteristics of Pervasive Mood of Unhappiness or Depression

- Has lost interest in activities or social relations
- Major changes in eating/sleeping patterns
- Loss of energy, frequently over-tired
- Acts excessively agitated
- Manifests feelings of worthlessness, repeated self-denigration
- Periods of crying and confusion about the reason
- Emotionally unresponsive
- Displays outbursts of anger, frustration or irritability
- Diminished ability to think or concentrate, difficulty with memory

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Caution: What is a common symptom of depression in adolescents? Irritability

To Be Eligible as a Child with SED

- **2.08 (3)(a)(v) A tendency to develop physical symptoms or fears associated with personal or school problems.**

Questions to Consider:

- **Does the student have physical symptoms or fears associated with personal or school problems?**
- **Does the student display disabling anxiety when talking about school?**
- **Has the student experienced panic reactions?**
- **Is the student generally anxious and fearful?**
- **Does a health diagnosis exist?**

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This category represents physical symptoms of fears that develop as reactions to emotional problems that have no known medical cause.

This criterion requires that the child exhibit physical symptoms or fears associated with his/her personal or school life. Biological or medical conditions such as allergies, neurological syndromes and effects of medications should be ruled out. Examples of physical symptoms include without a known medical cause include: (a) headaches; (b) gastrointestinal problems- nausea, stomach aches, cramps or vomiting; and (c) cardiopulmonary symptoms – racing heart rate, tremors, hyperventilating. There can also be physical reactions or behaviors that are not under voluntary control, such as tics, eye blinking, or unusual vocalizations

Does the student display symptoms of an anxiety disorder? (a) avoidance; (b) poor concentration; (c) sleep problems; (d) visits to school nurse, or (e) worries excessively about school performance to the point where somatic problems result in an inability to function

Fears may range from incapacitating feelings of anxiety to specific and severe phobic reactions and panic attacks

Examples of fear-related behaviors include:

- Physical reaction when something (e.g., object, activity, individual, or situation) cannot be avoided
- Persistent & irrational fear reaction to objects or situations
- Intense fear or irrational thoughts related to separation from primary caregivers
- School phobia (termed separation anxiety disorder) may fit under this category. The evaluation must clearly differentiate between school phobia and truancy.

Specially Designed Instruction

- “Specially Designed Instruction” means adapting, as appropriate to the needs of an eligible child, the content, methodology or delivery of instruction to address the child's unique needs resulting from the disability and ensuring the child's access to the general curriculum so that he or she can meet the educational standards that apply to all children within jurisdiction of the public agency. 34 CFR 300.39 (b)(3).
- It involves providing instruction that is different from that provided to children without disabilities, based upon the eligible child's unique needs.

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To qualify as a child with Serious Emotional Disability, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.

(SED): The Child Cannot Receive REB from General Education

- **2.08 (3)(b)(i) Impairment in academic functioning as demonstrated by an inability to receive reasonable educational benefit from general education which is not primarily the result of intellectual, sensory, or other health factors, but due to the identified serious emotional disability **and/or****
 - **Work samples that show abnormal thought processes or an inability to complete tasks**
 - **Body of evidence that demonstrates a rate of academic progress that is significantly slower than that of peers**
 - **Standardized achievement scores that are significantly below expected achievement**

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Reasonable Educational Benefit = REB

To qualify as a child with Serious Emotional Disability, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction.

- This is 1st of 2 characteristics that were previously in ECEA. Child must have an impairment in academic functioning or social-emotional functioning.
- Multidisciplinary Team needs to make a determination that a student's social emotional functioning is having an adverse impact on academic performance.
- There needs to be evidence that effective instruction was provided along with appropriate interventions
- Information needs to be derived from a variety of sources: CBM, parent & teacher interviews, failing grades, achievement tests

Rule out: (a) limited cognitive ability; (b) Autism Spectrum Disorder or other sensory disorders; (c) Other health or medical conditions, including Traumatic Brain Injury (d) Specific Learning Disability; and (e) linguistic differences

**(SED): The Child Cannot Receive
REB from General Education**

- **2.08 (3)(b)(ii) Impairment in social/emotional functioning as demonstrated by an inability to build or maintain interpersonal relationships which significantly interferes with the child's social development. Social development involves those adaptive behaviors and social skills which enable a child to meet environmental demands and assume responsibility for his or her welfare.**
- **Inability to attend, concentrate, follow class discussions and/or participate appropriately in education activities**
- **Bizarre thought processes**
- **Out of control emotions**
- **Recurring disciplinary problems that are emotionally based and that interfere with educational performance**

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This 2nd characteristic has equal weight. Impairment in S-E functioning means the student can't develop or maintain relationships with peers and teachers

Distinguish from problems with authority figures

Looking for problems that affect daily functioning, ability to cope

Social development is defined as adaptive behavior and social skills

When working within an MTSS framework, the multi-disciplinary team must gather data & monitor the child's progress with positive behavioral interventions and supports

Ex: Evidence based interventions: Social skills training –teaches desired behaviors

Check In/Check Out (CI/CO) intervention – lead to decrease in conflicts?

All Four Qualifiers Must be Documented (#1/4)

- **2.08 (5)(c)(i) A variety of instructional and/or behavioral interventions were implemented within general education and the child remains unable to receive reasonable educational benefit from general education**

AND

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Before referring to Special Education, must ensure that both instructional & behavioral interventions have been attempted & evaluated

Remember: academic engagement is one of the best behavioral interventions

Other evidence-based practices: Social Skills training, Why Try, Second Step, I Can Problem Solve, Good Behavior Game, Brain Wise, PEACE curriculum. Others?

Documentation must reflect that child is not responding to Evidence-based strategies over a period of time

Ex: 2 or more trials of interventions for a reasonable period of time – 4 to 8 weeks each

In most cases, FBA and BIP should be utilized to plan intensive interventions

The evaluation summary must include documentation of:

1. Intervention
2. Progress monitoring data

This also applies to Specific Learning Disability

All Four Qualifiers Must be Documented (#2/4)

- **2.08 (5)(c)(ii)** Indicators of social/emotional dysfunction exist to a marked degree; that is, at a rate and intensity above the child's peers and outside of his or her cultural norms and the range of normal development expectations.

AND

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Evidence that a focused assessment or a standardized assessment supports that an emotional disorder is significant.

For example, depression scales, anxiety scales, or the Behavior Assessment System for Children (BASC)

Practitioners must carefully interpret assessment data for culturally & linguistically diverse populations

All data must be analyzed within a student's culture

All Four Qualifiers Must be Documented (#3/4)

- **2.08(5)(c)(iii)** Indicators of social/emotional dysfunction are pervasive, and are observable in at least two different settings within the child's environment. For children who are attending school, one of the environments shall be school.

AND

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Evidence that the behavior is not focused within a specific classroom or setting.

In general, means behavior occurs in school plus someplace else, e.g., home and/or community

Term “pervasive” includes notion that frequency, intensity & duration of a behavior exceed developmental & cultural expectations

All Four Qualifiers Must be Documented (#4/4)

- **2.08(5)(c)(iv) Indicators of social/emotional dysfunction have existed over a period of time and are not isolated incidents or transient, situational responses to stressors in the child's environment.**

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Following traumatic events,, it is not uncommon for children to develop behaviors associated with ED.

This qualifier is designed to prevent children experiencing short-lived, acute, undesirable behavior from having those behaviors considered an emotional disability.

No definition of “period of time.” General guidelines suggest a school semester which may allow PST to evaluate a child’s response to intervention.

In some cases, that may be too long

SED Exclusionary Clause

- **2.08(5)(d) The term “serious emotional disability” does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disability under paragraph 5 (a) of this section.**

The multidisciplinary team has determined that this child is not a child whose sole area of identified concern is social maladjustment.

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This exclusionary clause has been the source of much controversy, particularly due to lack of a universally accepted, working definition of social maladjustment. There is no federal guidance. Many students with social maladjustment also have a co-occurring emotional disability. This exclusionary clause only applies when the social maladjustment exists in isolation.

Largest difference with CO previous characteristics

1. Persistent pattern of stealing, lying or cheating
2. Consistent pattern of aggression to objects or persons
3. Pervasive oppositional, defiant, or non-compliant responses

There is considerable overlap between emotional disability (ED) and socially maladjusted (SM) which has caused further confusion. For example: children with SM often have problems with mood disorders, such as depression or anxiety. Because of overlap, it's hard to use an emotional disability versus social maladjustment strategy for identification of SED

Instead Multidisciplinary Teams should identify ED first and secondly consider whether social maladjustment is present.

One assessment that attempts to differentiate between S-M and ED is the Emotional Disturbance Decision Tree (PAR, 2007) Another assessment that is specifically based on the federal criteria is the Scales for Assessing Emotional Disturbance (ProEd, 2010) School teams will need to evaluate these tools to see if they meet local needs. They are not endorsed by CDE.

Differential Diagnosis

- **Social maladjustment is generally seen as consisting of a persistent pattern of violating established norms through such behaviors as truancy, substance abuse, perpetual struggles with authority, poor motivation for schoolwork, and impulsive and manipulative behavior.**

A student with social maladjustment may demonstrate the following:

- **Misbehavior that is controlled and understood**
- **Intact peer relations**
- **A member of a subculture group**
- **Conflicts primarily with authority figures**

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Sometimes look at whether behavior is volitional versus out of the student's control.

School teams have given feedback that students raised in an obviously criminal sub-culture may meet the definition of social maladjustment.

Characteristics of Social Maladjustment

- Often displays self-confidence outside of school situations
- Generally reacts toward situations with inappropriate affect
- Lacks appropriate guilt and often blames others for his/her problems though otherwise appears reality oriented
- Dislikes school except as a place for social contacts
- Is frequently truant and/or rebels against rules and structures
- Avoids school achievement even in areas of competence
- Displays little remorse
- Anger is a common emotional overreaction
- May have diagnosis of conduct disorder or dual diagnosis of CD with substance abuse

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However, a psychiatric diagnosis of conduct disorder does not necessarily equal social maladjustment in this context. The law does not equate conduct disorder with social maladjustment

Many task force members told us there were very different treatments needed for emotional disability versus socially maladjusted students and that it can be difficult to have students with social maladjustment in same class with students with a mental illness or emotional disability.

Although there are a few students with social maladjustment who are currently in the SIED eligibility category, we do not anticipate large changes in the SED population.

Process for districts: Announce change in criteria then prepare for any change in placement for students. Current SIED students should be reviewed at their triennial evaluation

Districts need to prepare for changes:

1. Professional development on classroom management
2. Strengthen targeted interventions within PBIS
3. Teach de-escalation strategies
4. Develop alternative programs
5. These general education supports need to be in place before students exit special education

Clinical SED Diagnosis Versus Educational Identification

- **Psychiatric diagnosis is not sufficient for educational identification of SED**
- **Must show inability to benefit from general education**
- **Impairment must exist in either academic achievement or in social-emotional functioning**
- **When a child is diagnosed with a mental illness, families are often devastated and turn to schools for support**

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School teams need to be sensitive to family's confusion regarding a separate process for educational identification of a disability. These students might qualify for a 504 plan if not eligible for Special Education.

In summary, the steps for identification include:

1. Screening for students at risk
2. Interventions with PM
3. Using data for referrals
4. Partnering with families
5. Collecting a BoE
6. Consideration of cultural & developmental factors
7. Determining if criteria are met

To Be Eligible as SED, the Child Must Meet All Three Conditions

- 1. Must have emotional or social functioning that results in an inability to learn, building or maintain interpersonal relationships, results in inappropriate types of behavior or feelings, a general pervasive mood of unhappiness or depression, and/or a tendency to develop physical symptoms of fears associated with personal or school problems.**
- 2. Educational performance must be adversely affected by the condition.**
- 3. The condition must create a need for specialized instruction.**

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“Educational performance” is more broadly defined to also include S-E competence.

Thank You!

