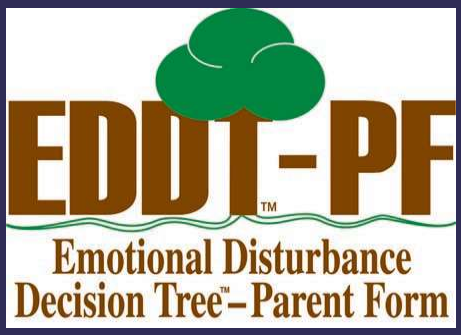
EDDT/EDDT-PF

Effective Assessment of Emotional Disturbance



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Purpose

- **A different approach to evaluating Social Maladjustment (SM); a supplemental, proportional trait (not part of an *either-or* ED/SM diagnosis)**
- **Accomplishes this in the context of a standardized instrument that addresses all areas of the IDEA definition of Emotional Disturbance (ED)**

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Definition of ED (IDEA, 2004)

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time to a marked degree that adversely affects a child's educational performance:

A) An inability to learn that cannot be explained by intellectual, sensory, or health factors

B) An inability to build or maintain satisfactory relationships with peers and teachers

C) Inappropriate types of behavior or feelings under normal circumstances

D) A general pervasive mood of unhappiness or depression

E) A tendency to develop physical symptoms or fears associated with personal or school problems

(ii) The terms includes schizophrenia. *The term does not apply to children who are socially maladjusted unless it is determined that they have an emotional disturbance.*

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Sections of the EDDT

I. Potential Exclusionary Items (IQ, Hearing-vision, Health, Duration Checklist)

II. Emotional Disturbance Characteristics

III. Social Maladjustment (SM) Cluster

IV. Level of Severity (SEVERITY) Cluster

V. Educational Impact (IMPACT) Cluster

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Characteristics Typically Associated with ED

- Behavior is involuntary or reactive
- Behavior is emotionally-driven
- Student feels remorse
- Student is self-critical
- Student experiences feelings of inadequacy
- Student tends to be anxious and guilt-laden
- Student has few if any friends

(Clarizio, 1992b; Constenbader & Buntaine, 1999)

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Characteristics of Psychopathy

- Callous, low remorse, weak conscience, low guilt, low empathy, shallow affect, failure to accept responsibility
- Arrogant Interpersonal Style: Glibness or superficial charm, self-centeredness, grandiose sense of self-worth, lying, conning, manipulative, deceitful
- Impulsive/Irresponsible Behavioral Style: Boredom, excitement seeking, reward-dominant response style, lack of long-term goals, impulsivity, parasitic lifestyle

(Cleckley, 1941; Cooke and Michie, 2001; Cooke et al, 2004; Farrington, 2005; Hare, 1990; Salekin et al., 2003, 2005; Yochelson & Samenow, 1976)

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Social Maladjustment Cluster (SM)

Related Literature – Frick and Hare (2001)

a) Callous/unemotional
b) Lack of guilt
c) Egocentricity
d) Lack of empathy
e) Impulsivity
f) Use of others for personal gain

Three Factor Model

- Conduct
- Sociopathic Attitudes
- School Aversion

Item Examples

A. Appears comfortable with rules and structure – does not act out when these are either present or absent
B. Appears to require an excessive amount of structure or rules to feel comfortable and secure
C. Appears to dislike or have low tolerance for structure or rules, and resists by acting-out

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Section I: Potential Exclusionary Items

Transfer the responses from Section I of the Response Booklet to the spaces provided below.

Average/Near average intelligence	Normal/Near normal hearing and vision	Normal/Near normal health	Emotional-behavioral problems present for 6 months or more
1. Yes No	2. Yes No	3. Yes No	4. Yes No

Section II

Part A: Emotional Disturbance Characteristics

Scoring Summary Table (Appendix Tables _____ _____)

Scale	Raw score	T score	%ile	Confidence interval	Qualitative label
REL				____ – ____	
IBF				____ – ____	
PM/DEP				____ – ____	
FEARS				____ – ____	
TOTAL				____ – ____	

T score range	Qualitative label
≤54	Normal
55-59	Mild At Risk
60-69	Moderate Clinical
70-79	High Clinical
≥80	Very High Clinical

Note: REL = Inability to Build or Maintain Relationships Scale; IBF = Inappropriate Behaviors or Feelings Scale; PM/DEP = Pervasive Mood/Depression Scale; FEARS = Physical Symptoms or Fears Scale; TOTAL = EDDT Total Score.

Part B: Attention-Deficit Hyperactivity Disorder and Possible Psychosis/Schizophrenia Screeners

Attention-Deficit Hyperactivity Disorder (ADHD)

Cluster Raw Score _____

Raw score	%ile range	Qualitative label
0-3	≤1%	Normal
4-15	2%-24%	Mild At Risk
16-24	25%-74%	Moderate Clinical
25-36	≥75%	High Clinical

Possible Psychosis/Schizophrenia (POSSIBLE PSYCHOSIS)

Cluster Raw Score _____

Raw score	%ile range	Qualitative label
0-4	≤1%	Normal
5-7	2%-24%	Mild At Risk
8-12	25%-74%	Moderate Clinical
13-30	≥75%	High Clinical

Section III: Social Maladjustment

Social Maladjustment (SM) Cluster Raw Score _____

Raw score	%ile range	Qualitative label
0-2	≤1%	Normal
3-10	2%-24%	Mild At Risk
11-21	25%-74%	Moderate Clinical
22-24	≥75%	High Clinical

Section IV: Level of Severity

Level of Severity (SEVERITY) Cluster Raw Score _____

Raw score	%ile range	Qualitative label
0	≤1%	Not Severe
1-6	2%-24%	Mild Severity
7-12	25%-74%	Moderate Severity
13-18	≥75%	High Severity

Section V: Educational Impact

Educational Impact (IMPACT) Cluster Raw Score _____

Raw score	%ile range	Qualitative label
0	≤1%	No Impact
1-9	2%-24%	Mild Impact
10-17	25%-74%	Moderate Impact
18-22	≥75%	High Impact

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SO, WHAT ABOUT INTERVENTIONS?

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Popular Yet Ineffective

Intervention	Effect Size
• Punitive discipline	-.13 to + .06
• Referral to outside counseling	.00 to + .08
• Meeting with the student	.00
• Analyze cog. strengths & weakness	.00

Less Popular But Effective

Intervention	Effect Size
❖ PBS	+ .90 (T1)
❖ Mentor-based support	+.60-+1.00
❖ Social emotional learning	+ .90
❖ Social skills training	+ .68
❖ Proactive classroom management	+ .81
❖ Formative eval., graphing, R	+ + 1.00
❖ Supplemental acad. inst.	+ .70-1.00
❖ Behavior contract, self-monitoring	> +.50

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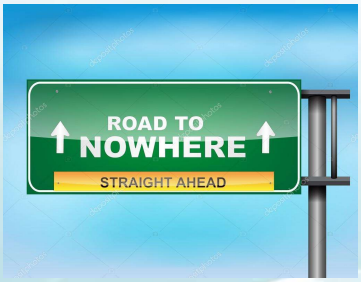
WHAT ISN'T WORKING

Suspension
Expulsion/Exclusion
Corporal Punishment
Public Embarrassment
Reward & Punish Consequences



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WHY USE THEM?

It's only fair

Make examples

They should work

We have to have CONSEQUENCES

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SO WHAT SHOULD WE DO?

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FIRST, WE TRANSITION

From OBSOLETE, INEFFECTIVE, & MINDLESS

TO---UH-OH!!

TRANSITION
TO WHAT???

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WHAT TEACHERS WANT

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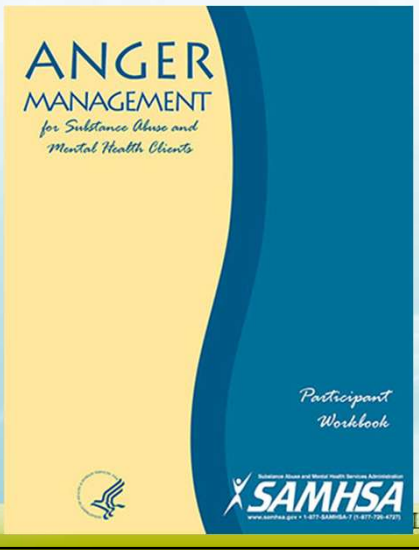
IN THE FORM OF….



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BUT THEY DON'T EXIST

By the time we get to Tier 3, there is no standard treatment.

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SO WE USE WHAT WE HAVE

Reward & Punish

Redux???

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SHORTCOMING OF PBS

FOCUSES ON BEHAVIOR NOT A PERSON

Judgments are based on behaviors not on the person behaving.

It becomes operant conditioning

It is then that we fall off the cliff

Because standard R & P may not work for 4D.

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OUR METHODS ARE OBSOLETE!!

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OBSOLETE METHODS

MINDLESS DISCIPLINE
CODE OF CONDUCT

ERRONEOUS DISCIPLINE
REWARD & PUNISH

I have nothing against LAW & ORDER

COC is epi; it's a guidebook (as in scouting)

Not a rule book (like with sports).

SCHOOL IS NOT AN ATHLETIC EVENT (or a prison, or the military)

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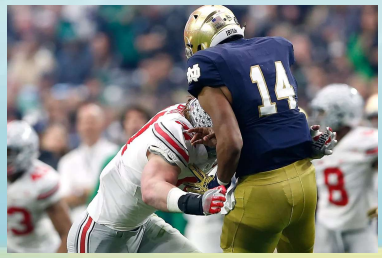
IN FOOTBALL, IT TAKES A DANGEROUS ACT TO GET SUSPENDED

"targeting defenseless opponents above the shoulders or using the crown of the helmet to contact an opponent"



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IN SCHOOL, IT TAKES "OTHER"

Reasons for OSS Suspension

weapons and drugs	5%
disruptive behavior & other	95%

Other: cell phone, dress code, pda, defiance and other COC violations.

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ALSO CONSIDER

- ✓ Is a suspension "evidenced-based intervention?"
- ✓ Is suspension an effective intervention?
- ✓ Suspensions affect well-behaved students (a climate of control v relationships)
- ✓ **One suspension triples the likelihood of jj (http://www.justicepolicy.org/news/8775)**

PLUS, interventions can only occur if the student is in the building

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I HAVE NOTHING AGAINST CONSEQUENCES

IF THEY ARE EFFECTIVE

IF THEY TEACH

IF THEY TARGET BEHAVIOR

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