

Supporting Students With Emotional Disabilities: What Every Counselor Needs to Know

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Abstract

School counselors are challenged to provide services to students who have emotional and behavior disorders that impact their success in school. Therefore teachers and counselors are in

need of understanding and readily available information on the behavior and mental health needs of students, particularly in today's changing and more diverse classrooms. This article provides a definition of emotional and behavior disorders (EBD) based on the Individuals with Disabilities Education Improvement Act and explains the impact of this legislation as related to the role of the school counselor. Guiding principles to support students with EBD along with recommendations for counselors are presented.

Key Words: Emotional and Behavioral Disabilities, School Counselor, Special Education

Despite the effort of federal policies and laws (e.g., No Child Left Behind [NCLB], 2002; Individuals with Disabilities Education Improvement Act [IDEIA], 2004), many of our nation's students are grossly underperforming. For example, less than 75% of middle school students meet grade level reading standards and even fewer meet mathematics standards (U.S. Department of Education [USDOE], 2007). While results of increased focus on rigorous standards have been attributed to significant achievement gains for many students, including those with learning and cognitive disabilities, students with emotional and behavioral disabilities (EBD) continue to fall significantly behind their peers with, and without, disabilities. In 2002, approximately 40% of students with emotional and behavior disorders (EDB) earned a high school diploma according to the National Longitudinal Transition Study- II of 2003. By 2003, a mere 35.6% of students with EBD earned a high school diploma (National Center for Education Statistics). In 2007, 46% of students with EBD dropped out of high school and 6% aged out of special education (NCES, 2010). In a more recent study, students with behavior disabilities nationwide had a 40% high school graduation rate (National Secondary Transition Technical Assistance Center, n.d.) However, this abysmal graduation is not new. Rates for students with EBD have remained stagnant for well over a decade (Johnson, Thurlow, & Schuelka, 2012). Easily, these numbers in concert illustrate catastrophic consequences for students, their families, and ultimately our communities.

Reports of prevalence of emotional and behavior disabilities among our nation's youth consistently verify that between 6% to 10% exhibit serious and persistent emotional and behavior difficulties; however, less than 1% receives special education services for this purpose (Hallahan, Kauffman, & Pullen, 2012). Evidence exists that the number of children with mental health needs, bullying, self-injurious behaviors, and suicide are all increasing among our nation's youth (Roberts-Dopbie & Donatelle, 2007). The continually low graduation rates taken with an increase in punitive disciplinary practices, such as increased suspensions and expulsions (Smith, Katsiyannis, & Ryan, 2011) confirm the seriousness and complexity of these issues these students bring to our nation's schools.

Given these challenges, school counselors can play a critical role in supporting the success of students with EBD. Yet, not all schools subscribe to the model recommended by American School Counselor Association (ASCA; Thomas, Hott, Abbassi, Aslinia, & Hendricks, in press; Whiston & Quinby, 2009) and not all school counselors are utilized most effectively (Milsom, Goodnough, & Akos, 2007; Sink, 2011). ASCA claims and research supports that effective use of school counselors can (a) support higher achievement on standardized achievement tests, (b) improve high school graduation rates, (c) support more high school

graduates to enroll in colleges and complete a degree program, and (d) facilitate students' transition from high school to postsecondary education and vocational options (Bryan & Henry, 2012; Milsom et al., 2007; Whiston & Quinby, 2009).

In this era of disheartening school statistics and perplexing student outcomes, the evolving demands of school counselors can be challenging. Counselors who work with students with emotional and behavioral challenges or diagnosed with behavior disabilities can face heightened challenges, but their impact can even be more significant. To understand their responsibilities and meet these challenges, it is important that all school personnel understand the federal definition, prevalence, best practices, and the limitations of current definitions to assist students, teams, and families.

Identification of Students with Behavioral Problems: The Federal Definition

The Individuals with Disabilities Improvement Act (U.S. Department of Education, 2007) defines an "emotional disturbance" as:

- (i) A condition exhibiting 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:
 - (A) Inability to learn not explained by other factors
 - (B) Inability to have interpersonal peer relationships
 - (C) Inappropriate behavior or feelings under normal circumstances
 - (D) Pervasive mood of depression or unhappiness
 - (E) Tendency to develop physical symptoms or fears
- (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c) (4) (i) of the IDEA legislation.

The Evolving Definition of Emotional Disturbance

Since the passage of initial special education legislation, Public Law 94-142 in 1975, only two changes to the emotional disturbance classification have occurred. In 1990, autism was designated as a distinct disability category separate from serious emotional disturbance. In 1997, the name of this category of disability was changed from *serious emotional disturbance* to *emotional disturbance* (Gargiulo, 2012) although little other substantive changes were made to the definition.

Although only these two changes to the legislative designation of emotional disturbance have occurred, the classification and definition of the disability is fraught with controversy. According to Kauffman (2010), current research does not support the five areas of eligibility or the identification or the exclusion of students with conduct disorders or social maladjustment from the emotional disturbance category. Additionally, Forness and Kavale (2000, p. 200) attack many of the federal definition terms including "long period of time," to a "marked degree," "pervasive," and "inability to learn" as unclear and open to subjective interpretation. Kerr and Nelson (2010) concurred, indicating an inability to learn implies that youth with emotional

disabilities are unable to learn. At the state level, definitions vary with some states denying services to students exhibiting problematic behavior attributed to maladjustment. Additionally, acceptable behaviors and expectations vary across cultures with little agreement across cultural norms (Kauffman & Landrum, 2009). Universally, more severe behaviors such as mutism, eating feces, and severe aggression are considered atypical. Less prominent behaviors such as cursing, work refusal, unusual crying, and sexual deviance can be more challenging to define across cultures (Kauffman & Landrum, 2006).

Despite difficulties in defining criteria, there are four common characteristics of most definitions of EBD that include frequency, duration, and intensity of internalizing and/or externalizing behaviors across multiple settings (Wiley & Siperstein, 2011). Rutherford, Quinn, and Mathur (2007, p. 262) offer the following as “examples of internalizing behaviors: (a) anxiety disorders, (b) depression, (c) phobias, and (d) eating disorders.” Cullinan and Sabornie (2004, p. 158) indicate that “students with internalizing behaviors may appear (a) withdrawn, (b) excessively active, (c) lethargic, or (d) exhibit numerous psychosomatic complaints. Examples of externalizing behaviors include (a) fighting, (b) destruction of property, (c) sexual misconduct, and (d) self-injurious behaviors.” Scott, Nelson, and Liaupsin (2001, p. 310) identify “examples of externalizing behaviors that occur frequently in classrooms. They include (a) making noises, (b) arguing with staff, (c) throwing objects, and (d) threatening peers.” In order to gauge the frequency, intensity, and duration of behaviors necessary for identification, assessments including observations, record reviews, functional behavioral assessment, and behavioral rating scales should be completed (Brigham & Hott, 2011).

Professional organizations such as the Council for Children with Behavioral Disorders (CCBD, 1990, p. 180) have advocated for the use of the inclusive term “emotional or behavioral disorders” (EBD) implying that the “category include students with conduct, maladjustment, and behavioral concerns.” Regardless of the prescribed name of the service category, the term EBD is accepted and utilized widely by researchers and professional organizations.

Prevalence of Emotional and Behavioral Disorders

Given the lack of consensus regarding eligibility criteria, identification, and varying definitions of behavioral norms, it is not surprising that it is challenging, if not impossible, to ascertain the exact prevalence of emotional or behavioral or disorders in our schools. According to the U.S. Department of Education, emotional disturbance is the fifth largest disability category for school aged children with nationwide prevalence rates of approximately 1% of all students in school (Hallahan et al., 2012). However, “some researchers believe this to be a gross underestimate of students in need of services as it has been estimated consistently that at least 6% to 10% of school aged children demonstrate serious and persistent emotional or behavioral problems” (Kauffman, Mock, & Simpson, 2007, p. 43). Other conservative estimates indicate youth and adolescents with mental health challenges are at least five times higher than the number currently identified with emotional disturbance (Kauffman & Landrum, 2006). Further complicating the issue of identification is comorbidity of learning and attentional difficulties that either mask, or potentially lead to, emotional disabilities, over time (Costello, Foley, & Angold, 2006; Kauffman et al., 2007).

Recently, Wiley and Siperstein (2011), found correlations between political climate and the number of students with EBD, as conservative states had far fewer students eligible for EBD services. Therefore, with the ambiguity in interpreting the definition of EBD coupled with the increasing reports of self-injurious behaviors, bullying and school violence, and the relationship between emotional development and academic achievement and staying in school, it is easy to see why the social, emotional, and behavioral development of our nation's students is of heightened importance to school counselors.

Guiding Principles to Support Students with EBD

IDEIA includes six principles that guide school districts in implementing mandates included in the law. Each principle underlines the collaborative approach necessary to ensure optimal outcomes are achieved for each student (Frye, 2005; Webb, Webb, & Fufts-McMurtery, 2001; Yell, 2012). The guiding principles of IDEIA include: (a) zero reject principle (no child, regardless of severity of disability can be rejected from special education eligibility), (b) the right to non-discriminatory identification and evaluation, (c) the right to a free and appropriate public education, (d) education in the least restrictive environment, (e) shared decision making and (f) due process safeguards (Gargiulo, 2012; Hallahan et al., 2012).

The process of special education includes actions and considerations from the time a teacher (usually a general education teacher), school personnel, or the family suspects a child is experiencing learning, sensory, medical, or behavioral challenges sufficient to compromise the student's success in school. Generally, steps of the special education process include: (a) assessment, (b) interpretation of the assessment results, (c) a team meeting to determine if the child is eligible for special education services as he or she is in need of specialized instruction and, if so, (d) planning for the child's educational future (Yell, 2012). If a child is determined eligible for special education, the team will design an educational program to accentuate the child's strength while meeting his or her needs and decide "what else" is needed (e.g., accommodations, modifications, related services) to reach the goals set for the child. Placement will then be decided outlining the classroom arrangement best suited to meet the child's specific needs (Yell, 2012).

Throughout the special education process, counselors can be integral in the implementation of the guiding principles mandated by IDEA. Numerous junctures exist for counselor involvement in the identification, assessment, and placement process, to ensure all children, especially students with EBD, receive appropriate services that meet their individual needs. Counselors should be proactive in their support for students, families, and teachers. In addition to being knowledgeable of EBD, counselors need an understanding of the history and culture of the child and family and an awareness of evidence-based practices and interventions recommended for students with EBD. In the increasingly diverse classrooms, counselors need cultural competence and the ability and willingness to ensure the cultural understanding of all school personnel. The expert knowledge the counselor possesses of the child and family, as well as their knowledge of both the curriculum and the community, makes them a valuable resource in the development of strength's based Individual Educational Plans—the document that records the school's provision of "free and appropriate public education."

Counselors should also play an integral role in the design of effective preventative programs to meet student needs. Furthermore, counselors need be instrumental in the development and monitoring of accountability programs for determining the on-going effectiveness of educational plans, student placement, and behavioral programming.

Conclusion

Students with EBD often require significant academic, emotional, and behavioral supports to be successful (Brigham & Hott, 2011). The counselor can play a positive role in the student's development. In order to be proactive the counselor should be knowledgeable of the special education process and the plethora of ways that they may support students, families, and teachers. Critical areas of support include: (a) participating in IEP development, (b) supporting high quality academic programming, (c) facilitating community access, (d) support school personnel, (e) foster emotional and behavioral development, and (f) explain graduation options. Additional guidance and research is critical to assist this vulnerable population.

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