Foundations of Special Education
By Dr. Kathleen VanTol

Chapter 8: Emotional and Behavior Disorders

"Mental pain is less dramatic than physical pain, but it is more common and also more hard to bear. The frequent attempt to conceal mental pain increases the burden: It is easier to say 'My tooth is aching' than to say 'My heart is broken.'"

– C.S. Lewis, *The Problem of Pain*.

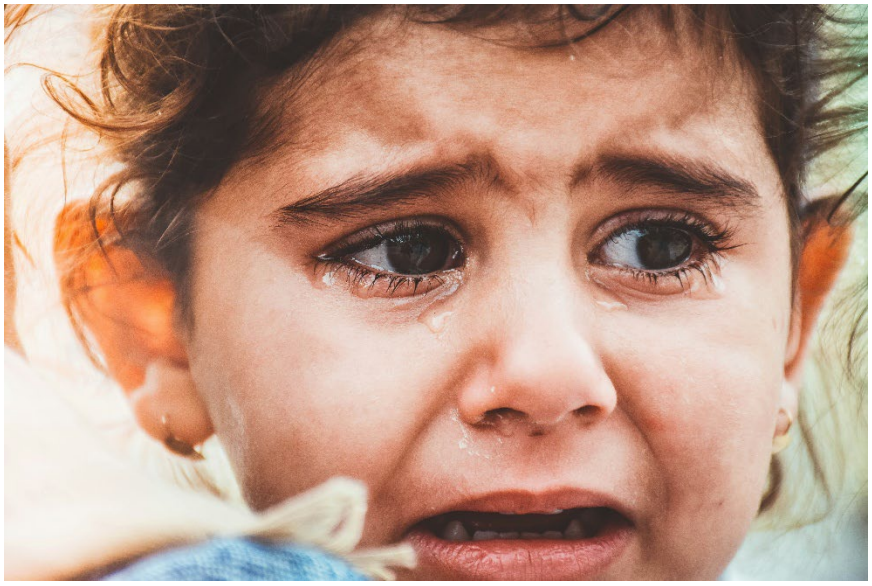


Image: Amiri, Z. (2020, July 6). Girls face in close up. Unsplash.com. (Unsplash free to use)

Introduction

Emotional and behavior disorders (EBD) encompass a wide range of mental health and behavioral conditions that affect how individuals think, feel, regulate their emotions, and interact with others. While all children occasionally experience sadness, anxiety, or anger, and will occasionally exhibit challenging behavior, students with emotional and behavior disorders experience these difficulties with a frequency, duration, or intensity that

significantly interferes with learning, relationships, and daily functioning. Some of these students will only require temporary supports, while others will need more intensive services, including specialized instruction and behavioral interventions, to be successful in school.

The category of emotional and behavior disorders includes many different conditions with a wide variety of needs. Some students primarily struggle with anxiety, depression, or social withdrawal, while others exhibit aggression, impulsivity, or other challenging behaviors. These differences mean that effective educational planning begins with understanding each learner's individual strengths, needs, and circumstances. When educators build positive relationships, create supportive learning environments, teach behavioral and self-regulation skills, and collaborate with families and mental health professionals, students with emotional and behavior disorders can experience meaningful academic, social, and emotional success.

Overview of Emotional Disturbance

For the purposes of special education, IDEA uses the eligibility category Emotional Disturbance for students whose emotional or behavioral difficulties significantly interfere with learning. Although students with other disabilities may also exhibit emotional or behavioral challenges, for students who qualify under the Emotional Disturbance category, these characteristics are the primary indicators of the disability. To meet the criteria for special education, these emotional or behavioral characteristics must be markedly different from those of typical same-age peers, persist over a significant period of time, and adversely affect the student's educational performance (NASET, 2024).

Students with emotional and behavior disorders represent a diverse group of learners with a variety of mental health and behavioral conditions, including anxiety, depression, eating disorders, obsessive-compulsive disorder (OCD), and conduct disorders (CPIR, 2024). These conditions may also occur alongside other disabilities. Students with emotional disturbance exhibit thoughts, feelings, and behaviors that are poorly regulated and extreme in magnitude as compared to their typical same-age peers (NASET, 2024).

The IDEA definition of Emotional Disturbance is:

> (4)(i) 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:
>
> > (A) An inability to learn that 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.
> >
> > (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
>
> (4)(ii) 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 (IDEA, 2007).

The terminology used by IDEA has been the subject of ongoing discussion. In particular, many parents, educators, and professionals have expressed concern about the use of the label Emotional Disturbance, believing that the word "disturbance" may be stigmatizing. Many would prefer that the phrase "emotional and behavior disorders" be used instead as they feel this phrase more accurately and respectfully describes this group of learners. While this wording change has been proposed several times, it has not yet been adopted (NASET, 2024).

IDEA Eligibility Criteria

Emotional disturbances are severe enough to interfere with the learner's educational achievements and relationships.

Image: Nilov, M. (2021, May 6). *Boy in black and white long sleeve shirt sitting on green leather couch*. Pexels.com (CC free to use)

To qualify for special education under the category of emotional disturbance, a student must have at least one of the five characteristics listed in the definition:

- an inability to learn not explained by other factors,
- a lack of satisfactory relationships,
- inappropriate behavior or feelings,
- general unhappiness or depression, and
- physical symptoms or fears around personal or school problems.

These characteristics must have been present for a long period of time, which is generally interpreted to mean at least six months, must be displayed across settings, and must be significant enough that it is apparent to others including school staff. These characteristics must also be displayed with greater frequency, duration, and/or intensity than is generally seen in typical same-age peers (NASET, 2024).

The characteristics of the emotional disturbance must also be manifested to such an extent that they interfere with the learner's educational achievement. This may be reflected not only in academic achievement but also in the student's ability to participate successfully in classroom activities, develop and maintain positive relationships, and function effectively in the school environment. In other words, the student's performance must be substantially below what would reasonably be expected given the student's abilities and circumstances. When an emotional disturbance is suspected, the evaluation should consider multiple sources of information, including daily classroom performance, classroom and standardized assessments, grades, and other indicators of academic progress. The evaluation should also consider the student's home environment and any recent life events or stressors that may be affecting the student's functioning (NASET, 2024).

Because social and emotional functioning is an important component of educational performance, the evaluation should also examine the student's ability to initiate and maintain friendships and to engage in positive relationships with teachers, peers, and others. For example, the student may react with aggression when others initiate social interactions. The student may display a lack of emotion or unusual emotions compared to peers in similar situations. The student may seek attention in inappropriate ways or display emotional responses that are unusual or disproportionate to the situation. Students with emotional and behavior disorders may also exhibit characteristics such as low frustration tolerance, impulsivity, difficulty regulating emotions, rapid changes in mood or behavior, aggression toward people or animals, or frequent involvement in conflicts. When these characteristics are persistent, markedly different from those of typical same-age peers, and significantly interfere with relationships and educational performance, they may support eligibility under the IDEA category of Emotional Disturbance (NASET, 2024).

Some students with emotional and behavior disorders may also experience persistent sadness, depression, or a general mood of unhappiness. They may exhibit low self-esteem, feelings of hopelessness or helplessness, a sense of inadequacy, excessive guilt, or, in

more severe cases, suicidal thoughts. Emotional distress may also be expressed through physical symptoms such as headaches, stomachaches, panic attacks, or anxiety related to school or personal situations. As with the other characteristics described in the IDEA definition, these symptoms must be persistent, significantly interfere with educational performance, and meet the eligibility criteria for Emotional Disturbance before a student qualifies for special education services (NASET, 2024).

It is noteworthy that schizophrenia is specifically included in the IDEA definition of Emotional Disturbance. Although schizophrenia is a serious mental disorder, childhood-onset schizophrenia is extremely rare, affecting only about 1 in 40,000 children (Gochman et al., 2011). Common symptoms include delusions, hallucinations, and disordered thinking. A child with schizophrenia may confuse dreams or stories with reality, have unusual fears, or engage in bizarre behavior. It is important to note, however, that schizophrenia is not the same as dissociative identity disorder (formerly called multiple personality disorder) and does not mean that the child has multiple personalities (Mayo Clinic, 2021; NASET, 2024).

The IDEA definition also specifically excludes students who are socially maladjusted, unless they also meet the criteria for Emotional Disturbance. This exclusion has been the subject of considerable discussion and debate. Although IDEA does not define social maladjustment, the term is generally understood to refer to students who are capable of understanding and following social rules and expectations, but who deliberately choose to violate them. These students may engage in delinquent, destructive, or antisocial behavior (Office of Special Education, 2015). In contrast, students with emotional disturbance do not purposefully choose to break the rules but may do so as a result of their disability (NASET, 2024).

Causes of Emotional Disturbance

No single cause of emotional and behavior disorders has been identified. Instead, researchers believe that these disorders develop through the complex interaction of

multiple biological, psychological, and environmental factors. Potential contributors include genetic predisposition, stressful life experiences, family and environmental influences, and the effects of various mental or physical health conditions (Division for Emotional & Behavioral Health, 2020; CPIR, 2024; NASET, 2024). Consistent with the IDEA definition, however, the learning and behavioral difficulties associated with Emotional Disturbance cannot be explained primarily by intellectual, sensory, or other health impairments (IDEA, 2017).

Although no single cause of emotional and behavior disorders has been identified, researchers have identified numerous protective and risk factors that can influence the development and severity of mental health disorders in school age children. It is important to recognize that risk factors are not causes. Rather, they are individual, family, school, or community characteristics that are associated with a greater likelihood of a particular outcome. Likewise, protective factors are characteristics or experiences that reduce the likelihood of a negative outcome or lessen the impact of identified risk factors (Youth.gov, 2024).

Even though risk factors are not causes, it is important for educators to be aware of potential risk and protective factors. Although teachers cannot control many of these factors, they can play an important role in strengthening protective factors within the school environment. Risk factors for anxiety include individual characteristics such as low self-esteem, shyness, school failure, and a history of aggression toward peers. Family risk factors include family conflict, parental substance abuse, and parental unemployment. Community risk factors include limited community investment in schools and community norms that support drug or alcohol use (Youth.gov, 2024)

Many of the risk factors associated with depression are similar but also include some unique characteristics. Individual risk factors include early puberty, inflexibility, low self-esteem, insecure attachment, and poor social, communication, and problem-solving skills. Family risk factors include parental depression or anxiety, ineffective parenting practices, negative family environments, and child abuse. School and community risk

factors include peer rejection, poor academic achievement, poverty, school or community violence, and exposure to traumatic events (Youth.gov, 2024)

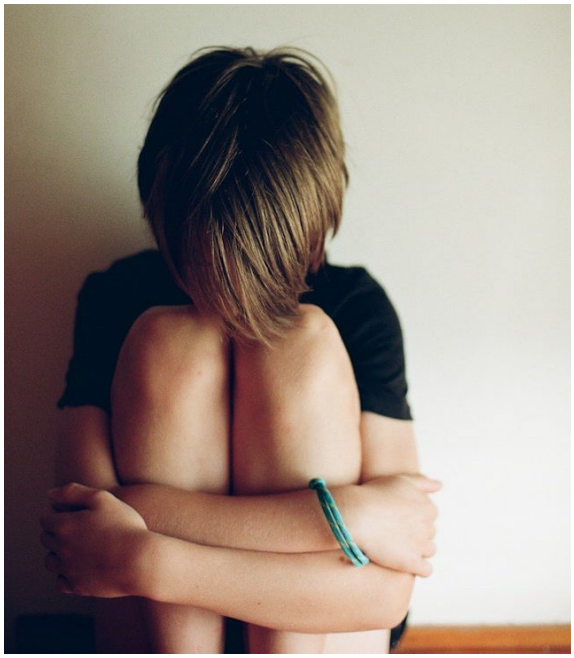
An individual risk factor specific to behavior disorders is exposure to neurotoxins such as lead or mercury. Family risk factors specific to behavior disorders include inadequate parental supervision, parental depression, and child abuse. Community, neighborhood, and school-based factors include associating with deviant peers, the loss of a close relationship, and the loss of close friends (Youth.gov, 2024).

Protective factors for emotional disturbance are characteristics or experiences that reduce the likelihood of a child developing an emotional or behavior disorder or lessen the impact of identified risk factors. Individual protective factors include positive academic, intellectual, and physical development; high self-esteem; effective coping and problem-solving skills; and the ability to regulate emotions. Additionally, individuals who develop connections and engagement in two or more contexts are less likely to develop an emotional or behavior disorder. These contexts include school, athletics, employment, peer groups, faith communities, and cultural organizations (Youth.gov, 2024)

Families can put protective factors in place by providing structure, limits, and predictability, ensuring that behavior expectations and family values are clear, and monitoring compliance with rules. Supportive family relationships and positive parent-child interactions are also associated with a lower likelihood of emotional and behavior disorders. Schools and communities likewise play an important role by providing opportunities for meaningful participation, fostering positive relationships, maintaining clear behavioral expectations, and creating environments that are both physically and psychologically safe. Positive relationships with caring adults, including teachers, coaches, mentors, and other trusted individuals, can further strengthen resilience and help protect against emotional and behavior disorders (Youth.gov, 2024). Although educators cannot eliminate every risk factor in a student's life, they can intentionally strengthen many protective factors by creating safe, supportive classrooms, building positive relationships,

maintaining high expectations, and teaching the social, emotional, and behavioral skills that help students succeed.

Prevalence of Emotional Disturbance



Typically, students who receive special education services under the emotional disturbance category are between 12-17 years of age.

Image: Stachmann, R. (2024, October 10). *A person sitting on a bed with their arms crossed*. Unsplash.com (Unsplash free to use)

The percentage of school-age children identified with emotional disturbance has remained relatively stable over the past decade at approximately 5% to 6%. Students identified with emotional disturbance are about twice as likely to drop out of school as students with other disabilities. They are also less likely than students with other disabilities to be educated in general education classrooms for 80% or more of the school day and more likely to receive services in a separate educational setting. In addition, students with emotional disturbance experience higher rates of disciplinary removals, such as suspensions and expulsions, than students with other disabilities (Office of Special Education Programs, 2020).

There are more males than females in all the major disability groups; however, one of the largest disparities is in the category of emotional disturbance where males outnumber females 4:1. (Office of Special Education Programs, 2020; NASET, 2024). One possible

explanation for this disparity is that girls with emotional disturbance are more likely to have internalizing behaviors and boys with emotional disturbance are more likely to have externalizing behaviors. Therefore, since externalizing behaviors are more noticeable and more disruptive to the learning of other students, males are more likely to be referred for an evaluation and consequently identified as having the disability (NASET, 2024).

Most students who receive special education services under the Emotional Disturbance category are between 12 and 17 years of age. Identification before school entry is uncommon, and relatively few young children receive early intervention services under this category. As discussed earlier in the chapter, some parents and educators are uncomfortable with the term Emotional Disturbance, which may lead to students with emotional and behavior disorders being referred for special education later than students in other disability categories (NASET, 2024).

Student Characteristics

Most children occasionally act out, become anxious, or have conflicts with peers. For students with emotional disturbance, however, these behaviors occur with a frequency, duration, or intensity that is markedly different from what is typically observed in same-age peers. Common characteristics include hyperactivity, impulsivity, aggression toward oneself or others, anxiety, social withdrawal, and immature behavior. Many students with emotional disturbance also struggle academically and perform below grade level. While these learning difficulties are often related to the impact of the emotional disturbance itself, some students may also have co-occurring learning disabilities or other exceptionalities. Students with more severe emotional disturbances may also exhibit significant mood instability or highly distorted patterns of thinking (CPIR, 2024).

As discussed earlier, the characteristics of emotional and behavior disorders are often described as either internalizing or externalizing behaviors. Some students primarily exhibit internalizing behaviors, others primarily exhibit externalizing behaviors, and many display characteristics of both. Internalizing behaviors are less obvious to the casual observer

because they are directed inward and include anxiety, depression, sadness, loneliness, and social withdrawal. As noted earlier in the chapter, girls are more likely than boys to exhibit primarily internalizing behaviors, which may contribute to girls being under identified. In contrast, externalizing behaviors are directed outward and harder to ignore. These types of behaviors include aggression, acting out, property destruction, and other disruptive behaviors. Given that boys are more likely to display externalizing behaviors, perhaps this factor is one of the reasons that the majority of children identified with emotional disturbance are male (NASET, 2024).

Common Types of Emotional Disturbance

The emotional disturbance category includes anxiety, depression, eating disorders, and behavior disorders.

Image: RDNE Stock Project. (2021, January 26). *Boy sitting at his desk looking angry*. Pexels.com (CC free to use)

According to the American Psychiatric Association (APA), **anxiety disorders** are the most common mental health disorder (APA, 2023). Approximately 7% of school-age children have been diagnosed with an anxiety disorder, and nearly 30% of adults will experience one at some point in their lives (APA, 2023; CDC, 2025). Anxiety is a feeling of fear or worry about something that might happen in the future. Fear and anxiety are common emotions and under normal circumstances they can be beneficial to us. They can motivate us to be prepared for an upcoming event. They can also help us pay attention and be alert to

potential dangers. Anxiety moves beyond the ordinary and becomes a disorder when these emotions are out of proportion to the situation or negatively affect our ability to complete daily tasks and comply with typical expectations. Individuals with anxiety disorders will go to great lengths to avoid or escape situations that may trigger their anxiety. Unfortunately, these avoidance behaviors can negatively impact academic learning, social relationships, and job performance (APA, 2023).

While the situations and reasoning behind the anxiety are typically irrational, just telling oneself not to be anxious is not an effective remedy. A child with anxiety cannot simply reason away their anxiety on the basis that it is not logical. Anxiety disorders can take many forms, including separation anxiety, social anxiety, specific phobias (such as an intense fear of spiders or confined spaces), generalized anxiety disorder, and panic disorder, which is characterized by sudden episodes of intense fear or panic. Although obsessive-compulsive disorder (OCD) is now classified as a separate disorder, it shares many features with anxiety disorders and is characterized by persistent obsessive thoughts and repetitive compulsive behaviors. Many children with anxiety disorders are reluctant to talk about their fears and instead internalize their worries. As a result, they may express their emotional distress through physical symptoms such as headaches, stomachaches, irritability, or school avoidance (CDC, 2026).

Depression is another common mental health disorder. Like anxiety, rates of depression in children and adolescents have increased over the past decade. Recent statistics show that just over 3% of school-age children have been diagnosed with depression and more than 70% of those with depression have also been diagnosed with anxiety. The prevalence of both depression and anxiety in children and teens increases with age and is higher among secondary students than elementary-aged children (CDC, 2025).

Periods of sadness, disappointment, and even hopelessness are a normal part of life. However, when these feelings persist over an extended period of time and interfere with daily functioning, they may indicate depression. Other symptoms include changes in eating or sleeping patterns, changes in energy level, increased irritability, difficulty concentrating, loss of interest in previously enjoyed activities, and episodes of self-injurious behavior. In

severe cases, depression may also lead to suicidal thoughts. In severe cases, depression may also lead to suicidal thoughts. Tragically, suicide is one of the leading causes of death among young people between the ages of 10 and 24. Any indication of suicidal thinking or self-harm should be taken seriously and addressed immediately according to school policies and procedures (CDC, 2026).

Eating disorders have, unfortunately, also become more common, particularly among adolescents. The prevalence of eating disorders among youth ages 14 to 18 is approximately 2.7%. More than twice as many females (3.8%) as males (1.5%) in this age group are affected, and the prevalence increases with age for both sexes (Eating Disorder Hope, 2021). The three most common eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder. Anorexia nervosa is characterized by an extreme restriction of caloric intake resulting in a drastic, unhealthy amount of weight loss. Bulimia nervosa involves recurring episodes of binge eating followed by compensatory behaviors such as self-induced vomiting, misuse of laxatives, or excessive exercise. Both anorexia nervosa and bulimia nervosa can have serious medical complications and may become life-threatening if left untreated. Binge-eating disorder also involves recurrent episodes of consuming unusually large amounts of food, but these episodes are not regularly followed by compensatory behaviors such as vomiting or purging (CPIR, 2024).

Behavior disorders are another group of conditions that may qualify a student for services under the IDEA category of Emotional Disturbance. More than 7% of children between 3 and 17 years of age have been diagnosed with a behavior disorder. Of these children, approximately 36% also have anxiety, and 20% also have depression. The prevalence of behavior disorders is highest among children between 6 and 11 years of age (CDC, 2025). Students with behavior disorders may display aggression toward people or animals, destroy property, lie, steal, run away, skip school, or repeatedly violate social rules and expectations (CPIR, 2024).

Two of the most common behavior disorders are conduct disorder and oppositional defiant disorder (ODD). Conduct disorder is characterized by a persistent pattern of serious rule violations and behaviors that violate the rights of others. Examples include bullying,

aggression toward people or animals, destruction of property, stealing, lying, truancy, staying out all night without permission, and other unlawful behaviors. In contrast, children with ODD exhibit a persistent pattern of angry or irritable mood, frequent arguments with adults, and ongoing resistance to rules, requests, and adult authority. They often lose their temper, deliberately annoy others, and blame others for their own mistakes or inappropriate behavior. These behaviors typically become evident by about age 8 and, by definition, begin before the child reaches 12 years of age. Children with ODD are more likely to engage in oppositional or defiant behaviors with those they know well such as teachers and family members. Although both disorders involve challenging behavior, conduct disorder generally involves more serious violations of the rights of others and societal rules, whereas oppositional defiant disorder is characterized primarily by persistent defiance, irritability, and conflict with authority figures (CDC, 2025).

Educational Implications

Students with emotional disturbance often perform significantly below expectations academically and are about twice as likely to drop out of school as students with other disabilities. They are also more likely to be educated in more restrictive settings (OSEP, 2020; NASET, 2024). Fortunately, schools can implement interventions and supports that address the challenges these students experience while strengthening the protective factors known to promote positive mental health and reduce the impact of emotional and behavior disorders. Providing high-quality instruction is an important place to begin, as academic success is itself a protective factor. Students can also be taught strategies for self-regulation, problem-solving, and coping skills. In addition, to foster engagement, strengthen relationships, and build resilience, students can be encouraged to participate in extracurricular activities in school and in community and faith-based activities outside of school (Kern et al., 2016; NASET, 2024; Youth.gov, 2024).

Schoolwide Positive Behavior Support (SWPBS) is an evidence-based framework that can strengthen protective factors for students who are at risk for emotional and behavior disorders. SWPBS emphasizes the importance of teaching behavior expectations across

school settings and having those expectations be consistently upheld and reinforced by all staff throughout the school. In addition to teaching expected behaviors, teachers are expected to increase structure and predictability in the classroom setting by establishing consistent classroom routines, procedures, and expectations. Together, these practices help create a safe, supportive school climate that promotes positive relationships, student connectedness, and a sense of belonging. Other characteristics of a positive school environment include supportive and caring teachers, clean and welcoming facilities, positive relationships among staff and students, and consistent, positive classroom management (Kern et al., 2016; NASET, 2024; Youth.gov, 2024).

Students come to school with varying levels of risk for emotional disturbance, but teachers play an important protective role in reducing the impact of those risks. Teachers are critical to developing the positive, nurturing relationships with their students that encourage connectedness. Schoolwide positive behavior support is a framework that can also enhance connectedness, reduce risk, and promote protective factors. In addition, consistent classroom management and effective instruction improve protective factors that contribute to student success. When a student experiences more significant emotional or behavioral challenges, educators will also need to work collaboratively with families and mental health professionals to develop and implement the individualized supports that student needs (Kern et al., 2016; NASET, 2024).

Conclusion

Educators can collaborate with families and other professionals to help children with emotional and behavior disorders succeed in school and in their other relationships.

Image: RDNE Stock Project. (2021, April 4). *Mother and son playing together*. Pexels.com (CC free to use)

Students with emotional and behavior disorders often face significant challenges in school. Educators play an important role in fostering the protective factors that support resilience, including positive relationships, effective instruction, consistent expectations, and safe, supportive learning environments. When educators collaborate with families and mental health professionals, maintain high expectations, and provide individualized supports, students with emotional and behavior disorders can achieve meaningful academic, social, and emotional success.

Notice and Reflect

Observe a classroom, tutoring session, or other educational setting during the coming week. Focus on how the teacher supports positive behavior and responds to behavior challenges. Notice the classroom expectations, routines, reinforcement systems, teacher-student interactions, and strategies used to prevent or address challenging behavior. Pay attention to how the teacher helps students develop self-regulation, social skills, or other replacement behaviors rather than simply responding to inappropriate behavior.

Reflect

- What proactive strategies did you observe that were intended to teach, reinforce and support appropriate behavior and prevent challenging behavior?
- How did the teacher respond when a student demonstrated challenging behavior? In what ways did the response support learning while maintaining the student's dignity?
- Based on what you learned in this chapter, what additional evidence-based strategies might help meet the behavioral needs of one or more students in this classroom?

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