

## EMOTIONALLY DISTURBED OR SOCIALY MALADJUSTED: WHAT'S IN A NAME?

Midwest Symposium for Leadership in Behavior Disorders  
Administrators Conference  
11 October, 2007

Dr. Rick Lindskog  
Department of Psychology and Counseling  
Pittsburg State University  
Pittsburg, Kansas

## WHAT'S IN A NAME?

### ■ TOPICS TODAY

- Introduction/Overview
- IDEA Definition
  - Controversies
    - Definitional Issues
- Socially Maladjusted Definition
  - Controversies
- Assessment
  - Differentiating E/BD from Socially Maladjusted

## IDEA DEFINITION

The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects education performance:

- an inability to learn which cannot be explained by intellectual, sensory, or health factors
- an inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- inappropriate types of behavior or feelings under normal circumstances
- a general pervasive mood of unhappiness or depression
- a tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

## IDEA DEFINITION

### Controversies:

#### Under-Identification

E/BD are under-identified & underserved.

Nationally-under 1% are actually served.

U.S. Surgeon General--5% have extreme functional impairment----11% have significant functional impairment.

Other sources say 3 to 5%.

## IDEA DEFINITION

### Controversies

#### Under-Identification Issues:

Definition-vague language, undefined terms

E/BD Children have behaviors that make them unpopular and sometimes removed rather than dealt with.

Schools would have great costs to expand services to this population.

Schools and parents wish to avoid stigma of ED label, so misidentification is common.

## IDEA DEFINITION

### Controversies:

#### Narrow Definition

Must be one of 5 characteristics:

- inability to learn
- inability to build relationships
- inappropriate feelings or behaviors
- mood of unhappiness or depression
- physical symptoms or fears

## IDEA DEFINITION

Disproportionality in Identification of Minorities  
African-American and American Indian are over-represented  
Asian and whites under-represented  
Boys are over-represented  
Most communities lack a continuum of services

## IDEA DEFINITION

IDEA definition tends to ignore co-morbidity.  
IDEA definition 5 categories not supported by research (there is more support for internalizing/externalizing disorders).  
IDEA rule-out of Socially Maladjusted creates a false idea that there is a clear distinction between SM and E/BD-there is not.  
IDEA focuses on assessment procedures to align with one of the 5 categories.

## BASICS

- 73% of BD identified youth who drop out of school are arrested within five years.
- 1991 study-35% arrested within two years.
- School policies that lead to dropout are socially counterproductive.
- Zero Tolerance and 'get tough' policies do not support satisfactory social outcomes.
- Identification is often delayed (av.= 10 yrs.)

## SOCIALLY MALADJUSTED (SM)

-The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.  
-There is no agreed upon definition for 'Socially Maladjusted'.  
-Some think SM involves willful rule violations.  
-Some use the DSM-IV TR definitions of ODD and CD to define SM.

## SOCIALLY MALADJUSTED (SM)

- Traditional views of SM
  - DSM Criteria for ODD or CD
  - Antisocial or delinquent behavior in peer group
  - Maintain status in peer group by deviant behavior
  - Problem Behavior is willful-makes a choice
  - Behavior is directed, purposeful, to get something
  - Absence of internalizing/emotional problems
  - SM do not believe rules should apply to them
  - Shrewd, callous, 'streetwise', and lack remorse

Merrell and Walker, EIS, 2004

## ANOTHER VIEW: EXTERNALIZING & INTERNALIZING BEHAVIORS

- Externalizing Behaviors:
  - Undercontrolled behaviors
  - Disruption
  - Oppositional Behavior & noncompliance
  - Other-directed
  - Antisocial and aggressive behaviors
  - Conduct problems and delinquency
  - And Hyperactive-Impulsive manifestations of ADHD

## EXTERNALIZING & INTERNALIZING DICHOTOMY

- Internalizing Behaviors:
  - Overcontrolled Behaviors (skill deficits)
  - Self-Directed
  - Behavioral and/or Emotional Characteristics
  - Depression
  - Anxiety/phobias
  - Social isolation and neglect
  - Immaturity
  - Somatic problems

## EXTERNALIZING & INTERNALIZING DICHOTOMY

- Many think Internalizing = E/BD, & Externalizing = Socially Maladjusted
- But even this doesn't create clear categories—
  - physically aggressive kids frequently have anxiety...
  - SM kids can have depression
  - Often a mix of internalizing and externalizing behaviors
- Merrell and Walker think there is not much justification to continue trying to differentiate between E/BD and SM—that it is more work than it is worth.

## LET'S ASSUME

- Assume Socially Maladjusted is equivalent to Oppositional Defiant Disorder/Conduct Disorder (ODD/CD)
- CD is frequently regarded as being equivalent to Socially Maladjusted

## CONDUCT DISORDERS (CD)

- CD is a persistent pattern of antisocial behavior:
    - Aggression toward people and animals
      - Fight, bully, intimidate, or threaten with weapon
      - Steal while confronting victim (extortion or mugging)
      - Coercion into sexual activity
    - Property destruction
      - Fire setting and vandalism
    - Deceitfulness or Theft
      - Burglary or petty theft like shoplifting
      - "Conning" people or lying to obtain goods
    - Serious rule violations
      - Often staying out all night or ignoring curfews
- DSM IV TR

## CONDUCT DISORDERS (CD)

- Two types:
    - Childhood Onset prior to 10 years old
      - Usually male
      - Usually are physically aggressive
      - Usually have disturbed peer relationships
      - Many have ADHD
      - Childhood Onset predicts poor long term outcome
    - Adolescent Onset
      - Less likely to be aggressive
      - More normative peer relationships
      - Less likely to develop Antisocial Personality Disorder
- DSM IV TR

## CONDUCT DISORDERS (CD)

- Associated Features of CD:
    - Little empathy or concern
    - Tend to interpret others' intent as hostile and respond with aggression
    - Callous and lack guilt or remorse
    - They will use guilt and remorse to escape punishment
    - Poor frustration tolerance and irritability
    - Recklessness
- DSM IV TR

## CONDUCT DISORDERS (CD)

- Associated Behaviors of CD:
  - Early onset of sexual behavior
  - Drinking, smoking, drugs
  - Recklessness and risk-taking
  - CD leads to school suspension
  - Lower than average IQ-especially verbal skills
  - LD and ADHD disproportional
  - Lower heart rate and skin conductance are common but not diagnostic
  - Onset rare after 16 years of age

## TREATMENT OF E/BD AND CD

- Research suggests to treat separately
- E/BD are Internalizing Disorders
- CD are Externalizing Disorders
  - CD might bully and intimidate genuine E/BD
  - Rule breaking by voluntary/involuntary reasons suggests differential treatment approaches

## TREATMENT OF E/BD

- Anxiety Disorders (separating from parents, fear of social situations)
  - Treatments include Cognitive-Behavioral, Family Therapy, medications, and consultation with schools.
- Depression (overlap w/Anxiety Disorder)--
  - Treatments include Cognitive-Behavioral, Behavior therapy, family involvement. (the cognitive-behavioral therapy is research supported for both anxiety and depression)

Theodore, Ann-Lise & Lerner, 2004

## TREATMENT OF CONDUCT DISORDERED

- Kazdin: Four promising approaches in treating CD:
  - Cognitive Problem-Solving
    - Step-by step problem solving therapy
  - Parent Management Training
    - Train parents to use behavioral treatment with child
  - Functional Family Therapy
    - Systems, behavioral, and family approach. Focus on correcting 'inept discipline' and 'faulty monitoring'.
  - Multisystemic Therapy
    - Family systems approach-problems are within the context of a family, and treatment focuses on the family

Kazdin, A.E. 1990

## TREATMENT OF CONDUCT DISORDERED

- What NOT to do:
  - Peer group training--it provides subtle but powerful reinforcement for deviant talk and behavior

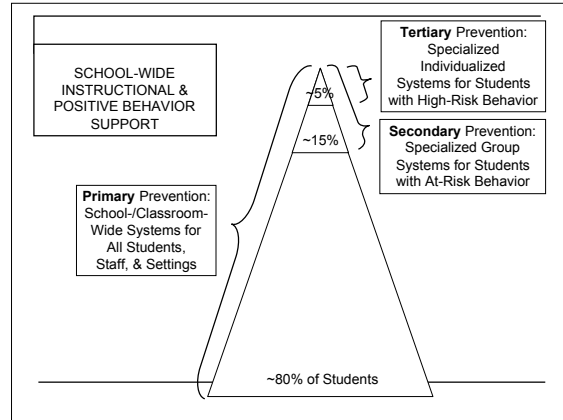
## AUTHORITIES AGREE

- School wide Coordinated Discipline Program is Essential
  - Prevention Training
  - Attention to Positive Behaviors
  - Clear Specification of Classroom Rules
  - Arrange Environment to Support Positive Behaviors
  - Limited use of Time-Out
  - School -Wide Teaching of Conflict Resolution
  - Use of Violence Prevention Strategies
  - High and Consistent Academic Expectations
  - High and consistent Behavioral Expectations.

## RISK OF HARM TO OTHERS

- Consider
  - Past Behavior
  - Substance abuse
  - Peers and social community (esp. gangs)
  - Family conflict and aggression
  - Social Stressors and supports
  - Personality traits
  - Opportunity

(Theodore, Little & Little, PIS, 2004)



## PRINCIPAL-STUDENT INTERACTIONS

- Be constructive: Help S. adhere to school code of conduct.
- Clarify: State behavior and why it is a concern.
- Listen: Allow student to explain. Paraphrase.
- Acknowledge the student's feelings. Watch verbal/nonverbal cues.
- Review the behavioral expectations and possible consequences (sequential and increasing)
- Confirm that s. understands (doesn't have to agree)
- Use supports instead of punishers (e.g. weight room)
- Consider writing down as a plan or an agreement

(Lannie & McCurdy, 2007)

CHARACTERISTIC	EMOTIONALLY IMPAIRED	SOCIALLY MALADJUSTED
Interpersonal relations	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but can't seem to maintain.	Extensive peer relationship within a select peer group; exploitative and manipulative; lack of honesty in relationships; frequently lying; may be able to exploit others with charm in order to achieve ends.
Physical presence	Awkward, "goofy", clumsy; may be uncomfortable with physicality.	Smooth, agile; could also be clumsy, uncomfortable with physicality.
Group participation	Withdrawn, unhappy.	Out-going.
Interpersonal dynamics	Often is characterized by a pervasively poor self-concept; often overly dependent or impulsively defiant; is generally anxious, fearful, mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest.	Often shows ego strength in school situations. Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially undesirable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social dynamics.
Conscience development	Self-critical; unable to have fun; guilty and remorseful.	Little remorse; pleasure seeking; lack of empathy; knows right from wrong but chooses wrong.

CHARACTERISTIC	EMOTIONALLY IMPAIRED	SOCIALLY MALADJUSTED
School Behavior	Seen as unable to comply; inconsistent achievement; expects help of has difficulty asking for help.	Seen as unwilling to comply; generally low achievement; excessive absences; rejects help; callous disregard for rights/needs of others.
Attitude toward school	School is a source of confusion and anxiety; often responds to structure.	Tends to dislike school except as a place for social contacts; rebels against rules and structure.
School attendance	Misses school due to emotional issues or psychosomatic issues.	Chooses to go truant
Educational performance	School is a source of confusion and anxiety; often responds to structure in the educational program; achievement is often uneven; attention and concentration are impaired by anxiety/depression/emotional base.	Tends to dislike school except as a place for social contacts; frequently truant; rebels against rules and structures; frequently avoids school achievement, even in areas of competence.
Peer relations	Ignored or rejected.	Generally accepted by sociocultural group.
Type of friends	Younger or no real friends.	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers.
Perception by peers	Bizarre/odd.	Cool/tough/delinquent charismatic.
Social skills	Poorly developed; difficulty reading social cues.	Well situated; well developed social cues.

CHARACTERISTIC	EMOTIONALLY IMPAIRED	SOCIALLY MALADJUSTED
Reality orientation	Fantasy; naive, glibble; may have thought disorder, hallucinations and the like.	"Street-wise".
Developmental appropriateness	Inappropriate for age.	Appropriate for age or about e.g., "more socially mature".
Ego strength	Unsure of self; poor self-concept.	Narcissistic; inflated ego.
Risk taking	Avoids risks.	Prono to thrill seeking behavior.
Substance abuse	May use individually.	More apt to see substance use/abuse with peer group; reasons vary.
Consequences	Consequences appropriate, consistent, structured.	Ability to ignore anyone who tries to alter socially unacceptable behavior.
Locus of control	Internalizing; inward control of choices.	Externalizing; is in control of choice.
Rules	"Don't get it"	Gets it, but chooses to violate; violates the law deliberately.
Motivation for behavior	Fear and flight; anxiety.	Power and control.