

# TRI-STATE WEBINAR SERIES

## Differential Identification of Serious Emotional Disability and ASD

Presented by:  
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Tri-State 2018-2019 Webinar Series

# Tri-State Autism Spectrum Disorder Webinar Series



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## Presenter Information



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## Learner Objectives

After this webinar, learners will be able to:

- (1) Identify 3 challenges inherent to evaluating students for special education eligibility under the category of SED
- (2) Describe the elements of a comprehensive evaluation for SED
- (3) Distinguish 5 ways that students who meet criteria for SED likely differ from those who are meet criteria for ASD



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## Presentation Summary

1. Conducting evaluations for serious emotional disability (SED) or ASD is complex and challenging.
2. There are specific aspects of the evaluation process that will help to inform whether SED or ASD is most appropriate for a student.
3. Research from educational and clinical sources provides us with some helpful clues about which behaviors are more likely to correspond with each category.



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## Today's Webinar

- Brief review of definitions of SED and ASD
- Facts about SED
- Challenges of Identifying SED
- Recommended Assessment Practices
- Differential Identification:
  - Social Maladjustment
  - Serious Emotional Disability
  - Autism Spectrum Disorder
- Concluding Comments





## Definitions of SED & ASD



“**Emotional disturbance** means a condition exhibiting one or more of the following characteristics **over a long period of time** and to a **marked degree** that **adversely affects** a child’s educational performance:

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

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

Inappropriate types of behavior or feelings under normal circumstances.

IDEA, 2004

(cont.) →



Serious Emotional Disability: [www.cde.state.co.us/cdesped/sd-emotional](http://www.cde.state.co.us/cdesped/sd-emotional)

### SED Definition (continued)

“A general pervasive mood of unhappiness or depression.

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

Emotional disturbance includes schizophrenia. The term **does not apply to children who are socially maladjusted**, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section.”



Serious Emotional Disability: [www.cde.state.co.us/cdesped/sd-emotional](http://www.cde.state.co.us/cdesped/sd-emotional)

### Clinical Diagnosis vs. Educational Identification

- Not interchangeable
  - Don't need a psychiatric diagnosis to meet criteria for SED\*
  - Having a psychiatric diagnosis isn't sufficient for meeting criteria for SED
    - ALSO need to demonstrate impact on school functioning
    - \*However...Garland et al., 2001 did find that 70% of 1618 youth with SED met criteria for a psychiatric diagnosis; so it's likely...but not necessary



Serious Emotional Disability: [www.cde.state.co.us/cdesped/sd-emotional](http://www.cde.state.co.us/cdesped/sd-emotional)

“A child with an **Autism Spectrum Disorder (ASD)** is a child with a **developmental disability** significantly affecting **verbal and non-verbal social communication** and **social interaction**, generally evidenced **by the age of three**.

Other characteristics often associated with ASD are:

engagement in **repetitive activities** and **stereotyped movements**, **resistance to environmental changes** or **changes in daily routines**, and **unusual responses to sensory experiences.**”



Autism Spectrum Disorder (ASD):

[www.cde.state.co.us/cdesped/asd\\_guidelines\\_rev2018feb](http://www.cde.state.co.us/cdesped/asd_guidelines_rev2018feb)



“The Autism Spectrum Disorder prevents the child from receiving reasonable educational benefit from general education as evidenced by **at least one characteristic** in **each of the following three areas**:

- (1) The child displays **significant difficulties or differences or both in interacting with or understanding people and events...**
- (2) The child displays **significant difficulties or differences, which extend beyond speech and language to other aspects of social communication, both receptively and expressively.**
- (3) The child seeks consistency in environmental events to the point of exhibiting **significant rigidity in routines** and **displays marked distress over changes in the routine**, and/or has a **significantly persistent preoccupation** with or attachment to objects or topics.”

Autism Spectrum Disorder (ASD):

[www.cde.state.co.us/cdesped/asd\\_guidelines\\_rev2018feb](http://www.cde.state.co.us/cdesped/asd_guidelines_rev2018feb)



## Clinical Diagnosis vs. Educational Identification

- Not interchangeable
  - Don't need a medical/clinical diagnosis to meet criteria for ASD
  - Having a medical/clinical diagnosis isn't sufficient for meeting criteria for SED
    - ALSO need to demonstrate impact on school functioning

Autism Spectrum Disorder (ASD):  
[www.cde.state.co.us/cdesped/asd\\_guidelines\\_rev2018feb](http://www.cde.state.co.us/cdesped/asd_guidelines_rev2018feb)



## Facts About SED

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## Facts about SED

- <1% of all students
- 7.5% of students receiving special education
- More likely to be in more restrictive settings than students in other eligibility categories
  - 6.4% of students in special education who are mainstreamed are SED
  - 32.5% of students in special education who are in segregated settings are SED

Becker et al., 2010; IDEA Data, 2007



## Facts about SED

Students with SED more likely to have problems with externalizing than internalizing problems

Far fewer students are identified than should be, based upon epidemiological data on mental health in youth...



Forness et al., 2016; Siperstein, Wiley & Forness, 2011





	<b>Any Serious Emotional Disturbance</b>	<b>Depression</b>	<b>Anxiety</b>	<b>Disruptive Behavior Disorder</b>
Preschool (2-5 years)	12%	2%	9%	3%
Children (5-17 years)	13%	4%	8%	3%
Adults (18+ years)	16%	7%	17%	4%

Egger & Angold, 2006; meta-analysis; see also Costello et al., 2005; Kessler et al., 2005;



## Why is it important to identify SED?

- Schools are the primary provider of mental health services for youth in the United States (AAP, 2004)
- Most psychiatric disorders start in childhood or adolescence and persist into adulthood – particularly if untreated (Insel & Fenton, 2005; Kessler et al., 2005)



## Challenges of Identifying SED



## Challenges of Identifying SED

- Emotional functioning is:
  - complex – multi-faceted
  - developmental – changes over time
  - on a continuum – no clear line between “normal” and “atypical”
  - culturally influenced
  - biologically influenced
  - socially influenced
  - personal



## Challenges of Identifying SED

Culture matters!

Evidence for disproportionality: (more SED)

Males (8:1; National Education Association, 2007)

African-American

Single parent households

Low socioeconomic opportunities

Losen & Orfield, 2002; Snyder, Debrey, & Dillow, 2016; Zhang et al., 2014



## Challenges of Identifying SED

Culture matters!

Few assessment tools are normed on diverse samples or available in multiple languages

Cultural match between assessor and student is important

Skiba et al., 2008



## Challenges of Identifying SED

Criteria are vague

Risk of making a cognitive error in the assessment process

Confirmation bias (tendency to seek evidence that will confirm initial beliefs)

Belief perseverance (tendency to maintain one's beliefs even in presence of evidence to contrary)

Hanchon & Allen, 2017



## Challenges of Identifying SED

Co-occurrence of disorders is common

When disorders co-occur, the impact is usually more severe than when they occur alone (Kessler et al., 2005)



## Co-Occurrence of ASD and SED

- Kansas Community Mental Health Study
  - Record review of all children (3-18 years) in 26 counties
  - >75% of children with ASD also met criteria for SED
  - Observed differences in comorbidity based on autism status:
    - Classic autism = OCD, Disruptive Behavior Disorder
    - ASD = ADHD, Anxiety, Depression, Bipolar, Oppositional
    - Risk of psychiatric hospitalization was greater for the ASD group



## Assessment Practices



## What to Investigate to Inform Differential Identification of ASD & SED

- Developmental history
- Health history
- Family history
- Onset
- Course
- Severity of impairment
- Impact across settings



## Best Practices for Assessing SED in Schools

Use a multi-method, multi-informant, multi-setting assessment strategy

- Observations
- Teacher interview & rating scales
- Parent interview & rating scales
- Student interview & rating scales
- Record review

Assess strengths and interests

Collaborate with the family

Adopt a scientific decision-making model



(Carter, Briggs-Gowan, & Davis, 2004; Hanchon & Allen, 2017)

## Best Practices for Assessing ASD in Schools

Very similar approach

Just use a few different measures and assess:

- Social Reciprocity
- Behavioral Flexibility
- Executive Functions
- Nonverbal & Verbal Communication



## Differential Identification

How do Social Maladjustment, Serious Emotional Disability and Autism Spectrum Disorders Differ in Behavioral Presentation?



## Peer Relationships

Social Maladjustment	Serious Emotional Disability	Autism Spectrum
Has friends Often member of subculture of like-minded peers	Short-lived Cause anxiety Chaotic	Often facilitated One-sided Strong loyalty Overly-focused Boundary-less
<small>Adapted from Ventura Unified School District, Conejo Valley Unified School District and Wayne County Educational Service Agency (2004); retrieved from "Guidelines for Determining Eligibility for Special Education for Students with SED"; Colorado Department of Education, 2011.</small>		



## Understanding Other People

	Social Maladjustment	SED	ASD
COGNITIVE	Intact Skilled Manipulates	Usually intact May be skewed Varies (impacted by emotional distress or attentional focus)	Delayed Naïve Misinterprets
EMOTIONAL	Unsympathetic Remorseless Callous	May be intense (lacks a filter)  Or blunted (self-protective)	Unaware Disorganized by others' emotions Misreads triggers





<b>Nonverbal Communication</b>		
<b>Social Maladjustment</b>	<b>SED</b>	<b>ASD</b>
Uses nonverbal behaviors often with verbal communication	Uses nonverbal behaviors often with verbal communication	Uses nonverbal behaviors less often Nonverbal behaviors are less well-coordinated with each other
Modulates nonverbal behaviors (e.g., gestures, eye contact, voice tone) fluidly within interactions	Modulation of nonverbal behaviors may vary with affect	Nonverbal communication behaviors are qualitatively different (e.g., too long, off-timed etc.)

<b>Affect</b>		
<b>Social Maladjustment</b>	<b>SED</b>	<b>ASD</b>
Usually matches situation	May not match situation	May not match situation
Normal mood variation	Moods may swing	Moods may have an "on/off" quality
Lacks appropriate guilt or shame	May present as overwhelmed	May have a limited range of emotional expressions
May fake emotional responses convincingly to achieve a goal	Affective state determines openness to learning	Denies experiencing any negative affect (e.g., sad, mad)

### Conflicts & Tension

Social Maladjustment	SED	ASD
Provocative	Reactive	Self-focused
Oppositional	Avoidant	Unintentional
Hostile	Low distress tolerance	Exaggerated sense of justice
Violates rules or breaks laws	Impacts relationships (peers, siblings, parents, teachers)	Often occurs due to skill deficits




### Self-Concept

Social Maladjustment	SED	ASD
Tends to display outward signs of positive self-concept; confident	Tends to be negative about self or unaware of strengths	Tends to be unrealistic or young in thinking about self  Doesn't differentiate self and other very well
May lack confidence in specific academic activities	Tends to view others as more capable	Tends to think in "black & white terms" about self (good or bad, no in-between)




## Autonomy

Social Maladjustment	SED	ASD
Tends to be independent & self-sufficient	Tends to be overly dependent or impulsively defiant	Tends to rely on adults to run things, but also prefers to do things "on own terms"
Makes decisions quickly	May have trouble making decisions; doubts choices or is impulsive and regretful	May insist on specific routines or familiar choices, even if not a good fit for the situation



## Sense of Responsibility

Social Maladjustment	SED	ASD
Often blames others for own problems, but is otherwise reality-oriented	Often confused about own role in situations	Rarely reflects on own behavior or sees own roles in situations
May show courage or responsibility but toward undesirable ends	May have distorted interpretations of responsibilities to others	May not take responsibility naturally but can be explicitly taught situation-by-situation



School Functioning		
Social Maladjustment	SED	ASD
Resists school routines	School routines are helpful	School routines are usually helpful
At-risk for truancy	At-risk for truancy due to somatic symptoms	Usually low risk for truancy
Academic skills likely uneven	Academic skills likely uneven	Academic skills likely uneven
Engagement associated with interest in material	Engagement associated with mood, wellness, health	Engagement strongly associated with interest in material



## Concluding Comments

- Evaluating students for a possible SED or ASD is complex and requires multi-method, multi-informant procedures
- It's essential to partner with families throughout the process



## Concluding Comments (cont.)

- Determining which behavioral descriptors are most interfering with access to general education requires careful scientific reasoning and team discussion.
- Co-occurrence of conditions is more the rule than the exception and needs to be reflected in the evaluation documentation.
- Functional assessments that link evaluation results to interventions are most useful in this process.



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# THANK YOU!

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