

**Emotional and Behavioral Disorders:
Current Definitions, Terminology, and Prevalence**

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Abstract

This study provides an analysis of state guidelines with respect to terminology and definitions in emotional and behavioral disorders (EBD) as well as demographic trends. The data were analyzed from the web-based state guidelines for terminology and definitions for all 50 states and the District of Columbia and then from mining data from the most recent reports of the United States Department of Education on IDEA (USDOE, 2015, 2016). Significant findings included current information on state-based terminology, state definitions, and school prevalence. Implications are made with special attention to these factors as identified above as they relate to educational programs in the field. Suggestions are made for future research.

Emotional and Behavioral Disorders: Current Definitions, Terminology, and Prevalence

Defining any disability is difficult (Kauffman & Badar, 2017). Defining the disability known as emotional or behavioral disorders (EBD) is particularly problematic and has been a matter of concern and controversy for decades (Bower, 1982; Forness & Kavale, 2000; Forness & Knitzer, 1992; Kauffman & Landrum, 2018; Merrell & Walker, 2004; Mundschenk & Simpson, 2014). Disagreement about definitions has been heightened by statements of inclusion and exclusion of various subgroups of the population, such as the exclusion of those considered “socially maladjusted but not emotionally disturbed,” specific inclusion of those diagnosed as “schizophrenic,” and the creation of separate categories for autism and traumatic brain injury which, in some cases, may involve a dual diagnosis of those disorders *and* EBD.

Definition is important because it determines the students identified as having the disability and are found eligible for special education services. Thus, definition affects the prevalence of any disorder and is a potential factor in underservice and disproportional or false identification of disabilities. The definition of EBD is a particularly important issue because students in that category are underserved in the schools when compared to estimates of the numbers of students with the disability (Forness, Freeman, Paparella, Kauffman, & Walker, 2012; Kauffman, Mock, & Simpson, 2007; Kauffman, Simpson, & Mock, 2009).

The terminology used in categorical identification may be accurate or inaccurate or imply criteria for the inclusion or exclusion of individuals in various subcategories. When federal law was first passed in 1975 (Public Law 94-142, now the Individuals with Disabilities Education Improvement Act) requiring identification of all children with disabilities, the terminology for

the category in question was “serious emotional disturbance” (SED), suggesting a criterion of severity. Before the end of the twentieth century, the word “serious” was dropped, but the federal definition, with its exclusion of those judged “socially maladjusted but not emotionally disturbed” remained unchanged (Forness & Kavale, 2000). The exclusion of individuals judged to be socially maladjusted but, nonetheless, *not* emotionally disturbed continued to be a possible way of excluding those with serious conduct disorders (CD).

Students with emotional and behavioral disorders became a preferred designation when a coalition of mental health and special education professionals offered an alternative to the federal definition in the early 1990s (Forness & Knitzer, 1992). Unfortunately, that alternative definition, although resolving some of the problems inherent in the federal definition and terminology, so far has not been adopted by the federal government (Kauffman & Landrum, 2018). The federal designation remains emotional disturbance (ED), not EBD. However, the common characteristics of children and adolescents served in the federal ED category are significant difficulties in adjusting their behavior to one or more important aspect of their social environments. Regardless of the federal language and definition, states may adopt their own definitions and terminology. Subsequently, we refer to these students here in as having EBD other than when referring to the current federal term.

The primary purpose of our research was to find and report the definitions and terminology used currently by the 50 states and the District of Columbia (DC) to designate EBD. We used data from the web sites of the education departments of all 50 states and DC. The secondary purpose was to examine contemporary data as related to the school prevalence of students identified as EBD. Based on these data and other recent research in the field, we discuss possible relationships of definition and terminology to other problems of the field and needed

research. Our overall intent was therefore to provide a current status report on definitions, terminology of the states and prevalence and to suggest further research on relationships between definitions and terminology and educational programs.

Method

We recorded data from the websites of the departments of education of the 50 states and the DC. This part of our data collection paralleled a recent study (Polloway, Auguste, Smith, & Peters, in press, 2017) of students with intellectual disability (ID). We used Google as the search engine to find the eligibility criteria for EBD on the websites of the respective 51 departments of education. The review of websites was conducted in July-August, 2016 by one of the co-authors. The senior author then reviewed the data to determine any possible misinterpretations and to confirm the accuracy of the data.

The analyses focused on four specific considerations. First, we recorded the specific terms used in the respective states to designate the relevant population. Second, we noted the definition used by a given state, comparing it to professional definitions used in the field (including the federal definition, which drew heavily on the Bower, 1960, 1969 definition of “emotional handicaps” and which became the basis for the federal definition of ED; Landrum, 2017), adaptations of this definition, and other state-specific definitions that do not follow that pattern. The third consideration focused on the direct mention of two concomitant disorders (i.e., schizophrenia, social maladjustment) in the respective state guidelines. Fourth and finally, we researched and recorded prevalence data as available from annual federal reports to Congress on implementation of IDEA and examined the relationships between prevalence and the terminology and definitions. We entered the data from all of the respective 51 state/district

guidelines into a spreadsheet summarizing all information on terminology, definitions, and prevalence.

Results

Our initial survey focused on terminology used in each of the respective states and DC. A total of 13 different terms are used across the states; those data are presented in Table 1. Emotional Disturbance (ED) was the term used in 29 of 51 of the state guidelines (56.9%), with the minimally different “emotionally disturbed” reported by one additional state, making the total 30 (58.9%). The related terms of emotional disability and emotional impairment were used by 8 states (15.7%) and 2 states (3.9%), respectively (nearly 20% of the 51 entities). The prior federal term or a minor derivative, serious emotional disturbance or serious emotional disability, continued to be used in 4 states (7.8%). Emotional and behavioral disorders or disabilities (EBD) was used by only 7 states (13.7%). Finally, behavior disorders (BD) was used in 2 states (3.9%). The total number of state data points totals 53 because two states (Iowa, Ohio) each reported two terms.

<Insert Table 1 about here>

The second question we examined was the determination of state definitions used to guide eligibility decisions. Two of the authors coded the 51 definitions (according to three categories) and the agreement of the two coders initially was 85%. After review and resolution (focused primarily on the sharpening of our description of the respective categories), we reached an agreement rate of 100%.

1. *Bower verbatim (BV)*: Bower’s (1960, 1969) definition, with small but significant alterations of his original work was the basis for the federal (now IDEA) definition. A definition was labeled as Bower verbatim because it included these five core criteria as he identified them. We

acknowledge that definitions considered “verbatim” did not necessarily include the introductory sentence with the specific term identified, exactly as Bower (1960) wrote them, and also that Bower’s original definition did not include [ii] below.

According to IDEA (USDOE, 2004),

(i) The term (emotional disturbance) means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked extent that adversely affects educational performance.

- an inability to learn that cannot be explained by intellectual, sensory, or health factors;
- an inability to build or maintain satisfactory 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.

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

2. *Bower adapted (BA)*: The second category for state definitions were those based on the original Bower/IDEA definition but adapted in some substantive fashion beyond the mere substitution of an alternative term to emotional disturbance. Examples of substantive differences that resulted in this classification included mention of fewer than the five core characteristics, the addition of other factors (e.g., externalizing and internalizing

dimensions), and broader contextualizations such as by discussing the frequency of episodes or by the placement of characteristics within a state's disciplinary code.

3. *Other (O)*: The third option is that an individual state may have developed its own definition, substantially different from the federal (Bower) definition.

The Bower (1969; USDOE, 2004) definition was used verbatim or with insignificant changes in wording (BV) by 39 states (76.5%). The Bower/USDOE definition was significantly adapted or modified by 5 states (9.8%).¹ Seven states (13.7%) used other, alternative (O) definitions.²

We also noted the inclusion of schizophrenia and the exclusion of social maladjustment not accompanied by emotional disturbance. Of our 51 government entities, 34 (66.7%) explicitly included schizophrenia; none of the 17 others specifically excluded it. Social maladjustment (SM) unaccompanied by ED was excluded in 38 instances (74.5%), typically with a proviso that SM would be included only if an individual otherwise met the definition of emotional disturbance.

Our fourth focus was on prevalence data and as relevant possible relations to terminology and definition. The annual reports to Congress on the implementation of IDEA provide a significant database of demographic information related to students with ED, as is the case with other disabilities as well). Both the 37th and 38th annual reports were released in December of their publication year (2015 and 2016, respectively).

Data for the last 10 years indicate that the prevalence rate for students in the ED category ages 6-21 ranged from 0.7% in 2004 (continuing at that rate through 2007) to a current rate of 0.5% beginning in 2011 and continuing through 2014 (USDOE, 2015, 2016). The prevalence data across states, however, reflects substantial variance, with a range from 0.13% to 1.58% (see

Table 1). The mean of prevalence rates across the states is 0.55%, the mode is 0.54%, and the median is 0.51% (USDOE, 2015). Within the universe of all individuals with disabilities receiving services, 5.9% of all students with disabilities were identified as having ED (USDOE, 2016).

Descriptive statistics provide information on the possible relationship between terminology and prevalence and also between the specific definition and prevalence. The mean prevalence rate for states using the term serious emotional disturbance (0.44%; SD= .002) was the lowest rate across all the terms used. On the other hand, the mean prevalence was highest across states that used emotional and behavioral disorders/disabilities (0.66%; SD=.003). The data for the term ED was 0.55% (SD=.003). There is overall a low association between prevalence rate and the specific terms used by a state ($r_{\text{Eta}}=0.193$).

In terms of the relationship between definitions and prevalence rate, for states that used the Bower verbatim or Bower adapted definitions the mean prevalence was similar (0.51% and 0.56%, respectively; SD= .002 and .003, respectively). For the states using “Other” definitions, the prevalence rate averaged 0.78% (SD=005). There is a moderate correlation between definition used and prevalence rates across the states ($r_{\text{Eta}}=0.324$); these data are limited by the small number of states ($n=7$) that developed their own definitions.

Discussion

Terminology

It is clear that across states students who experience EBD continue to receive varied labels as a basis for their eligibility for special education. Thirteen different terms are used across the states as well as 15 combinations of terms. This variance can be contrasted with the category

of intellectual disability for which only five different terms are cited across the 51 entities (Polloway et al., in press, 2017). Although EBD continues to be the most commonly used professional designation of these students, clearly this has not been observed in most states. Fewer than 14% of the states use a designation including a combination of emotional and behavioral disorders or disabilities. Rather, the federal designation of ED continues to be the most frequently used term, with nearly 60% of the states using that term.

Definition

The most common basis of state definitions remains the Bower (1960, 1969) criteria, which appear in IDEA and federal regulations. It is not surprising that many states mirror the statutory language provided in the federal law in their state education statutes.

Although criticized for its lack of clarity, Bower's definition has been described as "a pioneering effort that served as an important precursor to sophisticated classification research that would occur in the last two decades of the 20th century" (Merrell & Walker, 2004, p. 900). However, the definition has also been problematic due to misinterpretation, lack of understanding, and stigma, and by the fact that the five characteristics identified in the definition were derived from a single study by Bower in the 1960s (see Forness & Kavale, 2000; Kauffman & Landrum, 2006). It is noteworthy that a definition that is now nearly 50 years old continues to predominate. Mattison (2015) noted that, of the many issues facing the field of EBD, the one that has received the most attention "is the problematic definition of emotional disturbance" (p. 196). Kauffman and Badar (2013) suggested that controversies related to definition have plagued the field for decades.

Concerns about the federal definition derived from Bower (1960, 1969) have resulted in a number of attempts to develop a new definition. A prime example is the National Mental Health

and Special Education Coalition recommendation of a change in the definition (Forness & Knitzer, 1992). However, the National School Boards Association objected to the Coalition's definition, apparently because the school boards believed that it might result in a significant increase in the number of students requiring services. Subsequently, a request was made for feedback from the field. In spite of overwhelming support from direct service personnel for the Coalition's definition, the change was not made (Forness & Kavale, 2000).

Kauffman and Landrum (2018) pointed out that none of the efforts to change the definition ultimately received the level of support required for a change in the federal definition or widespread adoption by states. Speculation continues about how much alternative definitions have changed states' efforts to develop their own definitions, although the current Louisiana definition is reasonably consistent with the definition of Forness and Knitzer (1992).

Finally, it can be noted that beyond the public school setting, most service agencies that support children and adolescents who experience emotional problems are much more likely to rely on the definition and classification systems found in the current edition of the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders* (Mattison, 2014).

Related Definitional Considerations

The analysis of definitions also included consideration of two related conditions. As Kauffman and Landrum (2018) noted, the key differences in the original Bower (1969) definition and the federal (IDEA) definition are that the latter specifies the inclusion of children with schizophrenia and exclusion of "socially maladjusted children who are not emotionally disturbed" (as if such inclusion and exclusion are interpretable; see Bower, 1982; Kauffman & Landrum, 2018).

In the current study, the inclusion of schizophrenia was found in 66.7% of the state definitions; no states specifically excluded it. As both Kauffman and Landrum (2018) and Landrum (2017) concluded, the inclusion of schizophrenia may be seen as redundant at best, simply because any individual with schizophrenia exhibits one or more of the five characteristics listed for students with emotional disturbance.

The exclusion of those with social maladjustment makes limited sense, as any individual judged to be socially maladjusted would be likely to exhibit one or more of the five characteristics in the federal definition. Nevertheless, 38 (74.5%) of the states excluded social maladjustment, indicating it should only be considered if an individual otherwise met the core definition. Although the problem of differentiating students with social maladjustment and those with emotional disturbance is another example of difficulties created by the federal definition (Kehle, Bray, Theodore, Zhou, & McCoach, 2004), the restatement of its apparently nonsensical features (Kauffman & Landrum, 2018) may also indicate how little thought may have been given to the problem of definition in state legislatures.

Prevalence

For the last four years according to federal data, the prevalence rate for students with EBD has been reported at the 0.5% level. This prevalence rate is significantly lower than has been assumed to be the actual prevalence of emotional and behavioral problems in students (Forness, Freeman, Paparella, Kauffman, & Walker, 2012; Kauffman & Landrum, 2018). Students with EBD may be the least likely category to be identified and served in the schools as compared to other professional estimates of prevalence (Forness, Kim & Walker, 2012; Kauffman & Landrum, 2018). Pastor, Reuben, and Duran (2012) reported finding about 5% of children were said by parents to have serious emotional and behavioral problems. Using their

parental questionnaire and/or a brief version of the *Strengths and Difficulties Questionnaire* (SDQ; Bourdon, Goodman, Rae, Simpson, & Koretz, 2005) Pastor et al. found 7.4% of all children were found to have emotional and behavioral problems. Kauffman and Landrum (2018) concluded that a reasonable estimate would be approximately 3% to 6% of the overall student population.

The range and variance as noted above between expected levels of students experiencing such problems versus the actual average percentage of students being served in special education is further underscored by consideration of the variance in prevalence across states (see Table 1). Given the current overall figure of 0.5% (USDOE, 2016), it is worth considering that the actual range for individual states includes three states with reported rates under 0.2% (i.e., Arkansas, 0.12%; Alabama 0.13%; Louisiana, 0.17%); these states therefore have rates that are approximately 20-30% of the national average. On the other hand, three states had reported ranges of 1.0% or greater (i.e., Vermont, 1.58%; Minnesota, 1.26%; Wisconsin, 1.0%); these states reflect placement rates between 200%-300% of the national average. No data were reported for one state (USDOE, 2015).

Many factors could influence the variability among prevalence estimates, the number of students served in special education, and the variability across states, including the lack of consistency in terminology, the reliance on a definition that is 50 years old (Mattison, 2015), and the possible stigma associated with the category (Kauffman & Badar, 2013). The data presented above suggest there may also be a limited relationship between the terminology used and the prevalence rate, with higher rates applicable to states using the term emotional and behavioral disorders. Further, a modest relationship between the definition used within a given state and its prevalence was found, with some states that developed “Other” definitions showing a pattern of

somewhat higher prevalence rates; this relationship is limited by the small number of states with such definitions. Regardless of reason, given this great variance in state prevalence data, it would appear reasonable to conclude that the actual nature of students who are being identified as having EBD must also vary significantly across states. The data seem to show that EBD is underserved to a significant extent (Forness et al., 2012), and federal reporting since 1975 has never approached an assumption of 5% of students being identified as having ED or EBD or even the 2% prevalence estimate that was once published by the Bureau of Education for the Handicapped in the 1970s (Kauffman, 1977).

Limitations

We acknowledge a number of specific limitations of this study. The state data on terminology and definitions were based solely on internet sources for the respective 51 entities. Confirmation of website information was not sought from state directors of special education concerning the accuracy and currency of their own posted data. The possibility existed of contradictory posted information by some states (i.e., both new and old guidelines still accessible on the internet); the most recent sources were sought to address this concern. Further, these data also are time-limited; there was not a determination of whether individual states may be in the process of making revisions in their terminology or definitions.

The prevalence data from the federal government are valid only to the extent that individual state reports are current and accurate. Further, the annual reports to Congress typically experience a delay of approximately 2 years prior to publication. Consequently, the 2015 report includes data from the 2012-13 academic year, and the 2016 report included school year 2013-14. In addition, because state-specific prevalence data (i.e., state static tables) were not yet available for the 2016 report, data from the prior, 2015 report were used. Given these limitations,

however, the current study nevertheless contributes to a greater understanding of current practices in the field of EBD.

Implications and Future Research

Several important implications may be derived from this study. First, the data illustrate the fact that the USDOE federal definition adopted by the majority of states is one that has been largely unchanged (beyond the term itself as used in some definitions) for nearly 50 years. A definition that has been consistently criticized by professionals for decades remains the most common basis for identification and diagnosis in the vast majority of states. Forness and Kavale (2000) observed that “advocacy for the children we serve has been a hallmark of our professionalism. Supporting statewide adoption of the EBD terminology and definition should be at the core of this advocacy” (pp. 267-268). It is apparent more than 17 years after this call for change that it has had minimal influence. It would seem most appropriate to consider contemporary views of the population of students with EBD as a basis for updating both federal and state definitions with the possibility that such changes may impact on the number of students who are identified and served within this category of exceptionality. The limited correlational data that we have presented herein suggest that this may be an area to for further consideration.

Second, the data confirm that the federal use of the term emotional disturbance (ED) continues to influence state practice. The more professionally accepted designation of EBD is used only in a small minority of states. The continued dominance of the ED designation in state guidelines indicates limited change in terminology over decades.

Third, the data also confirm the continued trend toward reduced prevalence within the overall population of students with EBD. Further, these data clearly illustrate the tremendous state variance in the percentage of students being served and thus call in to question the nature of

the population of students who are identified as ED or EBD. It is noteworthy that the failure to identify and treat mental illness appropriately has become a major and well-recognized concern in our society. That concern is underscored by the underidentification and lack of intervention that also includes many children with emotional and behavioral disorders (e.g., Earley, 2006; On Point, 2017; Powers, 2017; Warner, 2010).

Future research should further explore the relationship between definitions and terminology, and a variety of consequences. Areas of consideration include school prevalence, disproportionality, and educational placement.

Another problem for future research is the wide variety of types of EBD. Although public perceptions of mental illness of some types (e.g., depression, social withdrawal) may be improved considerably by reassurances that most people with mental health problems are not threats to safety, other forms of mental illness or emotional disorders, such as violent, threatening behavior, abuse, persistent violation of social norms such as truth-telling, and other manifestations of conduct disorder are a different matter entirely. To be of greatest value, EBD populations should be disaggregated in future research. For example, prevalence figures from the USDOE provide data for ED, but not for subtypes of the disability. At the least, one might assay differences between externalizing and internalizing disorders.

Another line of research would be to study multi-tiered system of supports (MTSS) and positive behavioral interventions and supports (PBIS). Specifically, researchers may investigate the relationship between definitions and terminology and the inclusion of students with EBD in MTSS and PBIS frameworks. Particularly important would be the services provided to students with intense behavioral needs that might be included in frameworks designed primarily for general education (see Maggin & Cook, 2017).

In conclusion, although students who have emotional and behavioral disorders have substantial and complex problems, we may not be serving them well with the apparent commitment to concepts that have been accepted without substantive revision for virtually half a century. The failure to implement an alternative to an outdated definitional framework that presumably drives the identification of students paired with the continued use by many states of a term that has changed little while the field has moved on to alternative terminology reinforces the fact that research and contemporary thought in this field has had no impact on policy. While the trend toward fewer students being served within this category cannot be conclusively tied to the static nature of definitions and terms, the data certainly point to the fact that EBD or ED can no longer be accurately referred to as a high prevalence category of exceptionality.

Footnotes

¹ *Nevada definition:* Serious emotional disturbance” means a severe emotional disorder that:

1. Is exhibited by a person for at least 3 months;
2. Adversely affects academic performance; and
3. Includes one or more of the following:
 - (a) An inability to learn which is not caused by an intellectual, sensory or health factor;
 - (b) An inability to engage in or to maintain interpersonal relationships with peers and teachers;
 - (c) Inappropriate behavior or feelings;
 - (d) A general and pervasive mood of unhappiness or depression;
 - (e) A physical symptom associated with a personal or academic problem; or
 - (f) The expression of fears regarding personal or academic problems.

Source: Retrieved 1/6/17 from <http://www.leg.state.nv.us/NAC/NAC-388.html#NAC388Sec105>

² *Colorado definition:* A child with a SED [serious emotional disability] shall have emotional or social functioning which prevents the child from receiving reasonable benefit from general education.

Source: Colorado Department of Education (2017). Disability categories: Serious emotional disability (SED). Retrieved 1/5/17 from <https://www.cde.state.co.us/cdesped/SD-Emotional>.

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Table 1

Summary of State Prevalence and Guidelines

State	Prevalence ¹	Term	Definition Type ²	Include Schiz	Exclude Social Mal.
Alabama	0.13%	Emotional disability	BV	yes	no
Alaska	0.41%	Emotional disturbance	BV	yes	no
Arizona	0.51%	Emotional disturbance	BV	yes	no
Arkansas	0.12%	Emotional disturbance	BV	yes	no
California	0.29%	Emotional disturbance	BV	yes	no
Colorado	0.51%	Serious emotional disability	O	n/a	n/a
Connecticut	0.71%	Emotional disturbance	BV	yes	no
Delaware	0.40%	Emotional disability	BV	yes	no
District of Columbia	0.91%	Emotional disturbance	BV	yes	no
Florida	0.47%	Emotional/behavioral disability	O	n/a	n/a
Georgia	0.54%	Emotional and behavioral disability	BA	n/a	no
Hawaii	0.35%	Emotional disability	BV	n/a	n/a
Idaho	0.36%	Emotional disturbance	BV	yes	no
Illinois	0.71%	Emotional disturbance	BV	yes	no
Indiana	0.87%	Emotional disability	BA	n/a	n/a
Iowa	0.83%	Behavior disorder or emotional disturbance	BV	n/a	n/a
Kansas	0.36%	Emotional disturbance	BV	yes	no
Kentucky	0.49%	Emotional-behavioral disability	O	n/a	n/a
Louisiana	0.17%	Emotional disturbance	O	n/a	n/a
Maine	0.89%	Emotional disturbance	BV	yes	no
Maryland	0.53%	Emotional disturbance	BV	yes	no
Massachusetts	1.08%	Emotional impairment	BV	n/a	no
Michigan	0.55%	Emotional impairment	BV	n/a	no
Minnesota	1.26%	Emotional or behavioral disabilities	O	n/a	n/a
Mississippi	0.53%	Emotional disability	BV	yes	no
Missouri	0.50%	Emotional disturbance	BV	yes	no
Montana	0.36%	Emotional disturbance	BV	yes	no
Nebraska	0.51%	Behavior disorder	BV	yes	no
Nevada	0.32%	Serious emotional disturbance	BA	n/a	n/a
New Hampshire	0.80%	Emotional disturbance	BA	n/a	no
New Jersey	0.44%	Emotionally disturbed	BV	n/a	n/a
New Mexico	0.42%	Emotional disturbance	BV	yes	no
New York	0.64%	Emotional disturbance	BV	yes	no
North Carolina	0.27%	Serious emotional disability	BV	yes	no
North Dakota	0.54%	Emotional disturbance	BV	yes	no
Ohio	0.64%	Serious emotional disturbance, emotional	BV	yes	no

State	Prevalence ¹	Term	Definition Type ²	Include Schiz	Exclude Social Mal.
		disturbance			
Oklahoma	0.48%	Emotional disturbance	BV	n/a	n/a
Oregon	0.59%	Emotional disturbance	BV	yes	no
Pennsylvania	0.90%	Emotional disturbance	BV	yes	no
Rhode Island	0.79%	Emotional disturbance	BV	yes	no
South Carolina	0.26%	Emotional disability	BV	yes	no
South Dakota	0.59%	Emotional disturbance	BV	yes	no
Tennessee	0.24%	Emotional disturbance	BV	n/a	no
Texas	0.41%	Emotional disturbance	BV	yes	no
Utah	0.24%	Emotional disturbance	BA	yes	no
Vermont	1.58%	Emotional disturbance	O	n/a	n/a
Virginia	0.54%	Emotional disability	BV	yes	no
Washington	0.32%	Emotional behavioral disability	BV	yes	no
West Virginia	0.38%	Emotional/behavioral disorder	BV	yes	no
Wisconsin	1.00%	Emotional behavioral disabilities	O	n/a	n/a
Wyoming	-- ³	Emotional disability	BV	yes	no

¹ Source (ages 6-21):

U.S. Department of Education (2015). *37th report to Congress on the implementation of the Individuals with Disabilities Education Act: Static tables, Part B Child count and educational environments, Table 8*. Washington, DC: Author.

²Definitional type:

BV: Bower verbatim (with the 5 criteria as in IDEA)

BA: Bower adapted

O: Other, state-specific

³ No prevalence data available.