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## CHAPTER 3

### *Personal Views on the Education of Students Who Are Emotionally and Behaviorally Disordered*

DAVID B. CENTER

Georgia State University

#### CURRENT STATUS OF E/BD EDUCATION

In my opinion, the current state of education of children with emotional and behavioral disorders (E/BD) is deplorable. One need only look at the outcomes for students served in E/BD programs to be convinced of this. In particular, the very high rate of students with E/BD who fail to finish school and who fail to make successful adjustments to adult life demonstrates the failure of E/BD programming. It appears that as a profession we haven't got a clue about what kinds of services these students need. In general, public schools seem to define a successful E/BD program as one that isn't disruptive. Having a program that isn't disruptive is probably necessary, but I doubt that it is an adequate definition of success.

Thus, the job that lies before us is to determine what the true needs of students with E/BD are and how to meet those needs successfully. There are many ideas about what services these students need. One idea that has been at the core of E/BD programming for years is that these students need specialized instruction and remedial services to help them master the standard academic curriculum.

This academic focus is evident to anyone who examines the paper trail left by IEPs over the years. These documents focus almost exclusively on academic concerns. Looking only at the objectives in these documents you often can't distinguish E/BD IEPs from IEPs written for students who are learning disabled or mildly mentally impaired. Academic services certainly need to be addressed if a program is going to turn out a literate student. However, this alone doesn't appear to be sufficient, since so many students with E/BD fail to master basic academic skills and drop out of school.

A second idea that has received attention in the professional literature and some attention in E/BD programs is the inclusion of socioemotional components in the curriculum. In fact, I contributed to this literature through a book I wrote a few years ago (Center, 1989). I advocated programming for both social and emotional domain deficits in students with E/BD. My determination that this was needed was based largely on an

examination of the definition of serious emotional disturbance (SED), not on any empirical examination of the actual kind of social or emotional functioning necessary for success in today's society.

Many of the other advocates for this type of programming have based their appraisal on research showing deficits in functioning of children with E/BD in comparison to students without E/BD, particularly in the area of social skills. However, it does not follow that just because one has a deficit in social skills or some other area, the result will be poor adaptation to adult life. There are numerous examples of people who have made quite successful adaptations while deficient, relative to the norm, in one or more areas of functioning.

A third idea is that the proper services exist but what is needed is a coordinated delivery of those services. This idea is roughly that schools can best deliver educational services, family and children service agencies can best deliver social welfare services, hospitals and clinics can best deliver medical services, mental health agencies can best deliver psychological services, vocational rehabilitation agencies can best deliver vocational services, and so on. Unfortunately, each of these service delivery systems have their own problems, and none can be said to be particularly effective. Coordination of flawed service delivery systems will probably not result in exemplary or even adequate services.

A fourth idea that presently is receiving a lot of attention is that of transition services. Unfortunately, this seems to be more of a social policy response to the poor outcomes mentioned above than any actual knowledge about what it takes to make a successful transition from school to adult life. It is, however, satisfying to many educators because it gives the appearance of doing something about an identified problem.

In conclusion, special education for students with E/BD does not appear to be very effective. It remains to be demonstrated whether it can be effective. What is needed, at least in part, is better information about what these students actually need in order to function successfully and how to best meet those needs.

### **DEFINITION OF E/BD**

A student with E/BD is one whose behavior significantly interferes with his or her ability to benefit from educational experiences. The problem can be a deficit in behavior, an excess of behavior, or behavior that in and of itself is neither excessive nor deficit but is under inappropriate stimulus control; that is, it simply doesn't fit the situation. In short, if a student is educationally disabled by his or her behavior, the student is E/BD.

In the above definition, by "educational experiences" I mean experiences designed to teach useful information and skills. By "useful information and skills," I mean information and skills that are relevant to the student. By "relevant," I mean that there are appropriate antecedents and consequences in both the school and community to maintain the information and skills once acquired.

## MY DEFINITION AND THE FEDERAL DEFINITION

Rather than contrast my definition with the federal definition, I will address what, in my view, is wrong with both definitions. My personal definition suffers from the same basic problem as the official SED definition, as well as most other definitions. It lacks the level of operationalization needed for reliable application to students. What is needed is an operational definition of E/BD that can be reliably applied by its various users. A good definition also would permit reliable classification of students into at least two subgroups. At minimum, students with E/BD should be classifiable into those who are predominantly internalizers or externalizers. Such classification would make it possible to provide a basis for a minimal level of differential placement and programming.

Reliability alone, however, is not sufficient. The definition needs to be valid for the purpose for which it is being used. Before we can create a valid definition, we need to decide what the purpose of special education for students with E/BD actually is. Is its purpose to facilitate academic achievement, improve personal functioning in nonacademic areas, or both? There appears to be a fairly consistent link between academic achievement and personal functioning, though it isn't universal. What we don't know is in which direction the cause-and-effect relationship runs, or, for that matter, if there *is* a cause-and-effect relationship.

It is certainly possible that problems in both academic and personal functioning are caused by some as-yet-unrecognized third factor. It is unclear whether a focus on one or the other or even both of these problem areas will necessarily correct a student's educational disability. A great deal more empirical data about what kinds of problems result in educational disabilities and what kind of interventions correct those problems are needed.

Since so much of education and special education is driven by social policy rather than facts, it would be useful if we could just reach a social consensus about the nature of E/BD and the purpose of E/BD programs. Having reached such a consensus, it might then be possible to operationalize a definition and get a relatively consistent application. We could

then at least conduct research and evaluation studies and know to whom the results apply.

### EMOTIONAL DISTURBANCE VERSUS BEHAVIOR DISORDERS

In practice, whether these two labels mean the same thing or something different depends on who is using them. Both terms can be used exclusively or inclusively. When *emotional disturbance* is used exclusively, the intent is to limit its application to disorders of affect. When *behavior disorder* is used exclusively, the intent is to limit its application to disorders of social behavior. When either term is used inclusively, the intent is to apply the term to all disorders of behavior.

From a semantic point of view one might argue that the exclusive interpretation of each label makes the most sense. The term *emotional* certainly implies affect, and the term *behavior* implies, for most people, overt actions that usually occur in a social context. Using this line of thought, some argue that emotional disorders arise from influences within an individual and behavior disorders arise from influences outside an individual.

I would have to say that the term *emotional disturbance*, when used exclusively, is a lot like the term *minimal brain dysfunction*. Both purport to describe something, but both appear to be mostly in the eye of the beholder, rather than an objectively identifiable condition.

### E/BD EDUCATIONAL EXPERIENCE

As one might gather from some of my earlier comments, appropriate educational experiences for students with E/BD are difficult to specify with any certainty. Lacking the kind of empirical data upon which to base a curriculum and differentially select the appropriate educational experiences, I will address the issue from a hypothetical perspective. As I mentioned earlier, in a book on E/BD methods I based my recommendations on the current definition. If one looks at the definition that is used to identify students for services, one can infer a number of potential programming needs.

First, I would suggest that, for younger students, instruction and remedial programming in basic academic skills is needed. In older students who have mastered basic skills, I would suggest either extended academic skills for those who are capable of benefiting from such instruction or functional application of basic skills for those who are not suited to extended academic instruction.

Second, I would suggest that all students with E/BD who have deficits in prosocial behavior should receive instruction in both social skills and social reasoning focused on peer relations. In older students this instruction needs to be expanded to include interaction with adults in general and in the workplace in particular. The term *social reasoning* is used broadly to include social perception, reasoning about interpersonal relations, and social values.

Third, all students with E/BD who have deficits in emotional development need programming to facilitate emotional growth. Such programs need to help students better understand and communicate about their feelings and learn how their emotional responses contribute to their behavior. Such programming needs to help students learn to recognize emotional states in both themselves and others. It also should help them learn the language necessary for talking about feelings. Finally, it should help them acquire the necessary skills for examining how their interpretation of events affects their state of emotional arousal and response to those events.

Finally, I think younger students should learn about real life choices they will have to make when they are older. Older students should be assisted in developing decision-making skills. Students who do not have the ability or motivation to pursue postsecondary education should receive training in the work skills they will need in order to function in the adult world. This should include but not be limited to vocational skills and actual work experience.

### **INCLUSION OF STUDENTS WITH E/BD**

The question here is whether the regular classroom program is the most appropriate program for students with E/BD. If you assume that the program outlined above represents the needs of most E/BD students, the answer is no. It is no because regular classroom programs do not provide those kinds of educational experiences. Unfortunately, most special education programs don't provide those kinds of educational experiences either. If you accept the proposition that appropriate experiences will not or cannot be provided, then you could argue that a student with E/BD might as well be poorly served in one setting as another. The simple fact of the matter is, the regular classroom program is not appropriate for most students whether they happen to be E/BD or not. If you don't believe this, ask yourself why so many students vote with their feet (drop out).

Generally speaking, the elementary curriculum is focused on preparing students for high school, and the high school curriculum is focused on preparing students for college. About 25% of public school students drop

out of school. Of those that remain in school and graduate, about half go on to college. Of those that go on to college, about half graduate. Thus, less than a quarter of the students who enter school complete college. For the majority of those students who get college degrees, the curriculum is adequate. Even among those for whom it appears to be adequate, I would argue that it doesn't serve the best and the brightest all that well. For the remaining 75% or so, I would argue that the current curriculum is at best inappropriate and at worst a disaster.

If we as a society want to serve all or most students in regular programs, we must change the way we educate most of our students. Inclusion will be successful when and only when there is a significant restructuring of the educational process. This means that schools must become much more flexible and adaptable than they have been in the past. Schools need to be reorganized and teachers trained to deliver a range of curricular options that better meet the needs of their students. When we have a system designed to truly include everyone, we will be able to also include most if not all students with E/BD.

### DELIVERY OF SERVICES

As I mentioned earlier, most if not all of the various agencies providing services to children and youth have their own definitive shortcomings. Whether or not coordination of these services would solve any of the existing problems is uncertain. However, one can at least hope coordination of services would produce better results than uncoordinated delivery of those services. Schools are not comprehensive social service agencies. They are best suited to the delivery of educational services. I use the term *education* in a broad sense, intended to include not only academic programs but also those programs designed to facilitate personal development, particularly in the social and emotional domains. However, children with E/BD, like most children with disabilities, have needs far beyond those best provided for by schools. These include but are not necessarily limited to health, mental health, and vocational rehabilitation services.

A comprehensive service delivery model is needed for all children with disabilities, not just children with E/BD. In order to develop a system for the delivery of comprehensive services to children with disabilities, several things need to be done. First, you must have a uniform set of standards that determine eligibility for various services for children, including special education services. Once a student becomes eligible for special education services, he or she should automatically be evaluated for other services in a comprehensive delivery system.

Second, there needs to be a comprehensive budgetary system for funding these services. I would prefer to see this done through some type

of privately administered insurance that covers children from birth to adulthood. This could be facilitated through a tax credit to parents for buying and maintaining the insurance or paid for, in whole or part, from public funds for those children whose parents or legal guardians fail a means test. I would have this policy cover not only nonschool services but also excess educational costs as well. My second choice would be to have comprehensive services paid for through a publicly financed insurance program. My last choice would be to have these services paid for through legislative appropriations.

The third and final requirement for a comprehensive service model is a method for coordinating the services needed by a child. In a system funded by insurance, I would place the responsibility for coordinating the delivery of necessary services with the insurer. Under a system funded by legislative appropriations, the coordination of services could be handled by a parent, if he or she chooses to do so, or by a professional case manager who has been trained to fill this role. The case manager should not be an employee of any of the service providers, but rather someone who independently represents the interests of the child.

### **IS THE INCIDENCE OF E/BD INCREASING?**

Until there is a reliable and valid definition, it is difficult to objectively answer this question with any certainty. In my opinion the answer is yes. I believe there are several reasons why the proportion of children with E/BD is increasing and will continue to increase. Most of the increase in incidence of children with E/BD is environmentally determined and is linked to social and family factors. In fact, the resistance to including the so-called socially maladjusted child in E/BD programs strikes me as a recognition of this on the part of some educators and an attempt by them to stem the rising tide of new E/BD cases in the public schools.

We live in an innovative and dynamic society. Whenever there is rapid and continuing change in a society the general level of uncertainty increases. Uncertainty means that there are few, if any, constants that one can depend on and organize one's life around. Perhaps the most important by-product of the state of flux that modern society is experiencing is diminution of our traditional school values. In particular, the values of family, self-reliance, personal responsibility, respect for law (rules), and the work ethic seem to me to be victims of social change. Uncertainty leads to individual stress and conflict. Stress and conflict demand a coping strategy, and coping strategies can be either functional or dysfunctional. Some of the more obvious responses that are dysfunctional include apathy, alcohol and drug use, aggression, and scapegoating. Most behavior disorders, in my opinion, have their origins in the socialization of children. When the

adults responsible for that socialization no longer adhere to society's traditional values and have no functional values to replace them, the socialization process reflects this doubt and suffers from inconsistency and disorganization. Inconsistent and disorganized socialization results in disordered behavior.

The deterioration in the value of the family in this society has led to, among other things, a rapid increase in the number of children born to unmarried mothers. The breakdown of the concept of self-reliance has led to a significant increase in the search for security from and dependence upon government. The diminished value of personal responsibility has resulted in an ever-growing victim mentality. The breakdown of respect for law (rules) has resulted in an ever-worsening problem with criminal behavior. The deterioration of the work ethic has led to a demand and expectation for all kinds of entitlements and rights.

Adoption of dysfunctional coping strategies such as apathy leads to decreased involvement in the social process, diminished personal effectiveness, and reduction in productivity. Alcohol and drug dependency often accompanies and enhances the effects of apathy. It also inflicts physiological damage on many children through their exposure during their mothers' pregnancy. Aggression as a coping strategy has led to using violence, rather than law, as a means of resolving conflict and violence against children as a means of discipline. Scapegoating as a strategy has led to the balkanization of society, dependence on so-called leaders of all kinds of cults and organizations, and externalizing of blame for every imaginable problem.

As long as social conditions such as the ones just described prevail and we as a society don't reclaim our traditional values or find new functional values to replace them, the socialization of children will continue to be disorganized. Inconsistent socialization will result and leave many individuals poorly prepared to behave in a manner that contributes to developing and maintaining functional social processes. Thus, I believe that the number of children with E/BD is increasing and will continue to increase.

## ROLE OF SERVICE PROVIDERS

Within the context of the comprehensive service delivery model discussed earlier, I will briefly discuss the differential roles of various service providers. Educators should fill a teaching role and should employ an educational model for developing their services. As I mentioned earlier, I use the term *education* in a broad sense to include not only traditional academic programs but also personal development, which can include things



within the social, emotional, and occupational domains. Because of their regular and prolonged contact with children with E/BD, schools are also in the best position to make a determination about the need for mental health services. Schools should therefore have a close and formal relationship with mental health service providers.

Mental health should deliver therapeutic services such as formal therapies requiring specialized training and related medical services. In particular, mental health should provide therapeutic services related to substance abuse. They also should provide services to families identified as dysfunctional, not just to their children. These services should include educational services to parents on how to better provide for the proper psychological development of their children. When a family is so dysfunctional that it places a child at significant risk of abuse, mental health should be responsible for initiating involvement by social welfare agencies.

Vocational rehabilitation also should have a close and formal relationship with schools, particularly at the secondary level. Vocational rehabilitation counselors should be assigned to schools for the purpose of coordinating vocation-related evaluations, providing guidance to both students and their parents about a student's potential and opportunities in the occupational domain. Vocational rehabilitation also should play a role in arranging and coordinating vocational and technical education and related services such as postsecondary vocational training, job placements, and job site supervision.

As previously discussed, I think it is critical for a case manager to be designated with the responsibility of coordinating the delivery of services. Simply making services available from various agencies, without an independent party that has the responsibility and the means of integrating those services into a comprehensive and systematic effort, will prove inefficient and ineffective.

Students who become involved in the juvenile justice system, and particularly those who are in correctional facilities, should be eligible for specialized educational, psychological, and vocational services. Juvenile authorities should be responsible for supervision of their charges and should coordinate the delivery of outside services. That is, juvenile corrections should have case management responsibilities for their charges. All services provided to students who are educationally disabled by their behavior outside of the correctional facilities should be available to children and youth in juvenile correctional facilities.

Finally, I don't believe that what has been outlined above is the solution to the problems we see in students with E/BD. At best they are stop-gap measures and at worst they contribute to the further erosion of the

cultural values whose displacement is largely responsible for the problems we currently face. As a society we are suffering from cultural instability. Social instability is largely reflected in dysfunctional behavior in institutions, citizens, and their children. The problems we face will not be resolved until the root cause of the problem is corrected.

### THE FUTURE OF SERVICE TO STUDENTS WITH E/BD

I have seen little substantive change in the education of students with E/BD during the past 20 years. I see no reason to think that the established trend will deviate significantly from its historic course during the next 5 or 6 years. Once you establish a steady state baseline, you can project it forward in time and make reasonably valid predictions from it. The only time this is not true is when some new and influential variable that has the power to affect the baseline trend is introduced. I don't see any such variables moving into position.

There will no doubt be changes in the way things are done, just as there have been changes in the past 20 years. The problem is that all of the changes amount only to tinkering, when an overhaul is needed. An overhaul is unlikely, however, given the powerful vested interest that exists for maintaining a monopolistic educational bureaucracy. This bureaucracy is out of step with reality and unresponsive to any feedback that could help it make useful changes. I predict that the number of children and youth with educationally dysfunctional behavior will continue to grow. These same children will have an increasingly disruptive effect on schools. Schools, in response, will become increasingly more coercive and intent on exclusion. This will lead to an increase in resistance (disruption) in some students and withdrawal (tuning out or dropping out) by others. It also will lead to a further increase in the number of parents choosing other education options for their children.

When I began my career in special education, I saw the locus of problems as the children and their immediate environments. I now view the locus of problems much more broadly. I still believe that each of us as a teacher can have our greatest impact on children and their immediate environments. I just don't think that is sufficient.

### REFERENCES

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# Personal Perspectives on Emotional Disturbance/Behavioral Disorders



*Edited by*  
*Benjamin Leigh Brooks*  
*David A. Sabatino*

**pro-ed**

*8700 Shoal Creek Boulevard*  
*Austin, Texas 78757-6897*

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