



Another Look at Criteria

Lynn Boreson
DPI Consultant for EBD and OHI
608-266-1218
lynn.boreson@dpi.wi.gov



Why a new look at an old issue?

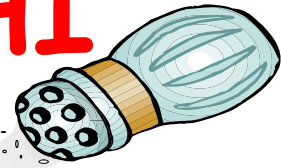
- Improved documentation
 - Transfer students
 - Student moving to another level or building
 - Ethics, professionalism, due process
 - Discipline
- Disproportionality
- **Inappropriate** identification
- Procedural compliance \neq good practice

Some Numbers for 2009-10 (Primary disability)

- EBD and OHI (ages 6-21)
 - EBD = 13,783 (Down 16% in last 5 years & last decade)
 - OHI = 17,375 (Up 43% in last 5 years & 226% in last decade)
- By group size
 - 1) SLD
 - 2) S/L
 - 3) OHI
 - 4) EBD



A Little Sprinkle of OHI



- Is there overlap between EBD and OHI?
 - No - 2 separate and distinct impairments
 - OHI is not a default for EBD
 - Is OHI being used to “avoid” EBD?
- Mental Health Issues
 - Typically EBD
 - Chronicity may be an issue, but why rush to judgment?
 - Not automatically an educational disability
 - Other attempted interventions (e.g., therapy, medications, etc.)
- ADHD/ADD
 - “May” be OHI
 - Can also be EBD or SLD

OHI Criteria

- Health condition?
- Chronic or acute?
- Limited strength, alertness, vitality?
- Adversely impacting educational performance?
- Need for special education?



So Let's Look at EBD ...

- Study with Dr. Lisa Bardon (UW-SP)
- Issues with inappropriate identification
 - Weak or non-existent documentation (only check boxes on checklist)
 - Didn't look beyond surface criteria
 - Characteristics *indicative of EBD*
 - What's your agenda?
 - Misunderstanding/misapplication of criteria

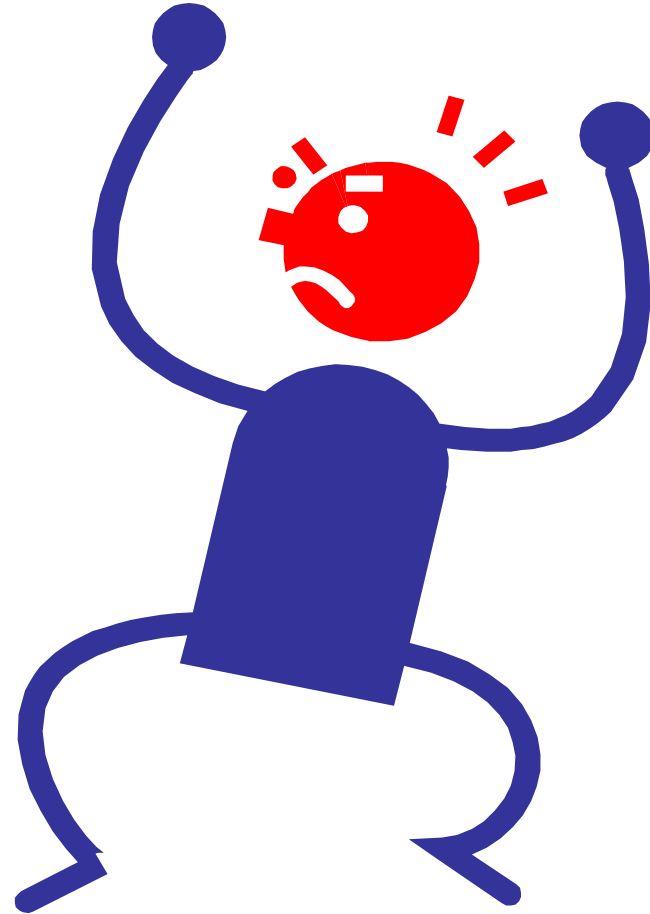


Myths and Legends...

- **PI-11 criteria are just suggestions**
- We can refuse to identify a student as EBD because he/she "chooses"...
- **Any student who misbehaves qualifies**
- Behavior "A" may be at school only, "B" at home only, but we still have "across settings"
- **Re-evaluation - "continues to qualify"**
- Chronic means 6 months

"Disturbed" or "Disturbing"?

- EBD is not
 - For all students with behavioral issues, social deficits, mental health issues...
 - For students whose behavior is frustrating, aggravating, annoying, but not a disability



Back to Square One...

PI-11.36(7) (a) - the definition:



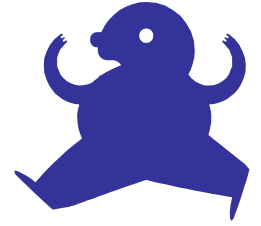
- 1) Social/emotional/behavioral functioning
- 2) *So departs from generally accepted*
- 3) Adversely affects 1 or more:
academics, social relationships, personal adjustment, classroom adjustment, self-care, vocational skills

Social/emotional/behavioral

- Not necessary to define or delineate
- Issue is not a communication disorder, cognitive limitations, learning problems
- it's a social, emotional, behavioral concern



So departs...



...from generally accepted,
age appropriate, *ethnic* or
cultural norms

Let's take a little detour...



Ethnicity, Culture, and Behavior

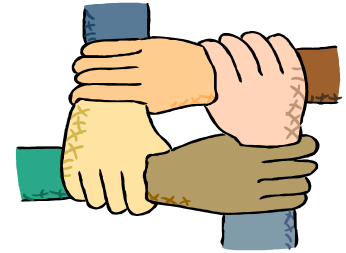
[adapted from Dona & Bardon, 2001]

- How aware are you of the child's cultural background?
- What else should you know about the child's background and how will you obtain this information?
- What do you need to be aware of regarding your own cultural background that could potentially influence your perception of the child's culturally-related needs and behaviors?
- What set of factors elicits the behavior of concern?
- What need(s) is the student trying to meet?
- How are these needs a reflection of the child's cultural background?

[cont.]

- What is the level of “match” between classroom strategies and management techniques and the cultural dimensions that characterize this child’s learning and social orientations?
- Could the child’s problematic behavior be a response to this “mismatch”?
- What supports do you need to bring your classroom instructional approaches into greater alignment with the child’s cultural dimensions and learning orientations?

Don't forget...



- We cannot assume child deficits without examining context:
 - What do classroom environments contribute?
 - Does the student know the expectations of the classroom and school?
 - Are there supportive, rather than punitive, school policies and a commitment to functions of behavior?

Cultural Match/Mismatch

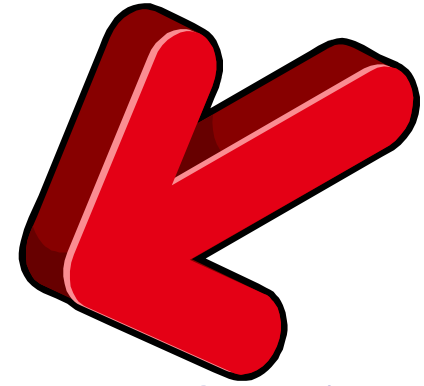
- Are there a mismatches with the student's inappropriate behavior?

Consider:

- Staff person's culture
- Student's culture
- Classroom culture
- School culture
- Community culture



Back to the criteria...



Adversely affects -

- *Academics: traditional measures of school progress*
- *Social relationships: get along w/ others*
- *Personal adjustment: feelings about him/herself*
- *Classroom adjustment: function & succeed in classroom settings*
- *Self-care: lack of personal care*
- *Vocational skills: transition planning*

Criteria [PI-11.36 (7)(b)1-3]

- 3-dimensional model
- Behavior characteristic of EBD:
same behavior pattern is severe,
chronic, and frequent
and *occurs* at school and at least 1
other setting

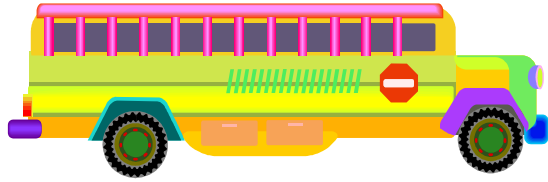


Severe, Chronic, Frequent



- Severe: *in excess, extremely intense, to a significant degree, repeated*
- Chronic: *habitual, persistent, recurring over a long period of time, an on-going pattern (chronic ≠ 6 months)*
- Frequent: *much more than normal or expected, occurring regularly, with very short intervals between occurrences*

Settings

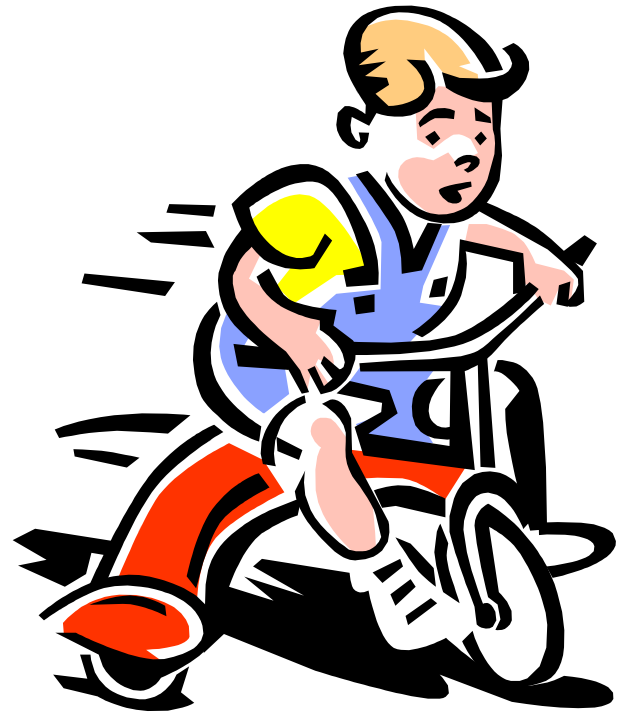


- “Occurs”, not “is a problem”
- *Why don't certain things occur?*
- School (this is an educational disability)
 - All school settings including bus, playground, lunchroom, field trips
- At least one other
 - Home
 - Community
 - Reliability of information



Preschool Students

- Many students first identified at this age
- “So different from children of similar age...”
- Less important to delineate “school, home, community”; more important to focus on behaviors in a variety of settings
- Are the settings appropriate for young children?



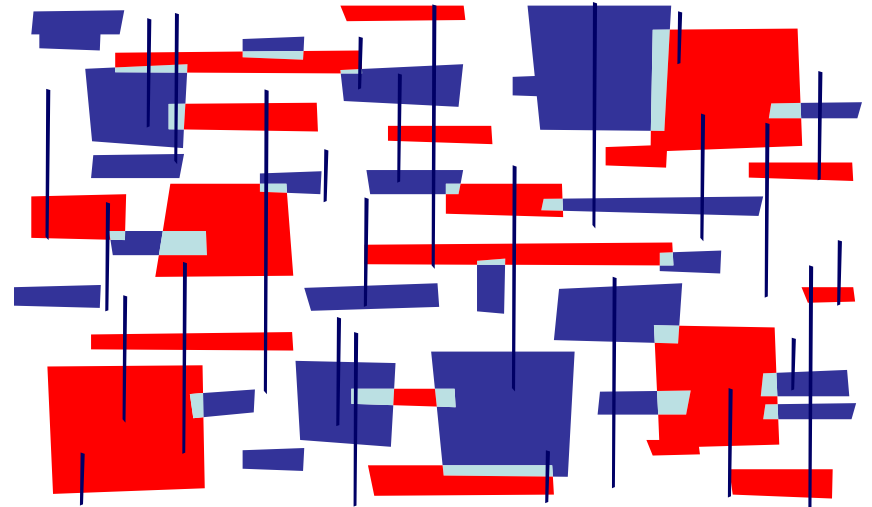
Behavior to Watch With Young Children...



- Low threshold for frustration
- Excessive difficulty socializing, trusting
- Throwing toys or other objects to get own way
- Yells, shouts, curses to excess
- Frequent and extreme tantrums
- Wants to be alone, not interested in other children
- Appears depressed or withdrawn
- Very short attention span, extreme distractibility, anxiety or impulsiveness
- Unusual behavior: eating unusual things, picking at certain areas of body, crying at inappropriate times

Characteristics of EBD

- Patterns, not discrete behaviors
- Patterns are severe, chronic, frequent, across settings
- Consider behavioral deficits as well as excesses - too much or too little



- **An inability to develop or maintain satisfactory interpersonal relationships**
 - Lacks trust in others or is fearful of others
 - Ignored or rejected by peers
 - Is too easily influenced by peers
 - Uses/manipulates others
 - Excessively dependent
 - Excessively controlling
 - Inability to interact with a group/play by the rules
 - Wants constant attention or approval
 - Sees self as a victim
 - Difficulty attaching to others
 - Difficulty separating from caregivers
 - Lack of social awareness—may not understand social conventions or behavioral expectations
 - Exhibits inappropriate sexual behavior
 - Overly affectionate



- **Inappropriate affective or behavioral response to a normal situation**
 - Inappropriately laughs or cries
 - Lies, cheats, steals
 - Overreacts
 - Refuses to do school work
 - Refuses to respond to others
 - Non-compliant or passive-aggressive
 - Inability to make changes or transitions
 - Exhibits flat affect
 - Appears remorseless
 - Becomes defensive without provocation
 - Lacks empathy
 - Overly perfectionistic or hard on self
 - Disorganized or scattered thought processes
 - Lack of assertiveness
 - Wide mood swings
 - Excessive emotional responses
 - Impulsive; lack of self control
 - Extreme responses to changes in routine or schedule



- Pervasive unhappiness, depression, or anxiety
 - Listless or apathetic
 - Thinks/ talks repeatedly of suicide
 - Overly pessimistic
 - Preoccupied with negative feelings
 - Hides
 - Runs away from home
 - Anxious habits such as nail biting or hair pulling
 - Expresses feelings of worthlessness, hopelessness
 - Preoccupied
 - Obsessive/compulsive
 - Loss of interest in activities
 - Lacks interest in surroundings, activities, etc.
 - Volatile temper or excessive anger
 - Blames self; extremely self-critical



- **Physical symptoms, pains or fears associated with personal or school problems**
 - Physical complaints that cannot be easily checked or verified and are most visible during stressful situations
 - Excessive absences, tardiness, truancy
 - Frequently requests visits to the school nurse
 - Refuses to attend school (“school phobic”)
 - Self-mutilating
 - Unusual sleeping or eating patterns
 - Eating disorders
 - Flinches or cowers
 - Has atypical physical reactions (i.e., sweaty palms, dizziness, voice tone, always “freezing”, and so on)
 - Excessively fearful in response to new situations, certain people or groups, certain classes or activities
 - Neglects self-care and hygiene
 - Auditory or visual hallucinations
 - Psychosomatic illnesses (stomach aches, nausea, dizziness, headaches, vomiting)

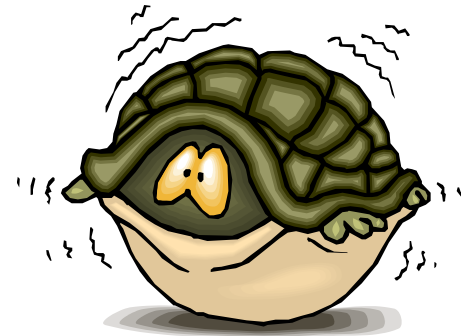


- Inability to learn that cannot be explained by intellectual, sensory or other health factors



- Disorganized
- Quits or gives up easily
- Has been retained
- No health or sensory impairments have been found by a physician or impairments are not significant enough to explain the discrepancy
- May be learning to some extent but there's a significant difference between potential and demonstrated learning
- Achievement scores are incompatible with IQ scores
- Difficulty retaining material

- Extreme withdrawal from social interaction
 - Does not participate in class
 - Isolates self from family, peers, staff at school
 - Avoids eye contact
 - Keeps head down on desk; may cover head with jacket or other apparel
 - Speaks in a quiet voice or mumbles; refuses to speak
 - Truant or runs away
 - Shuts self in room



- Extreme aggressiveness



- Recurring patterns (not isolated incidents)
- Verbal: vulgar language, swears, threatens, belittles, name calling, loud, argumentative, challenging, condescending, lying
- Physical: spits, kicks, trips, hits, bites, pinches, throws or destroys objects, carries and uses weapons, intimidating, destroys property, vandalism, tantrums, cheating, stealing, bullying, cruelty to animals

- **Other inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities** that the child or other children in a regular or special education program are negatively affected
 - Within a reasonable range of expectations
 - Reactions are more intense/extreme or passive/apathetic than peers in cultural reference group
 - Taking into account any cultural or ethnic issues so as to avoid misidentification or over-identification of minorities
 - Social maturity
 - Emotional maturity
 - Ostracized by peers
 - Presence interferes with the education of others
 - Reality distortion
 - Hallucinations
 - Rigid or ritualistic behaviors
 - Stereotypic movements



What's Not Okay?

- Isolated incidents over time
- 1 behavior is chronic at school, while a second behavior occurs at home...
- Setting standards not in PI-11
(e.g., "chronic" = 6 months, deliberate behavior ≠ EBD, etc.)

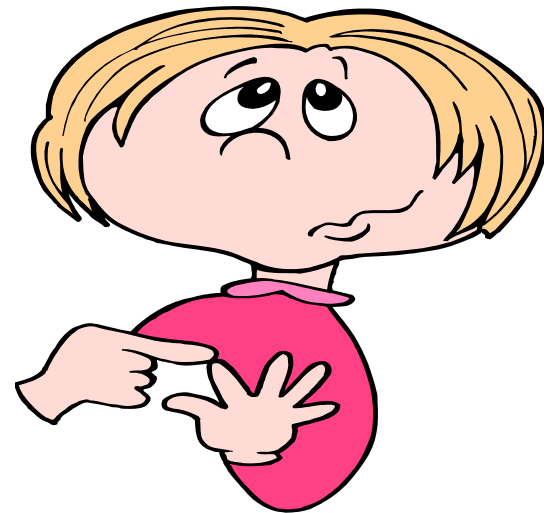


- **Observations**
 - Behavior occurs in a context
 - Variety !!
 - 20 minutes
- **Interviews**
 - Opportunity to observe
 - Open-ended questions
 - Subjective



Observable, Measurable Behavior

- What does the student do or say? What does the teacher see or hear?
- Objective (e.g., “hits” instead of “gets mad”)
- Measurable
- Definition clear to all

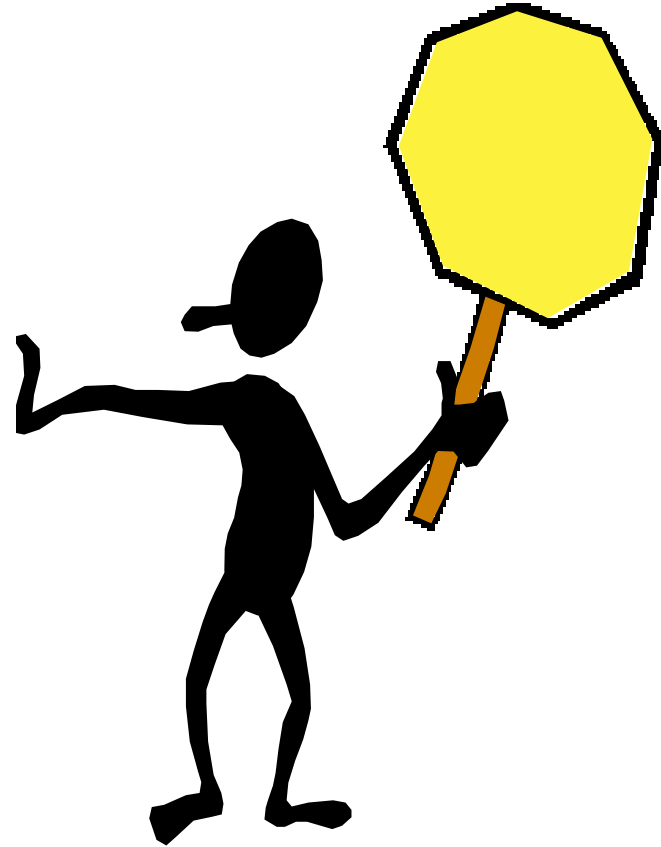


PI 11.36(7)(d)

The IEP team may not identify or refuse to identify a child as a child with an emotional behavioral disability solely on the basis that the child has another disability, or is socially maladjusted, adjudged delinquent, a dropout, chemically dependent, or a child whose behavior is primarily due to cultural deprivation, familial instability, suspected child abuse or socio-economic circumstances, or when medical or psychiatric diagnostic statements have been used to describe the child's behavior.

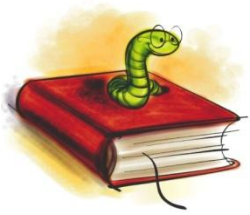
Not "solely"...

- No automatics
- Neither inclusionary nor exclusionary
- Information but not determinant
- Systems are not interchangeable
- This is an educational impairment



Social Maladjustment

- Behavior works for the student; doesn't work for "society"
- Problem?
 - No definition of the term
 - Does it equate with conduct disorder?
 - Student can be both
 - Really need to look beyond surface criteria



Resources

- *Educational Evaluation of EBD:*
<http://dpi.wi.gov/sped/ebdguide.pdf>
- *Using Interviews to Collect Behavioral Data:*
<http://dpi.wi.gov/sped/doc/ebdintview.doc>
- *Collecting Observational Data:*
<http://dpi.wi.gov/sped/doc/ebdobserve.doc>
- *Special Education Eligibility Criteria and Evaluation for Other Health Impairment (OHI):*
<http://dpi.wi.gov/sped/doc/ohi-evaluation-guide.doc>
- *Guiding Questions:*
<http://dpi.wi.gov/sped/spp-disp.html>