

ANY OF THE EIGHT CHARACTERISTICS: the following eight characteristics or patterns of behavior are not necessarily apparent in every student who is EBD. Conversely, some of these patterns are evident in other children but are not severe, chronic, and frequent, and do not occur across settings. The examples included are not exhaustive, but are suggested as behaviors that might fall into the patterns. Identify pervasive *patterns* rather than *discrete behaviors*, and consider behavioral deficits or excesses (too much, too often, too little).

An inability to develop or maintain satisfactory interpersonal relationships

- Lacks trust in others or is fearful of others
- Ignored or rejected by peers
- Is too easily influenced by peers
- Uses/manipulates others
- Excessively dependent
- Excessively controlling
- Inability to interact with a group/play by the rules
- Wants constant attention or approval
- Sees self as a victim
- Difficulty attaching to others
- Difficulty separating from caregivers
- Lack of social awareness – may not understand social conventions or behavioral expectations
- Exhibits inappropriate sexual behavior
- Overly affectionate

Inappropriate affective of behavioral response to a normal situation

- Inappropriately laughs or cries
- Lies, cheats, steals
- Overreacts
- Refuses to do school work
- Refuses to respond to others
- Non-compliant or passive-aggressive
- Inability to make changes or transitions
- Exhibits flat affect
- Appears remorseless
- Becomes defensive without provocation
- Lacks empathy
- Overly perfectionistic or hard on self
- Disorganized or scattered thought processes
- Lack of assertiveness
- Wide mood swings
- Excessive emotional responses
- Impulsive; lack of self control
- Extreme responses to changes in routine or schedule

Pervasive unhappiness, depression or anxiety

- Listless or apathetic
- Thinks/talks repeatedly of suicide
- Overly pessimistic
- Preoccupied with negative feelings

- Hides
- Runs away from home
- Anxious habits such as nail biting or hair pulling
- Expresses feelings of worthlessness, hopelessness
- Preoccupied
- Obsessive/compulsive
- Loss of interest in activities
- Lacks interest in surroundings, activities, etc.
- Volatile temper or excessive anger
- Blames self; extremely self-critical

Physical symptoms, pains or fears associated with personal or school problems

- Physical complaints that cannot be easily checked or verified and are most visible during stressful situations
- Excessive absences, tardiness, truancy
- Frequently requests visits to the school nurse
- Refuses to attend school ("school phobic")
- Self-mutilating
- Unusual sleeping or eating patterns
- Eating disorders
- Flinches or cowers
- Has atypical physical reactions (i.e., sweaty palms, dizziness, voice tone, always "freezing", and so on)
- Excessively fearful in response to new situations, certain people or groups, certain classes or activities
- Neglects self-care and hygiene
- Auditory or visual hallucinations
- Psychosomatic illnesses (stomach aches, nausea, dizziness, headaches, vomiting)

Inability to learn that cannot be explained by intellectual, sensory or other health factors

- Disorganized
- Quits or gives up easily
- Has been retained
- No health or sensory impairments have been found by a physician or impairments are not significant enough to explain the discrepancy
- May be learning to some extent but there's a significant difference between potential and demonstrated learning

- Achievement scores are incompatible with IQ scores
- Difficulty retaining material

Extreme withdrawal from social interaction

- Does not participate in class
- Isolates self from family, peers, staff at school
- Avoids eye contact
- Keeps head down on desk; may cover head with jacket or other apparel
- Speaks in a quiet voice or mumbles; refuses to speak
- Truant or runs away
- Shuts self in room

Extreme aggressiveness

- Recurring patterns (not isolated incidents)
- Verbal; vulgar language, swears, threatens, belittles, name calling, loud, argumentative, challenging, condescending, lying
- Physical: spits, kicks, trips, hits, bites, pinches, throws or destroys objects, carries and uses weapons, intimidating, destroys property, vandalism, tantrums, cheating, stealing, bullying, cruelty to animals

Other inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected

- Within a reasonable range of expectations
- Reactions are more intense/extreme or passive/apathetic than peers in cultural reference group
- Taking into account any cultural or ethnic issues so as to avoid misidentification or overidentification of minorities
- Social maturity
- Emotional maturity
- Ostracized by peers
- Presence interferes with the education of others
- Reality distortion
- Hallucinations
- Rigid or ritualistic behaviors
- Stereotypic movements

The issue of social maladjustment vs. EBD is one that has engendered considerable controversy and debate over many years. There is no commonly understood, accepted definition for "social maladjustment". The term is sometimes used interchangeably with "conduct disorder" but there is disagreement as to whether the terms are comparable or not.

It is not appropriate for an IEP team to make a clinical diagnosis, such as "conduct disorder" and a diagnosis from the medical or mental health community does not automatically qualify or disqualify a student from EBD as discussed above.

The following chart was compiled from a variety of sources and is for information purposes only. It is not meant to be used as a checklist, diagnostic tool, or definitive guide to the characteristics of any terminology or label. It may be helpful in conceptualizing possible differences or overlap between labels. **Keep in mind that some students may display a public façade, while privately they are quite different.** It is important not to be swayed by superficiality but to do some detective work and try to define what really is happening.

EBD	Social Maladjustment
Self critical; unable to have fun	Little remorse, seeks pleasure
Naïve; gullible, fantasizes	Street-wise
Consistently poor adaptive behavior	More situationally dependent
Feelings easily hurt; a victim	Acts tough; a survivor
Hurts self or others as an end	Hurts self or others as a means to an end
Ignored or rejected by peers	Often viewed as "cool" even if feared
Friends tend to be law abiding, often younger; has no friends	Friends are same age or older; often described as "bad"
Seen as able to comply inconsistent achievement; appreciates help	Seen as unwilling to comply; generally low achievement; doesn't want help
Blames self	Blames others
Emotional overreactions tend to be anxiety, depression, guilt	Anger is the most common emotional overreaction
Behaviors may be unusual, bizarre, idiosyncratic	Behaviors may be self-serving, manipulative
Lack of social awareness	Understands but does not accept general behavioral standards
Limited or no social support for inappropriate behaviors	Possible family, peer, neighborhood support for behaviors
Social relationships tend to be characterized by inappropriate dependence	Usually loyal to a delinquent peer group
Often low self esteem or distorted self esteem	May appear to have adequate self esteem; may show "macho" or "bravado"
Preoccupied with conflicts and overly self concerned	Rarely self reflective; very superficial sense of self

****It is important to consider ethnic or cultural differences so as to avoid the misidentification or over-identification of minorities as students with an Emotional Behavioral Disability****

The student demonstrates social, emotional or behavioral functioning that so departs from generally accepted age appropriate, ethnic, or cultural norms that it adversely affects them in at least one of the following areas:

Academic progress (grades on report cards, assignments, classroom tests, levels of achievement compared to potential, attendance, standardized tests, meeting expectations for processing information and learning)

Classroom adjustment (ability to function and succeed in classroom settings, set goals, follow classroom and school rules, work in large and small groups, work independently, perform on classroom assignments and tests, comply with requests, bring materials to class, skill at being a student)

Social relationships (getting along with others, interacting with peers and adults both formally and informally, managing one's behavior in a variety of environments, initiating and maintaining relationships; ability to be integrated into school and community, and to read social cues)

Personal adjustment (how the student feels about himself/herself self-concept and self-esteem issues, ability to handle stress)

Self-care (personal care and hygiene as performance deficits [student knows how to care for self, but is not doing so], lack of personal care to an extent which prevents the development or maintenance of satisfactory interpersonal relationships, managing personal needs, self-destructive behaviors, including self-mutilation)

Vocational skills (ability to manage personal needs in a work setting, appropriately applying social skills in a work setting, arriving on time prepared to follow directions and complete assigned tasks, organizational skills)

Student's behaviors are characterized as **all three** below when compared to other students of the same age and gender:

Severe Behavior hampers normal school functioning to a significant degree; behavior is a threat to the student or others; behavior is causing a student to fail academically, get into trouble with the law, or repeatedly be in situations which result in disciplinary actions; impacts negatively on social interactions. Synonyms include: extremely intense, harsh or hard, uncompromising, unyielding, inflexible of temper or character, hurtful, violent, disruptive, in excess compared to developmental norms or functioning of peers with similar backgrounds.

Chronic Markedly impacted by the length of time the inappropriate behavior has been exhibited in relation to the age of the student. Best practice suggests using a standard of 6 months *minimum*, although you must compare to the age of the student, time of the school year, etc. The behavior is not symptomatic of a developmental level or a situational stress (such as parents divorcing, serious illness or death in the family, a recent major move, serious injury or illness of the student, a parent remarrying, transition to a new level of school, mismatch with program style, a new sibling, family financial crisis).

Frequent Much more than normal or expected, occurring regularly or with short intervals between occurrences, continual. Consider predictability of the behavior and the effects of the environment. Since behavior occurs in a context, it is important to note factors that may affect the frequency, such as others in the setting, prevention strategies, time of day, activities or assignments and so on. If the behavior is situational, it may be that environmental manipulations will resolve the issues.