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THE IDENTIFICATION OF SERIOUSLY EMOTIONALLY DISTURBED CHILDREN IN THE STATE OF OHIO

The Ohio State University

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THE IDENTIFICATION OF
SERIOUSLY EMOTIONALLY DISTURBED CHILDREN
IN THE STATE OF OHIO

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Deborah Denig Waddell, B.A., M.S.

* * * * * * *
The Ohio State University
1980

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work. And finally, to my husband Jim who has had unflattering confidence in me, who has listened and who has encouraged me, a special thanks that goes far beyond these words.
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Goldman Fristoe Woodcock Test of Auditory Discrimination

Gilmore  Gilmore Oral Reading Test

Gray Oral  Gray Oral Reading Test

Hahnemann  Hahnemann High School Behavior Rating Scale

Hand Test  Hand Test

HTP  House-Tree-Person

ITBS  Iowa Test of Basic Skills

ITPA  Illinois Test of Psycholinguistic Abilities

Key Math  Key Math Diagnostic Arithmetic Test

KFD  Kinetic Family Drawings

Leiter  Leiter International Performance Scale

McCarthy  McCarthy Scales of Children's Abilities

MMPI  Minnesota Multiphasic Personality Inventory

MVPT  Motor Free Visual Perception Test

PIAT  Peabody Individual Achievement Test

PIC  Personality Inventory for Children

PPVT  Peabody Picture Vocabulary Test

PTI  Pictorial Test of Intelligence (French Test)

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CHAPTER ONE
INTRODUCTION

The identification of children as seriously emotionally disturbed* is a poorly defined process. From the education and psychology literature, it is almost impossible to answer the questions: who are seriously emotionally disturbed children and how are they identified. Instead, examining the literature produces confusion as to how serious emotional disturbance should be defined, varied opinions of the prevalence of serious emotional disturbance, and little real information on how seriously emotionally disturbed children can be differentiated from non-handicapped children or children exhibiting other handicapping conditions.

Yet, determining who seriously emotionally disturbed children are and how they should be identified has numerous implications. If identification methods vary widely, the type and number of children

*Many alternative designations have been used for the same group of children. Implications of alternative terms will be discussed later in this paper. However, the term seriously emotionally disturbed will be used here since it is the term used in the Federal definition of handicapped children in The Education of All Handicapped Children Act (Public Law 94-142).
who are identified will also vary widely. The local and state education agencies' planning functions are made more difficult by these conditions. In addition, research on seriously emotionally disturbed children will likely produce inconsistent results if these children are identified by diverse methods. Yet, diverse methods will surely prevail unless specific information is available on how seriously emotionally disturbed children are identified.

Attention at both the national and state level is currently being directed to questions about seriously emotionally disturbed children. The Council for Exceptional Children is planning a topical national conference and institute series to explore concerns and issues in the education of seriously emotionally disturbed children for August, 1980. The Ohio Inter-University Council for School Psychologists is organizing a task force for 1980 on the identification of seriously emotionally disturbed children. In fact, "Bullock states that the area of emotional disturbance represents the third largest population of unserved handicapped children" (Topical Conference, 1979, p. 1). Clearly, the need for more definitive information than is currently available on seriously emotionally disturbed children is of more than just academic interest. Special educators are beginning to realize that the field of serious emotional disturbance needs considerable thought and discussion.

The first step in serving seriously emotionally disturbed children is determining which children are seriously emotionally disturbed. Federal law (The Education of All Handicapped Children Act, Public Law 94-142) provides a definition of seriously emotionally disturbed
children which must be considered if Federal funding under the law is sought. However, the definition contains only vague guidelines for the evaluator. From the definition, the evaluator learns that intellectual, sensory, and health factors must be ruled out as causes of an inability to learn which can be characteristic of serious emotional disturbance; that inability to build or maintain relationships might be an area to assess; that inappropriate behavior or feelings or unhappiness or depression might be evaluated; and that the development of physical symptoms or fears associated with personal or school problems might need assessment. However, these factors provide the practitioner with little assistance in planning the evaluation.

Ohio Standards for Special Education (Ohio Department of Education, 1973) are also unspecific in the description of the method for identifying seriously emotionally disturbed children. The Standards indicate that the assessment of children for seriously emotionally disturbed programs must include assessment of achievement, adjustment, and social adaptability. However, these terms are not defined, and methods for assessing these domains are not specified. Thus the local education agency and/or the individual school psychologist makes the ultimate decision on how seriously emotionally disturbed children are identified.

As was noted earlier, the methods used for identifying seriously emotionally disturbed children impact significantly on services for seriously emotionally disturbed children. The dearth of information on the identification process can only be detrimental to seriously emotionally disturbed children, their teachers, school psychologists,
and local and state administrators. The aim of this research is to begin to provide information on how seriously emotionally disturbed children are identified in the state of Ohio by investigating how the discretionary aspects of Federal law and State standards are operationalized at the local level.
CHAPTER TWO
REVIEW OF THE LITERATURE

Four areas of literature are pertinent to the identification of seriously emotionally disturbed children: definition of serious emotional disturbance, prevalence of serious emotional disturbance, characteristics of seriously emotionally disturbed children, and assessment or identification of serious emotional disturbance. Two limitations have been placed on the scope of the literature reviewed. First, children classified as autistic have not been included because the body of literature on these children appears to represent a discrete area which differs so significantly from the other literature in serious emotional disturbance that it could easily provide information for an entire review. Second, clinical assessment of seriously emotionally disturbed children, including assessment with projective devices, has been excluded from this review. As with autism, clinical assessment and assessment using projective devices could easily provide enough substance for a separate review. In addition, such assessment has little relevance to the educational setting (Salvia & Ysseldyke, 1978), and the educational setting is the focus of this review. Thus, with the exception of autism and clinical and projective assessment, the following review will encompass the available literature on the definition, prevalence, characteristics, and assessment of serious emotional disturbance.
Definition

The easiest way to deal with the definition of seriously emotionally disturbed children is to quote the Federal definition of the term from The Education of All Handicapped Children Act (Public Law 94-142). Although the Federal definition must be the ultimate point of reference if Federal funding is deemed desirable, merely quoting the Federal definition is too simplistic a method of dealing with a very complex topic. The Federal definition is generic, and many states have promulgated their own definitions using the Federal one as a guideline. Thus, a more thorough understanding of the field of serious emotional disturbance can be gained from the examination of state definitions. Before examining these, though, some historical background on the definitions needs to be reviewed to provide a more adequate framework for examining current definitions.

Complicating Factors. The term serious emotional disturbance appeared in the literature long before its definition (Kanner, 1962). Implicit in the use of a term without a clear statement of definition is the assumption that the term is generally understood. Unfortunately, general understanding of a term is sometimes assumed when there is no consensus as to what the term actually means. Kanner noted that the term,

Had somehow crept into the literature some 30 years ago and [had] since been widely used, sometimes as a generality with no terminologic boundaries whatever and sometimes with reference to certain psychotic and near psychotic conditions (p. 101).

Part of the difficulty with definition arose because special education programs were initially conceived in such haste that basic
considerations such as definition were ignored (Quay, 1963). Once created, programs tended to be self-sustaining and it became even more difficult to deal with topics such as definition. Epstein, Cullinan, and Sabatino (1977) listed several additional factors which mitigate against a consensually acceptable definition of serious emotional disturbance. These are (a) the abundance of theoretical models in the field, (b) the variety of professional training backgrounds of those dealing with seriously emotionally disturbed children, (c) the range of professional situations in which seriously emotionally disturbed children are encountered, and (d) the problems associated with assessment of serious emotional disturbance.

The abundance of theoretical models in the field has resulted in not only numerous definitions of the term serious emotional disturbance but also numerous terms to denote the same category of children. These terms include emotionally disturbed, emotionally handicapped, behavior disordered, and behaviorally handicapped. The first word used in these terms--emotional or behavioral--is a key to the theoretical perspective in which the term is used. Associated with the word emotional is the implication that the disorder is more than just inappropriate behavior. The observed behavior is viewed as a symptom of difficulty in an underlying process occurring with the child (Bower, 1960; Kauffman, 1977; New York State Department of Mental Hygiene, 1974). The underlying process is frequently denoted as an emotion, thus, the use of the word emotional in terms with this orientation. Definitions using the term emotional have implications
for assessment. For instance, Glidewell, Mensch, and Gildea (1957) noted that,

Whether symptoms alone can be used as a screening tool depends on whether they can be shown to be related to the degree of clinical sickness in children... Some child psychiatrists feel that it is dangerous to use the presence or absence of symptoms as an indicator of whether the child is sick or well (p. 47).

A trend toward the use of terms including the words behavior or behavioral rather than emotional was noted by Graubard (1973). Terms such as behavioral disorder tend not to deal with underlying processes or emotions. Instead, the behavior itself is the subject of inquiry. The behavior is not viewed as a symptom but rather as a difficulty in and of itself. The behavior, rather than the children or their emotions, is seen as disordered (Phillips, Draguns, & Bartlett, 1975; Quay, 1972). Behavior, as a result, is the focus of assessment. As Stephens (1976) pointed out,

It is now apparent that children selected for special instruction need meet only behavioral criteria rather than standards based on assumptions or hypothetical constructs concerning their bodily and/or psychic conditions (p. 1).

Several additional factors complicate the process of defining serious emotional disturbance. These factors involve discrepancies across situations and across individuals. Behavior which is considered a problem in one situation may not be considered a problem in another situation. Also, opinions of observers, such as teachers, vary; and these opinions influence perceptions of behavior as a problem (Woody, 1969). In addition, tolerance level of a child's environment for a certain behavior varies, and the tolerance level itself may be a
problem. In fact, "some behavior which a child's adult envirnoment
deems problematic is . . . an adaptive response to a problematic
environment" (Ross, 1974, p. 24).

The idea that deviant behavior is a function not only of the
behavior but also of those who perceive that behavior and the culture
in which the behavior occurs is assumed under the rubric of the
ecological viewpoint. Although the designation as "ecological" is of
recent origin, many of the ideas associated with it are not. Wickman
(1928) based his study on the idea "that misbehavior or undesirable
behavior in a child is whatever behavior is regarded as such by the
individuals with whom the child lives" (p. 8). From the ecological
viewpoint, the definition of maladaptive behavior lies in the sanctions
and behavior prohibitions of the culture. An agitated exchange between
the culture bearer and the culture violator occurs which creates a
disturbance in the environment. The disturbance is the reciprocal
product of the excitor and the responder (Rhodes, 1967). Rhodes does
not feel that these three components of serious emotional disturbance--
the behavior, the perceivor, and the culture--are typically examined.
Rather,

Society's unspoken and unrecognized purpose is much
more to lower its own stress level than to solve
the problems facing it. By a peculiar twist of
logic, however, it reserves its subsequent operations
for the subject, and only the subject. Society
fails to recognize pathology, divergence, or
disturbance as a product of the reciprocity between
activator and resonator . . . It concentrates upon
the activator, temporarily relieves the tension of
the reciprocator, and never quite comes to grips
with the whole problem (p. 450).
Quay (1963) has recognized yet another difficulty with defining serious emotional disturbance. He feels that children are frequently labeled seriously emotionally disturbed by a process of exclusion. If they fit into no other classification of exceptionality yet fail to adjust to the regular classroom, they are classified as seriously emotionally disturbed. In Quay's discussion of this process, he asked the following questions which have not yet been answered to the satisfaction of everyone in the field.

Are all the not otherwise classifiable "non-adjusters" emotionally disturbed? Is apparent inability to adjust to a regular class an adequate criterion for classification as disturbed? Are all disturbed children alike, of one and the same kind, behaviorally and psychologically homogeneous (p. 28)?

Another approach to the definition of serious emotional disturbance is that in which the term "serious emotional disturbance" has purposefully not been defined (cf. Kelly, Bullock, Dykes, 1973). This approach has been used to escape the difficulties of definition, to concentrate on service to children, and to avoid influencing the ideas of individuals asked to rate children's behavior. However, definitions affect service implementation, prevalence rates, legislation, pre- and inservice teacher training, and research and are, therefore, necessary and must be dealt with at some time (Epstein et al., 1977).

With the above considerations as a background, actual definitions of serious emotional disturbance can be examined. First, definitions which have been used as a framework for theoretical discussions or experimental studies will be discussed. Following that, definitions found in Federal and State laws and standards will be examined.
Definitions in the Literature. Many definitions of serious emotional disturbance can be found in the literature of the field. These definitions will not be exhaustively presented here. Rather, several definitions will be presented as examples of those which have been used.

A very concise definition was presented by Kirk (1962). He said that,

A behavior disorder will be defined as a deviation from age-appropriate behavior which significantly interferes with (a) a child's own growth and development and/or (b) the lives of others (p. 389).

Woody (1969) acknowledged the difficulty in defining serious emotional disturbance and presented as a working definition the following statement.

The child who cannot or will not adjust to the socially acceptable norms for behavior and consequently disrupts his own academic progress, the learning efforts of his classmates, and interpersonal relations (p. 7).

Whereas Kirk's definition is not necessarily limited to the educational environment, Woody's is much more limited to the school setting. The question of whether serious emotional disturbance can be entirely school-centered or if it must pervade the child's entire life situation depends on theoretical perspective. The framework in which behavior is viewed as stemming from an underlying emotional process seems to require that the handicap exist apart from the educational environment (Rubin & Balow, 1971). On the other hand, when the behavior itself rather than the underlying emotion is of concern, it is not necessary that the behavior disorder exist outside of the classroom.
Although the behavior of concern certainly may occur in situations other than school, its occurrence in school alone is sufficient to label it as a behavior problem.

A very early definition of serious emotional disturbance was offered by Olson (1930) who said a behavior problem is a "discrepancy between the capacities of the individual to adjust and the demands of the environment" (p. 3). Olson viewed children as falling on a continuum of problem behavior and expressed the view that "all children are problem children but that they are so in varying degrees" (p. 3). Calling all children problem children is antithetical to more recent trends especially as these are expressed in legislation dealing with least restrictive alternative placements and free appropriate public education for all children (Public Law 94-142). The implication of such policies seems to be that all children are basically normal and that their normality should be emphasized.

Other definitions include those proposed by Graubard (1973),

Behavioral disabilities are defined as a variety of excessive chronic deviant behaviors ranging from impulsive and aggressive to depressive and withdrawal acts (a) which violate the perceivers expectations of appropriateness, and (b) which the perceiver wishes to see stopped (p. 246).

and by Ross (1974),

A psychological disorder is said to be present when a child emits behavior that deviates from a discretionary and relative social norm in that it occurs with a frequency or intensity that authoritative adults in the child's environment judge, under the circumstances, to be either too high or too low (p. 14).

Two basic elements recur in most of the definitions which have been presented. First, children who are seriously emotionally
disturbed violate norms, standards, or expectations. Second, these violations disrupt the environment or are in some way disagreeable to the perceiver. Bower's (1960) definition found frequently in the literature does not involve these two elements. He states:

In terms of their visibility to the teacher, emotionally handicapped children can be perceived as children who demonstrate one or more of the following characteristics to a marked extent and over a period of time: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teacher; (c) inappropriate types of behavior or feelings under normal conditions; (d) a general pervasive mood of unhappiness or depression; (e) a tendency to develop physical symptoms, pains, or fears associated with personal or school problems (pp. 8-10).

Federal Definition. Bower's (1960) definition is of seminal importance because it is the source of the Federal definition of serious emotional disturbance as contained in The Education of All Handicapped Children Act (Public Law 94-142). Only slight changes were made in Bower's definition for its inclusion in the law. The Federal definition, which is,

"Seriously emotionally disturbed" is defined as follows: (i) 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 educational performance:
(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
(C) Inappropriate types of behavior or feelings under normal circumstances;
(D) A general pervasive mood of unhappiness or depression; or
(E) A tendency to develop physical symptoms or fears associated with personal or school problems.
(ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed (Department of Health, Education, & Welfare, Vol. 42, No. 163, p. 42478).

includes the statement "which adversely affects educational performance" and the statement labeled (ii) which are not a part of Bower's definition. No mention of norm violation or the effect of the behavior on the perceiver—ideas frequently found in definitions in the literature—is included in the Federal definition. However, the reference to educational performance does necessitate a disorder which interacts with the educational process. A disorder which manifests itself in ways which do not affect educational performance would not be classified as serious emotional disturbance according to the Federal definition.

State Definitions. In addition to the Federal definition of serious emotional disturbance, many states have their own definition of the term. In a survey conducted before the signing of The Education of All Handicapped Children Act, Schultz, Hirshoren, Manton, and Henderson (1971) questioned the directors of special education in 50 states and District of Columbia. Their information was based on a one hundred percent response. Six terms were used for seriously emotionally disturbed children. These were: emotionally disturbed, emotionally handicapped, emotionally maladjusted, educationally handicapped, emotional conflict, and exceptional children. Forty-one of the states used the terms emotionally disturbed or emotionally handicapped. Only three states did not include the word "emotionally" in their term. No states used any form of the word "behavior" in the term to be defined.
The authors summarized the results of the survey in the following paragraph.

Most definitions provided by the states included some combination of the following terms: casual factors, normal intelligence, achievement problems, behavior and/or adjustment problems, and use of a diagnostician. The most common combination specified both academic achievement problems and behavior and/or adjustment problems. A few states included a statement concerning causal factors. Six states specified that in addition to other characteristics the child must have normal intellectual ability. Five states left the problem of definition entirely up to a diagnostician, and three other states mentioned a diagnostician together with one or more of the other factors (p. 315).

Another survey which dealt with State definitions of serious emotional disturbance was conducted after The Education of All Handicapped Children Act (Public Law 94-142) was signed. The directors of special education in 50 states and the District of Columbia were asked how serious emotional disturbance was defined in state law, rules, or regulations. Again, one hundred percent response was obtained. One state responded that special education was non-categorical and that definitions were not used. Another state was in the process of developing a definition. Thus, the analysis was based on 49 definitions.

The definitions were subdivided by the survey authors into 11 component areas. The components with the number of states including each were as follows: disorders of emotion/behavior, 49 states; interpersonal problems, 34 states; special education needed, 31 states; learning/achievement problems, 27 states; deviation from norm, 23 states; severity, 21 states; exclusions, e.g., not due to sensory
imperfection, 18 states; chronicity, 18 states; certification, i.e.,
eligibility approved by designated individual, 17 states; etiology,
8 states; and prognosis, 4 states. Fifteen definitions used the word
"emotion" or similar words; 18 used the word "behavior" or similar
words; 16 included both the word "emotion" and the word "behavior."

In summary, a review of the status of the definition of serious
emotional disturbance illustrates that unless one simply accepts
the mandated Federal definition, no one consensually acceptable
definition exists. Definitions are circular, not operationalized, and
not relevant to practitioners or researchers (Epstein et al., 1977). In
examining State definitions, Epstein et al. concluded that which
children are labeled as seriously emotionally disturbed may be as much
a function of geographic location as any other factor. Extending this
to definitions found in the literature, even less consensus is found.
Going even farther, consensus has not even been reached as to which
label to use for these children. Are they emotionally disturbed,
emotionally handicapped, behaviorally disordered, or behaviorally
handicapped? Certainly, based on the definitional difficulties, one
might expect further difficulties in the areas of characteristics,
assessment, and prevalence of serious emotional disturbance. The
following sections of this review will point out these difficulties.

Prevalence

Estimates of the prevalence of serious emotional disturbance among
children vary widely. Kauffman (1977) traced the lack of consensus on
prevalence estimates to two major factors: Varied definitions of
serious emotional disturbance and varied methods of identifying serious
emotional disturbance. Certainly since no consensually acceptable
definition of serious emotional disturbance exists, a consensually
acceptable prevalence estimate should not be expected. In addition,
although obtaining similar prevalence estimates across identification
methods would add validity to the identification methods, consistent
prevalence estimates have not resulted from varied identification
methods. Prevalence estimates vary with different types of prevalence
studies (Kelly et al., 1973), with different checklists using different
numbers and types of symptoms (Werry & Quay, 1971), and with different
cutoff points on identification instruments (Glavin & Quay, 1969).

Prevalence Estimates. In 1971, the United States Office of
Education estimated the prevalence of serious emotional disturbance
to be two percent. Responses to a survey of state directors of special
education indicated that in 1971, 18 states used a prevalence estimate
of two percent, 7 states used three percent, and 6 states used five
percent. The overall range was from .05 percent to 15 percent
(Schultz, Hirshoren, Manton, & Henderson, 1971). The four sources
from which states derived their estimates were national estimates,
local or state data, Bower's (1960) work, and professional judgment.

Glidewell and Swallow (1968) reviewed 27 incidence studies done
between 1925 and 1967. Based on the combined studies, they concluded
that about 30 percent of school aged children have mild adjustment
problems, about 10 percent need professional clinical assistance,
and about 4 percent would be referred to clinical facilities if such
facilities were available. Glavin and Quay (1969) reviewed studies
with estimates ranging from 4.2 percent to 22 percent. Kauffman (1977) stated that the prevalence of childhood psychosis in the United States and England ranged from 2 to 4.5 per 10,000 children.

In a survey of the mental health of 850 children employing an 11-point rating scale, 81 percent of the children were well-adjusted, 19 percent were poorly adjusted, and 2 percent were severely maladjusted (Andrew & Lockwood, 1954). In a study of 8,531 children in New York, about 4.4 percent of the children were perceived by their teachers as in need of help of overcoming persistent emotional problems (New York State Department of Mental Hygiene, 1974). Kelly et al. (1973) estimated that mild emotional disturbance was exhibited by 12.6 percent of children, moderate emotional disturbance by 5.6 percent and severe emotional disturbance by 2.2 percent. Severe emotional disturbance was stable at two to three percent from kindergarten through ninth grade with a sharp decline in grades ten through twelve. The authors did not investigate the possibility that the decline in prevalence of serious emotional disturbance in grades ten through twelve was related to the dropout rate.

In summary, the studies mentioned here provided prevalence estimates for serious emotional disturbance which varied from .05 percent to 22 percent. Most estimates, however, fell in the two to five percent range. This range could probably be accepted as a fairly accurate estimate of the prevalence of serious emotional disturbance.
Variables Related to Prevalence Rates. Consistently, more cases of serious emotional disturbance are reported among boys than among girls. McCaffrey and Cummings (1969) found 4.5 percent of the boys studied and 2.3 percent of the girls studied were seriously emotionally disturbed. The figures of 6.2 percent for boys and 2.6 percent for girls were obtained in the New York State Department of Mental Hygiene study (1964). Werry and Quay (1971) found the mean number of symptoms per child was significantly greater for boys than for girls. Kelly et al. (1973) found the ratio of boys to girls to be 2:1 or higher with the greatest difference between sexes in grades one to five, smaller differences between sexes in kindergarten and grades six to eight, and minimal differences between sexes in grades nine through twelve. Kauffman (1977) reported that among psychotic children, boys outnumbered girls by a ratio of 2:1 to 5:1. Boys tend to exhibit more aggressive conduct disorder patterns than girls, and girls exhibit more withdrawn, personality problems than boys (Cummings, 1944; Peterson, 1961).

Another variable which might affect prevalence rates is socioeconomic status. Only one study relating socioeconomic status and prevalence of serious emotional disturbance was located. Pate (1963) states that more serious emotional disturbance is found among lower socioeconomic classes. Additional study is needed to substantiate this claim.

Kelly et al. (1973) attempted to determine if differences in reported prevalence rates are related to teacher variables. Their study encompassed 12 county school districts in Florida. Four
districts fell into each category of small, medium, and large. Ten to twenty teachers per grade level from kindergarten through twelfth grade in each school district participated resulting in a total of 2,663 teacher participants. Female teachers identified 21.4 percent of their students as having problems; male teachers identified 18.1 percent. Female teachers identified more children in all categories—mild, moderate, and severe emotional disturbance. As was mentioned earlier, this study reported a sharp decline in serious emotional disturbance in grades ten through twelve. Perhaps, if more males teach grades ten through twelve than other grades, the difference in reported prevalence may be a function of grade level taught rather than sex of the teacher. A fairly consistent number of seriously emotionally disturbed children was reported across years of teaching experience. White teachers reported 15.6 percent of white children and 27.3 percent of black children as having problems. Black teachers reported 17.9 percent of white children and 24.7 percent of black children as having problems. Finally, male teachers reported 21.1 percent of male students and 11.8 percent of female students as having problems while female teachers reported 26.6 percent of male students and 15.0 percent of female students as having problems. Again, the differences by sex of teacher may be related to grade level taught instead of or in addition to sex of teacher. In summary, the differences by sex and race of teacher do not appear to be great enough to be a major variable in the identification and prevalence of serious emotional disturbance.
Persistence of Serious Emotional Disturbance. A final topic relevant to this discussion of prevalence of serious emotional disturbance is the stability or persistence of serious emotional disturbance. How many children who are identified as seriously emotionally disturbed will, without treatment, also be identified as seriously emotionally disturbed at some later date? Different answers can be found to this questions. Clarizio and McCoy (1976) listed several factors which affect results of persistence studies: orientation of researcher, type of population studied, type of research design, number of years involved in the followup, and age of subjects at the time of followup.

In a two-year followup study, Cummings (1946) found that serious emotional disturbance gradually faded out in most children. Considerably more improvement was found in children under the age of five than those between ages five and seven. Glavin (1972) investigated spontaneous improvement in elementary school children who had been identified as seriously emotionally disturbed through a modified Bower technique. A 70 percent improvement rate was found in seriously emotionally disturbed children after four years. Glavin concluded that the initial score on the first screening of children in grades two through five was not a significant factor in predicting the child's future adjustment.

On the other hand, Zax and Cowen (1969) stated that children who show dysfunction in third grade maintained the dysfunction at least until seventh grade. Likewise, Stennett (1966) concluded that serious emotional disturbance was a "disease" not a "phase." However, after
three years, only 40 percent of the seriously emotionally disturbed children were still identified as seriously emotionally disturbed. The New York State Department of Mental Hygiene (1974) reported a persistence rate of 42.7 percent.

Scarpitti (1964) had teachers in slum schools nominate boys as likely to be involved in delinquency ("bad boys") or not likely to be involved in delinquency ("good boys"). Four years later, only 4 of the 103 "good boys" had police records. Each boy had committed one minor offense. However 27 of the 70 "bad boys" had police records with an average of three offenses each. The rate of successful prediction of "bad boys" was 39 percent.

Westman, Rice, and Berman (1967) investigated the records of 130 high school children whose nursery school records were available. Seventy-eight of 100 cases rated as low early adjustment later used mental health services. In the longest term study located, Fitzsimmons (1958) did a 15-year followup on teacher referrals. Of 138 original referrals, 102 subjects were located for Fitzsimmons' study. The original case histories were rated on a four-point scale from good adjustment to extreme problems. Later ratings on the same scale were in the same category for 27 cases and one category apart for 38 cases. The author called this a "marked degree of accuracy" although only 26 percent of the cases fell in the same category on both ratings.

After reviewing the literature on persistence of serious emotional disturbance, Clarizio and McCoy (1976) concluded that the population of disturbed children contributes more than its share to the adult psychiatric disability population. Delinquents and psychotic children
had lower rates of improvement than did other seriously emotionally disturbed children (Robins, 1972). About 70 percent of seriously emotionally disturbed children later fell into the broad category of normal adults. Contrary to clinical beliefs, acting out, aggressive youngsters were more likely to have adult problems than were shy, withdrawn youngsters. The severity of incapacitation and the number of symptoms seemed to be the best predictors of the permanency of serious emotional disturbance (Clarizio & McCoy, 1976).

A recently reported research study (Rubin & Balow, 1978) lends a different perspective to the question of serious emotional disturbance. As a part of a longitudinal study, teachers were asked to rate 1586 students once each year during the period from kindergarten to sixth grade. Teachers were asked simply to judge the students as having a behavior problem or not having a behavior problem. No definition was provided for the term "behavior problem" so that teachers' decisions would reflect their own value systems. Teachers base decisions to refer children for further evaluation on the basis of personal judgment. For this reason, the authors felt inclusion of the personal judgment factor was salient to the research.

Ratings for every year were not obtained for every pupil, but three or more ratings were obtained for 1366 of the 1586 students. At each grade level, approximately 35 percent of the boys were classified as behavior problems. The percent of girls classified as behavior problems varied from 26 percent in grade one to 13 percent in grades five and six. These data alone would make behavior problems look persistent among boys and somewhat less persistent among girls.
The more revealing aspect of the study, however, dealt with the consistency of ratings for individual subjects. Students were classified as those rated as no problem in every instance of rating, those classified as a behavior problem in every instance of rating, and those classified inconsistently—as a behavior problem in one or more instances and as not a behavior problem in one or more instances. Of all students with three or more ratings, 41.4 percent were consistently rated as no problem, 7.4 percent were consistently rated as behavior problems, and 51.2 percent were inconsistently rated. Rubin and Balow offered several alternative interpretations for the large percentage of inconsistent ratings:

(a) Children's behavior problems are highly transient in nature, so that each year new problems surface while previously identified problems disappear at approximately the same rate; (b) children's behaviors remain relatively constant but teachers vary widely in their observational powers, which leads to differing perceptions of behavior; (c) children's behaviors remain relatively constant over time and teachers are reliable observers of behavior, but they vary widely in their judgments as to what constitutes a problem; (d) teachers vary greatly in the environments they create, which in turn produces a high variance in problem behavior; (e) teacher-child-environment interactions are of such a nature that different children are involved in problem behavior in different settings; (f) some combination of the above (p. 109-110).

Regardless of the explanation for the inconsistent ratings, Rubin and Balow's findings have several implications. First, if all children who are at some point labelled as a behavior problem receive further evaluation, the evaluator will see over half of all students for behavior problems during the elementary school years. Second, if serious emotional disturbance must be exhibited over a long period
of time as indicated in The Education of All Handicapped Children Act (Public Law 94-142), the long period of time might best be considered as more than one year. Finally, if reliability of evaluation devices is being questioned, interpretations of inconsistent ratings should be carefully considered.

In summary, questions remain about the persistence of serious emotional disturbance. A small group of children appear to be consistently rated as exhibiting behavior problems. Perhaps these are the children who should appropriately be classified as seriously emotionally disturbed and with whom questions of persistence into adulthood might be most meaningful.

Characteristics

Investigations dealing with the characteristics of seriously emotionally disturbed children have been of two basic types. The first type, called the dimensional approach by O'Leary (1972), is research in which factor analytic techniques have been applied to lists of characteristics describing seriously emotionally disturbed children. The result has been the division of seriously disturbed children into subgroups based on characteristics which tend to occur in clusters. By far the majority of the work dealing with characteristics of seriously emotionally disturbed children falls under the dimensional approach. The second type of research in this area is a correlational approach in which certain characteristics have been correlated with the diagnosis of serious emotional disturbance. Characteristics such as level of academic achievement and ability have been repeatedly correlated with the occurrence of serious emotional disturbance. Both of these
approaches are based on the assumption that the children studied have previously been classified as seriously emotionally disturbed. The objective of the research on characteristics is an in depth investigation of the dimensions and characteristics associated with the diagnosis of serious emotional disturbance.

**Dimensional Approach.** Much of the work done in the dimensional approach has its roots in a study done by Peterson (1961). From this work, the Peterson Behavior Problem Checklist was developed. To begin his study, Peterson developed a list of characteristics of seriously emotionally disturbed children using the case histories of 427 "representatively chosen" children referred to a child guidance clinic. The referral problems of the children were recorded. Synonomous terms were grouped, and the most frequently used expressions were chosen for inclusion in the final list of characteristics. Fifty-eight of the most common items were compiled in a checklist. The checklist was intended to be a comprehensive list of terms descriptive of deviant behavior. The terms were randomly ordered on a three-point scale requiring ratings of no problem, mild problem, or severe problem.

Twenty-eight teachers of children in kindergarten through sixth grades rated their 831 students on the checklist. For the factor analysis, items rated as problems in less than three percent of the cases were eliminated. Ratings of mild problem or severe problem were combined so that the final ratings indicated only the presence or absence of the particular problem. Four separate analyses were performed on data from students in kindergarten, in grades one and two, in grades three and four, and in grades five and six.
In all four analyses, two factors or dimensions of problem behavior emerged. One factor was labeled "conduct problem" and involved behaviors in which impulses were expressed and society suffered. High loadings were on items involving hurting others or other overt acting out types of behavior. The other factor was labeled "personality problem" and involved behaviors in which impulses were repressed and the child suffered. Items dealing with feelings of inferiority, withdrawal, anxiety, and depression loaded high on this factor. Boys consistently had more conduct problems than girls. In kindergarten, boys had more personality problems than girls, but beginning in grades three and four, girls had more personality problems than boys.

Certain general considerations which must be dealt with when considering factor analytic studies will be discussed in a later section of this review. However, in addition to these considerations, several caveats must be considered with regards to Peterson's study. The most salient of these is that Peterson based his checklist on characteristics of children brought to a child guidance clinic. Such a sample is biased and cannot be generalized to a broader population (Conners, 1970; Kelly et al., 1973; Lapouse & Monk, 1964). In addition, the relevancy and adequacy of the Peterson checklist to classroom behaviors is frequently assumed but has not been demonstrated (Spivack & Swift, 1973). However, Peterson's work has gained support from a considerable number of studies using the checklist.

Much of the research carried out using Peterson's checklist has been conducted by Quay and his associates. The first extension of Peterson's work was an investigation of the factor structure of problem
behaviors in 518 seventh and eighth grade children (Quay & Quay, 1965). Only 28 of the original 58 items were entered into the analysis at this age level because the remainder of the items did not occur frequently enough to warrant their analysis. In both seventh and eighth grades, conduct problem and personality problem factors emerged. In addition, a third factor which was labeled "inadequate-immature" was found for eighth grade children. This pattern represented persistence of or regression to behaviors appropriate at an earlier chronological age level (Quay, 1972).

Spivack and Swift (1973) noted several problems with the Quay and Quay results. Interrater reliability for the conduct problem dimension was .58 for the seventh grade and .71 for the eighth grade but only .31 and .22 for the personality problem dimension in grades seven and eight, respectively. These latter correlations are unacceptably low for interrater reliability. In addition, Spivack and Swift questioned whether the 28 items which occurred with sufficient frequency to be used in the factor analysis actually provided adequate coverage of behavior problems occurring in seventh and eighth grades. Additional items which might have been appropriate for seventh and eighth grades but not for kindergarten through sixth grades were not developed and tried. Despite these criticisms, the emergence of conduct problem and personality problem factors from kindergarten through eighth grades lends support to the existence of these factors.

Additional support for the existence of the three factors of conduct problem, personality problem, and inadequate-immature was derived from a study by Quay, Morse, and Cutler (1966). Four hundred
forty-one children diagnosed as seriously emotionally disturbed were rated by their teachers on the checklist. The three factors accounted for 76 percent of the variance. The authors concluded that these three factors provided a better classification scheme for children's behavior problems than did traditional adult psychiatric classifications.

Even stronger support for a factor structure can be demonstrated if the factors hold up across sources of characteristics and acro-raters. Attempts have been made to demonstrate that the conduct problem, personality problem, and inadequate-immature factors are consistent when source and raters are varied. In a study varying the source of the characteristics, Quay (1966) used both case history analysis and teacher ratings with institutionalized male delinquents. He found that the three factor structure held up for behavior ratings and accounted for 65 percent of the variance. With case history analysis, in addition to the three original factors, a fourth factor--unsocialized-subculture--was also found. These four factors accounted for 66 percent of the variance.

Obtaining similar results from different sources seems to support the existence of the factor structures. However, when the results were cast into a multitrait-multimethod matrix (Campbell & Fiske, 1959), the correlations between different factors from different sources was almost as high as the correlations between the same factors from different sources (O'Leary, 1972). This perspective makes the factors look considerably less impressive, and, as O'Leary points out, the poor cross-source matching makes it difficult to argue for a dimensional approach until better agreement across sources can be obtained.
In a study varying the raters with the Peterson Behavior Problem Checklist, mothers, fathers, and teachers rated the behavior of 105 children referred to a child guidance clinic (Quay, Sprague, Schulman, & Miller, 1966). The ratings were scored only for the original two dimensions of conduct problem and personality problem. Agreement between the two parents was greater than agreement between one parent and the teacher. Also, agreement across raters was greater for conduct problems than for personality problems. The only dimension for which scores across raters was not statistically significantly correlated was father's and teacher's ratings of conduct problem. Despite their statistical significance, the correlation between parents and teachers were only on the order of .30. Those between mother and father were considerably higher—.67 and .78. The lower correlations between parents and teachers may reflect differential behavior of the children in different situations or different perspectives of the rater or some combination of both.

The aforementioned research provides evidence that conduct problem and personality problem factors may provide a valuable conceptual framework for children's behavior problems. In addition, inadequate-immature might also be a useful category. However, unless these factors are also found in studies using methods other than Peterson's Behavior Problem Checklist, the factors might be an artifact of Peterson's rating device. One of the difficulties in cross study comparison when different scales are used is that of attempting to equate factors which have been given different labels by different researchers. Even when the characteristics which comprise a factor
can be examined, considerable variance occurs in the lists of characteristics which form the checklists. With these methodological difficulties in mind, factor analysis studies not using Peterson's Behavior Problem Checklist will be examined.

Pimm, Quay, and Werry (1967) found factors which they labeled conduct problem, personality problem, immaturity, and verbal overactivity accounted for 71 percent of the variance in teacher ratings of 827 first graders on a 36 item checklist. The authors pointed out the similarity of these factors to those previously discussed. Also, the conduct problem and personality problem factors were extracted from ratings of 316 psychiatric clinic patients and 365 normal children on a 24 item scale (Conners, 1970).

From several other studies, parallels can be drawn between the factors extracted and the conduct problem, personality problem and inadequate-immature factors. In an early, statistically unsophisticated study, Hewitt and Jenkins (1945) found that two-fifths of 500 children referred to a child guidance clinic could be classified in one of three categories: unsocialized aggressive, overinhibited, and socialized delinquent. These factors were similar to the conduct problem, personality problem and unsocialized-subculture factors previously noted. Factors similar to the conduct problem and personality problem dimension were also found by Bullock and Brown (1972), by the New York State Department of Mental Hygiene (1974), by Ross, Lacey, and Parton (1965) and by Stott (1971). In addition to the conduct problem and personality problem factors, prosocial and passive-aggressive factors were extracted for the group of first through sixth
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graders studied by Ross et al. and tense/anxious and rule breaking factors were also found for Bullock and Brown's group of seriously emotionally disturbed children.

In summary, it appears reasonable to conclude that seriously emotionally disturbed children are not a behaviorally homogeneous group. At least two subdivisions of behavior, one of aggressive acting out type and one of a shy withdrawn type, seem to have been observed frequently enough to verify their existence among seriously emotionally disturbed children. Other factors such as inadequate-immature and unsocialized-subculture have not appeared frequently enough to consistently verify their existence.

Not every factor analytic study conducted with characteristics of seriously emotionally disturbed children has produced results consistent with those discussed above. One study seems to stand alone in the results achieved. For eighth graders whose behavior was systematically observed, five factors were found--physical aggression which accounted for 39 percent of the variance; peer affinity, 11 percent of the variance; attention seeking, 9 percent of the variance, challenge of authority, 7 percent of the variance, and critical dissension, 6 percent of the variance (Kooi & Schultz, 1965).

The most complex factor structure located was that derived from the Devereux Elementary School Behavior Rating Scale (Spivack & Swift, 1973; Spivack, Swift, & Prewitt, 1971; Swift & Spivack, 1966). The original pool of items was designed to tap behaviors of particular relevance to the classroom rather than to child guidance clinics. To achieve this, the items were derived from weekly meetings with 72
regular and special education teachers. The original factor analysis involved 579 regular class and seriously emotionally disturbed class children. Subsequent analyses included 809 and 1,325 normal children. Eleven factors were consistently found for special and regular education children. These were labeled classroom disturbance, impatience, disrespect-defiance, external blame, achievement anxiety, external reliance, comprehension, inattentive-withdrawn, irrelevant responsiveness, creative initiative, and need for closeness to the teacher. Not all of these factors related to undesirable behaviors. When the factors were clustered, six clusters accounted for 85 percent of the variance in regular class children in kindergarten through sixth grades. Two well adjusted types accounted for 50 percent of the children.

**Difficulties with the Dimensional Approach.** Although the results of the above studies may seem impressive, they should not be accepted without reconsideration in light of some difficulties with factor analytic methods. The most frequently voiced criticism of the method is that if something is not originally put into the analysis, it cannot come out. The list of behavioral characteristics on which children are rated limits and structures the factors which are obtained. For instance, if prosocial or psychotic behaviors are not included in the original characteristic list, regardless of the rated children's characteristics, prosocial or psychotic factors will not emerge. Therefore, the method of deriving the original characteristic list is extremely important. Peterson (1961) used referral problems in child guidance clinic case records. The nature of the clinic population limited the characteristic list which resulted. Prosocial
behaviors were certainly not referral problems. Therefore, although the Peterson Behavior Problem Checklist may be used for regular class children, and although one might expect most of these children to exhibit prosocial behavior, the checklist scores cannot possibly demonstrate this. Certainly, since Spivack et al. (1971) based their checklist on behaviors specified by regular and special education classroom teachers as either aiding or interfering with classroom achievement, different factors would be expected in the Peterson and Spivack et al. studies.

After considering where the statements included in a factor analysis originated, other elements of the research must be examined. Relevant questions to ask are: what population was studied, who rated the behaviors, what factor analytic method was used, how many factors were extracted, and what label was given to the factors (Ross, 1974). Certainly obtaining consistent results with multiple types of study populations, e.g., regular and special education class students and clinic clients, lends credibility to the factor structure. Both the Peterson and Spivack et al. structures have been extracted from ratings on regular and exceptional children. As to the possible differences in individual's rating behaviors, Peterson (1965) suggested that the rater's meaning system may be as potent in the outcome of a rating as the actual behaviors rated. Additionally, decisions must be made as to the number of factors to extract when doing a factor analytic study. As more and more factors are extracted, each accounts for less of the total variance. As with the Kooi and Schultz (1965) study, one may question factors which account for only six or seven percent of the
variance. Finally, the theoretical perspective of the researcher affects the label given to a factor and the names given to the behaviors or characteristics included in the statement used for the factor analysis. Such differences make cross-study comparisons difficult.

Another statistical consideration in factor analytic research is the intercorrelations of statements included in the factor analysis. Unless the statements are intercorrelated, factors cannot be identified. Ross (1974) noted that the more specific and behavioral items are, the less likelihood of intercorrelations which are sufficiently high for meaningful factors to result.

Factor analytic methods are replete with difficulties which must be acknowledged before accepting the results of dimensional analysis studies. However, even if consistent factors can be obtained across methods, sources, and raters, another significant question remains. In what way does information about a child in terms of dimensional analysis aid in the development of a treatment plan for the child?

Numerous writers have acknowledged that there is little point in classification unless it leads to further information such as treatment methods (Clarizio & McCoy, 1970; Kauffman, 1977; Kooi & Schutz, 1965; Quay, 1972; Werry & Quay, 1969; Woody, 1969). The link between dimensions and treatment is quite unclear at this point in the research. Quay (1966) suggested that treatment can be developed from his classification system, but children are seldom pure conduct problems or personality problems. Also, if an attempt is made to evaluate treatment effects using the Peterson Behavior Problem Checklist, for instance, it
is impossible to determine how a change in a score on the conduct problem dimension reflects changes in particular behaviors (O'Leary, 1970).

In summary, considering the numerous difficulties with dimensional analysis, it appears that other avenues of research might lead to more useful results. Although dimensional analysis might provide a conceptual scheme, such a scheme alone provides little assistance in the areas most important to the field of education of seriously emotionally disturbed children--individual assessment and treatment. Research efforts should probably be concentrated on those methods which have more implications for assessment and treatment.

**Correlational Approach.** The second approach to examining the characteristics of seriously emotionally disturbed children is that of correlating the presence of or degree of certain discrete characteristics with a diagnosis of serious emotional disturbance. Those characteristics which have been studied include age, academic achievement, ability, social responsibility, and social acceptance.

Bower (1960) found seriously emotionally disturbed children to be older than other children in their class but noted that the difference was not great enough to be useful for prediction. Stennett (1966) found his seriously emotionally disturbed group to be either older or younger than their normal classmates. In a regression analysis study, the age-grade relationship did not contribute significantly to the prediction of serious emotional disturbance (Maes, 1966). Thus, Bower's conclusion that age difference is not a reliable enough variable to be used for prediction has been supported in subsequent research. Perhaps,
however, variables such as age-in-grade can provide information about vulnerability which might be useful for prevention programs. In a systematic study of 482 households with children aged six to twelve, Lapouse and Monk (1964) found vulnerability to serious emotional disturbance to be greatest among children who were between six and eight years old, Black, and male in that order.

Results of studies dealing with academic achievement produce more consistent results than do studies with age. Bower (1960) found fourth through sixth grade seriously emotionally disturbed children scored significantly below classmates on academic achievement measures. The discrepancy was greater in arithmetic than in reading and increased with age. Poorer arithmetic achievement than reading achievement has been demonstrated repeatedly among seriously emotionally disturbed children (Schroeder, 1965; Stone & Bowley, 1964; Tamkin, 1954). Maes (1966) used academic achievement as a predictor variable in his regression analysis and Stennett (1966) also found lower academic achievement to be characteristic of seriously emotionally disturbed children.

Tandem with consideration of academic achievement is consideration of ability level. Lower than average group IQ scores among seriously emotionally disturbed children have been found in numerous studies (Bower, 1960; Maes, 1966; Stennett, 1966). In fact, Unger (1964) warned that the intelligence variable has so consistently been correlated with disapproved behavior that studies are inadequate without its consideration. However, when seriously emotionally disturbed children and their siblings were compared on measures of reading readiness and
ability, no significant differences were found suggesting that more than ability level (and home environment) are acting in the production of serious emotional disturbance (Wolf, 1965). In addition, Bower (1960) found that when using individual intelligence tests rather than group intelligence tests, seriously emotionally disturbed children did not obtain IQs below average. Bower's results are worthy of further investigation with the possible implication that group IQ tests are less accurate predictors of IQ for seriously emotionally disturbed children than for normal children. In a study looking at the variables of ability and achievement together, Stone and Bowley (1964) found that when mental age was used instead of chronological age for comparison to achievement level, discrepancies between expected and actual achievement decreased but were still present.

A reasonable conclusion from the above research is that seriously emotionally disturbed children, as a group, exhibit academic achievement and group intelligence test scores below the mean of the population. Miller, Hampe, Barrett, and Noble (1971) concluded "that much psychopathological behavior in children may be linked to scholastic failures resulting from an incompatibility between children of lower intelligence and the modern education system" (p. 21). If this is the case, treatment implications are obvious. Caution must be used when considering the statement, however, in light of Bower's information that seriously emotionally disturbed children's individual intelligence test scores are not lower than those of normal children.

Several additional correlational studies dealing with the characteristics of seriously emotionally disturbed children were located.
Using the Harris Social Responsibility Scale, the Children's Manifest Anxiety Scale, the Piers-Harris Self Concept Scale, and the Bialer Locus of Control Scale, Brown and Richard (1972) found seriously emotionally disturbed children to be significantly lower than normal classmates in social responsibility. Vaac (1968) found seriously emotionally disturbed children to be significantly less well accepted and significantly more rejected on a sociometric device that their normal classmates. Seriously emotionally disturbed children were found to have significantly below average self-esteem as measured by the Coopersmith Self-Esteem Inventory (Wood, Johnson, & Coopersmith, 1972). Also, when Fisher (1967) used a technique to measure social schema which involved placing human figures on an open field, seriously emotionally disturbed children placed the figures significantly farther apart than did regular children. These four studies produced results which have not been replicated in other published research, and, therefore, the results cannot be generalized.

Studies correlating a particular characteristics with the occurrence of serious emotional disturbance produce results relevant to groups of children. Such results are not useful for individual prediction. For instance, the lower than average academic achievement of seriously emotionally disturbed children as a group does not indicate that an individual seriously emotionally disturbed child's academic achievement necessarily will be below average. Therefore, the use of variables such as age-in-grade and academic achievement for diagnosis of serious emotional disturbance would be fruitless.
Other Approaches. Two additional writers who have dealt with the classification of subgroups of seriously emotionally disturbed children but who did not use factor analytic methods need to be considered before concluding this section on the characteristics of seriously emotionally disturbed children. Ross (1974) proposed that a useful framework for examining seriously emotionally disturbed children's behavior is that of deficient and excessive behavior. Excessive behavior can be subdivided into categories which parallel the conduct problem and personality problem dimensions: excessive approach behavior (aggression) and excessive avoidance behavior (withdrawal). He noted that while excessive behaviors had frequently been classified as the dimensions of seriously emotionally disturbed behavior (cf. Peterson, 1961), deficient behaviors had not been considered because statements describing these behaviors had not been included in factor analytic studies.

Stephens (1976) proposed a conceptual scheme in which seriously emotionally disturbed behavior "can be classified in two overlapping areas: a) children whose rate of behavior interferes with learning, and b) those whose weak control of behavior interferes with learning" (p. 13). Both rate and control of behavior are considered as problems only if they interfere with learning. Rate and control of behavior are subdivided into over-emission of behavior, under-emission of behavior, inhibited behavior, and weak control of behavior. Both Ross' and Stephens' approaches to seriously emotionally disturbed children's behavior are presented with treatment methods linked to their conceptual frameworks.
In summary, lack of behavioral homogeneity among seriously emotionally disturbed children has been demonstrated repeatedly. However, consensus has not been reached on a preferred method of conceptualizing the types of behavior found among seriously emotionally disturbed children. Certainly, lack of behavioral homogeneity along with the difficulties in conceptualizing the differences among seriously emotionally disturbed children portend problems with the identification and treatment of seriously emotionally disturbed children. Although a discussion of treatment of seriously emotionally disturbed children is beyond the scope of this paper, the following discussion of assessment will demonstrate the many difficulties in this area.

Assessment

Topics pertinent to the identification or assessment of seriously emotionally disturbed children will be discussed in this section. First, if seriously emotionally disturbed children are to be identified as a group discrete from normal children, specific ways in which seriously emotionally disturbed children can be differentiated from normal children must be delineated. Then, methods of measuring the differences and criteria for membership in the normal or seriously emotionally disturbed group must be established. Additionally, seriously emotionally disturbed children must be differentiated from children exhibiting other handicapping conditions. Such differential diagnosis is important since, in most states, handicapped children are placed in treatment groups or classrooms based on the type of handicap exhibited.

Two major types of assessment programs have been undertaken to identify seriously emotionally disturbed children. First, large scale
screening programs have been attempted in an effort to locate potentially seriously emotionally disturbed children. Second, individual children referred due to behavior problems have been assessed. The assessment programs which have been developed are not without methodological flaws and psychometric difficulties. These problems of assessment must be discussed to give better perspective to the status of the assessment of seriously emotionally disturbed children.

Topology Versus Frequency of Behavior. The intuitive answer to the question of how seriously emotionally disturbed children differ from normal children is that the two groups of children behave differently. However, the question remains as to whether behavior differences are in frequency or in topology. If seriously emotionally disturbed children simply emit significantly more or less of the same types of behaviors as normal children, then their behavior differs from that of normal children in terms of frequency. If, on the other hand, the difference is in terms of topology, then seriously emotionally disturbed children's behavior is of a different type or form than the behavior of normal children.

A high degree of concurrence on the answer to the topology versus frequency question can be found in the literature. The difference between normal and seriously emotionally disturbed children's behavior is largely in frequency rather than in topology. A wide range of behavior is considered normal, and normal children do almost everything that seriously emotionally disturbed children do. However, the circumstances and conditions under which the behaviors occur varies
as does the frequency with which the behaviors occur (Kauffman, 1977). The occurrence of a small amount of behaviors which might be considered deviant is usually attributed to "acting like a child" whereas the more frequent occurrence of the same behaviors is labeled "disturbed" (Miller et al., 1971). Among 201 children from a random stratified sample of second through seventh graders on a school district's rolls, 25 percent exhibited behaviors labeled as pathogenic on the Louisville Behavior Checklist (Miller et al., 1971). The authors concluded that the frequency with which these deviant behaviors occurred suggests such behaviors are common to children in general.

Lapouse and Monk (1964) found behaviors such as fears, enuresis, and restlessness were exhibited by 20 to 40 percent of the population. In a study using the Peterson Behavior Problem Checklist for all kindergarten, first, and second graders in Urbana, Illinois, restlessness was exhibited by 49 percent of the boys, short attention span by 43 percent of the boys, disruptiveness by 43 percent of the boys, distractibility by 48 percent of the boys, and inattentiveness by 43 percent of the boys (Werry & Quay, 1971). In the same study, the mean number of symptoms per child was 11.4 for the boys and 7.6 for the girls. Ross (1974) pointed out that it makes little sense to speak of a behavior as a problem when nearly one-half of an unselected population engages in that behavior.

In an investigation of the behaviors of conduct problem and normal children, little difference was found in the types of behaviors exhibited (Werry & Quay, 1969). Conners (1970) investigated factors similar to conduct problems and personality problems using 24
categories rated on a four-point scale. When parents of 316 psychiatric clinic patients and 365 normal children rated their offspring, factor scores differentiated between patients and normals but the same basic factor structure emerged for both groups. These results support the conclusion that the differences between normal and seriously emotionally disturbed children are quantitative rather than qualitative. Similar results were discussed earlier in this paper with groups of normal and seriously emotionally disturbed children using the Peterson Behavior Problem Checklist (Peterson, 1961; Quay & Quay, 1965) and the Devereux Elementary School Behavior Rating Scale (Spivack et al., 1971; Swift & Spivack, 1966).

Two investigations concentrated on determining if the difference in frequency of deviant behaviors between normal and seriously emotionally disturbed children actually exists or if the difference is only a function of raters' perceptions of seriously emotionally disturbed children. Behavior observations of 28 children referred to a clinic for acting out behaviors and 28 children in a non-referred matched sample were carried out in the individual children's homes. During the observations, referred children emitted significantly more deviant behaviors and significantly less prosocial behaviors (Lobitz & Johnson, 1975). In another study, 15 boys and 15 girls identified by their teachers as best behaved, average behaved, or worst behaved in the classroom were observed in the classroom (Bolstad & Johnson, 1977). The results of this study are less clearcut than the results of the study using home behavior observations. As a group, the worst behaved were significantly different in frequency of behavior than were
the combined group of average and best behaved. However, when the differences were investigated for the two separate schools which the children attended, the difference was significant in only one of the schools. In fact, one teacher selected as the worst behaved the boy who was observed to exhibit the highest frequency of appropriate behaviors in that classroom. The somewhat contradictory results of the Bolstad and Johnson study seem to necessitate further study of the topic. Perhaps studies with larger groups of students and with students identified as seriously emotionally disturbed rather than worst behaved would produce different results.

Although there appears to be fairly wide acceptance that the difference between seriously emotionally disturbed children and normal children is in frequency rather than topology, no consensus can be found as to the frequency of deviant behaviors which indicates serious emotional disturbance (Kauffman, 1977). Certainly different perceptions of the frequency which is abnormal will affect prevalence rates for seriously emotionally disturbed children. As will be seen in the final section of this paper, estimates of prevalence do vary considerably.

Early Identification and Screening Programs. Early identification programs are designed to select potential seriously emotionally disturbed children. The assumptions underlying early identification programs must be recognized in order to fully understand the programs. First, the assumption is made that certain measurable characteristics are present in children who will become seriously emotionally disturbed. The second assumption is that the identification of potentially
seriously emotionally disturbed children is justifiable. The justification most frequently offered is that once identified, the potentially seriously emotionally disturbed children can be included in intervention programs which will prevent the later occurrence of serious emotional disturbance. However, concrete evidence of the soundness of this justification is lacking. Although most of the large scale screening programs discussed in the literature were implemented prior to the passage of The Education of All Handicapped Children Act (Public Law 94-142), a second possible justification for the screening programs is the child identification section of the law (Part 121a220). That section mandates that all handicapped children must be located and served under the law. At least two reasons for not undertaking early identification programs should also be considered. First labeling a child as handicapped or potentially handicapped may have deleterious effects on the child (Hobbs, 1975). Second, if a child is tagged as having the potential to act in a certain way, subtle indications of the assumed potential from the teacher may actually press the child into acting on the expectations of him/her (Rosenthal & Jacobson, 1968). Since certain factors mitigate against early identification programs, objective evidence that the assessment programs are justified as well as that they are reliable and valid must be presented to defend the programs' use.

The first large scale screening program for seriously emotionally disturbed children was implemented in Minneapolis in 1924 and in Cleveland in 1925 and 1926 (Wickman, 1928). Procedures were very similar in both locations. In Cleveland, 27 teachers individually
listed all the behavior problems they had ever encountered with children. Wickman used these lists to develop a behavior and personality rating scale of 51 items. The items were to be rated by teachers on two four-point scales specifying the frequency of the behavior's occurrence in an individual child and the amount of difficulty caused by the behavior. Eight hundred seventy-four children were rated on the scale by their teachers. The same teachers re-rated the same students on a continuum from exceptionally well adjusted to extremely serious behavior problems. Results from the 51-item rating scale and the 1-item continuum were contradictory. On the rating scale, 6 percent of the children had no problems, 10 percent had insignificant problems, 31 percent had slight problems, and 53 percent had considerable or very serious problems. On the other hand, when the continuum was used, 51 percent were rated as exceptionally well adjusted, 42 percent as having minor problems, and only 7 percent as having important or serious problems. Almost opposite results were obtained with the two rating methods. Apparently, despite the presence of particular behaviors considered as problems, the teachers felt most children were quite well adjusted. Although Wickman did not discuss the frequency of problem behaviors in children rated in particular categories on the continuum, one can speculate that a rating of important or serious problems on the continuum would correlate highly with the occurrence of many and frequent problems on the rating scale.

Another early attempt at the development of devices for large scale early identification programs was reported by Olson (1930). He
used two devices which were revisions of Wickman's (1928) work. Schedule A was a list of behaviors with weightings for seriousness and frequency designed to locate seriously emotionally disturbed children through a record of overt behaviors. Schedule B was a behavior rating scale designed to investigate personal characteristics on a wide variety of traits regardless of whether the behavior described would be called a problem behavior. Included on Schedule B were items concerning intelligence, achievement, and age-in-grade. Schedule B was intended to point out potential problems since Olson felt that personal traits might be diagnostic of a condition that might not be indicated just by the nature of the trait itself. "It is the multiple occurrence of reaction liabilities that enables the method to differentiate children in the amounts of their problem tendencies" (p. 7).

Olson's study was unusual in including reliability and validity data in the publication of the original research. Schedule B reliability was determined in three ways: (a) test-retest after a period of two to eight weeks, (b) split-half, and (c) multiple raters. Test-retest reliabilities ranged from .33 to .81 with the most reliable items dealing with intellectual traits (.69), social traits (.61), physical traits (.55), and emotional traits (.51). Odd-even split-half reliabilities ranged from .77 to .94. When corrected with the Spearman-Brown Prophesy Formula, these were .87 to .97. Finally, reliabilities using multiple raters were .48 to .76. Except for the corrected split-half reliabilities, the coefficients reported seem dangerously low. Nunnally (1978) states that in the early stages of
research, reliabilities of .70 or higher may be sufficient, but for instruments on which decisions are based reliabilities should be at least .90 and preferably .95. Obviously, Olson's devices did not meet Nunnally's standards.

When dealing with validity, Olson noted that if a better criterion than rating scales was available, rating scales would not be necessary. Therefore, he said rating scales were hard to validate. A reason which Olson did not suggest for developing rating scales was parsimony of method. If rating scales are more parsimonious than extant methods, their development would be justified.

Olson used three methods of validating his schedules: (a) comparing Schedule A and Schedule B--construct validity, (b) validating against clinic referrals--concurrent validity, and (c) validating against subsequent history--predictive validity. The correlation of Schedule A and Schedule B was .63 for boys and .61 for girls. This correlation would only provide evidence for Schedule B's validity if Schedule A's validity had previously been demonstrated. Demonstration of Schedule A's validity was not provided. When comparing scores of children referred to a child guidance clinic and those not referred, the median percentile rank of referred children was 89 and the median percentile rank for the entire group was 50. Olson said the rating scale did not seem to differentiate non-aggressive problems. In addition to looking at the median group scores for referred children versus all children, the number of non-referred children who scored at or around the referred group median would provide a useful perspective on the power of differentiation of Schedule B. The third method
of validation was correlating scores on Schedule A and Schedule B with data 11 months later on the number of times a child was sent to the principal's office and the number of "serious offenses" committed by the child. Olson noted that 95 percent of the boys who committed serious offenses were above the Schedules' median in problem tendencies.

Although neither the reliability nor validity data were high, the Olson study is commendable for its presentation of these data. The reliability and validity data on Schedule A and Schedule B are not sufficiently high to warrant their use in individual diagnosis and prediction. However, Olson's study, along with Wickman's (1928), is of historical interest. Much subsequent work with assessment of seriously emotionally disturbed children relies on methods similar to Olson's and Wickman's.

Probably the most important study on the early identification of seriously emotionally disturbed children was done by Eli M. Bower (1960). *A Process for In-School Screening of Children with Emotional Handicaps* (Bower & Lambert, 1962) resulted from Bower's 1960 research. The screening process described by Bower and Lambert has been used in part or in its entirety in much subsequent research.

Bower's data were collected from about 200 teachers and 5,500 students in about 75 school districts. In each class which participated, one student was clinically designated as seriously emotionally disturbed. The teachers were not aware of the presence of the seriously emotionally disturbed children in their classes. The seriously emotionally disturbed sample consisted of 162 boys and 45 girls.
Nine types of data were collected for each student. These were:
(a) group test IQ scores, (b) reading and arithmetic achievement test scores, (c) Thinking About Yourself—a personality inventory devised for the study, (d) A Class Play—a sociometric device constructed for the study, (e) number of absences from school in a four-month period, (f) age-grade relationship, (g) socioeconomic status of the family based on the father's occupation, (h) teacher's rating of the child's physical status, and (i) Pupil Behavior Rating Scale—teacher's rating of the child's adjustment. Bower believed mental health could best be assessed through the use of multiple criteria, and all of these data were postulated to relate to the occurrence of serious emotional disturbance.

Because they are so frequently found in research with seriously emotionally disturbed children, a description of A Class Play and Thinking About Yourself are provided. A Class Play is a two-part sociometric device which is completed by each student in a group testing situation. Administration takes about 20 minutes. In Section I, students are asked to nominate a classmate for each of 15 parts in a play. Descriptions of the parts are brief phrases, such as, "Someone who could play the part of a true friend," and "Someone who could play the part of a bully—someone who picks on smaller, weaker children" (Bower, 1960, p. 90). In Section II, the same 15 parts are used, but the student must select which parts he would choose from him/herself and which parts his/her teacher would choose for him/her.
Thinking About Yourself is a personality inventory with separate forms for girls and boys. The 53 items take about 30 minutes to complete. Individual students complete the questionnaire in a group testing situation. Each item consists of a very brief description of a child, such as, "This boy is usually picked first to play on a team" (Bower, 1960, p. 103). For each description, the student must answer the two questions, "Are you like him?" and "Do you want to be like him?" on a four-point scale of always, frequently, seldom, or never.

Some of the results from Bower's work were mentioned in the section of this paper dealing with characteristics of seriously emotionally disturbed children, but will be briefly discussed again so that the entire screening process can be examined. The seriously emotionally disturbed group was found to be significantly older than their classmates and to have significantly more absences than their classmates. However, neither of these differences was great enough to be useful as a prediction. No difference was found between the socioeconomic status of the seriously emotionally disturbed children and the socioeconomic status and their classmates. In grades four through six, achievement of seriously emotionally disturbed children was significantly below that of their classmates, and the discrepancy was greater in arithmetic than in reading. Although seriously emotionally disturbed children's group IQ scores were significantly below those of their classmates, no significant difference was found for individual IQ scores.

On the personality inventory, Thinking About Yourself, seriously emotionally disturbed boys evidenced significantly greater
dissatisfaction about life than did the other boys in their classes. The discrepancy between perceived and wanted self was greater for seriously emotionally disturbed boys than for normal boys. Seriously emotionally disturbed girls showed more dissatisfaction with personal and family matters than did the other girls in their classes.

On the sociometric device, A Class Play, the seriously emotionally disturbed children were most often chosen by their classmates for negative roles and they were least often chosen for positive or neutral roles. On teacher ratings on the Pupil Behavior Rating Scale, 87 percent of the clinically identified seriously emotionally disturbed children were selected by their teachers as among the most poorly adjusted in the class.

Based on these results, Bower selected for screening a three-component process which collectively provides the perceptions of teacher, peers, and self. The three components are: the Pupil Behavior Rating Scale, A Class Play, and Thinking About Yourself. To screen for serious emotional disturbance, the teacher selects the five children with the highest percentage on the Pupil Behavior Rating Scale, the five children with the highest percentage on A Class Play, and the three girls and the three boys with the highest rankings on Thinking About Yourself. Those children listed in at least two of the three rankings are selected as seriously emotionally disturbed. Bower states that in an average class of about 30 students, about three will be selected as seriously emotionally disturbed. Because of the nature of the ranking procedure, children must be listed as having the highest score regardless of the objective nature of their behavior. No
provision exists for excluding children even though they receive the highest scores in the class if their behavior is not actually a problem.

Bower provided a limited amount of reliability and validity data with his original study. Test-retest reliability data for A Class Play was obtained for 180 students. The time period between tests was not specified. Coefficients were .92 for total selections and .90 for negative selections. If the time periods between tests was adequate, these reliability coefficients indicate that A Class Play may be a sufficiently reliable instrument for individual prediction. In an effort to validate his process, Bower has 225 children screened as problems by his method examined by 16 clinical psychologists. The psychologists rated 28 children as extremely poor interpersonal relations, bizarre or eccentric behavior; 64 as overly shy, inhibited, fearful, timid; 52 as generally overly aggressive; 9 as socialized delinquent, primarily a cultural problem; 6 as organic difficulty; and 66 as other--including any child who is not considered moderately or severely handicapped. Of the 66 rated other, 40 were classified as moderately or severely emotionally disturbed but not classifiable in one of the other five categories, 4 were mentally retarded, 11 had problems of a minor nature, and 11 were classified as not moderately or severely handicapped. Bower did not indicate whether the psychologists were told in advance that they were examining children screened as seriously emotionally disturbed. Certainly the psychologists' instructions might have carried over into the examinations and affected
the results. As with the reliability data, the validity data indicate that the process for screening for serious emotional disturbance may be a valid process.

Salvia, Schultz, and Chapin (1974) investigated the reliability of Bower's three part process with 1,667 third and fourth graders in 79 classes in two rural counties in Illinois. They used coefficient alpha as a measure of reliability which Nunnally (1978) states is the most essential type of reliability data to obtain. Coefficient alpha for Thinking About Yourself was .78. Data for the Pupil Behavior Rating Scale and for A Class Play were analyzed by class because scores are only meaningful within classes. The median coefficient alpha reliability for the Pupil Behavior Rating Scale was .66 and for A Class Play was .56. The authors concluded that these data "raise serious questions about use of the Lambert-Bower scales for other than experimental purposes" (p. 118).

Bower's materials have, however, been used in numerous other investigations dealing with seriously emotionally disturbed children. The most extensive early identification program which incorporated Bower's instruments also used many other evaluative measures (Beach, Cowen, Zax, Laird, Trost, & Izzo, 1968; Cowen, Zax, Izzo, & Trost, 1966; Liem, Yellott, Cowen, Trost, & Izzo, 1969; Zax & Cowen, 1969; Zax, Cowen, Izzo, & Trost, 1964; Zax, Cowen, & Rappaport, 1968). Children beginning first grade for two consecutive years were included in the project which followed the children's progress through seventh grade. One hundred eight children were in the first year group, and one
hundred three were in the second year group. Based on a social work interview, first graders were labeled red-tag or not-red-tag. Red-tag children were those with evident or incipient problems; not-red-tag children were relatively symptom free and functioning well. Thirty-one percent of the first group and thirty-seven percent of the second group were labeled red-tag. Teachers were not informed of how the children were classified.

School record measures which were used for the assessment program included number of referrals to the school nurse, attendance, grade point average, scores on the Otis Quick-Scoring Ability Test, SRA Achievement Test scores, Metropolitan Reading Achievement Test score, New York State Pupil Evaluation Profiles, and an Achievement-Aptitude Discrepancy Index. Special project measures completed in third grade included the Children's Manifest Anxiety Scale, Thinking About Yourself, and A Class Play. In third and seventh grades, teachers completed a behavior rating scale on the children. Mental health services workers rated the children based on the school record measures listed above, the Draw-A-Man Test, and the California Test of Mental Maturity.

By the third grade, red-tag children were judged by teachers and mental health workers as less well adjusted than not-red-tag children. At the third grade level, intercorrelations between project measures were computed. The largest number of significant correlations was the percent of negative role assignments on A Class Play. Only number of days absent did not correlate significantly with percent of negative role assignments. Zax et al. (1964) concluded that A Class Play is useful for early identification, but due to low order correlations, it
cannot stand alone in identifying problem children. Bower, however, did not intend for A Class Play to be used alone. As was mentioned earlier, Bower supported the use of multiple assessment measures.

Significant differences between not-red-tag and red-tag children were not always the same for the two year groups. Although significant differences were found in grade point average, nurse referrals, achievement, and achievement-aptitude discrepancies, the lack of consistency with which these were found makes any conclusion about using these measures for prediction on an individual basis unwarranted. Only teacher ratings and A Class Play consistently differentiated the groups. However, the authors did conclude that the red-tag/not-red-tag rating is a sensitive method for detection of manifest or incipient serious emotional disturbance (Liem et al., 1969).

The large percentage of children selected as red-tag makes it impossible to extrapolate from data on these children to seriously emotionally disturbed children since seriously emotionally disturbed children comprise a much smaller group. In addition, the process used for identification was too cumbersome to suggest its widespread use. Many professionals, e.g., social workers, mental health service workers, etc., and many assessment devices were involved. Although such an extensive program can be justified as experimental study, it could not be justified as a routine procedure. Since most of the measures used did not consistently produce significant results, the study can, at most, be considered useful for demonstrating that these methods are not valuable for differentiating between a very large group considered at risk (red-tag) and their classmates (not-red-tag).
In an effort to develop a parsimonious method for early screening for serious emotional disturbance, Cowen, Dorr, and Orgel (1971) had teachers of 266 kindergarten and 101 first grade children complete four brief rating scales for each of their students. The scales were: Teachers' Behavior Rating Scale (25 items), Teachers' Adjective Checklist (34 adjectives), Ottawa School Behavior Survey (20 items), and the AML Behavior Rating Scale (11 items). Intercorrelations between all scales and subscales produced 90 correlations which were all significant. The authors concluded that despite differences in content on the four scales, the measures tapped similar substance, and that the AML Behavior Rating Scale is a potentially promising mass screening device. This final conclusion seems questionable. Simply correlating the AML with other behavior rating scales in no way demonstrates its predictive validity or its reliability—two extremely important matters for a screening device. Since the scales with which the AML was correlated are not scales with accepted validity for predicting serious emotional disturbance, the significant correlation of the AML with these scales is of little value. All that this study demonstrated was that four teacher rating scales were significantly intercorrelated.

A fourteen scale battery designated as the Schenectady Kindergarten Rating Scales was described by Conrad and Tobeissen (1967). The scales were based on the premise that most children whose behavior and adjustment will be disturbing during the first four years of school can be identified in kindergarten. After the article describing the scale development, no further mention of the scale was found in the literature.
A project to create an early screening device undertaken by Pimm and McClure (1967) produced the 20-item School Behavior Survey. The survey was based on 200 teacher descriptions of seriously emotionally disturbed children's behavior. Very limited mention of the School Behavior Survey is found in the literature; and Spivack and Swift (1973) concluded that the School Behavior Survey is an easy-to-use device which "can probably identify some manifestly disturbed first grade children" (p. 59-60). Such a statement does not provide strong recommendation for the survey's use.

Reading the literature on early identification of seriously emotionally disturbed children leads to the conclusion that although a considerable amount of time and effort has been spent in attempts at early identification, no one or several outstanding devices have emerged. Although Bower's (1960) work is certainly the most-well known, it is not without flaws. Certainly users should be made aware of these flaws.

Before early identification can be justified as a means to provide preventative treatment and before preventative treatment effects can be evaluated, the early identification devices need to be more adequate than they are now. However, before the time is invested in improving the present assessment instruments or devising new ones, some basic considerations must be examined. As Wolfensberger (1965) stated:
Early diagnosis is desirable when it leads to prevention, early treatment, or constructive counseling; it is irrelevant if it is purely academic and does not change the course of events; it is harmful if, in balance, child or family reap more disadvantages than benefits (p. 65).

If it is decided that early identification devices should be used, some guidelines for early identification should be considered. Those listed by Keogh and Becker (1973) could be very helpful. They are: (a) the most efficient and accurate screening devices are those close to criterion or outcome measures in content and time, (b) a child's abilities and strengths which can be capitalized on need to be documented along with his/her weaknesses, (c) the task and situation as well as the child should be the focus of assessment, and (d) a link between identification and remediation is needed. To date, these guidelines have not been closely followed in work dealing with the early identification of seriously emotionally disturbed children.

Assessment of Individual Problem Children. An assessment area of at least equal importance to early identification and screening for seriously emotionally disturbed children is the assessment of children who have been referred by the classroom teacher because of problem behavior. The person(s) responsible for assessment must answer the question: "Is this child seriously emotionally disturbed?" Assessment of children referred for problem behavior is, at present, more of an art than a science. The state of the art was aptly described by Morse, Culter, and Fink (1964) in their publication describing a nationwide survey of programs for seriously emotionally disturbed children:
Surprisingly few programs could define rigorously those diagnostic indicators which determined whether the child was considered to be a likely candidate. 'We analyze clinical material' and 'test results have an important bearing' were typical explanations of what proved to be a rather cloudy process. Decisions seemed to be based on clinical feel, the degree of trouble the child was producing, and the availability of a 'slot' for him (p. 26).

Components of a comprehensive assessment procedure have been outlined by several authors. Such outlines are, however, very general. They tend not to specify exactly what assessment instruments to use. Additionally, no criteria are provided for determining on what basis a decision should be made once the child has been assessed. For example, Woody (1969) states that the comprehensive examination for serious emotional disturbance should include a physical examination, a social case history, psychological testing, an electroencephalogram, and a neurological and/or psychiatric examination. Following this list is the statement, "the final judgment is frequently based on the opinions of a clinician" (p. 12). Another outline of evaluation procedures included three professionals and their tasks. A clinical psychologist should do psychological testing with instruments such as the Wechsler Intelligence Test for Children, the Stanford-Binet, the Illinois Test of Psycholinguistic Abilities, the Bender Gestalt, the Rorschach, and the Thematic Apperception Test. An educational psychologist should evaluate achievement using such devices as the Stanford Achievement test, the Wide Range Achievement Test, the Gray Oral Reading Test, and informal reading inventories. Additionally, a psychiatrist should do a psychiatric evaluation (Klein et al., 1967).
The Florida Department of Education has published *A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students* with volumes dealing with individual areas of exceptionality (1979). The volume on seriously emotionally disturbed children suggests the following evaluation process:

1. A physical evaluation required by the administrator of the exceptional student program or designee for all students where physical problems are suspected as precipitating the behavioral problem. A neurological examination shall be required if deemed necessary by a psychologist or physician.

2. A vision screening report.

3. A hearing, and speech and language screening report . . .

4. A comprehensive psychological evaluation conducted by a certified school psychologist, licensed psychologist, or psychiatrist which shall include the following information: an individual evaluation of intellectual ability and potential, evaluation of the student's personality and attitudes, and behavioral observations and interview data relative to the problem described in the referral.

5. An educational evaluation which includes information on the student's academic strengths and weaknesses and learning modes (pp. 9-10).

White (1962) provided the following list of questions to be answered during the assessment process. What is the evidence to indicate that any problem exists? What behavioral evidence exists? What do others say of this youngster? How often has the so-called problem occurred? How long has it been going on? How acute is it? Is it periodic or chronic? What has been tried? Who else acknowledges the problem? What do the pupil's peers think? What does the child think? What is the child's learning ability? What is the child's socio-economic status? What is the cultural background? What is the status of the pupil's physical health? Is this pupil going through a normal developmental phase? Is this pupil reacting to some unrecognized situation within the school environment? Is this pupils reacting to some unrecognized situation at home? Is this student just a different child?

The point of referral for a child who is eventually labeled as seriously emotionally disturbed is typically the classroom teacher. Gropper, Kress, Hughes, and Pekich (1968) designed a program to sensitize teachers to the dimensions of problem behaviors. First, the teachers are exposed to a list of 13 behavior areas in which problems typically arise. The list, which was derived from critical incident reports of behaviors in the Pittsburgh schools, includes: attention to classroom activities, physical activity, reaction to tension, appropriateness of behavior, meeting work requirements, interest in
work, getting along with others, consideration for group needs, response to teacher requirements or instructions, degree of independence, regard for school rules and conventions, regard for general rules and conventions, and integrity. Second, teachers are presented with the concept of behaviors on three levels of seriousness: normal behavior, problem behavior, and referrable behavior. The three levels of seriousness are judged by 14 criteria: intensity, appropriateness, duration, frequency, specificity/generality, manageability, assessability of circumstances, comparison with maturity level of class, number of problem behaviors exhibited, acceptance by peers, recovery time, contagion, degree of contact with reality, and response to learning opportunities. These criteria aid the teacher in thinking about the problem behavior in appropriate terms.

Behavior rating scales completed by teachers are used for individual assessment as well as for screening. At least three attempts have been made to provide cut-off scores for rating scales which separate seriously emotionally disturbed children from those not classified as seriously emotionally disturbed. Werry and Quay (1971) suggested cut-off scores for Peterson's Behavior Problem Checklist (1961) depending on the frequency of serious emotional disturbance which users desire to identify. They suggested that a 5 percent prevalence rate is defined by 30 symptoms for boys and 24 for girls, a 10 percent prevalence rate by 24 symptoms for boys and 18 for girls, and a 15 percent rate by 21 symptoms for boys and 15 for girls. Using the Louisville Behavior Checklist, Miller et al. (1971) suggested that
a score one standard deviation above the mean maximally separates the clinic referral population from the general population. With this cut-off score, a minimum number of false positive and false negative decisions are made. On the Child Scale B (Rutter, 1967) a cut-off score was proposed which identified as seriously emotionally disturbed 77.9 percent of the clinic boys, 67.5 percent of the clinic girls, 9.7 percent of the non-clinic boys, and 4.6 percent on the non-clinic girls. Rutter suggested that the scale needs to be supplemented by other measures.

Spivack and Swift (1973) reviewed 19 teacher-administered behavior rating scales in detail. Most of these devices are not mentioned elsewhere in the literature. Therefore, their acceptance is not wide. Most of the scales were applicable only to elementary grades and frequently even limited within the elementary grades, e.g., first grade only, grades four to six only. Just three scales provided breadth of coverage as well as data on reliability, validity, and norms. These were: The Pittsburgh Adjustment Survey Scale for elementary grade boys (Ross et al., 1965), the Devereux Elementary School Behavior Rating Scale for kindergarten through sixth grades (Spivack & Swift, 1967) and the Hahnemann High School Behavior Rating Scale for grades seven through twelve (Spivack & Swift, 1972).

"One major conclusion of [Spivack & Swift's 1973] review is that a potential scale user must examine each tool carefully" (p. 87). Some scales were published after only one study on one group of children.
Only 8 of the 19 scales provided either test-retest of rater reliability data. Only eight provided norms.

But it is not enough to say more work is needed in developing measures of classroom behavior. Beyond the methodological requirements to be met, it is [Swift & Spivack's] judgment that more attention should be paid to those behaviors relevant to academic achievement and intellectual growth, and less to behaviors of interest especially to the psychiatric-clinical fields. There is reason to believe that certain overt behaviors of the child in the classroom bear an intimate relationship to his adaptive capacity and consequent achievement in the setting, and that these relate more highly to his academic success than do general dimensions of adjustment or personality functioning... Now the emphasis should be on what classroom behavior tells us about how and whether a child is learning and how he may be responding to problems in the learning setting. Such an emphasis will lead to a next logical step of defining what the teachers' response to this behavior should be about the learning and growing process. The focus will shift from clinical diagnosis or screening to educational behavior diagnosis, with the suggested educational response built in (pp. 87-88).

After behavior rating scales, observational methods are probably the second most frequently mentioned assessment technique for seriously emotionally disturbed children. Publications suggesting the use of observational methods are not nearly as prevalent as those discussing behavior rating scales. However, observational methods are discussed in more recent publications than are behavior rating scales. This may be indicative of a trend toward the use of more observational methods in the identification of seriously emotionally disturbed children. Indeed, Johnson and Bolstad (1973) claim that observational "data has become the primary basis of our approach to diagnosing and treating human problems" (p. 8). They point out, as do others (cf. Mischel,
that the low level of generalizability of behavior across settings makes the collection of data in a naturalistic setting through observational methods very important.

Target assessment is the name given to observational methods by O'Leary (1972). Although target assessment is generally regarded as the observation of behavior in an effort to specify frequency of the behavior, additional dimensions of behavior can also be the focus of observation. These dimensions may include the conditions under which a behavior occurs, factors that elicit or cue a behavior, factors that reinforce a behavior, and environmental factors which can be manipulated to change the behavior (O'Leary, 1972; Stephens, 1976). Both O'Leary and Stephens point out that interviewing can also be used to obtain information about a child. For instance, Stephens suggests interviewing as an alternative to observation for assessing a child's reward system.

Woody (1967) investigated the possibility that electroencephalogram (EEG) results would differentiate normal and seriously emotionally disturbed boys. Using a sample of boys referred to a mental health program and a sample of boys nominated by their teachers as best behaved in the class, Woody found no difference between the two samples on EEG results. He also found EEG results were not significantly related to discrepancies between Verbal IQ and Performance IQ on the Wechsler Intelligence Scale for Children. Thus, the EEG is probably not a useful method of diagnosing serious emotional disturbance.
Differential Diagnosis of Handicapping Conditions. Not only must seriously emotionally disturbed children be differentiated from normal children but seriously emotionally disturbed children must also be differentiated from children with other handicapping conditions. According to Barr and McDowell (1972), the assignment of children to different diagnostic categories is based on the assumption that all children given a certain diagnostic label have a significant number of characteristics in common which differentiate them from all other children. Although Barr and McDowell question the validity of this assumption, they and numerous others have discussed methods of differential diagnosis. Particular attention has been paid to the differentiation of children exhibiting serious emotional disturbance, learning disabilities, and mental retardation.

Barr and McDowell (1972) investigated the possibility of using observational techniques to differentiate seriously emotionally disturbed children and learning disabled children. Children in a special class for serious emotional disturbance and children in a special class for learning disabilities were observed for out of seat behaviors, negative physical contact, and vocalizations. The seriously emotionally disturbed children were observed to engage in a greater number of all three behaviors with significantly more negative physical contact and vocalizations. However, if only one learning disabilities class and only one seriously emotionally disturbed class were observed, as the article appears to indicate, the difference may have been due to the teacher or other classroom factors rather than to actual differences stemming from the handicapping conditions. In another
study using observable social behavior, 36 children diagnosed as learning disabled who were receiving services in a regular classroom plus a resource room, 100 children in classes for the seriously emotionally disturbed, and 41 "average" children were observed (McCarthy & Paraskevopoulos, 1969). Using the Behavior Problem Checklist (Peterson, 1961), the seriously emotionally disturbed sample was rated highest on all three factors (conduct problem, personality problem, and inadequate-immature), and the learning disabled sample was rated between the seriously emotionally disturbed sample and the average sample on all three factors. The authors concluded that teachers perceive and rate the behavior of seriously emotionally disturbed children and learning disabled children differently and that the seriously emotionally disturbed children had more problems of greater severity than did the learning disabled children. However, the wide variety of ratings of children in all three groups resulted in considerable overlap of scores among individuals in all three groups making the results invalid for individual diagnosis. The authors also noted that different placement philosophies in different school systems may produce different results in the different systems.

Hartlage (1970) attempted to use test scores to differentiate children diagnosed in three "nonoverlapping" categories at a neurology clinic. The children were diagnosed as exhibiting dyslexia, minimal brain damage, or serious emotional disturbance. Using analysis of Wechsler Intelligence Scale for Children, Bender-Gestalt, and Wide Range Achievement Test scores, Hartlage found only the discrepancy of
Wide Range Achievement Test reading scores from those predicted from Wechsler Intelligence Scale for Children IQ scores significantly differentiated all three groups. They suggested that this discrepancy score was a possible method of differentiating children in the three categories.

A complicated method of analyzing Wechsler Intelligence Scale for Children protocols into six error types failed to produce significant differences between brain damaged and seriously emotionally disturbed children in all but one of the error categories (Hall & LaDriere, 1969). The seriously emotionally disturbed group produced significantly more inadequate conceptual errors than did the brain damaged group. Koppitz (1973) found the Visual Oral Digit Span Test did not differentiate learning disabled boys and seriously emotionally disturbed boys.

Wagonseller (1973) investigated test score differences among learning disabled, emotionally disturbed, and severely emotionally disturbed children. The 36 learning disabled and 36 emotionally disturbed children were in public school special education programs. The 18 severely emotionally disturbed children were in a state hospital. Tests given included the Wechsler Intelligence Scale for Children, the Wide Range Achievement Test, the Behavioral Stimulus Differential Test and the Behavior Problem Checklist. Significant differences among the three groups were found for the Wechsler Intelligence Scale for Children Verbal IQ, the Wide Range Achievement Test reading and spelling subtests, the Behavioral Stimulus Differential Test ideal self score, and the Behavior Problems Checklist. In all cases, the differences indicated that the severely emotionally disturbed children had the
most severe problems and the lowest IQ and achievement test scores. The emotionally disturbed group had the least severe problems and the highest IQ and achievement test scores and the learning disabled group fell between the severely emotionally disturbed and the emotionally disturbed groups. The author felt a systematic approach to differential diagnosis could be developed employing the Wechsler Intelligence Scale for Children, the Wide Range Achievement Test, the Behavioral Stimulus Differential Test, and the Behavior Problem Checklist. However, since all of the differences were in the same order as the Verbal IQ score, investigation should be undertaken to determine if perhaps Verbal IQ is the actual factor of significance which is affecting the other scores.

In a general review of the topic of differential diagnosis, Hallahan and Kauffman (1977) stated that it is nearly impossible to differentiate children labeled as seriously emotionally disturbed, learning disabled, and educable mentally retarded. Nonetheless, children are placed into these categories as if the conditions are discrete. Using the Devereux Elementary School Behavior Rating Scale, Parashar (1976) found that 56 educable mentally retarded children, 51 learning disabled children, and 65 seriously emotionally disturbed children differed significantly on their cumulative profiles. Differences were found on classroom disturbance, disrespect-defiance, external blame, achievement anxiety, comprehension disorders, irrelevant responsiveness, and lack of creative initiative. No differences were found on impatience, external reliance, inattentive-withdrawal, or need of closeness to teacher.
Whereas research attempting to differentially diagnose learning disabled and seriously emotionally disturbed children probably deals with the less severely disturbed portion of the seriously emotionally disturbed population, research dealing with mentally retarded and seriously emotionally disturbed children tends to deal with the more severely disturbed portion of the seriously emotionally disturbed population. Most of the discussion centers around the topic of pseudofeeblemindedness. Beier (1964) states that pseudofeeblemindedness is intellectual subnormality which is associated with special disabilities and physical and behavioral disturbance. Benton (1964) lists two principal uses of the term pseudofeeblemindedness: (a) mistaken diagnosis of mental retardation when the child is not mentally retarded, and (b) mental retardation of atypical etiology with determinants including sensory deprivation, motor deficiency, cultural deprivation and emotional disturbance.

Much discussion has centered around a debate known as the Garfield and Wittson versus Cantor argument. The argument concerns the classifications of mental retardation listed in the American Association of Mental Deficiency Manual (Grossman, 1977) and whether these classifications allow for the differentiation of mental retardation or serious emotional disturbance as the primary disorder. The difficulty is quite real if a differential diagnosis is needed. For instance, 34 percent of children diagnosed as schizophrenic have a measured IQ below 70—in the mentally retarded range (Pollack, 1958). Menolascino (1965) had a social worker, a pediatrician, a neurologist, a psychiatrist, a psychologist, and a speech therapist examine 191 of 616 children
referred to a clinic for mental retardation over a five year period. The 191 children displayed prominent psychiatric symptoms with or without mental retardation. Of the 191 children, 151 were diagnosed as both seriously emotionally disturbed and mentally retarded and 40 (6.5 percent of the entire sample) were diagnosed as seriously emotionally disturbed but not mentally retarded. These 40 were considered by Menolascino to represent a diagnosis of pseudomental retardation or pseudofeeblemindedness.

The interaction between mental retardation and serious emotional disturbance can be interpreted in several ways. The two conditions could be coincidental, independent pathologies. Serious emotional disturbance and mental retardation could both be the result of the same basic process such as brain disease. The serious emotional disturbance could result from the mental retardation as a reaction of a defective individual to stressful circumstances, or the mental retardation could be the result of the serious emotional disturbance (Balthazaar & Stevens, 1975). Benton (1964) points out that,

All mental disorders (including mental retardation) represent, by definition, failure in adaptive behavior. In addition, there are some mental disorders (including mental retardation) which also involve intellectual impairment as a salient characteristics... Hence, the overlap between the terms "adaptive behavior" (or psychopathy) and "mental retardation" places a considerable strain on classification procedures and provides a frequent problem in differential diagnosis (p. 27).

Halpren (1970) states that the difficulty seems to be with causality--determining which is cause and which is effect. The diagnosis cannot be made on the basis of behavioral observations
alone since presence or absence of symptoms tells nothing about cause. Topics which must be explored include: (a) time of onset of seriously emotionally disturbed symptoms, (b) was mental retardation observed prior to the onset of seriously emotionally disturbed symptoms, (c) the degree and duration of seriously emotionally disturbed symptoms, and (d) the presence or absence of other medical or environmental factors which might be regarded as causing mental retardation. Halpren feels a differential diagnosis can be made but only on probabilistic terms. He feels such a decision must be made because of the possibility of differential treatment and prevention. Menolascino (1965) felt differential diagnosis of mental retardation, mental retardation plus serious emotional disturbance, or serious emotional disturbance has implications for treatment. On the other hand, Balthazaar and Stevens (1975) feel that, at present, therapeutic implications related to differential diagnosis are minimal.

In summary, differential diagnosis of mental retardation, serious emotional disturbance, and learning disabilities is apparently quite difficult. While some cases appear to be clearcut, numerous cases appear to fall into a gray area in which the diagnoses overlap. If differential treatment is based on differential diagnosis, then differential diagnosis is indeed important. If, however, differential treatment is not based on differential diagnosis, then there may be little reason for attempting differential diagnosis. However, at this point, even the possibilities for differential treatment are unclear. Certainly, if in some situations differential diagnosis is attempted and in others it is not, results of further studies on the groups
resulting from the varied diagnostic policies may vary. Here, then, is yet another topic in the assessment of serious emotional disturbance on which additional study is necessary.

Validity of Teacher Ratings. A discussion of assessment of seriously emotionally disturbed children would be incomplete without a discussion of the quality of assessment methods. Because teacher ratings have held such a prominent position in both early screening programs and in the actual identification of individual children as seriously emotionally disturbed, the utility of teacher ratings has frequently been discussed. Glavin and Quay (1969) reviewed numerous studies and concluded that teacher ratings or teacher judgments are indeed justifiable as an index of serious emotional disturbance, but that teacher ratings alone are not sufficient. Information in addition to teacher ratings is needed not only because of legal requirements (The Education of All Handicapped Children Act, Public Law 94-142) but also because teacher ratings may produce results different from other types of measures and because teachers may rate behavior differently from other professionals.

Teacher ratings have frequently been related to other assessment measures. Results from studies are difficult to compare due to the variety of measures used. At the preschool level, Marshall (1957) concluded that teacher ratings produced different results than did sociometric measures. He did not, however, draw any conclusions as to the superiority of either method. Significant correlations have been found between teacher ratings and tests of personality (Harris, Drummond, & Schultz, 1971; Harth & Glavin, 1971). Teacher ratings
were found to be superior to personality tests in predicting school dropouts (Ullman, 1957), and teacher ratings were found to be more highly correlated with sociometric devices than with self-reports or personality test scores (Ullman, 1952; Yellott, Liem, & Cowen, 1969). Ullman (1952) concluded that at least two factors—judgment by raters, both teachers and peers, and results of personality tests—are in operation when adjustment status is investigated and that different results will be obtained from the two different assessment methods.

Nelson (1971) and Bolstad and Johnson (1977) found observations corroborated teacher ratings, but Nelson pointed out that,

This should not be taken as evidence that teacher ratings alone are sufficient for identifying conduct disturbed children. The rating procedure [is] based upon individual teachers' standards of "normal" behavior. Therefore, in addition to the obvious possibility of an error in the rating assigned to a given child, it is possible that a child could be assigned a high rating simply because he represented the upper end of the distribution of an unusually docile class (p. 506).

Miller (1972) and Yellott et al. (1969) investigated relationships between teacher ratings and achievement. Miller concluded that teachers appear to be rating along an achievement-competence dimension around which deviant behavior is organized. The achievement dimension was strongly correlated with test intelligence and inversely correlated with pathological behavior. Yellott et al. found that both teachers and peers seem to use information about achievement in formulating impressions about a child's adjustment.
Considerable effort has been involved in attempting to determine if teachers rate children's behavior differently than do other professionals. The question originated with Wickman's 1928 study in which differences were found in teacher and clinician ratings. However, the difference, which has been referred to as the "Wickman effect," may have been due to different rating instructions given to teachers and clinicians. Teachers were asked to rate present problems and to rate as quickly as possible. Clinicians were asked to rate the effect of present problems on the future life of the child and were given no instructions with regard to time. Wickman wanted to obtain teachers' emotional responses and clinicians' professional opinions.

Consensus has not been reached on the similarity of teachers' and other professionals' ratings. High correlations between teachers' and clinicians' ratings have been found by some (Bower, 1960; Ullman, 1952). On the other hand, these results have not been replicated by others. Fremont, Klingsporn, and Wilson (1976) had 40 teachers, 20 psychologists, 20 psychiatrists, 20 school counselors, and 20 school psychologists perform a Q Sort on 15 descriptors of personality problems and 15 descriptors of conduct problems selected from the Behavior Problem Checklist (Peterson, 1961). The teachers and counselors formed one cluster, and all others formed a second cluster. Teachers and counselors did not distinguish between personality problems and conduct problems as indicators of serious emotional disturbance. The second group felt personality problems were better indicators of serious emotional disturbance than were conduct problems.
Walsh and O'Connor (1968) had psychiatrists, clinical psychologists, and teachers evaluate 50 words and phrases as indicators of serious emotional disturbance. No overlap was found between the teachers and the psychologists and psychiatrists on the three items chosen as most significant indicators of serious emotional disturbance. The psychologists and psychiatrists agreed on the three most significant items but not on their rank. Teachers choose mostly aggressive behavior as indicative of serious emotional disturbance whereas psychologists and psychiatrists chose mostly immature and withdrawn behavior as indicative of serious emotional disturbance.

In summary, Morse, Bloom, and Dunn (1961) stated that each observer—the teacher, the pupil, the outsider—sees different aspects of the classroom and one cannot be substituted for another. Woody (1969) said, "teachers can identify real behavior problems, and although they may use criteria that are different from those used by psychologists or psychiatrists, they can still determine which children need help" (p. 9). Multiple sources of data appear to be very important in assessing serious emotional disturbance. Different data sources tend to produce different results which may aid in producing a better overall picture of a child's behavior.

Evaluation of Assessment Methods. Numerous comments on the quality of various assessment methods have been made through this paper. The topic is, however, important enough to warrant additional discussion and synthesis. Much discussion in the literature has been devoted to assessment devices used in the identification of seriously emotionally
disturbed children. Kauffman (1977) claims that no tests measure personality, adjustment, anxiety, or other relevant variables precisely enough to provide a sound basis for the identification of serious emotional disturbance. He states that the instruments—especially projectives but also personality inventories, behavior rating scales, and screening tests—lack adequate reliability and validity. Swift and Spivack (1973), in a detailed review of assessment devices, note that reliability and validity data are not even available for many devices and when they are available, they are frequently inadequate.

To review some other problems with assessment devices, first, the field of serious emotional disturbance is divided into two major theoretical camps—those who view behavior as a symptom of underlying difficulties, and those who view behavior itself as a possible difficulty. Assessment devices resulting from the two perspectives vary. Schultz, Manton, and Salvia (1972) point out that when validity rests on the intercorrelation of different devices and the devices are based on different theoretical perspectives, the validity coefficients which result are low.

Second, at present, most assessment devices are not adequate for examining individuals. The devices may be adequate for differentiating children as a group into categories, but overlap between scores of individuals within the groups is frequently found even when the groups differ significantly (Lobitz & Johnson, 1975; McCarthy & Paraskevopoulos, 1969). Thus, the devices provide information about groups rather than information useful for individual assessment.
Third, as was discussed in relation to the Behavior Problem Checklist (Peterson, 1961), the use of a clinic sample for the development of an assessment instrument introduces bias into the technique (Conners, 1970; Kelly et al., 1973; Lapouse & Monk, 1964). However, clinic samples have frequently been used not only for deriving lists of behaviors but also for investigating assessment devices. So, the results of such research must be considered in light of the original sample on which the work was based.

Fourth, the clarity of assessment devices is frequently a problem. Stott (1971) enumerated the following difficulties with clarity: (a) do wordings of scales enable users to identify similar behaviors, (b) is there too big a burden of interpretation on the user, and (c) is the observer invited to air his/her own explanations of behavior and thus prejudice the results? Using the Behavior Problem Checklist (Peterson, 1961) as an example, Stott noted that five items invite the teacher to speculate on the mind or feelings of the student (e.g., feelings of inferiority, dislike for school), three items are vague or ambiguous (e.g., oddness, bizarre behavior), three items relate to home behavior which the teacher should not be expected to know (e.g., stays out late at night), and three items are not behavior problems in the sense of serious emotional disturbance (e.g., speech defect). Although Stephens (1976) suggested that checklists should have the following characteristics: (a) formats should be relatively simple, permitting ease of use, (b) items to be checked should be observable behaviors, and (c) items should specify activities and people in the environment
with whom the child is interacting, these characteristics do not describe many of the extant devices.

Fifth, some methods of identifying seriously emotionally disturbed children make demands inappropriate for the child's development level. Many devices are language oriented, yet many children have limited language and may not understand what is expected of them. Many devices ask children to report wishes and feelings although children have limited experience with this. Finally, the relative instability of children's personalities is frequently not considered (Clarizio & McCoy, 1970). Additionally, although Miller (1972) feels that teachers may rate children's behavior in relation to their age mates rather than rating behavior per se, the child's developmental level must be taken into consideration (Walsh & O'Connor, 1968). Certainly, some behaviors which are acceptable in kindergarten are totally inappropriate in sixth grade, and this factor should be considered in evaluating the child.

Sixth and finally, the major law dealing with the education of handicapped children, The Education of All Handicapped Children Act, (Public Law 94-142), has a major requirement of the Individualized Education Program (IEP). Although the IEP provides for continuity between assessment and treatment, many assessment devices used for seriously emotionally disturbed children are not useful for developing treatment methods. Numerous writers have acknowledged the need for such a link between assessment and treatment (Clarizio & McCoy, 1970; Kauffman, 1971, Kooi & Schutz, 1965; Quay, 1972; Werry & Quay, 1969; Woody,
1969). However, most of the available devices are not specific enough to provide this link.

In summary, the area of assessment of seriously emotionally disturbed children is replete with problems. No consensus exists as to the frequency of behavior problems which defines serious emotional disturbance. Early identification programs are of questionable value. Actual assessment techniques used for children referred as problems are vaguely described in the literature. And perhaps most important, many of the assessment devices designed to identify seriously emotionally disturbed children are of limited value. Certainly, the assessment of seriously emotionally disturbed children is an area which needs and deserves further research.

Summary

Four topics of vital importance to the education of seriously emotionally disturbed children—definition, prevalence, characteristics, and assessment—have been reviewed. These topics were established as ones which logically should be investigated in an effort to answer two questions: what specific children are seriously emotionally disturbed and how are these children identified? These questions are of vital importance to the education of seriously emotionally disturbed children since the methods currently used in much of the United States for providing special education are based on placing children in classification categories and then providing education based on these categories.

No one definition of seriously emotionally disturbed children is accepted by special educators. Although the Federal government has
provided a definition in The Education of All Handicapped Children Act (Public Law 94-142) which must be used as a guideline for funding purposes, numerous other definitions of the term "seriously emotionally disturbed children" are promulgated both in the literature and in various States' laws and regulations. Lack of consensus concerning the definition of seriously emotionally disturbed can be traced to several sources: (a) the abundance of theoretical models in the field, (b) the variety of professional training backgrounds of those dealing with seriously emotionally disturbed children, (c) the range of professional situations in which seriously emotionally disturbed children are encountered, and (d) the problems associated with assessment of serious emotional disturbance (Epstein et al., 1977).

A basic theoretical controversy is typified by the numerous terms used to denote the group of children referred to in Federal law as seriously emotionally disturbed. These terms include labels such as emotionally disturbed and emotionally handicapped as well as behavior disordered and behaviorally handicapped. Terms involving the word "emotional" seem to connote the theoretical perspective in which seriously emotionally disturbed children's behavior is seen as symptomatic of an underlying disorder in the child which must be discovered, analyzed, and treated. On the other hand, terms including the word "behavior" seem to connote the view that the seriously emotionally disturbed child's behavior itself is the difficulty and should be the focus of assessment and treatment.
Frequently definitions of serious emotional disturbance found in the literature involve two major components—the seriously emotionally disturbed child violates norms, standards, or expectations; and the behavior disrupts the environment. However, the definition in the literature of most importance to current programs for seriously emotionally disturbed children includes neither of these components. Eli M. Bower's (1960) definition of serious emotional disturbance is the source of the current Federal definition of serious emotional disturbance found in The Education of All Handicapped Children Act (Public Law 94-142). Only slight changes were made in Bower's definition for its inclusion in the law. The Federal definition is:

"Seriously emotionally disturbed" is defined as follows: (i) 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 educational performance:
(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
(C) Inappropriate types of behavior or feelings under normal circumstances;
(D) A general pervasive mood of unhappiness or depression; or
(E) A tendency to develop physical symptoms or fears associated with personal or school problems.
(ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed. (Department of Health, Education, & Welfare, Vol. 42, No. 163, p. 42478).

In summary, no consensually acceptable definition of serious emotional disturbance exists. Definitions are circular, not operationalized, and not relevant to practitioners or researchers (Epstein et al., 1977). Unfortunately, difficulties with definition of serious
emotional disturbance portend further difficulties in the areas of characteristics, assessment, and prevalence of serious emotional disturbance.

Prevalence estimates for serious emotional disturbance vary from .015 to 22 percent (Schultz et al., 1971). Two major factors--varied definitions and varied assessment techniques--contribute to the wide range of prevalence estimates. Based on the aggregate of prevalence studies, however, a prevalence estimate for serious emotional disturbance between two and five percent seems to be a reasonable one.

Two basic types of investigations fall under the rubric of characteristics of seriously emotionally disturbed children. The first type applies factor analytic techniques to lists of characteristics describing seriously emotionally disturbed children. The second type attempts to correlate certain characteristics with the occurrence of serious emotional disturbance.

The work of Peterson (1961) which resulted in the Problem Behavior Checklist is prominent among factor analytic studies of the characteristics of seriously emotionally disturbed children. Based on Peterson and his associates' work, two dimensions of seriously emotionally disturbed behavior have been outlined: conduct problems or acting-out, aggressive types of behavior and personality problems or withdrawn, shy types of behavior. These dimensions have emerged repeatedly in analysis of the behavior of groups of children. However, Peterson's work, as well as other factor analytic studies of the characteristics of seriously emotionally disturbed children, do have numerous weaknesses.
Correlational studies have provided some information about characteristics of seriously emotionally disturbed children as a group. Seriously emotionally disturbed children frequently score below the mean on group intelligence tests and on academic achievement tests and are frequently older than their classmates. The information derived from correlational studies is not accurate enough to be useful for individual prediction, however.

Techniques useful for individual prediction, however, are necessary for the identification or assessment of seriously emotionally disturbed children. Research on the assessment of serious emotional disturbance falls into two major categories. First, early identification programs have been attempted in order to differentiate those children whose behavior or characteristics in some way indicate the child's potential to develop serious emotional disturbance. Second, assessment of individual children referred for evaluation due to problem behavior has been discussed in the literature. This second type of assessment involves the differentiation of seriously emotionally disturbed children from normal children and from children exhibiting other handicapping conditions.

The most well-known early identification program for seriously emotionally disturbed children is that discussed by Bower (1960). His Process for In-School Screening of Children with Emotional Handicaps (Bower & Lambert, 1962) has been used in part or in its entirety in much subsequent research. Despite its popularity, the reliability and validity of Bower's process has been questioned (Salvia et al., 1974; Glavin, 1972).
The assessment of individual children referred for evaluation as potentially seriously emotionally disturbed is a much discussed but poorly defined process. The labeling of children as seriously emotionally disturbed seems to be based on clinical judgment and, therefore, to vary from person-to-person and situation-to-situation. Also difficult to pinpoint is how seriously emotionally disturbed children are differentiated from children designated as mentally retarded and learning disabled.

Most assessment techniques used for identification of seriously emotionally disturbed children are far from outstanding in their psychometric characteristics. Validity and reliability data tend to be either missing or inadequate. Different children are identified as seriously emotionally disturbed by different devices. Additionally, the clarity of many devices is questionable. Finally, the assessment techniques provide little information useful in treatment programs.

General agreement that the difference between seriously emotionally disturbed children and other children is in the frequency rather than the form of their behavior is found in the literature. However, agreement as to the frequency of behavior that defines serious emotional disturbance is not found. This disagreement is one of several problems which has led to inconsistent estimates of the prevalence of serious emotional disturbance.

Many unanswered questions remain after reviewing the literature on the definition, prevalence, characteristics, and assessment of serious emotional disturbance. Certainly the available literature
does not answer the question of how seriously emotionally disturbed children are actually identified. Some general outlines of areas to assess are available (Florida Dept. of Education, 1979; Klein, et al., 1967; Ohio Dept. of Education, 1973; Woody, 1969). However, these outlines are quite vague, and the evaluator can find little information about pre-intervention assessment of seriously emotionally disturbed children.

Further, the available literature does not even begin to address questions about the requirements of The Education of All Handicapped Children Act (Public Law 94-142) in relation to the identification of seriously emotionally disturbed children. No information is available in the literature about the following topics: how well Federal law is being followed in identifying seriously emotionally disturbed children, what specific procedures are being used to implement Federal law in identifying seriously emotionally disturbed children, and how much variation exists in methods for identifying seriously emotionally disturbed children. Yet, such information would be invaluable for evaluating one phase of the implementation of The Education of All Handicapped Children Act (Public Law 94-142) and for examining the state of the art of identifying seriously emotionally disturbed children. This dissertation begins to answer the above questions by examining the identification of seriously emotionally disturbed children in Ohio in relation to Federal law (The Education of All Handicapped Children Act) and Ohio Standards for Special Education (Ohio Department of Education, 1973).
CHAPTER THREE

METHOD

Objective

The objective of this study was to determine how Federal law and State standards are operationalized in the identification of seriously emotionally disturbed children in the State of Ohio by investigating:

1. How well Federal laws and State standards are followed in the identification of seriously emotionally disturbed children,

2. What specific procedures are followed in the identification of seriously emotionally disturbed children,

3. Whether variation exists across school districts in reported methods for the identification of seriously emotionally disturbed children, and

4. Whether variation in reported methods of identifying seriously emotionally disturbed children reflects differences in the professions of the person reporting on identification procedures.

Procedure

Information for this study was obtained from the results of a survey mailed to subjects by the State of Ohio Department of Education,
Division of Special Education. The survey deals with how the Education of All Handicapped Children Act (Public Law 94-142) and Ohio Standards for Special Education are operationalized in programs for seriously emotionally disturbed children in Ohio.

Recipients of the survey were one hundred ten individuals who act as contact persons and/or supervisors for programs for seriously emotionally disturbed children in Ohio. One individual was contacted for each program for seriously emotionally disturbed children in Ohio. Recipients of the survey were mailed a cover letter explaining the survey (See Appendix A) and two copies of the survey on January 15, 1980. Return of the survey was requested on or before February 15, 1980.

Instrumentation

A survey developed for this study (See Appendix B) was the only instrument used in the study. The survey was jointly developed by personnel at The Ohio Department of Education, Division of Special Education and Deborah D. Waddell. Items dealing with the identification of seriously emotionally disturbed children which are being used in this dissertation were developed by Deborah D. Waddell. Additional items dealing with areas of programs for seriously emotionally disturbed children which are of concern to The Ohio Department of Education, Division of Special Education were developed by personnel at the Division of Special Education. The two sets of items were merged in a single survey. The following discussion deals with only those survey items which were developed for this dissertation: items IV, V, VI, VII, VIII, XVII, and XVIII.
Items in the survey dealing with identification of seriously emotionally disturbed children were developed to reflect terms used in and requirements specified by The Education of All Handicapped Children Act (Department of Health, Education, and Welfare, 1977) and the Ohio Standards for Special Education (Ohio Department of Education, 1973). Questions were designed to obtain answers which reflect how discretionary aspects of the law and standards are carried out in individual programs for seriously emotionally disturbed children. The survey was largely in checklist format for ease of responding. However, on any items where it was applicable, the option was available of indicating "other" and specifying an answer different from those provided on the survey.

Survey item IV requested information which dealt with the most and least useful sources of information in developing the Individualized Education Program (IEP). The Education of All Handicapped Children Act and Ohio Standards for Special Education require the development of an Individualized Education program for each child receiving special education services. This survey item was designed to supply information on the relationship between the assessment process and the Individualized Education Program.

Survey item V dealt with areas which might be included in the assessment of a potentially seriously emotionally disturbed child. The choices available were selected for one of three reasons. First, several terms represent areas which must be assessed according to Ohio Standards for Special Education. These terms are "sensory acuity-visual," "sensory acuity-auditory," "motor abilities," "academic
achievement," "adjustment," and "social adaptability." The first three terms were derived from the statement: "Does not have severe hearing, visual, or motor involvement. . ." (Ohio Department of Education, 1973, p. 30). The last three terms were taken from a statement on eligibility for seriously emotionally disturbed classes which requires "Assessment of achievement, adjustment, and social adaptability" (Ohio Department of Education, 1973, p. 30). The second reason for inclusion of terms in item V was their presence in the definition of seriously emotionally disturbed children in The Education of All Handicapped Children Act. The terms included for this reason were "general intelligence," "health factors," and, again, "sensory acuity—visual" and "sensory acuity-auditory." The assessment of these areas is actually optional according to The Education of All Handicapped Children Act since a child must exhibit one or more of five characteristics to be classified as seriously emotionally disturbed, and these terms are a part of only one the five characteristics. The specific statement from which the terms were taken is: "An inability to learn which cannot be explained by intellectual, sensory, or health factors" (Department of Health, Education, and Welfare, 1977, p. 42478). The third reason for including terms was as distractors. Three terms fit this category. They are: "perceptual motor skills," "adaptive behavior," and "communicative status." Although assessment in these areas would not be incorrect, such assessment is not required by law or standards as a part of the assessment of a potentially seriously emotionally disturbed child. The term "adaptive behavior" was taken
from the requirements for the assessment of mentally retarded children in both The Education of All Handicapped Children Act in the section on evaluation procedures (121a.532 subpart f) which lists areas which might be included in an assessment if the area is related to the child's suspected disability. Finally, the term "perceptual motor skills" was not found in either The Education of All Handicapped Children Act or the Ohio Standards for Special Education but was included as a term which is frequently associated with the assessment of children for learning disabilities.

Survey item VI had subparts associated with each of the areas listed in item V. Under each subpart are possible methods of assessing that particular domain. The methods were in checklist format. In each case, several options were provided, but the respondent was free to check "other" and specify an additional method of assessing that domain. Respondents were requested only to consider those areas in which "always" or "sometimes" was answered in item V. If the respondent answers that the area is never assessed for a potentially seriously emotionally disturbed child in item V but in item VI specifies a method of assessment, the response to that subpart of item VI was discarded in the data analysis.

Survey item VII read "What must the duration of the condition be before it is considered a severe behavioral handicap?" This question was derived from the definition of seriously emotionally disturbed children in The Education of All Handicapped Children Act which specifies that "The term means exhibiting one or more of the following
characteristics over a long period of time. . . " (Department of
Health, Education, and Welfare, 1977, p. 42478). The item was
designed to provide information on how "a long period of time" is
being interpreted in the actual identification of seriously emotionally
disturbed children.

Ohio Standards for Special Education (1973) specify that an
assessment for eligibility in a class for seriously emotionally
disturbed children must include "standard test data and classroom
observations of academic and social behaviors" (p. 30). Survey item
VIII was designed to obtain information on the nature of such obser­
vations in terms of who does the observation, the duration of the
observation, the number of observations, and specific observation
procedures or recording instruments.

Survey item XVII requested information on who participates in the
evaluation of potentially seriously emotionally disturbed children in
the respondent's situation. The Education of All Handicapped Children
Act specifies that "The evaluation is made by a multidisciplinary
team or group of persons, including at least one teacher or other
specialist with knowledge in the area of suspected disability"
Standards for Special Education indicate that "Multifactored evaluation
may be conducted by one or more personnel from the school district and
shall include other personnel where appropriate" (Ohio Department of
Education, 1973, p. 96). Thus, unless respondents indicated only one
participant in the evaluation, no answer is correct or incorrect for
this item. However, the answers obtained provide information on how the law and standards are being interpreted in performing a multifactored evaluation by a multidisciplinary team.

Survey item XVIII, like item XVII, had no specific correct or incorrect answers. The respondent was asked to specify who, in their situation, makes the placement decision for a seriously emotionally disturbed child. Ohio Standards for Special Education specify only that "the placement team chairperson(s) and placement team members shall be designated by the superintendent of the school district of residence" (Ohio Department of Education, 1973, p. 97). The Education of All Handicapped Children Act states that "... the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options..." (Department of Health, Education, and Welfare, 1977, p. 42497). Again answers to survey item XVIII provide information on how Federal law and State standards are being operationalized at the local level.

Research Design

Response analysis for this research was descriptive. Percentages of respondents answering questions in a particular manner were reported. Responses were analyzed according to the requirements of The Education of All Handicapped Children Act and the Ohio Standards for Special Education. Discussion was provided on how well Federal law and State standards are being carried out. In addition, discussion was directed to how the many discretionary aspects of Federal law and State standards are being operationalized.
Definitions

1. Seriously emotionally disturbed: "(i) 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 educational performance: (A) An inability to learn which cannot be explained by intellectual, sensory, or health factors; (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) Inappropriate types of behavior or feelings under normal circumstances; (D) A general pervasive mood of unhappiness or depression; or (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (ii) The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed" (Department of Health, Education, and Welfare, 1977, p. 42478).

2. Severe behavioral handicapped children: Term currently used in Ohio for seriously emotionally disturbed children.

3. Seriously emotionally disturbed program contact person and/or supervisor: Person associated with a program for seriously emotionally disturbed children who maintains primary contact with The State of Ohio Department of Education, Division of Special Education Educational Consultant for Severe Behavioral Handicapped Programs.
4. Severe behavioral handicapped or seriously emotionally disturbed unit: An instructional grouping for children with serious emotional disturbance or a supervisor of a program for children with serious emotional disturbance.

5. Severe behavioral handicapped or seriously emotionally disturbed program: An administratively discrete group of one or more units for seriously emotionally disturbed children.
The identification of seriously emotionally disturbed children in Ohio was investigated through a survey mailed to each of the 110 severe behavioral handicapped programs in Ohio (See Appendix B). The deadline date specified on the survey for return to the Division of Special Education, Ohio Department of Education was February 15, 1980. On February 15, 1980, 68 of the 110 surveys had been received by the Division of Special Education. Phone calls to nonrespondents requesting their participation were made on February 25 and 26, 1980 by Division of Special Education personnel. By March 7, 1980, the 84 surveys used in this data analysis were received.

The 84 returned surveys represented 76 percent of the 110 severe behavioral handicapped programs to which the survey was mailed. These 84 programs were comprised of approximately 490 (85 percent) of the total 579.3 severe behavioral handicapped units in Ohio.

Presentation and Analysis of Data

Item IV. On Item IV A, respondents listed the two sources of assessment information which were most useful for developing the Individualized Education Program (IEP). Table 1 lists the eleven information sources which were mentioned in more than one survey response. Twelve additional information sources were listed on one survey only.
Table 1
Sources of Assessment Information Listed as Most Useful
in Developing the Individualized Education Program

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent of respondents indicating source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual academic test/</td>
<td></td>
</tr>
<tr>
<td>achievement scores</td>
<td>41.7</td>
</tr>
<tr>
<td>Observations</td>
<td>41.7</td>
</tr>
<tr>
<td>Psychological report</td>
<td>33.3</td>
</tr>
<tr>
<td>Teacher input</td>
<td>27.4</td>
</tr>
<tr>
<td>Parent input</td>
<td>14.3</td>
</tr>
<tr>
<td>Behavior rating scale</td>
<td>14.3</td>
</tr>
<tr>
<td>Past school records/history</td>
<td>10.7</td>
</tr>
<tr>
<td>Intelligence test</td>
<td>9.5</td>
</tr>
<tr>
<td>Criterion referenced test</td>
<td>4.8</td>
</tr>
<tr>
<td>Projective test</td>
<td>2.4</td>
</tr>
<tr>
<td>Child interview</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only responses found on more than one survey are included.

Twelve specific assessment instruments were listed on surveys as most useful in developing the IEP. These specific responses were tallied in general classification categories for Table 1, e.g. PIAT tallied as individual academic test. Specific instruments which were mentioned in more than one survey are presented in Table 2.
Table 2
Specific Assessment Instruments Listed as Most Useful Sources of Information for Developing the Individualized Education Program

<table>
<thead>
<tr>
<th>Assessment instrument</th>
<th>Percent of respondents listing instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>WISC-R</td>
<td>4.8</td>
</tr>
<tr>
<td>PIAT</td>
<td>4.8</td>
</tr>
<tr>
<td>Key Math</td>
<td>3.6</td>
</tr>
<tr>
<td>Devereux</td>
<td>3.6</td>
</tr>
<tr>
<td>Woodcock</td>
<td>2.4</td>
</tr>
<tr>
<td>Brigance</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only test listed on more than one survey are included.

On Item VI B, respondents listed the two sources of assessment information which were least useful for developing the IEP. Table 3 lists the 15 responses which were found on more than one survey. Eleven additional information sources were listed on one survey only.

Six specific assessment instruments were listed on surveys as least useful for developing the IEP. As with Item IV A, the instruments were tallied in general classification categories for Table 3. The two instruments which were specified as least useful information sources on more than one survey are listed in Table 4.
Table 3
Sources of Assessment Information Listed as Least Useful in Developing the Individualized Education Program

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent of surveys listing source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intelligence test</td>
<td>33.3</td>
</tr>
<tr>
<td>Physician's report</td>
<td>29.8</td>
</tr>
<tr>
<td>Past school records/history</td>
<td>19.0</td>
</tr>
<tr>
<td>Individual academic test/achievement scores</td>
<td>14.3</td>
</tr>
<tr>
<td>Parent input</td>
<td>8.3</td>
</tr>
<tr>
<td>Visual motor/perceptual motor testing</td>
<td>6.0</td>
</tr>
<tr>
<td>Motor inventories</td>
<td>4.8</td>
</tr>
<tr>
<td>Observation</td>
<td>4.8</td>
</tr>
<tr>
<td>Adaptive behavior measures</td>
<td>4.8</td>
</tr>
<tr>
<td>Standardized test results</td>
<td>4.8</td>
</tr>
<tr>
<td>Projective test</td>
<td>3.6</td>
</tr>
<tr>
<td>Family/social history</td>
<td>3.6</td>
</tr>
<tr>
<td>Behavior measures</td>
<td>2.4</td>
</tr>
<tr>
<td>Communicative status/speech evaluation</td>
<td>2.4</td>
</tr>
<tr>
<td>Group test scores</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only responses found on more than one survey are listed.
Table 4
Specific Assessment Instruments Listed as Least Useful Sources of Information for Developing the Individualized Education Program

<table>
<thead>
<tr>
<th>Assessment instrument</th>
<th>Percent of surveys listing instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRAT</td>
<td>3.6</td>
</tr>
<tr>
<td>Woodcock</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only tests appearing on more than one survey are included.

Individual academic tests/achievement scores and observations were each listed on 41.7 percent of the surveys as the most useful sources of assessment information for developing the IEP. These were the two most frequently listed information sources. The psychological report was listed on 33.3 percent of the surveys, and teacher input was listed on 27.4 percent of the surveys as the most useful information source.

On the other hand, the four information sources which appeared most often on the list of sources least useful for developing the IEP were: intelligence test (33.3 percent of surveys), physician's report (29.3 percent of surveys), past school records (19.0 percent of surveys), and individual academic test/achievement scores (14.3 percent of surveys).
Several information sources appear on both the list of most useful information sources for developing the IEP and the list of least useful information sources for developing the IEP. These information sources are listed in Table 5. Two reasons can be posited for finding information sources listed on the lists of both the most and least useful sources for developing the IEP. First,

Table 5

Sources of Assessment Information Listed as Both Most and Least Useful in Developing the IEP

<table>
<thead>
<tr>
<th>Information source</th>
<th>Rank among most useful sources</th>
<th>Rank among least useful sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual academic test/achievement scores</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Observation</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Parent input</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Past school records/history</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Intelligence test</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Projective test</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

the nature of the information obtained from a particular source may vary widely from program to program. For instance, past school records may be extremely detailed in one program and vague and undetailed in another program, or achievement tests used may vary
widely (e.g. Wide Range Achievement Test versus Brigance Diagnostic Inventory of Basic Skills) making the actual information classified as achievement test scores widely discrepant itself. Second, program personnel may vary widely in their interpretation of assessment domains important for a seriously emotionally disturbed child's IEP. For instance, a program which emphasizes social behavior may find a behavior rating scale most useful and achievement scores least useful whereas a program which emphasizes academic skills may have the opposite opinion.

The overlap between information sources listed as most and least useful makes general conclusions about most of the information sources tenuous. One item which appeared only on the least useful list and with high frequency on this list (25 of 84 surveys) was the physician's report. Apparently the physician's report is of little use for developing the IEP. However, the physician's report is required by State Standards (Ohio Department of Education, 1973) and may be useful for reasons other than IEP development. For instance, the physician's report may be vital to ruling out medical reasons for the behaviors characterizing the serious emotional disturbance. Additional information would be needed to determine if the physician ever finds medical causes of the behaviors and with what frequency such causes occur.

An additional important influence on answers to Item IV needs to be considered. If a particular assessment domain or assessment method is not used in an assessment, then that domain or method cannot appear in the most or least useful information source list.
For instance, criterion referenced tests appear four times as a most useful information source for developing the IEP. These four responses may represent as much as every case in which criterion referenced tests were used in the assessment, or they may represent as little as four out of 84 times when criterion referenced tests were used in the assessment. With the current survey, no method exists for determining exactly how often a particular assessment method or domain is used in the assessment. The examination of Item IV results must be done with this limitation in mind.

In summary of Item IV, the most and least useful information sources for developing the IEP appear to vary widely. Many information sources appear as most useful in some programs and least useful in other programs. The physician's report appears to be an exception. It was listed as a least useful source of information in 29.8 percent of the surveys. Perhaps, however, the physician's report is useful for reasons other than IEP development.

Item V. Item V was designed to determine which assessment domains are used in assessing seriously emotionally disturbed children. Table 6 presents responses to Item V. Many responses to Item V fell into the "always" category indicating frequent inclusion of every domain in the assessment process. Assessment of a domain, whether required by State standards or Federal law or not, is never undesirable or incorrect. Therefore, responses to Item V which are noteworthy are those which indicate a domain is only sometimes or never assessed when assessment of that domain is mandated by State standards or Federal law.
Table 6
Assessment Domains Used in the Assessment of Seriously Emotionally Disturbed Children

<table>
<thead>
<tr>
<th>Domain</th>
<th>Percent of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
</tr>
<tr>
<td>General intelligence</td>
<td>92.9</td>
</tr>
<tr>
<td>Academic performance</td>
<td>90.0</td>
</tr>
<tr>
<td>Adjustment</td>
<td>76.2</td>
</tr>
<tr>
<td>Perceptual motor skills</td>
<td>47.6</td>
</tr>
<tr>
<td>Adaptive behavior</td>
<td>52.3</td>
</tr>
<tr>
<td>Sensory acuity-visual</td>
<td>44.0</td>
</tr>
<tr>
<td>Sensory acuity-auditory</td>
<td>44.0</td>
</tr>
<tr>
<td>Social adaptability</td>
<td>69.0</td>
</tr>
<tr>
<td>Motor abilities</td>
<td>21.4</td>
</tr>
<tr>
<td>Health factors</td>
<td>76.2</td>
</tr>
<tr>
<td>Communicative status</td>
<td>34.5</td>
</tr>
<tr>
<td>Other</td>
<td>2.4</td>
</tr>
</tbody>
</table>

As indicated in the Methods chapter of this dissertation, 8 of the 11 suggested assessment domains are actually domains in which assessment is required by State standards or Federal law. These are: general intelligence, academic performance, adjustment, sensory acuity-visual, sensory acuity-auditory, social adaptability, motor
abilities, and health factors. Answers of "sometimes" or "never" for these domains could indicate either that Federal law and State standards are purposefully not being followed or that program personnel are not aware of the details of Federal law and State standards. The second explanation—of a lack of awareness of Federal law and State standards—seems more reasonable.

Only three responses of "never" were received for domains in which assessment is required. One response of "never" was received for each of these domains: sensory acuity-visual, sensory acuity-auditory, and social adaptability. Considerably more responses of "sometimes" were received. A minimum of three (general intelligence) to a maximum of 59 (motor abilities) "sometimes" responses were indicated for domains in which assessment is required. The percent of "sometimes" responses indicated a high level of assessing general intelligence (3.6% sometimes) and academic performance (6.0% sometimes); a moderate level of assessing adjustment (15.5% sometimes), social adaptability (22.6% sometimes), and health factors (17.9% sometimes); and a lower level of assessing sensory acuity-visual (45.2% sometimes), sensory acuity-auditory (46.4% sometimes), and motor abilities (70.2% sometimes). These responses seem to indicate a less than optimal awareness of that which Federal law and State standards specify must be included in the assessment of seriously emotionally disturbed children.

The "no response" answers to Item V may have resulted for several reasons. First, the person completing the survey (e.g. teacher) may
have been unaware of that which the assessment includes. Second, the person completing the survey may have had difficulty interpreting what the particular domain represented and, thus, may not have responded to the item. For instance, the adjustment and social adaptability categories may have elicited no response because the categories are vague. However, those terms are taken directly from State standards (Ohio Department of Education, 1973) and no further definition of the terms is provided in the standards. Third, the "no response" category may have subsumed some responses which should have fit into the "never" category, but the respondent hesitated to indicate "never" when the survey was being returned to the Division of Special Education. Two surveys had no response to any part of Item V and accounted for 2.4 percent in each "no response" category.

The responses listed by respondents under other were: two responses of personality factors under "always" and one response each of OT/PT and visual and auditory perception under "sometimes." On Item VI when more information was requested about the responses under other, 13 assessment domains were indicated. These 13 domains included the two responses of personality factors but did not include the responses of OT/PT or visual and auditory perception.

In summary of Item V, many programs are assessing all domains required by Federal law and State standards for seriously emotionally disturbed children. However, a considerable number of programs indicated that required assessment domains were only sometimes or even never assessed. These responses indicate the need for provision
of further information about the assessment of seriously emotionally disturbed children to the programs dealing with these children.

**Item VI.** An extensive investigation of assessment methods used for each of the domains investigated in Item V was undertaken in Item VI. Each of these domains will be considered separately here.

Item VI A dealt with the general intelligence domain. Respondents indicated the method used for assessing general intelligence. These results appear in Table 7. Most (89.3%) of the respondents indicated that a standardized test was used for assessing general intelligence. Additionally, most respondents indicated more than one method is used to assess general intelligence. Under responses categorized as other, three respondents indicated a parent interview

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>89.3</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>66.7</td>
</tr>
<tr>
<td>School record</td>
<td>83.3</td>
</tr>
<tr>
<td>Other</td>
<td>10.7</td>
</tr>
<tr>
<td>No response a</td>
<td>1.2</td>
</tr>
</tbody>
</table>

*aTallied only if "always" or "sometimes" checked in Item V.*
was used, two respondents listed observation, and two listed previous psychological evaluation. Since no particular method of assessing general intelligence or any other domain is specified in Federal law or State standards, responses to Item VI cannot be interpreted in terms of the appropriateness of assessment method. Rather, these responses provide an overview of how the discretionary aspects of Federal law and State standards are being carried out.

Responses to Item VIA also indicated which particular standardized tests are used to assess general intelligence. These results are displayed in Table 8. Some of the responses classified as WISC might actually be WISC-R, but in at least one case both the WISC and WISC-R were listed indicating that, in that situation, both instruments were used. Using the WISC rather than the WISC-R no longer is an appropriate method of assessing general intelligence since the norms are outdated. The responses categorized as Wechsler are probably WISC-R, WAIS, or WPPSI, but it was impossible to categorize them other than as a separate category.

Several of the instruments listed might be criticized on the basis of their reliability, validity, or limited scope, e.g. DAP, PPVT. However, in assessing a very special and limited population such as seriously emotionally disturbed children, instruments that are not typically employed, e.g. PPVT, might become the only instrument which can be used. In addition, most responses to Item VIA indicated more than one instrument was used for assessing general
### Table 8

**Standardized Tests Used for Assessing General Intelligence**

<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>WISC-R</td>
<td>81.0</td>
</tr>
<tr>
<td>Stanford-Binet</td>
<td>69.0</td>
</tr>
<tr>
<td>WAIS</td>
<td>29.8</td>
</tr>
<tr>
<td>WISC</td>
<td>11.9</td>
</tr>
<tr>
<td>WPPSI</td>
<td>7.1</td>
</tr>
<tr>
<td>McCarthy</td>
<td>4.8</td>
</tr>
<tr>
<td>Slossen</td>
<td>4.8</td>
</tr>
<tr>
<td>Leiter</td>
<td>4.8</td>
</tr>
<tr>
<td>CTMM</td>
<td>3.6</td>
</tr>
<tr>
<td>PPVT</td>
<td>3.6</td>
</tr>
<tr>
<td>DAP</td>
<td>2.4</td>
</tr>
<tr>
<td>SOMPA</td>
<td>2.4</td>
</tr>
<tr>
<td>PTI</td>
<td>2.4</td>
</tr>
<tr>
<td>Wechsler</td>
<td>2.4</td>
</tr>
</tbody>
</table>

*Note: Only tests appearing on more than one survey are included.*
intelligence. As a result, some of the more limited instruments may be used only to obtain supplementary data rather than as the entire evaluation of general intelligence.

Item VI B dealt with the academic performance domain. Assessment methods employed are presented in Table 9. As with general intelligence, all of the response options were indicated with high frequency.

Table 9
Methods Used for Assessing Academic Performance

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>96.4</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>85.7</td>
</tr>
<tr>
<td>School record</td>
<td>89.3</td>
</tr>
<tr>
<td>Classroom grades</td>
<td>73.8</td>
</tr>
<tr>
<td>Other</td>
<td>16.7</td>
</tr>
<tr>
<td>No response a</td>
<td>0</td>
</tr>
</tbody>
</table>

a Tallied only if "always" or "sometimes" checked in Item V.

Again, most responses indicated multiple methods for assessing academic performance. Responses appearing as other on two or more surveys were: criterion referenced tests (7 responses), teacher made tests (3 responses), work sample (2 responses), and observation (2 responses).
In addition to indicating general assessment method for academic performance, respondents also indicated specific standardized tests used. These results are presented in Table 10. Four tests appeared with considerably greater frequency than the others. These were: WRAT (85.7% of surveys), PIAT (69.0% of surveys), Key Math (47.6% of surveys), and Woodcock (41.7% of surveys). All of the instruments indicated appear to be appropriate for measuring academic performance.

Item VI C dealt with the assessment of adjustment. Assessment methods employed are presented in Table 11. For assessing adjustment, less formal methods such as teacher interview (92.9% of surveys), classroom observation (92.9% of surveys), parent interview (86.9% of surveys), and child interview (76.2% of surveys) are used more frequently than the more formal methods of behavior rating scales (69.0% of surveys) and standardized tests (51.2% of surveys). The least frequently employed method of assessing adjustment is sociometry (17.9% of surveys).

The specific standardized tests used to assess adjustment are listed in Table 12. Several types of tests are used to assess adjustment including adaptive behavior measures, e.g. AAMD; incomplete sentences, e.g. Rotter; projective drawing tests, e.g. DAP; other projective measures, e.g. TAT; and other measures, e.g. MMPI. This variety of measures may indicate multiple interpretations of the word "adjustment" which is found in the Standards for Special Education (Ohio Department of Education, 1973). In some cases, adjustment seems to be interpreted as adaptive behavior. In other cases, it apparently is interpreted as a deeper psychological state which must
<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRAT</td>
<td>85.7</td>
</tr>
<tr>
<td>PIAT</td>
<td>69.0</td>
</tr>
<tr>
<td>Key Math</td>
<td>47.6</td>
</tr>
<tr>
<td>Woodcock</td>
<td>41.7</td>
</tr>
<tr>
<td>Gilmore</td>
<td>9.6</td>
</tr>
<tr>
<td>Brigance</td>
<td>8.3</td>
</tr>
<tr>
<td>Spache</td>
<td>8.3</td>
</tr>
<tr>
<td>Gray Oral</td>
<td>8.3</td>
</tr>
<tr>
<td>CTBS</td>
<td>8.3</td>
</tr>
<tr>
<td>CAT</td>
<td>4.8</td>
</tr>
<tr>
<td>Durrell</td>
<td>4.8</td>
</tr>
<tr>
<td>ITPA</td>
<td>4.8</td>
</tr>
<tr>
<td>SAT</td>
<td>2.4</td>
</tr>
<tr>
<td>Gates McGinitie</td>
<td>2.4</td>
</tr>
<tr>
<td>Silvarole</td>
<td>2.4</td>
</tr>
<tr>
<td>Dolche</td>
<td>2.4</td>
</tr>
</tbody>
</table>

*Note: Only tests appearing on more than one survey are included.*
Table 11
Methods Used for Assessing Adjustment

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>51.2</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>92.9</td>
</tr>
<tr>
<td>Classroom observation</td>
<td>92.9</td>
</tr>
<tr>
<td>Other observation</td>
<td>35.7</td>
</tr>
<tr>
<td>Parent interview</td>
<td>86.9</td>
</tr>
<tr>
<td>Child interview</td>
<td>76.2</td>
</tr>
<tr>
<td>Sociometry</td>
<td>17.9</td>
</tr>
<tr>
<td>Behavior rating scale</td>
<td>69.0</td>
</tr>
<tr>
<td>Other</td>
<td>15.5</td>
</tr>
<tr>
<td>No response&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0</td>
</tr>
</tbody>
</table>

<sup>a</sup>Tallied only if "always" or "sometimes" checked in Item V.
Table 12

Standardized Tests Used for Assessing Adjustment

<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAT</td>
<td>13.1</td>
</tr>
<tr>
<td>AAMD</td>
<td>11.9</td>
</tr>
<tr>
<td>HTP</td>
<td>11.9</td>
</tr>
<tr>
<td>Vineland</td>
<td>8.3</td>
</tr>
<tr>
<td>Hand test</td>
<td>7.1</td>
</tr>
<tr>
<td>KFD</td>
<td>7.1</td>
</tr>
<tr>
<td>Incomplete sentences</td>
<td>7.1</td>
</tr>
<tr>
<td>(form unspecified)</td>
<td></td>
</tr>
<tr>
<td>DAP</td>
<td>4.8</td>
</tr>
<tr>
<td>CAT'</td>
<td>4.8</td>
</tr>
<tr>
<td>MMPI</td>
<td>3.6</td>
</tr>
<tr>
<td>Bender</td>
<td>3.6</td>
</tr>
<tr>
<td>Piers-Harris</td>
<td>3.6</td>
</tr>
<tr>
<td>Rotter</td>
<td>3.6</td>
</tr>
<tr>
<td>Rorschach</td>
<td>2.4</td>
</tr>
<tr>
<td>PIC</td>
<td>2.4</td>
</tr>
<tr>
<td>ABIC</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only tests appearing on more than one survey are included.
be measured through projective measures. Responses are not, however, directly dichotomized into adaptive behavior or psychological state. Many surveys listed more than one standardized test, and many listed tests from a variety of categories.

The specific behavior rating scales used to assess adjustment are listed in Table 13. The Devereux and Hahnemann were indicated much more frequently than other scales (51.2% of surveys). These scales have the same authors and are counterparts of each other for different age levels. The Devereux is appropriate for kindergarten through grade six and the Hahnemann for grades seven through twelve.

In a comprehensive review of behavior rating scales, Spivack and Swift (1973) found the Devereux and Hahnemann to be among the best behavior rating scales.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Percent of Respondents Indicating Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devereux</td>
<td>40.5</td>
</tr>
<tr>
<td>Hahnemann</td>
<td>10.7</td>
</tr>
<tr>
<td>Burks</td>
<td>3.6</td>
</tr>
<tr>
<td>Spraing</td>
<td>2.4</td>
</tr>
<tr>
<td>BPC</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only scales appearing on more than one survey are included.
The category "Other Observations" included 18 observations on the playground and 10 observations in the lunchroom. Other in-school locations for observations which were mentioned three or less times were special classes, e.g. gym, and the hall. Two surveys indicated that home observations were done, and two specified observations by a social agency. The Ohio Department of Education (1973) specifies that observations must be a part of the assessment of seriously emotionally disturbed children. However, the standards do not specify that observation must be used to assess adjustment or where the observation must be conducted. Apparently, however, observation is frequently used as a method of assessing adjustment.

Several responses were categorized as "Other" under methods for assessing adjustment. The responses which occurred on more than one survey included: court/welfare observations (3 responses), principal interview (2 responses), anecdotal records (2 responses), and social work report/social history (2 responses).

Perceptual-motor skills are not an area which must be assessed for potentially seriously emotionally disturbed children. However, many survey responses indicated that perceptual motor skills are included in assessments. Methods which are used for assessing perceptual motor skills are displayed in Table 14. Standardized tests (90.0% of surveys) are the most frequently used method of assessing perceptual motor skills. Observation (63.1% of surveys) is also frequently used either alone or in conjunction with standardized tests to assess perceptual motor skills. The only response classified
Table 14
Methods Used for Assessing Perceptual Motor Skills

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>90.0</td>
</tr>
<tr>
<td>Observation</td>
<td>63.1</td>
</tr>
<tr>
<td>Other</td>
<td>16.7</td>
</tr>
<tr>
<td>No response&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.2</td>
</tr>
</tbody>
</table>

<sup>a</sup>Tallied only if "always" or "sometimes" checked in Item V.

as "Other" which was found on more than one survey was informal writing/classwork samples. This response occurred on 9.6 percent of the surveys.

The specific standardized tests used to assess perceptual motor skills are presented in Table 15. The Bender Gestalt Test (81.0% of surveys) and the VMI (53.6% of surveys) are used much more frequently than any other instruments. Many of the tests mentioned have been questioned on the basis of their psychometric characteristics (Salvia & Ysseldyke, 1978). However, neither Federal law nor State standards specify particular guidelines for psychometric characteristics of assessment devices. The Education of All Handicapped Children Act (Public Law 94-142) specifies that tests must "have been validated for the specific purpose of which they are used" (Department Health, Education, & Welfare, 1977, p. 496). However, even this statement is
Table 15

Standardized Tests Used for Assessing Perceptual Motor Skills

<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bender</td>
<td>81.0</td>
</tr>
<tr>
<td>VMI</td>
<td>53.6</td>
</tr>
<tr>
<td>Frostig</td>
<td>11.9</td>
</tr>
<tr>
<td>DAP</td>
<td>4.8</td>
</tr>
<tr>
<td>MVPT</td>
<td>4.8</td>
</tr>
<tr>
<td>Detroit</td>
<td>3.6</td>
</tr>
<tr>
<td>WISC-R (Performance)</td>
<td>3.6</td>
</tr>
<tr>
<td>Rutgers</td>
<td>2.4</td>
</tr>
<tr>
<td>ITPA</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only tests appearing on more than one survey are included.

unspecific and leaves to the examiner the determinination of a test's psychometric appropriateness. Therefore, criticism of evaluation devices for inadequate psychometric characteristics does not fall under the rubric of determining whether and how well Federal law and State standards are carried out in identifying seriously emotionally disturbed children.

Adaptive behavior is another area in which assessment is not required by Federal law or State standards when assessing potentially seriously emotionally disturbed children. However, as with perceptual
motor skills, adaptive behavior is frequently included in the assessment of seriously emotionally disturbed children. Methods of assessing adaptive behavior are presented in Table 16. Teacher interviews (84.5% of surveys), parent interviews (81.0% of surveys), and observation (75.0% of surveys) are used more frequently than standardized tests (67.9% of surveys) for assessing adaptive behavior.

Table 16
Methods Used for Assessing Adaptive Behavior

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>67.9</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>84.5</td>
</tr>
<tr>
<td>Parent interview</td>
<td>81.0</td>
</tr>
<tr>
<td>Observation</td>
<td>75.0</td>
</tr>
<tr>
<td>Other</td>
<td>15.5</td>
</tr>
<tr>
<td>No response a</td>
<td>1.2</td>
</tr>
</tbody>
</table>

a Tallied only if "always" or "sometimes" checked in Item V.

These methods are probably frequently used in combination, however. For instance, the ABIC (a standardized test) is completed through a parent interview. Other standardized adaptive behavior measures, e.g. AAMD, Vineland, may be completed through a teacher interview.
The two responses classified as "Other" which occurred on more than one survey were student interview (5 responses) and behavior checklist (2 responses).

Specific standardized tests used to measure adaptive behavior are presented in Table 17. The AAMD, Vineland, and ABIC are tests intended specifically to assess adaptive behavior. The Devereux is not typically classified as a measure of adaptive behavior. The

Table 17
Standardized Tests Used for Assessing Adaptive Behavior

<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vineland</td>
<td>48.8</td>
</tr>
<tr>
<td>AAMD</td>
<td>40.5</td>
</tr>
<tr>
<td>ABIC</td>
<td>11.9</td>
</tr>
<tr>
<td>Devereux</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Note: Only tests appearing on more than one survey are included.

Devereux "provides a profile of 11 dimensions of overt problem behaviors that experienced teachers have judged as relevant to classroom achievement" (Hammill & Bartel, 1978). Coulter and Morrow (1979) reviewed definitions of adaptive behavior and found them to include "(1) functioning independently and meeting basic physical needs and (2) maintaining responsible social relationships" (p. 7). The stated
purpose of the Devereux seems to indicate that it is not measuring the aspects of behavior called adaptive behavior and, thus, is not an appropriate instrument for the measurement of adaptive behavior.

Items VI F and G request information on methods of assessing visual and auditory acuity. Table 18 presents the assessment methods used for these domains. School records of previous screening (88.1% of surveys) and medical evaluation by licensed physician (84.5% of surveys) are the most frequently used methods of assessing visual and auditory acuity.

Table 18
Methods Used for Assessing Visual and Auditory Acuity

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visual</td>
</tr>
<tr>
<td>School record of previous screening</td>
<td>88.1</td>
</tr>
<tr>
<td>In-school screening as a specific part of the evaluation for serious emotional disturbance</td>
<td>31.0</td>
</tr>
<tr>
<td>Medical evaluation by licensed physician</td>
<td>84.5</td>
</tr>
<tr>
<td>Other</td>
<td>9.6</td>
</tr>
<tr>
<td>No response</td>
<td>0</td>
</tr>
</tbody>
</table>

^Tallied only if "always" or "sometimes" checked on Item V.
The responses classified as "Other" for visual and auditory acuity need special consideration. Several responses indicate that the respondents are interpreting the word "acuity" incorrectly. Acuity means keenness or acuteness (Davies, 1973) and is a biological function which differs from auditory or visual perception. Thus, tests of perceptual functioning are inappropriate for measuring acuity. Additionally, observation is not an accurate means of measuring acuity. However, several respondents listed measures which indicate improper understanding of the term acuity. Responses classified as other are presented in Table 19. Clearly, the responses under "Inappropriate Measures" in Table 19 indicate the need for further specification of that which is necessary to screen for visual and auditory acuity.

Item VI requests information about methods of assessing motor abilities. Results of Item VI are presented in Table 20. Observation was the most frequently used method of assessing motor abilities (77.4% of surveys) followed by teacher interview (51.2% of surveys) and standardized tests (33.3% of surveys). Only four standardized tests were mentioned on more than one survey and these were used only in a small number of cases. These tests are specified in Table 21. These responses as well as numerous responses listed one time only (e.g. Frostig, Slingerland) seem to indicate that when standardized tests are used, motor abilities are frequently being interpreted as fine or perceptual motor abilities. However, responses classified as "Other" indicated that gross motor abilities are also assessed
### Table 19

#### Appropriate and Inappropriate "Other" Measures of Visual and Auditory Acuity

<table>
<thead>
<tr>
<th>Visual Acuity</th>
<th>Auditory Acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure</strong></td>
<td><strong>Number of responses</strong></td>
</tr>
<tr>
<td>Nurse</td>
<td>2</td>
</tr>
<tr>
<td>Threshold test</td>
<td>2</td>
</tr>
<tr>
<td>KSU Speech &amp; hearing</td>
<td>1</td>
</tr>
<tr>
<td>Observation</td>
<td>2</td>
</tr>
<tr>
<td>Detroit Test</td>
<td>1</td>
</tr>
<tr>
<td>VMI</td>
<td>1</td>
</tr>
<tr>
<td>VADS</td>
<td>1</td>
</tr>
<tr>
<td>Informal tracking</td>
<td>1</td>
</tr>
<tr>
<td>Near point convergence</td>
<td>1</td>
</tr>
<tr>
<td>Tropia/phoria</td>
<td>1</td>
</tr>
</tbody>
</table>

**Appropriate Measures**

**Inappropriate Measures**
### Table 20
Methods Used for Assessing Motor Abilities

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>33.3</td>
</tr>
<tr>
<td>Observation</td>
<td>77.4</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>51.2</td>
</tr>
<tr>
<td>Other</td>
<td>20.2</td>
</tr>
<tr>
<td>No response&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.8</td>
</tr>
</tbody>
</table>

<sup>a</sup>Tallied only if "always" or "sometimes" checked in Item V.

### Table 21
Standardized Tests Used for Assessing Motor Abilities

<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bender</td>
<td>6.0</td>
</tr>
<tr>
<td>VMI</td>
<td>4.8</td>
</tr>
<tr>
<td>Ayres</td>
<td>3.6</td>
</tr>
<tr>
<td>McCarthy</td>
<td>3.6</td>
</tr>
</tbody>
</table>

*Note:* Only tests appearing on more than one survey are included.
for the domain of motor abilities. "Other" responses which occurred on more than one survey included medical evaluation (5 responses), informal evaluation, e.g. hopping (4 responses), and OT/PT evaluation (2 responses).

The interpretation of motor abilities seems to vary from program to program. Fine motor skills, perceptual motor skills, gross motor skills, or all three are assessed as motor abilities. This discrepancy again highlights the large amount of discretion assigned to local program personnel concerning the assessment of seriously emotionally disturbed children.

Information concerning the assessment of social adaptability was obtained on Item VI. Methods used for assessing social adaptability are detailed in Table 22. The order of frequency with which assessment methods were chosen parallels exactly the order chosen for assessing adjustment. Specific standardized tests (presented in Table 23) used to assess adjustment and social adaptability are very similar as are behavior rating scales used to assess the two domains (presented in Table 24). Additionally, observations outside of the classrooms were very similar for both domains (presented in Table 25). Apparently, adjustment and social adaptability are being interpreted as similar or overlapping domains. State standards specify that both domains must be assessed, but the standards do not specify that adjustment and social adaptability are separate domains which must be assessed in separate ways. Perhaps the two would best be considered as one domain.
<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>46.4</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>82.1</td>
</tr>
<tr>
<td>Classroom observation</td>
<td>81.0</td>
</tr>
<tr>
<td>Other observation</td>
<td>31.0</td>
</tr>
<tr>
<td>Parent interview</td>
<td>86.9</td>
</tr>
<tr>
<td>Child interview</td>
<td>72.6</td>
</tr>
<tr>
<td>Sociometry</td>
<td>7.1</td>
</tr>
<tr>
<td>Behavior rating scale</td>
<td>48.8</td>
</tr>
<tr>
<td>Other</td>
<td>8.3</td>
</tr>
<tr>
<td>No response&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.4</td>
</tr>
</tbody>
</table>

<sup>a</sup>Tallied only when "always" or "sometimes" checked on Item V.
Table 23
Comparison of Standardized Tests Used
to Assess Adjustment and Social Adaptability

<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adjustment</td>
</tr>
<tr>
<td>TAT</td>
<td>13.1</td>
</tr>
<tr>
<td>AAMD</td>
<td>11.9</td>
</tr>
<tr>
<td>HTP</td>
<td>11.9</td>
</tr>
<tr>
<td>Vineland</td>
<td>8.3</td>
</tr>
<tr>
<td>Hand Test</td>
<td>7.1</td>
</tr>
<tr>
<td>KFD</td>
<td>7.1</td>
</tr>
<tr>
<td>Incomplete sentences</td>
<td>7.1</td>
</tr>
<tr>
<td>(form unspecified)</td>
<td></td>
</tr>
<tr>
<td>DAP</td>
<td>4.8</td>
</tr>
<tr>
<td>CAT'</td>
<td>4.8</td>
</tr>
<tr>
<td>MMPI</td>
<td>3.6</td>
</tr>
<tr>
<td>Bender</td>
<td>3.6</td>
</tr>
<tr>
<td>Piers-Harris</td>
<td>3.6</td>
</tr>
<tr>
<td>Rotter</td>
<td>3.6</td>
</tr>
<tr>
<td>Rorschach</td>
<td>2.4</td>
</tr>
<tr>
<td>PIC</td>
<td>2.4</td>
</tr>
<tr>
<td>ABIC/SOMPA</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only tests appearing more than once for either adjustment or social adaptability are included.
Table 24
Comparison of Behavior Rating Scales Used to Assess Adjustment and Social Adaptability

<table>
<thead>
<tr>
<th>Scale</th>
<th>Percent of Respondents Indicating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adjustment</td>
</tr>
<tr>
<td>Devereux</td>
<td>40.5</td>
</tr>
<tr>
<td>Hahnemann</td>
<td>10.7</td>
</tr>
<tr>
<td>Burks</td>
<td>3.6</td>
</tr>
<tr>
<td>Spraing</td>
<td>2.4</td>
</tr>
<tr>
<td>BCP</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only scales appearing more than once for either adjustment or social adaptability are included.
### Table 25
Comparison of Locations Specified for "Other Observations"

Used to Assess Adjustment and Social Adaptability

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent of Respondents Listing Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adjustment</td>
</tr>
<tr>
<td>Playground</td>
<td>21.4</td>
</tr>
<tr>
<td>Lunchroom</td>
<td>11.9</td>
</tr>
<tr>
<td>Special classes (e.g. art)</td>
<td>7.1</td>
</tr>
<tr>
<td>Gym</td>
<td>3.6</td>
</tr>
<tr>
<td>Hall</td>
<td>3.6</td>
</tr>
<tr>
<td>Home</td>
<td>2.4</td>
</tr>
<tr>
<td>Social agency</td>
<td>2.4</td>
</tr>
</tbody>
</table>

**Note:** Only locations appearing more than once for either adjustment or social adaptability are included.
Item VIJ dealt with the evaluation of health factors. Methods used for assessing health factors are presented in Table 26. School record of previous screening (91.7% of surveys) and medical evaluation by a licensed physician (92.9% of surveys) were the most common responses. Ohio Standards for Special Education (Ohio Dept. of Education, 1973) require that the assessment of seriously emotionally disturbed children include an examination by a licensed physician. From this item, a determination cannot be made about the number of cases in which a physician's examination is included in the assessment.

Table 26
Methods Used for Assessing Health Factors

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>School record</td>
<td>91.7</td>
</tr>
<tr>
<td>In-school screening</td>
<td>33.3</td>
</tr>
<tr>
<td>Medical evaluation</td>
<td>92.9</td>
</tr>
<tr>
<td>Teacher interview</td>
<td>56.0</td>
</tr>
<tr>
<td>Parent interview</td>
<td>77.4</td>
</tr>
<tr>
<td>Child interview</td>
<td>42.9</td>
</tr>
<tr>
<td>Other</td>
<td>6.0</td>
</tr>
<tr>
<td>No response\textsuperscript{a}</td>
<td>1.2</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Tallied only if "always" or "sometimes" checked on Item V.
However, a medical evaluation by a licensed physician was included as a part of the assessment in 92.9 percent of the programs, and 8.3 percent of the respondents specified that the in-school screening was conducted by a physician. Apparently, an examination by a licensed physician is very frequently, and perhaps always, included in the assessment.

The assessment of communicative status was investigated in Item VI-K. Communicative status is not an area which must be assessed for the seriously emotionally disturbed child. However, many respondents specified that communicative status is included in evaluations of these children. Methods used to evaluate communicative status are presented in Table 27. These results indicate that when communicative status is evaluated the speech therapist frequently conducts

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent of Respondents Indicating Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized test</td>
<td>34.5</td>
</tr>
<tr>
<td>Child interview</td>
<td>59.5</td>
</tr>
<tr>
<td>Speech therapist's evaluation</td>
<td>73.8</td>
</tr>
<tr>
<td>Other</td>
<td>11.9</td>
</tr>
<tr>
<td>No response a</td>
<td>3.6</td>
</tr>
</tbody>
</table>

aTallied only if "always" or "sometimes" checked in Item V.
the evaluation (73.8% of surveys). Child interview (59.5%) of surveys) is a second frequently used method of assessing communicative status. Standardized tests are used only in 34.5 percent of the cases to evaluate communicative status. The specific standardized tests which are used are detailed in Table 28. No one standardized measure seems to be strongly favored by the most programs for assessing

Table 28

<table>
<thead>
<tr>
<th>Test</th>
<th>Percent of Respondents Indicating Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPVT</td>
<td>14.3</td>
</tr>
<tr>
<td>ITPA</td>
<td>9.6</td>
</tr>
<tr>
<td>WISC-R</td>
<td>8.3</td>
</tr>
<tr>
<td>Stanford-Binet</td>
<td>4.8</td>
</tr>
<tr>
<td>Wepman</td>
<td>3.6</td>
</tr>
<tr>
<td>GFW</td>
<td>3.6</td>
</tr>
<tr>
<td>Carrow</td>
<td>2.4</td>
</tr>
<tr>
<td>Woodcock</td>
<td>2.4</td>
</tr>
<tr>
<td>VLDS</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only tests listed on more than one survey are included.

communicate status. The PPVT is the most widely used measure, but only 14.3 percent of the respondents indicated that the PPVT was used. The PPVT is a measure of receptive language which is actually
only a part of communicative status. Frequently, however, the PPVT was listed in conjunction with other measures which tap expressive language. The WISC-R and Stanford-Binet are not specific measures of communicative status, but can provide a vehicle for the examiner to observe the child's communicative status.

Item VI provides respondents with the opportunity to specify additional domains which are assessed for the seriously emotionally disturbed child. Thirteen (15.5%) respondents listed additional domains. Of these, four listed personality and four listed family history/dynamics. Self concept, learning modality, learning style, auditory processing, and vocational/occupational were listed one time each.

The methods specified for evaluating personality, e.g. TAT, HTP, KFD, indicated considerable overlap with the domains of adjustment and social adaptability. These domains seem to be less discrete than domains such as general intelligence and academic performance. In addition, assessment methods for personality, adjustment, and social adaptability seem to be less consensually accepted than assessment methods for assessing domains such as general intelligence. Possibly, that which four respondents are labeling as the personality domain is actually subsumed under other domains such as social adaptability by other respondents and is thereby assessed in most or all programs.

The domain of family history/dynamics is not an area that must be assessed according to State standards or Federal law. However,
four programs indicated that this domain is included in the seriously emotionally disturbed child's assessment. Assessment of family history/dynamics is carried out by the social worker in three of the four programs which assess this domain.

In summary of Item VI, a wide variety of assessment methods and instruments are used to assess seriously emotionally disturbed children. Most domains are being assessed by multiple methods, e.g. standardized test, teacher interview, and observation. In addition, most responses in which standardized tests were specified listed a variety of tests. Apparently, the examiner has a variety of instruments available and can choose those most appropriate for the individual child.

Some domains which are assessed for seriously emotionally disturbed children seem to be more uniformly interpreted than others. For instance, academic performance is measured by numerous standardized instruments but all of these instruments fall in the category of academic assessment measures. However, adjustment is assessed by a wide variety of instruments which fall into several categories.

Most assessment methods and instruments which are used for seriously emotionally disturbed children seem to be appropriate measures for the specified domain. Visual and auditory acuity are domains where further clarification of appropriate assessment methods is needed.
Several domains seemed to overlap considerably in assessment methods and instruments used. These were: social adaptability, adjustment, and personality. Perhaps these domains could more appropriately be considered as multiple facets of a single domain.

**Item VII.** Item VII was designed to obtain information about the duration of a condition before it is considered serious emotional disturbance. The Education of All Handicapped Children Act (Public Law 94-142) specifies that a condition must be exhibited "over a long period of time" (Dept. of Health, Education, & Welfare, 1977, p. 42478) in order to be considered as serious emotional disturbance. Answers to Item VII should help to clarify how "a long period of time" is being interpreted. Table 29 presents the results of Item VII.

Table 29
Duration of Condition Considered as Serious Emotional Disturbance

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percent of Respondents Specifying Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>One month or less</td>
<td>1.2</td>
</tr>
<tr>
<td>More than one but less than six months</td>
<td>15.5</td>
</tr>
<tr>
<td>At least six months but less than twelve months</td>
<td>7.1</td>
</tr>
<tr>
<td>One year</td>
<td>20.2</td>
</tr>
<tr>
<td>More than one year</td>
<td>7.1</td>
</tr>
<tr>
<td>No specific amount of time</td>
<td>48.8</td>
</tr>
</tbody>
</table>
Almost half of the respondents (48.8%) did not indicate a specific length of time for Item VII. Of those who did, the most frequent response was one year (20.2% of surveys) with 23.8 percent of the responses being less than one year and 7.1 percent of the responses being more than one year. Responses classified as "No specific amount of time" indicated that an interaction of factors affects the amount of time which must elapse before a child is considered seriously emotionally disturbed. These responses indicated that severity of the problem as well as frequency of problem behaviors are important variables in determining whether a child is seriously emotionally disturbed.

In summary to Item VII, the low frequency with which specific time periods were indicated may reflect the rather nebulous boundaries of serious emotional disturbance. Time periods which vary from less than one month to more than one year interact with variables such as severity and frequency to provide the composite picture necessary for the decision that a child is seriously emotionally disturbed.

**Item VIII.** Item VIII was designed to obtain information about the observations which State standards require as part of the assessment of seriously emotionally disturbed children. On Item VIII A respondents indicated who typically does the observing. Responses to this item are presented in Table 30. The school psychologist is responsible for considerably more observations (75.0% of surveys) than any other individual. A variety of other individuals
Table 30
Title of Individuals Doing Observation as a Part of the Assessment of Seriously Emotionally Disturbed Children

<table>
<thead>
<tr>
<th>Title of Individual</th>
<th>Percent of Respondents Indicating Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>School psychologist</td>
<td>75.0</td>
</tr>
<tr>
<td>Teacher</td>
<td>27.4</td>
</tr>
<tr>
<td>Supervisor</td>
<td>26.2</td>
</tr>
<tr>
<td>Principal</td>
<td>25.0</td>
</tr>
<tr>
<td>SBD teacher</td>
<td>20.0</td>
</tr>
<tr>
<td>SBD coordinator/director/therapist/etc.</td>
<td>11.9</td>
</tr>
<tr>
<td>Counselor</td>
<td>9.6</td>
</tr>
<tr>
<td>Social worker</td>
<td>2.4</td>
</tr>
<tr>
<td>Other</td>
<td>20.2</td>
</tr>
</tbody>
</table>

Note: Only individuals listed on more than one survey are included.

are involved in a moderate amount of observations. These individuals include teachers (27.4% of surveys), supervisors (26.2% of surveys), principals (25.0% or surveys), and severe behavior disorder (SBD) teachers (20.0% of surveys). Many survey responses indicated that more than one person did observations. The most typical response was school psychologist and one other individual. Responses categorized as other included 17 individuals listed one time each. One response of "Not Applicable" was received.
On Item VIII B, respondents indicated the typical duration of a single observation. These responses are presented in Table 31.

**Table 31**

Typical Duration of Observation Used in the Assessment of Seriously Emotionally Disturbed Children

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percent of Respondents Indicating Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>13.1</td>
</tr>
<tr>
<td>30 minutes</td>
<td>29.8</td>
</tr>
<tr>
<td>31 to 59 minutes</td>
<td>31.0</td>
</tr>
<tr>
<td>One hour</td>
<td>6.0</td>
</tr>
<tr>
<td>More than one hour</td>
<td>7.1</td>
</tr>
<tr>
<td>Other</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Observations which lasted between 30 minutes and one hour (66.8% of surveys) were the most typical. Responses classified as "Other" included three responses of "one classroom period" and three responses which indicate a range of time, e.g. one-half hour to one-half day.

On Item VIIIC, respondents indicated the typical number of observations done for a single child. These responses are presented in Table 32. A wide variety of responses was given for the typical number of observations. Whereas 21.4 percent of the respondents indicated that one observation or a range of numbers including one
Table 32
Number of Observations Included in the Assessment of a Seriously Emotionally Disturbed Child

<table>
<thead>
<tr>
<th>Number of Observations</th>
<th>Percent of Respondents Indicating Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>10.7</td>
</tr>
<tr>
<td>One or two</td>
<td>7.1</td>
</tr>
<tr>
<td>One to three/four/five/etc.</td>
<td>3.6</td>
</tr>
<tr>
<td>Two</td>
<td>22.6</td>
</tr>
<tr>
<td>Two to three/four/five/etc.</td>
<td>8.3</td>
</tr>
<tr>
<td>Three</td>
<td>14.3</td>
</tr>
<tr>
<td>More than three but less than six</td>
<td>9.6</td>
</tr>
<tr>
<td>Six or more</td>
<td>1.2</td>
</tr>
<tr>
<td>Other</td>
<td>20.2</td>
</tr>
</tbody>
</table>

observation is the typical number of observations, 10.8 percent of the respondents indicated that more than three observations are done. Responses classified as "other" included answers such as "one per teacher" and "continuous." These answers could not be placed in a discrete category.

On Item VIIID, respondents were asked to indicate any specific observation procedure or instrument which is used. No specific procedure or instrument was indicated by 48.8 percent of the respondents, and another 13.1 percent indicated that a locally developed
instrument is used. Of the 27.4 percent of respondents who listed specific procedures or instruments, most of the responses were somewhat vague. The particular responses are presented in Table 33.

Table 33
Recording Procedures or Instruments Used for Observations of Seriously Emotionally Disturbed Children

<table>
<thead>
<tr>
<th>Instrument/Procedure</th>
<th>Percent of Surveys Indicating Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anecdotal record</td>
<td>7.1</td>
</tr>
<tr>
<td>Charting behavior</td>
<td>3.6</td>
</tr>
<tr>
<td>Event recording/frequency</td>
<td>3.6</td>
</tr>
<tr>
<td>Checklist</td>
<td>3.6</td>
</tr>
<tr>
<td>Devereux</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Note: Only instruments/procedures indicated on more than one survey are included.

The most frequently used procedure for observations is anecdotal records. No one procedure or instrument was indicated by more than six respondents. Apparently, little standardization of method for observations exists.

In summary of Item VIII, observations seem to be done by most all of the respondents as a part of the assessment of seriously emotionally disturbed children. The school psychologist is the
individual who does most of the observations although most respondents indicated that another individual also did an observation. The number of observations used in the assessment of a single child varies from one to more than six. Considerable variation is also found in the duration of a single observation although observations from 30 to 60 minutes are the most frequent. Little standardization for method of observation was reported. Thus, aside from the school psychologist typically being one observer, the observation process seems to be widely varied from program to program and perhaps even within programs.

Item XVII. Information about titles of participants on the multi-factored evaluation team was obtained in Item XVII. Titles of individuals serving on evaluation teams are presented in Table 34. Table 34 indicates the wide variety of participants serving on multi-factored evaluation teams. The table includes 18 participant titles. An additional 21 titles were among the responses listed on less than five surveys. Some of these categories actually subsume a variety of titles. For example, the supervisor category included supervisors of severe behavioral handicapped units, supervisors of learning disability units, supervisors of special education, etc.

The school psychologist was listed as a multifactored evaluation team participant on all except one of the surveys where a response was given for this item. The one team which did not include a school psychologist listed the court psychologist as a team member. One survey listed the school psychologist and/or the counselor, and one listed the school psychologist and/or the director of student
Table 34

Titles of Participants on the Multifactored Evaluation Team

<table>
<thead>
<tr>
<th>Participant’s Title</th>
<th>Percent of Respondents Indicating Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>School psychologist</td>
<td>90.4</td>
</tr>
<tr>
<td>Teacher</td>
<td>67.5</td>
</tr>
<tr>
<td>Principal</td>
<td>53.0</td>
</tr>
<tr>
<td>Supervisor</td>
<td>43.4</td>
</tr>
<tr>
<td>Counselor</td>
<td>36.1</td>
</tr>
<tr>
<td>SBD teacher&lt;sup&gt;a&lt;/sup&gt;</td>
<td>32.5</td>
</tr>
<tr>
<td>Speech/language therapist</td>
<td>28.9</td>
</tr>
<tr>
<td>Parent/guardian</td>
<td>27.7</td>
</tr>
<tr>
<td>Other teacher (LD, etc.)&lt;sup&gt;b&lt;/sup&gt;</td>
<td>19.3</td>
</tr>
<tr>
<td>Nurse</td>
<td>19.3</td>
</tr>
<tr>
<td>Present teacher</td>
<td>15.7</td>
</tr>
<tr>
<td>Physician</td>
<td>14.4</td>
</tr>
<tr>
<td>Social worker</td>
<td>12.0</td>
</tr>
<tr>
<td>Coordinator</td>
<td>12.0</td>
</tr>
<tr>
<td>Clinical psychologist</td>
<td>8.4</td>
</tr>
<tr>
<td>Pupil personnel director</td>
<td>7.2</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>6.0</td>
</tr>
<tr>
<td>Assistant principal</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Note: Only participants listed on 5 or more surveys are included.

<sup>a</sup>Severe behavioral disorders teacher.

<sup>b</sup>Includes any teacher which was not identified as "teacher," "SBD teacher," or "Present teacher," e.g. LD teacher, special education teacher, receiving teacher, etc.
services. Since school psychologists are the individuals who have child study (assessment) as a primary function according to Ohio Standards for Special Education (Ohio Dept. of Education, 1973), a multifactored evaluation team which does not include a school psychologist (or other psychologist) seems inappropriate.

The different categories of "teacher" in Table 34 may not actually be discrete categories. Respondents seemed to indicate "teacher" as a category distinct from "SBD teacher" or other special teacher in most cases. However, some responses which were "teacher" may have actually been a specific type of teacher which could have been categorized elsewhere. Despite the possible overlap, keeping the three categories seemed meaningful since a considerable number of responses listed both teacher and SBD teacher or another special kind of teacher. Only three responses to Item XVII did not include one or more teachers on the multifactored evaluation team. Since every child being assessed for serious emotional disturbance must be examined by a licensed physician, the physician is actually a member of the multifactored evaluation team. Yet, only 14.4 percent of the respondents listed the physician as a team member. Most of the respondents indicated in Item VIJ that a physician evaluated the child's health. Therefore, rather than assuming that a physician does not examine the child, perhaps a more reasonable conclusion is that survey respondents neglected to consider the physician's role as that of a team member.
Three respondents indicated that the child being evaluated was a member of the evaluation team. This seems to be a somewhat unusual--but not necessarily incorrect--interpretation of the child's role.

Federal law requires that the multifactored evaluation team must include at least one teacher or other specialist in the child's suspected area of disability. Numerous individuals could be considered as specialists in serious emotional disturbance, and this could vary from district to district. Therefore, determining whether this part of the law is being appropriately carried out is impossible with information from this survey.

The number of participants on the multifactored evaluation team is presented in Table 35. The mean number of participants on multifactored evaluation teams is 5.81. One respondent indicated that only two individuals participated in the multifactored evaluation. These individuals were the school psychologist and the severe behavior disorders teacher. Federal law requires that the multifactored evaluation be conducted by a group of individuals or a team. No survey respondent indicated that only one person was conducting the multifactored evaluation. Thus, if two or more individuals can be interpreted as a team, this facet of the law is being followed.

In summary of Item XVII, a wide variety of individuals participate in the multifactored evaluation of seriously emotionally disturbed children. The school psychologist participates in most--and probably all--of the evaluations. An average of almost six individuals typically participate in the multifactored evaluation.
Table 35
Number of Participants on the Multifactored Evaluation Team

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent of Respondents Indicating Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>4</td>
<td>15.7</td>
</tr>
<tr>
<td>5</td>
<td>15.7</td>
</tr>
<tr>
<td>6</td>
<td>28.9</td>
</tr>
<tr>
<td>7</td>
<td>6.0</td>
</tr>
<tr>
<td>8</td>
<td>15.7</td>
</tr>
<tr>
<td>9</td>
<td>4.8</td>
</tr>
<tr>
<td>No response</td>
<td>6.0</td>
</tr>
</tbody>
</table>

**Item XVIII.** Respondents listed titles of participants on the placement committee on Item XVIII. Participant titles are listed in Table 36. As with evaluation teams, a wide variety of individuals are members of the placement committee for seriously emotionally disturbed children. Sixteen participant titles are listed in Table 36. An additional 25 participant titles were mentioned on less than five surveys. As with evaluation teams, several titles subsume various other titles, e.g. supervisor represents special education supervisor, learning disabilities supervisor, etc.
### Table 36

**Titles of Participants on the Placement Committee**

<table>
<thead>
<tr>
<th>Participant's Title</th>
<th>Percent of Respondents Indicating Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>School psychologist</td>
<td>78.3</td>
</tr>
<tr>
<td>Principal</td>
<td>53.0</td>
</tr>
<tr>
<td>Supervisor</td>
<td>45.8</td>
</tr>
<tr>
<td>SBD teacher(^a)</td>
<td>41.0</td>
</tr>
<tr>
<td>Teacher</td>
<td>39.8</td>
</tr>
<tr>
<td>Parent/guardian</td>
<td>38.6</td>
</tr>
<tr>
<td>Counselor</td>
<td>27.7</td>
</tr>
<tr>
<td>Coordinator</td>
<td>16.9</td>
</tr>
<tr>
<td>Pupil personnel director</td>
<td>14.4</td>
</tr>
<tr>
<td>Present teacher</td>
<td>10.8</td>
</tr>
<tr>
<td>Student</td>
<td>9.6</td>
</tr>
<tr>
<td>Social worker</td>
<td>8.4</td>
</tr>
<tr>
<td>Administrator</td>
<td>7.2</td>
</tr>
<tr>
<td>Director of special education</td>
<td>6.0</td>
</tr>
<tr>
<td>Agency representative</td>
<td>6.0</td>
</tr>
<tr>
<td>Speech/language therapist</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Note: Only participants listed on 5 or more surveys are included.

\(^a\)Severe behavioral disorders teacher.
As with evaluation teams, the school psychologist is the most frequently listed member of placement committees (78.3% of surveys). The Education of All Handicapped Children Act (Public Law 94-142) specifies that "... the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of evaluation data, and the placement options ..." (Dept. of Health, Education, and Welfare, 1977, p. 42497). The school psychologist is probably functioning as the person knowledgeable about the meaning of evaluation data. Several other participants may also be serving in this capacity for certain aspects of the evaluation data, e.g. social worker or speech/language therapist. Numerous participant titles may represent persons knowledgeable about the child--teacher, parent/guardian, or counselor--and about placement options--principal, supervisor, coordinator, administrator, director of special education, or agency representative. Participants may also be serving in more than one capacity. For instance, the school psychologists may be knowledgeable about placement options, the child, and evaluation data.

As with the evaluation team, no answer to Item XVIII is actually correct or incorrect as long as more than one person is serving on the placement committee. Table 37 presents data on the number of participants on placement committees. The number of placement committee participants ranged from 2 to 10 with a mean of 5.23 participants. Thus the placement committee seems to be typically only slightly smaller than the evaluation team (mean 5.81), and both have two or more participants in every case reported. In nine
Table 37
Number of Participants on the Placement Committee

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent of Respondents Indicating Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
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<td>2</td>
<td>2.4</td>
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<td>4.8</td>
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<tr>
<td>10</td>
<td>2.4</td>
</tr>
<tr>
<td>No response</td>
<td>7.2</td>
</tr>
</tbody>
</table>

survey responses (22.6% of surveys), the same participant titles were listed for both the evaluation team and placement committee.

Item XIX. The final item for discussion indicates the title(s) of the individual(s) who responded to the survey. Supervisors were the individuals responding most frequently to the survey either alone or with others (50.0% of surveys). Supervisors included supervisors of learning disabilities, educable mentally retarded, severe behavioral disorders, special education, etc. The second most frequently
Table 38
Titles of Individuals Completing Severe Behavioral Disorders Survey

<table>
<thead>
<tr>
<th>Respondent(s) Title(s)</th>
<th>Percent of Surveys Reporting Person as Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>31.0</td>
</tr>
<tr>
<td>Supervisor &amp; others</td>
<td>19.0</td>
</tr>
<tr>
<td>Director of Special Education</td>
<td>13.1</td>
</tr>
<tr>
<td>Director of Special Education &amp; others</td>
<td>4.8</td>
</tr>
<tr>
<td>Director of Pupil Personnel</td>
<td>9.6</td>
</tr>
<tr>
<td>Director of Pupil Personnel &amp; others</td>
<td>7.1</td>
</tr>
<tr>
<td>Psychologist</td>
<td>9.6</td>
</tr>
<tr>
<td>Psychologist &amp; others</td>
<td>22.6</td>
</tr>
<tr>
<td>Superintendent</td>
<td>1.2</td>
</tr>
<tr>
<td>Teacher</td>
<td>4.8</td>
</tr>
<tr>
<td>Teacher &amp; others</td>
<td>7.1</td>
</tr>
<tr>
<td>Others</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Note: If a survey was completed by a group of persons falling into more than one category, it was recorded in both categories, e.g. Supervisor & Psychologist = Supervisor & others and Psychologist & others.
included respondent was the psychologist (32.2% of surveys). The psychologist might have the most accurate information about assessment instruments and procedures. However, from the survey responses, a determination cannot be made of how accurately reported assessment methods reflect actual assessment methods.

Discussion of Data

Overview of Results. The data presented in this dissertation were obtained through a survey (See Appendix B) mailed to each of Ohio's 110 programs for severe behavioral handicapped children. Results are based on a tally of 84 returned surveys which represent 76 percent of the severe behavioral handicapped programs and approximately 85 percent of the severe behavioral handicapped units in Ohio.

Respondents indicated that the assessment information most and least useful for developing the Individualized Education Program (IEP) varied considerably from program to program. Items which appeared on the list of most useful assessment instruments for some districts also appeared on the list of least useful assessment information for other districts. Reasons posited for this discrepancy were: variety among the types of information classified in particular categories (e.g. variety in quality/quantity of data classified as academic test results) or variety of program emphasis which would affect type of information sought for the IEP. The outstanding exception to the overlap between assessment information considered most and least useful was the medical evaluation. The medical evaluation appeared with high frequency on the least useful list and not at all on the
most useful list. However, the possibility exists that the medical evaluation may be valuable for reasons other than IEP development.

Information was obtained on domains which are assessed for potentially seriously emotionally disturbed children. Many responses indicated that every domain is assessed in which Federal law and State standards mandate assessment. However, a considerable number of responses indicated that required assessment domains were only sometimes assessed. The number of respondents indicating that assessment of required domains occurs only sometimes varied from very low (3 responses) for general intelligence to almost three-quarters of the responses for sensory acuity. Such responses seem to indicate a less than optimal awareness of the details of Federal law and State standards dealing with the assessment of seriously emotionally disturbed children.

Domains are frequently assessed for which assessment is not required for seriously emotionally disturbed children. The domains investigated in this category--perceptual motor skills, communicative status, and adaptive behavior--may be assessed to aid in the differential diagnosis of seriously emotionally disturbed children and children exhibiting other handicapping conditions. Additionally, the assessment of these domains may be used to obtain supplementary information about seriously emotionally disturbed children.

Methods of assessing the various domains were investigated. Responses indicated very diverse approaches to the assessment of every domain. Some domains seemed to be assessed with more homogeneous
methodology and instrumentation than others. Those domains for which assessment was least diverse seemed to be those which are more clearly defined—general intelligence, academic performance. Those for which assessment was most diverse seem to be the less clearly defined domains—social adaptability and adjustment.

Widely varied responses were obtained to the question of the necessary duration of a condition before it can be considered as serious emotional disturbance. Apparently duration interacts with severity and frequency of behavior in producing a condition which is labeled as serious emotional disturbance.

Most survey respondents indicated that observations are used as a part of the assessment process. The school psychologist is the most frequent observer, and observations typically last between 30 and 60 minutes. The number of observations of a single child varies from one to more than six. Many respondents indicated a range of possible number of observations. Almost half of the respondents included one observation in this range. Few respondents indicated that a specific observation procedure or instrument is employed. Those who listed a specific procedure most frequently listed anecdotal recording, but this procedure was indicated by less than ten percent of the respondents. Thus, observations are included in the assessment, but apparently the observations are quite informal in nature.

Diversity characterized the multifactored evaluation team and the placement committee. All respondents indicated that these teams and committees included two or more individuals. The school
psychologist was the most frequent member of both the evaluation team and the placement committee. The mean number of participants on both placement committees and evaluation teams was between five and six individuals. Apparently the team and committee are viewed as having different functions and thus requiring different members since only about 10 percent of the respondents indicated identical members for both.

Finally, even the respondents to the survey were a diverse group. Supervisors and psychologists were the most frequent respondents. A mean of 1.46 respondents completed each survey.

Guidelines for Severe Behavioral Handicapped Children. On January 30, 1980, the Division of Special Education, Ohio Department of Education issued Guidelines Regarding the Eligibility, Evaluation, and Placement of Severe Behavioral Handicapped Children (See Appendix C). These guidelines have direct impact on the identification of seriously emotionally disturbed children. In many ways the Guidelines are a restatement of the requirements of The Education of All Handicapped Children Act (Public Law 94-142). However, not every aspect of the Ohio Standards for Special Education (Ohio Department of Education, 1973) is directly included in the new guidelines. In addition, some aspects of the Guidelines are expansions of the direct requirements of The Education of All Handicapped Children Act (Public Law 94-142) which effectively place more strictly defined limits on certain aspects of assessment.
The first section of the Guidelines is a restatement of the definition of seriously emotionally disturbed children from The Education of All Handicapped Children Act. The second section--Evaluation Procedures--also basically restates sections of Federal law and State standards which were considered in this dissertation. Aspects of the Evaluation Procedures section which are new interpretations of the State standards are subparts F and G. Subpart F states that the child's regular teacher and at least one additional team member must systematically collect observation data in the child's regular classroom. The guidelines reference the State standards for this requirement, but the State standards specify only that classroom observations must be included in the evaluation. Thus the specification of who is to do the observation is new. The current survey indicates that a variety of individuals do observations but that the regular teacher is one of these individuals in only about one-quarter of the cases. From the structure of the survey question no determination can be made as to the number of different individuals who actually observe a single child. However, changes in observation procedures appear to be necessary.

Subpart G is also a change from current regulations. The identification of seriously emotionally disturbed children of less than school age or out of school was not specifically covered by any survey questions. Therefore, comments on how closely subpart G is currently being followed are impossible.
The third section of the Guidelines deals with Evaluation Data. This section details domains in which evaluation data must be obtained. Each subpart of this section references a section of State standards and/or Federal law. However, several subparts are elaborations of the standards or law, and several parts of the 1973 State standards are absent from the Guidelines. Because this section of the Guidelines has particular impact on the survey results discussed in this dissertation, each subpart will be considered here.

Subpart A1 requires screening of hearing and vision. Such screening was previously required by both Federal law and State standards and is a survey topic. Hearing and vision screening were required assessment areas that were only sometimes assessed by almost half of the respondent's programs. The clearly stated guidelines will probably be a vehicle for correcting this deficit.

Subpart A2 requires a social history inclusive of educational, family, and medical data. This requirement references Federal law and State standards. However, considerable elaboration of the law and standards is found in this requirement. The method of assessment--social history--is not currently mentioned in the Federal law or State standards. Nor can mention of family history be located in Federal law or State standards. Examining current assessment practices indicates that this subpart will require a considerable change in current assessment practices. Only four survey respondents indicated that family data were directly assessed. These respondents assessed family data through a social history. Unless the survey totally
failed to elicit this information from 80 of the 84 respondents, most current assessments do not specifically include these data.

Subpart A3 described the educational assessment. The individual intelligence test (A3a) and academic performance measure (A3b) are currently required, and survey results indicated these are the most frequently assessed domains.

The words "Behavior and/or Personality Measure" (A3c) are not currently included in Federal law or State standards. Four survey respondents indicated that personality was an assessment area for seriously emotionally disturbed children. These respondents assess personality by methods similar to the assessment of social adaptability and adjustment. Social adaptability and adjustment are required assessment areas in the State standards. However, these areas are not mentioned in the Guidelines, whereas behavior and personality are. Apparently the terms "behavior and personality" are replacing the terms "adjustment" and "social adaptability."

Finally, subpart A3d requires informal behavior observation. The requirement of observation is not new and was examined in the survey. However, the clear specifications of observation methods in the guidelines are new and are probably not practices currently in effect. Few survey respondents indicated that specific observation procedures are currently being followed, and only three responses indicated event or frequency recording is being used. Thus, changes in observation procedures will almost certainly be necessary.
The final section of the Guidelines deals with the written report. That report is beyond the scope of this dissertation and, thus, will not be discussed here.

In summary, the Guidelines issued by the Division of Special Education on January 30, 1980 involve several changes in the requirements for assessing seriously emotionally disturbed children. The survey results discussed in this dissertation indicate that some changes in current assessment practices seem necessary in order to comply with the Guidelines. However, since the Guidelines do not become criteria for program monitoring until September, 1980, no program can be criticized for not currently following the new specifications in the guidelines.

Limitations of This Study

The survey from which data were obtained for this study was mailed by and returned to the Division of Special Education. Certainly such a survey has a different impact than a survey not mailed by the Division of Special Education. The Division monitors the compliance of school systems with Federal law and State standards, and this survey dealt directly with the requirements of the law and standards. Thus, respondents may have made a particular effort to respond in a manner indicating compliance with State standards and Federal law. However, certainly not all survey responses indicated complete compliance with Federal law and State standards. Perhaps respondents attempted to answer in a manner indicating compliance with Federal law and State standards, but their perception of the requirements of
the law and standards is somewhat different than the actual requirements. Perhaps responses are a quite accurate picture of the assessment process. The Division of Special Education has a Program Review and Evaluation Procedure which involves on-site monitoring of compliance with Federal law and State standards. This monitoring process probably causes school districts to comply as closely as possible with their interpretation of Federal law and State standards.

In addition to the possible effect that the Division of Special Education has on response quality, it probably had an effect on response quantity. The return rate of 76 percent was almost certainly higher than if the survey had not been mailed by the Division of Special Education. This high response rate contributes considerably to the generalizability of this study, and higher generalizability contributes greatly to the significance of the study.

This study can be generalized only to programs in Ohio. Ohio Standards for Special Education (Ohio Dept. of Education, 1973) contributed significantly to the development of the survey, to survey responses, and to the analyses of survey results. In addition, the survey sample was exclusively programs in Ohio. Thus, generalizing the results beyond Ohio would be unwarranted.

The Ohio Standards for Special Education effected another limitation on the study. The Federal definition of seriously emotionally disturbed children includes children labeled as autistic. However, Ohio includes programs for autistic children in a different
area. Thus, the specific exclusion of autistic children is a limitation of this study.

Also, the survey was mailed to programs for seriously emotionally disturbed children. Only 110 of Ohio's approximately 600 school districts have such programs. Certainly individuals directly involved with these programs might be expected to have more information about the identification of seriously emotionally disturbed children than would individuals without such involvement. Yet personnel in any school district might be faced with a potentially seriously emotionally disturbed child to assess. The results of this survey do not include information about the nature of identification processes in districts without programs for seriously emotionally disturbed children. No justification could be offered to support the assumption that the identification process in districts without programs for seriously emotionally disturbed children would be the same as or different from the identification process in districts with programs for emotionally disturbed children.

Finally, the Guidelines for Severe Behavioral Handicapped Children of January 30, 1980 could possibly have affected survey results. Those guidelines are quite specific in detailing identification procedures for seriously emotionally disturbed children and could certainly provide a model for a survey response. However, very little real possibility of this effect exists. The guidelines are dated January 30, 1980. The survey was mailed January 15, 1980 and many responses (68 of 84) were received by February 15, 1980. Thus the timelines
seem to be such that any effect of the Guidelines would surely have been minimal.

In summary, the following factors should be considered as limitations of this study: (1) the effect of the Division of Special Education on the quantity and quality of responses, (2) the limitation of the study to Ohio programs for seriously emotionally disturbed children, (3) the involvement of this study with Ohio Standards for Special Education, (4) the exclusion of autistic children from Ohio programs for seriously emotionally disturbed children, (5) the limitation of the sample to school districts with programs for seriously emotionally disturbed children, and (6) the possibility of the Guidelines for Severe Behavioral Handiapped Children impacting on survey responses.
CHAPTER 5
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study dealt with the identification of seriously emotionally disturbed children in Ohio. A review of the literature indicated that the identification of seriously emotionally disturbed children is discussed only in general terms in published materials. Little definitive or practical information was located concerning identification procedures. No information was found which related Federal law (The Education of All Handicapped Children Act) to the identification process. Yet, the identification process is crucial to all aspects of programming for seriously emotionally disturbed children. Clearly, specific and current information is needed on the identification of seriously emotionally disturbed children. Therefore, this study was undertaken to investigate how Federal law and State standards are being carried out in identifying seriously emotionally disturbed children in Ohio.

Data for this study were obtained through a survey mailed by the Division of Special Education, Ohio Department of Education to the 110 Ohio programs for seriously emotionally disturbed children. Results of the study were derived from 84 returned surveys. These surveys represented 76 percent of Ohio's programs for seriously emotionally disturbed children.
emotionally disturbed children, and these programs included 85 percent of the classroom units for these children.

Survey respondents provided information about the identification of seriously emotionally disturbed children in the following areas: (1) assessment domains examined, (2) methods of assessment used in each domain, (3) use of observational techniques, (4) duration of a condition which is considered serious emotional disturbance, (5) assessment information most and least useful for Individualized Education Program development, and (6) members of the multifactored evaluation team and placement committee. Information obtained about these areas indicated that considerable variation exists within and between programs in the process used for identifying seriously emotionally disturbed children. Results were considered in light of the requirements of Federal law and State standards.

Conclusions

The objective of this study was to determine how Federal law and State standards are operationalized in the identification of seriously emotionally disturbed children in the State of Ohio by investigating the following areas:

1. How well Federal laws and State standards are followed in the identification of seriously emotionally disturbed children,

2. What specific procedures are followed in the identification of seriously emotionally disturbed children,
3. Whether variation exists across school districts in reported methods for the identification of seriously emotionally disturbed children, and

4. Whether variation in reported methods of identifying seriously emotionally disturbed children reflects differences in the professions of the persons reporting on identification procedures.

In examining how well Federal laws and State standards are followed in the identification of seriously emotionally disturbed children, the following conclusions can be drawn:

1. Those assessment domains which must be investigated for seriously emotionally disturbed children are not consistently being investigated in all cases.

2. In all reported cases, the required minimum of two individuals are serving on the multifactored evaluation team. In most cases, more than two individuals comprise the team.

3. In all reported cases, the required minimum of two individuals are serving on the placement committee. In most cases, more than two individuals comprise the team.

4. Apparently, most children being considered for placement in a class for seriously emotionally disturbed children are examined by a licensed physician as is required by Ohio Standards for Special Education.
In considering what specific procedures are followed in the identification of seriously emotionally disturbed children and whether variation exists in reported methods for the identification of seriously emotionally disturbed children, the following conclusions can be drawn:

1. The specific procedures which are used for identifying seriously emotionally disturbed children vary widely. These procedures appear to vary as much within programs as between programs. Multiple responses regarding assessment methods and instruments were reported on all surveys. These multiple responses seemed to indicate that multifactored evaluation teams typically have numerous assessment methods and instruments from which to choose and can fit the assessment to the child's needs and characteristics.

2. Most of the reported assessment procedures were appropriate methods for assessing the particular domain. The only notable exceptions to this were the occasional assessment of auditory and visual acuity with instruments designed to tap auditory and visual perception and the occasional measurement of adaptive behavior with a rating scale designed to measure classroom adjustment.

3. Adjustment and social adaptability are assessed with very similar methods and instruments. Thus, adjustment and social adaptability seem to be aspects of
the same assessment domain rather than separate domains.

4. More diversity of assessment methods and instruments was reported for adjustment and social adaptability than for domains such as general intelligence and academic performance. The terms "adjustment" and "social adaptability" seem to be particularly unclear. This has led to multiple interpretations of how these domains should be assessed.

5. Social adaptability and adjustment are occasionally being measured with instruments designed to measure adaptive behavior. The terms "social adaptability" and "adjustment" are not defined in State standards. However, if social adaptability and adjustment were intended to be identical to adaptive behavior, the term "adaptive behavior" would probably have been used.

6. Some programs are assessing a domain labeled "personality" which appears to be very similar to the domains of social adaptability and adjustment.

7. Observational procedures used in the assessment of seriously emotionally disturbed children do not typically appear to involve specific frequency counts. The Guidelines for Severe Behavioral Handicapped Children issued January 30, 1980 require that a specific frequency count be done during the observation.
Therefore, changes in observational procedures will be necessary to insure compliance with the Guidelines.

8. The regular classroom teacher is not always listed as a person who conducts an observation as a part of the identification process for seriously emotionally disturbed children. However, the Guidelines for Severe Behavioral Handicapped Children issued January 30, 1980 require that the regular classroom teacher must collect systematic data from direct observation. Therefore, changes in the individuals conducting observations will be necessary to insure compliance with the Guidelines.

9. The duration of a condition seems to interact with severity and frequency of behavior to produce the complete picture necessary for identification of seriously emotionally disturbed children.

10. Children being assessed for serious emotional disturbance are typically examined by a licensed physician as is required by Ohio Standards for Special Education. However, the physician's role is not considered as that of a member of the multifactored evaluation team in most programs.
11. The physician's report is frequently considered as a least useful source of information for developing the Individualized Education Program (IEP) and never considered as a most useful source of information for developing the IEP. Perhaps the physician's report is considered useful for other aspects of identification such as eliminating a medical basis for inappropriate behaviors or physical symptoms associated with personal or school problems. On the other hand, perhaps the physician's report is not useful in the identification of seriously emotionally disturbed children.

12. Sources which are reported as most and least useful for IEP development vary considerably from program to program. Sources considered as most useful by some programs tend to be considered as least useful by other programs. Perhaps the nature of the information obtained under the rubric of a given domain varies so widely from program to program that it results in widely discrepant opinions of the usefulness of the information source. Additionally, perhaps program emphasis varies so widely that different programs desire different information for IEP development.
13. Different individuals typically comprise the multifactored evaluation team and the placement committee. Apparently, the functions of these two teams are interpreted as sufficiently discrete as to require different team members.

In considering the effect of the profession of persons reporting on identification procedures one conclusion was drawn. Analysis of results by profession of respondent would not be meaningful for this study for the following reasons:

1. The variety of respondents was considerable, and many responses were compiled by groups of individuals making analysis by discrete professions impossible.

2. No determination could be made that the individual(s) whose title(s) were indicated as respondents did not consult additional individuals to obtain the information necessary for survey completion.

3. Multiple responses were found for most questions on most surveys. The amount of variation in responses tended to be greater within a single survey than between different surveys.

Recommendations

Based on the above results and conclusions, the following recommendations can be made:

1. School district personnel need clarification of required assessment areas for seriously emotionally
disturbed children. The Guidelines for Severe Behavioral Handicapped Children issued January 30, 1980, by the Ohio Department of Education, Division of Special Education may fill this need.

2. Multifactored assessment teams need further information on appropriate assessment techniques for auditory and visual acuity.

3. Specific information on observational techniques which would fulfill the requirements of the January 30, 1980, Guidelines for Severe Behavioral Handicapped Children could facilitate the changes which will be necessary for compliance with the Guidelines.

4. The requirement that each child being considered for placement in a class for seriously emotionally disturbed children should be examined. Information should be obtained about how and when the report is useful, and consideration should be given to designing this aspect of the assessment process to provide maximally useful information.

5. Delineation of that which is meant by the terms "social adaptability," "adjustment," and "adaptive behavior" would help to eliminate an apparently inappropriate overlap in assessment instruments used for social adaptability/adjustment and adaptive behavior.
APPENDIX A

COVER LETTER

SURVEY

SEVERE BEHAVIORAL HANDICAPPED

1979 - 1980
TO: Contact Personnel and Supervisors of Programs for Severe Behavioral Handicapped Children.
FROM: James A. Schimmoller, Assistant Director, Program Operations
DATE: January 15, 1980
RE: Severe Behavioral Handicapped Program Survey Form

Attached are two (2) copies of a survey report form, relative to the operation of programs for severe behavioral handicapped children, for the 1979-80 school year.

The items relate to the operation of programs in accordance with State Board of Education Program Standards, 3301-51-06 and Public Law 94-142 Rules and Regulations. You may need to estimate activities for some of the items for this survey. The results of all responses will be summarized and distributed to each participating district. Completion of this survey may require the assistance of the school psychologist and the classroom teacher. Individual data will be held in confidence.

The survey form is to be returned by February 15, 1980. Please have your fiscal agent superintendent, or his designee, review the survey and return one copy to:

Dr. John Saylor, Educational Consultant
Severe Behavioral Handicapped Program
Division of Special Education
933 High Street
Worthington, Ohio 43085

This office appreciates your continued cooperation and support to ensure quality services for severe behavioral handicapped children.

JAS/tw

cc: S.J. Bonham, Jr.
APPENDIX B

SURVEY

SEVERE BEHAVIORAL HANDICAPPED

1979 - 1980
I. SPECIFY THE NUMBER OF SEVERE BEHAVIORAL HANDICAPPED (SBH) STUDENTS IN YOUR DISTRICT THAT FALL INTO EACH OF THE FOLLOWING CATEGORIES:

A. Primary Identifying Factor

1. Inability to build/maintain satisfactory interpersonal relationships.
2. Inappropriate type of behavior/feelings under normal circumstances.
3. General pervasive mood of unhappiness/depression.
4. Tendency to develop physical symptoms/fears associated with personal/school problems.
5. Total SBH students in program in your district

II. OF THE TOTAL SBH STUDENTS IN YOUR DISTRICT, HOW MANY SBH STUDENTS HAVE ADDITIONAL HANDICAPS?

III. IN WHAT EDUCATIONAL PROGRAM WERE THE STUDENTS ENROLLED PRIOR TO PLACEMENT IN AN SBH CLASS? (Give number)

A. Learning Disability
B. Educably Mentally Retarded
C. Home Instruction
D. Regular Class
E. Other (Specify)

IV. WHEN USING ASSESSMENT INFORMATION TO DEVELOP THE INDIVIDUALIZED EDUCATION PROGRAM (IEP):

A. What are the two (2) most useful sources of information:

1. ____________________________________________________________
2. ____________________________________________________________

B. What are the two (2) least useful sources of information?

1. ____________________________________________________________
2. ____________________________________________________________
V. WHEN A CHILD IS REFERRED FOR MULTIFACTORED EVALUATION FOR REASONS WHICH INDICATE THAT THE CHILD IS POTENTIALLY EXHIBITING SEVERE BEHAVIOURAL HANDICAP (SERIOUS EMOTIONAL DISTURBANCE), DOES THE EVALUATION INCLUDE:

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<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
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<td>General intelligence</td>
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<td>Academic performance</td>
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<tr>
<td>Adjustment</td>
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<td></td>
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<tr>
<td>Perceptual motor skills</td>
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<td></td>
</tr>
<tr>
<td>Adaptive behavior</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sensory acuity - visual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensory acuity - auditory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social adaptability</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Motor abilities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health factors</td>
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<tr>
<td>Communicative status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. FOR EACH OF THE ABOVE CATEGORIES IN WHICH YOUR ANSWER WAS "ALWAYS" OR "SOMETIMES," PLEASE CHECK BELOW THE METHOD(S) OF EVALUATION TYPICALLY USED.

A. General intelligence

1. Standardized test (Specify those typically used)
2. Teacher interview
3. School record
4. Other (Please specify)

B. Academic performance

1. Standardized test (Specify those typically used)
2. Teacher interview
3. School record
4. Classroom grades
5. Other (Please specify)

C. Adjustment

1. Standardized test (Specify those typically used)
2. Teacher interview
3. Classroom observation
4. Other observation (Specify where)
5. Parent interview
6. Child interview
7. Sociometry (Specify device)
8. Behavior rating scale (Specify device)
9. Other (Please specify)
D. Perceptual motor skills
1. Standardized test (Specify those typically used)
2. Observation
3. Other (Please specify)

E. Adaptive behavior
1. Standardized test (Specify those typically used)
2. Teacher interview
3. Parent interview
4. Observation
5. Other (Please specify)

F. Sensory acuity – visual
1. School record of previous screening
2. In-school screening as a specific part of the evaluation for serious emotional disturbance
3. Medical evaluation by licensed physician
4. Other (Please specify)

G. Sensory acuity – auditory
1. School record of previous screening
2. In-school screening as a specific part of the evaluation for serious emotional disturbance
3. Medical evaluation by licensed physician
4. Other (Please specify)

H. Motor abilities
1. Standardized test (Specify those typically used)
2. Observation
3. Teacher interview
4. Other (Please specify)

I. Social adaptability
1. Standardized test (Specify those typically used)
2. Teacher interview
3. Classroom observation
4. Other observation (Specify where)
5. Parent interview
6. Child interview
7. Sociometry (Specify device)
8. Behavior rating scales (Specify device)
J. Health factors

1. School record
2. In-school screening as a specific part of the evaluation for severe behavioral handicap. Specify who does the evaluation
3. Medical evaluation by licensed physician outside of school
4. Teacher interview
5. Parent interview
6. Child interview
7. Other

K. Communicative status

1. Standardized tests (Specify those typically used)
2. Child interview
3. Evaluation by speech therapist
4. Other (Please specify)

L. Other (Please specify additional domain(s) evaluated and method of evaluation)

Domain __________________________ Method __________________________
Domain __________________________ Method __________________________

VII. What must the duration of the condition be before it is considered a severe behavioral handicap? Please be specific.

VIII. If classroom observation(s) are typically included in the evaluation, please describe the observation(s) in terms of:

A. Who does the observation
B. Typical duration of a single observation
C. Typical number of observation per child
D. Any specific observation procedures or recording instruments typically used

IX. CHECK THE INSTRUMENT(S) THAT ARE UTILIZED FOR EVALUATION OF SB

A. Achievement

1. Wide Range Achievement Test
2. Key Math
3. Woodcock
4. Peabody Individual Achievement Test
5. California Achievement Test
6. Comprehensive Test of Basic Skill
7. Stanford Achievement Test
8. Other (Specify)
B. Intelligence
1. Stanford-Binet Intelligence Scale
2. Wechsler Adult Intelligence Scale
3. Wechsler Intelligence Scale for Children - Revised
4. Wechsler Preschool and Primary Scale of Intelligence
5. Slosson Intelligence Test
6. Other (Specify) _______________________________________________________

C. Interpersonal Relationships
1. Sociometric Assessment
2. Structured Interview
3. Gough's Adjective Checklist
4. California Psychological Inventory
5. Edwards Personality Inventory
6. Minnesota Multiphasic Personality Inventory

D. Development of fears associated with personal/school problems
1. Rotter Sentence Completion
2. Miner Sentence Completion
3. State-Trait Anxiety Inventory
4. Fear Survey Schedule
5. Structured Interview
6. Other (Specify) _______________________________________________________

X. SPECIFY THE NUMBER OF SBH CLASSES IN YOUR DISTRICT FOR EACH LEVEL:
A. Preschool
B. Elementary
C. Junior High
D. Senior High

XI. SPECIFY THE NUMBER OF SBH CLASSES IN USE, BY PROGRAM OPTIONS AND THE NUMBER OF STUDENTS:
A. Self-contained - Public School Class
B. Resource Room - Public School Class
C. Transitional - Public School Class
D. Day Treatment - Mental Health Facility
E. Residential Facility
F. Other (Specify)
G. Home Instruction

XII. SPECIFY THE APPROXIMATE NUMBER OF HOURS PER WEEK THE SBH CHILD IS PROVIDED PHYSICAL EDUCATION INSTRUCTION:
### XIII. SUPERVISION

A. Check the type of supervision provided for teachers of SBH students in your district

1. Learning Disability Supervisor
2. Learning Disability/Educably Mentally Retarded Supervisor
3. Educably Mentally Retarded Supervisor
4. Director of Special Education
5. Severe Behavioral Handicapped Supervisor
6. Low Incidence Supervisor
7. Other (Specify)

B. Specify the number of units supervised

C. Specify the number of students supervised

D. Specify the number of other districts supervised as a result of cooperative agreements

### XIV. VOCATIONAL OR OCCUPATIONAL PROGRAM

A. Are these services provided for SBH children in elementary grades?

B. Are these services provided for SBH children in grades 7 and 8?

C. Specify the services provided for SBH students in grades 9 and 10.

1. Vocational Interest Inventories
2. Vocational Aptitude and/or Work Evaluation
3. Classroom Instruction in Occupational Orientation/Career Awareness Activities
4. Inschool Work Stations:
   a. Students have permanent assignments
   b. Students rotate work assignments
   c. Students assignments are 1-2 hours daily
   d. Assignments exceed 1-2 hours daily: Hours
   e. Work assignments are paid: Rate $ per hr.
   f. Work assignments are unpaid
   g. There is evaluation criteria for assignments

D. Are 11th grade SBH students placed in 1/2 day community employment?

1. If yes, what percentage?
2. Which services in "C" above also apply? 1 2 3 4
E. Are 12th grade SBH students placed in 1/2 day community employment?

Yes No Comment

I. If yes, what percentage?
2. Which services in "C" above also apply? 1 2 3 4

F. Check other options provided for training and/or work experience for SBH students:

1. Sheltered workshop
2. Joint Vocational School placement
3. Other (Specify)

G. Is a schedule of academic credits maintained for graduation?

Yes No Comments

XV. ESTIMATE THE AMOUNT OF TIME THE SCHOOL PSYCHOLOGIST SPENDS EACH WEEK IN AN SBH CLASSROOM

A. Elementary: None, 1 Hour, 2 Hours, Other (Specify)
B. Junior High: None, 1 Hour, 2 Hours, Other (Specify)
C. Senior High: None, 1 Hour, 2 Hours, Other (Specify)

XVI. CHECK THE CONSULTATIVE OR SUPPORTIVE SERVICES PROVIDED TO THE SBH CLASSROOM TEACHER.

A. Educational Strategies for Classroom Management
B. Instructional Methodology
C. Crisis Intervention Techniques
D. Inservice Training
E. Other (Specify)

XVII. LIST THE TITLES OF THE PARTICIPANTS SERVING ON THE MULTI-FACTORED EVALUATION TEAM.

A. 
B. 
C. 
D. 
E. 
F.
XVIII. LIST THE TITLES OF THE PARTICIPANTS SERVING ON THE COMMITTEE TO PLACE THE SEVERE BEHAVIORAL HANDICAPPED CHILD.

A. ___________________________________________________________

B. ___________________________________________________________

C. ___________________________________________________________

XIX. CHECK THE TITLE OF PERSON COMPLETING THIS SURVEY.

A. Supervisor

B. Director of Special Education

C. Director of Pupil Personnel Services

D. Psychologist

E. Superintendent

F. Other (Specify)

XX. SURVEY WAS REVIEWED WITH SUPERINTENDENT OR DESIGNEE PRIOR TO MAILING TO THE DIVISION OF SPECIAL EDUCATION

☐ Yes

☐ No
APPENDIX C

GUIDELINES FOR
SEVERE BEHAVIORAL HANDICAPPED CHILDREN
TO: Superintendents and Contact Persons Responsible for Programs for Severe Behavioral Handicapped Children

FROM: James A. Schimmoller, Assistant Director, Program Operation

DATE: 1-30-80

SUBJECT: Guidelines for Severe Behavioral Handicapped Children

Enclosed are the "Guidelines Regarding the Eligibility, Evaluation and Placement of Severe Behavioral Handicapped Children." School districts should begin immediately to implement these guidelines. The guidelines will be used in approval of units and part of the criteria for monitoring for Program Review and Evaluation Procedures (P.R.E.P.) beginning September, 1980.

If you have questions regarding this, please feel free to contact Dr. John Saylor, Educational Consultant, (614) 466-1470.

JAS/tw

Enclosure

cc: S.J. Bonham, Jr.
Guidelines Regarding the Eligibility, Evaluation & Placement of Severe Behavioral Handicapped Children
February, 1980

Eligibility Criteria

A. The following criteria must be in existence in order to determine a child to be severe behavioral handicapped and eligible for placement into a special education program.

[Title 45, Section 121a.5(b)(8)]

1. One or more of the following characteristics are exhibited:

   a. An inability to learn which cannot be explained by intellectual, sensory, or health factors;

   b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

   c. Inappropriate types of behavior or feelings under normal circumstances;

   d. A general pervasive mood of unhappiness or depression;

   or

   e. A tendency to develop physical symptoms or fears associated with personal or school problems.

2. Evidence that the stated conditions in (1) above:

   [Title 45, Section 121a.5(b)(8)]

   a. Are exhibited over a long period of time;

   b. Are exhibited to a marked degree;

   c. Adversely affect the child's educational performance.

3. The term does not include children who are socially maladjusted unless it is determined that they are severe behavioral handicapped.
Guidelines

Evaluation Procedures

A. A multidisciplinary team must conduct the evaluation.
   [Title 45, Section 121a.532(d)]

B. The team must consist of at least two persons:
   - 1. A qualified psychologist; [Standards 3301-51-06 B.1.b(1)]
   - 2. Other personnel, as determined by the school district, appropriate to evaluate the specific handicapped child.

C. At least one of the above members must be either a teacher or specialist with knowledge in the area of the specific disability.
   [Title 45, Section 121a.532(d)]

D. All children being considered for initial placement shall be given an examination by a licensed physician.
   [Standards 3301-51-06 B.2]

E. A child suspected of being severe behavioral handicapped must be assessed in all areas related to the suspected disability.
   [Title 45, Section 121a.532(f)]

F. The child's regular teacher, and at least one other team member, shall collect systematic data from direct observation of the child's behavior in the regular classroom setting.
   [Standards 3301-51-06 B.1.b(2)]

G. In the case of the child of less than school age or out of school, the team members shall observe the child in an environment appropriate for a child of that age.

Evaluation Data

A. Evaluation data must be completed for each child as indicated below:
   - 1. Screening:
      - a. Hearing [Standards 3301-51-06 B.1.c]
      - b. Vision [Standards 3301-51-06 B.1.c]
   - 2. Social history inclusive of:
      [Title 45, Section 121a.532(f) & 121a.5(b)(8)]
      - a. Educational
      - b. Family
      - c. Medical
3. Educational Assessment:

   a. Individual Intelligence Test; [Standards 3301-51-06 B.1.b]

   b. Academic Performance; [Standards 3301-51-06 B.1.b(2)]

   c. Behavior and/or Personality Measure; [Standards 3301-51-06 B.1.b(2)]

   d. Informal Behavior Observation; [Standards 3301-51-06 B.1.b(2)]

   The intent of this level of assessment is to provide a precise data based description of the behavior patterns of concern. The general procedure will be to collect systematic data from direct observation of the child in the environmental situations in which the behaviors of concern occur. The observational data reported must include:

   (1) A clear description of the behavior pattern(s) of concern to the teacher;

   (2) Measure of frequency of occurrence of the behavior in terms of times per minute, hour, day, or other time limit;

   (3) An indication of the intensity of the behavior pattern; i.e., how extreme the behavior is relative to the peer group.

   e. Other data as determined to be appropriate.

Written Report

A. The multidisciplinary team shall prepare a written report of the results of the evaluation.

B. The report must include a statement of:

1. Whether the child has a severe behavioral handicap;
2. The basis for making the determination;
3. The relevant behavior noted during the observations of the child;
4. The relationship of the observations to the assessment measures;
5. How the conditions adversely affect educational performance.

C. Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions.
Guidelines

Placement

A. Once it is determined by a multi-factored evaluation that a child is severely handicapped and in need of a special education program and related services, placement in the least restrictive environment must be established.

B. Each school district shall insure that a continuum of alternative placements is available to meet the needs of handicapped children for special education and related services.
   [Title 45, Section 121a.551(2)]

C. The continuum would include instruction in regular class, special class, special school, home instruction, and instruction in hospital and institution.
   [Title 45, Section 121a.551(b)(1)]


Cummings, J. D. A follow-up study of emotional symptoms in school children (Part II). British Journal of Educational Psychology, 1946, 16, 163-177.


Lapouse, R., & Monk, M. Behavior deviations in a representative sample of children--variation by sex, age, race, social class, and family size. American Journal of Orthopsychiatry, 1964, 34, 436-446.


Schroeder, L. B. Study of the relationships between five descriptive categories of emotional disturbance and reading and arithmetic achievement. *Exceptional Children*, 1965, 32, 111-112.


