DECONSTRUCTING A DEFINITION: SOCIAL MALADJUSTMENT VERSUS EMOTIONAL DISTURBANCE AND MOVING THE EBD FIELD FORWARD

KENNETH W. MERRELL AND HILL M. WALKER

University of Oregon

In this article we discuss the definition of emotionally disturbed (ED) from the Individuals with Disabilities Education Act, with a specific focus on the clause contained in this definition, which is designed to exclude from special education services students who are considered to be socially maladjusted (SM). The history of the SM exclusionary clause and its impact is detailed herein. We argue that the federal ED definition, and especially its SM exclusionary clause, have both served to inhibit the progress of the behavior disorders subspecialty within the special education field, and have diverted energy and attention from more important aspects of serving students with behavioral and emotional problems. From both a pragmatic and empirical standpoint, we argue that the SM exclusionary clause is untenable, and that it deserves neither our support nor the continued professional focus that it continues to demand. Using the “Triangle of Support” model as an exemplar, we propose that assessment methods should be linked to comprehensive systems of service delivery to provide a true cascade of services for students with behavioral and emotional problems. Recommended alternative definitions of ED are discussed, including the National Coalition definition of Emotional and Behavioral Disorders that narrowly missed congressional approval for replacing the current definition. Further, we recommend adoption of the externalizing–internalizing broadband dimensional dichotomy as an emerging and scientifically sound alternative way of conceptualizing emotional and behavioral problems. © 2004 Wiley Periodicals, Inc.

Beginning with passage of the Education for All Handicapped Children Act of 1975, the definition and criteria for the disability category emotionally disturbed (ED) have been riddled with confusion and controversy. The story of the federal definition of ED is well documented, and is described in detail in other recent sources (e.g., Kauffman, in press; Merrell, 2003). This story is important, not only because the federal definition remains as problematic today as it was when it was codified into law nearly 30 years ago, but also because there is widespread recognition that, in general, efforts to provide effective education to students with ED have been largely inadequate (Walker, Nishioka, Zeller, Severson, & Feil, 2000; Walker, Zeller, Close, Webber, & Gresham, 1999).

Despite inclusion of ED within the Individuals with Disabilities Education Act (IDEA 1997) and its predecessors, the dedication and efforts of legions of professionals, and the investment of vast (but still inadequate) resources, students with ED fare worse than any other class of students with disabilities on many important outcomes. For example, it has been noted that, compared with all students having disabilities, students with ED are more likely to be placed in restrictive educational settings and to drop out of school (U.S. Department of Education, 1994); their families are often blamed for their child’s disability and are required to make tremendous financial sacrifices to secure services for their children (Kauffman, in press); and, their teachers and classroom aides are more likely to seek reassignment or leave their positions (Bibou-Nakou, Stogiannidou, & Kiosseoglou, 1999; Brownell, Smith, and McNellis, 1997). Within 3 years of leaving school, more than 50% of ED students have had at least one arrest (Wagner, 1989), a stunning figure that is even more disturbing when one considers that experts in law enforcement estimate that there is, on average, only 1 arrest for every 10 “arrestable” offenses committed. Clearly, the state of affairs regarding the education of students with significant behavioral, social, and emotional problems in American schools is dismal.

Correspondence to: Kenneth W. Merrell, School Psychology Program, 5208 University of Oregon, Eugene, OR 97403–5208. E-mail: kmerrell@uoregon.edu
Although the definition of ED cannot be blamed for all the problems related to students with ED, it certainly shares some culpability, because the definition determines in large measure, which students will be selected to receive special education services and how educational programming will be initiated. As Forness and Kavale (2000) have stated, “Of several challenges that continue to face special education regarding children with emotional or behavioral disorders, the problem of eligibility is among the most pressing” (p. 267). In our view, the federal ED definition deserves additional examination, particularly relating to its social maladjustment exclusionary clause, the focus of this special issue. It is important to recognize that definitional problems with ED, and the social maladjustment clause in particular, are not new. These issues have been a concern and a distraction to the field for many years. Although these problems are currently considered important enough to warrant the current special issue of this journal, there have been previous large-scale efforts to consolidate research and opinion in this area, such as the special issue of *School Psychology Review* (Volume 21, Issue 1) in 1992, which was also specifically devoted to this topic.

**Historical Roots of the Emotionally Disturbed Definition**

It is widely understood that the federal definition of ED adopted by Congress in 1975 was based upon a previous definition developed and refined by Eli Bower in the 1960s (see Bower, 1981, 1982; and Kauffman, 2000 for detailed discussion of the history of the ED definition). Through research funded by the State of California, Bower and his associates developed a protocol for identifying California students who were in need of receiving services because of their severe behavioral and emotional problems. Bower’s original definition was first proposed in 1957, and was adopted nearly in its entirety within P.L. 94–142 nearly 20 years later. This definition proposed that “emotionally handicapped” students had to exhibit one or more of five major characteristics to a marked extent and over an extended period of time. These five characteristics included:

1. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal conditions.
4. A general, pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms, pains, or fears, associated with personal or school problems (Bower, 1981, pp. 115–116).

Although Bower’s definition has been much maligned for its lack of precision and clear decision rules, most of this criticism is unfair given the context in which the definition was originally developed and the purposes for which it was originally intended. In fact, we view Bower’s definition as a pioneering effort that served as an important precursor to sophisticated classification research that would occur during the last two decades of the 20th century. Although the Bower definition was developed prior to the widespread use of advanced multivariate classification methods such as factor analysis, cluster analysis, structural equation modeling, and discriminant function analysis, it accounted for a wide range of behavioral, social, and emotional problems, and it included characteristics within both the externalizing and internalizing domains (which at that time had not yet been fully articulated by behavioral researchers). In sum, the Bower definition was a detailed and advanced effort for the period in which it was developed, and it likely served its original, intended purposes quite well. Thus, it is understandable that those who wrote the language of the original federal special education law in the mid-1970s were influenced by this definition in developing a description for the disability category that, at the time, was referred to as “seriously emotionally disturbed.”
However, the federal adaptation of Bower’s definition included some additions in wording, such as a statement that the five major characteristics could only be considered a basis for establishing special education eligibility if they adversely impacted educational performance, and some statements regarding types of characteristics or conditions that would be included or excluded from the eligibility definition. Conspicuous among the additions to Bower’s original definition was the following seemingly innocuous phrase: “The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.”

In other words, Bower’s original definition was altered by this addition to provide an avenue for excluding some students from special education eligibility who otherwise would have met the seriously emotionally disturbed eligibility criterion. Thus, the infamous social maladjustment exclusionary clause was born, and it has continued to create confusion among practitioners and researchers to this day, nearly 30 years after its origin. Commenting on this added language on social maladjustment, Kauffman (1997) echoed the view of many in the field when he stated, “The final addendum regarding social maladjustment is incomprehensible” (p. 28, italics added for emphasis).

The Social Maladjustment Clause: Interpretations and Implications

Although much is known about the history and development of the ED definition, surprisingly little has been documented regarding specific details of the inclusion of the social maladjustment (SM) exclusionary clause. Although there are no documents to cite which support this assertion, it has been widely assumed among researchers in the EBD (Emotional or Behavioral Disorder) field that this clause was added to satisfy the concerns of legislators and educational administrators who did not want schools to be mandated to provide services to delinquent and antisocial youth, a notoriously difficult to reach population. Implied within the exclusionary clause was the notion that SM characteristics were somehow separate or distinguishable from ED characteristics. However, SM was never defined in the federal definition, nor was a process for differentiating SM from ED ever adequately described in subsequent Department of Education implementation guidelines. As a result, this exclusionary clause was doomed to controversy and confusion from the beginning. It is important to remember that the SM clause was never part of Bower’s original definition, and that he in fact did not support its addition (Bower, 1982). Echoing Bower’s sentiment regarding this issue, and that of many other researchers, Kauffman (1997) has commented “A youngster cannot be socially maladjusted by any credible interpretation of the term without exhibiting one or more of the five characteristics to a marked degree and over a long period of time” (p. 28, italics added for emphasis).

Given that SM has never been defined in the federal law, the description of this construct has been left to individuals and organizations within the field, as well as to the state and local education agencies responsible for implementing special education services. Some formal attempts to create an operational definition of SM, usually by individual writers or researchers, have occurred over the past three decades. However, there has never been a single description of SM that has been universally recognized, and it is fair to say that widespread agreement of what constitutes SM has not heretofore been achieved (Clarizzo, 1992; Forness, Kavale, & Lopez, 1993; Skiba & Grizzle, 1992; Stein & Merrell, 1992). Thus, it is easy to understand why many state and local education agencies (about half of them by some estimates) have ignored the SM exclusionary clause altogether (Forness, 1992).

In the absence of a clear and recognized definition of SM, one can only speculate as to what this term actually means. Most concerned researchers, practitioners, writers, and agencies who have made serious attempts to tackle this question have concluded that SM can be operationalized as a pattern of engagement in purposive antisocial, destructive, and delinquent behavior. Perhaps the most general way to operationalize this notion is to equate SM with the DSM criteria for
diagnosis of Conduct Disorder (Cheney & Sampson, 1990; Slenkovich, 1983, 1992a, 1992b), and in some cases, Oppositional-Defiant Disorder (Clarizio, 1992). Conversely, perhaps the most specific way to operationalize it would be to invoke the clause only for those students who exhibit what researchers have referred to as the socialized-aggressive subtype of conduct disorder (Quay, 1986a, 1986b), or those youth who have been formally adjudicated for delinquent behavior. This view is based on the assumption that SM students engage in antisocial problem behavior in a willful manner, in the company of other antisocial youths, as a way to maintain or enhance their social status within the antisocial subgroup, and in a manner that is unlawful. This more restrictive view of SM is consistent with models of antisocial behavior that focus on the reinforcement and coercion mechanisms of peer groups in developing and maintaining deviant behavior within social networks (Snyder, 2002).

Regardless of whether a more general or specific interpretation of SM is used, a recurring interpretation of SM assumes that it involves purposive or goal-oriented behavior, and that students who display such behavior are doing so willfully. Although not usually stated overtly, these models also assume that in contrast to students with SM, students with ED must not be engaging in problem behaviors in a purposive or goal-oriented manner, and that they are not necessarily “choosing” to behave as they do. Thus, these traditional models of SM are often constructed around the problematic search for “within-child” pathology and making external attributions or inferences about the internal motivations of students, a questionable practice which has been criticized even by advocates of the exclusionary clause (Kelly, 1988). Some of the most common characteristics or descriptors of SM within this traditional view of SM are summarized in Table 1.

**Can Social Maladjustment and Emotional Disturbance Be Reliably Differentiated?**

For the practitioner who is responsible for actually implementing the federal definition of ED, the pressing issue is, can SM and ED be reliably differentiated, and if so, how? If the more specific interpretation of SM is used to operationally define the construct, then it is likely that SM can be identified and isolated with some degree of reliability, and thus potentially differentiated from ED within a comprehensive screening and assessment process. Using the various descriptions of the so-called socialized-aggressive conduct disorder subtype, such as Achenbach’s (1982) and Quay’s (1986a, 1986b) socialized-subcultural subtypes of delinquent activity, or the group type of conduct disorder from *DSM-IV* (APA; American Psychiatric Association, 1994), one might identify SM if a student engages in antisocial behavior within a peer-oriented context (such as

Table 1

**Traditional Views of Social Maladjustment (SM): Common Characteristics**

- Student meets DSM criteria for Conduct Disorder or Oppositional-Defiant Disorder
- Student engages in antisocial and delinquent behavior within the context of a deviant peer group
- Student maintains social status within deviant peer group by engaging in antisocial and delinquent behavior
- Problem behavior is “willful,” individual is making a “choice” to do it and could stop the problem behavior if they desired
- Problem behavior is purposive, goal-oriented, or instrumental; student engages in it to “get something” they want
- Student with SM does not have internalizing/emotional problems or mental health problems
- Student with SM believes that behavioral rules should not apply to them, or that they should be able to self-select their own rules of conduct
- Students with SM are shrewd, callous, streetwise, and lack remorse
gang or group delinquent activities) or if the antisocial behavior leads to formal delinquency, as evidenced by court adjudication. Because indicators of such activities are typically overt, they should be relatively easy to identify through assessment processes such as agency records reviews, interviews, behavior rating scales, and direct behavioral observation. However, even in the case of clearly identified gang or delinquent activities, the nonsensical “unless it is determined that they are also seriously emotionally disturbed” aspect of the SM addendum to the federal definition still presents the practitioner with a significant conceptual challenge before ED can be ruled out.

If the more general or global interpretation of SM is used (i.e., making the construct synonymous with DSM criteria for a diagnosis of conduct disorder or oppositional-defiant disorder), the assessment practitioner faces a challenge in applying this SM exclusionary clause. Although it is true that conduct disorder, and to a lesser extent, oppositional defiant disorder, are based on relatively objective behavioral criteria, they are also quite expansive in terms of the breadth of problems that they cover. For example, the DSM-IV (APA, 1994) requires the presence of 3 or more of 15 specified behavioral criteria over a 12-month period (with at least one criterion present during the past 6 months) for a diagnosis of conduct disorder. Thus, a student who meets the minimum criteria for engaging in armed robbery, rape, and fire setting during the past few months receives the same diagnosis as a student who meets the criteria for being frequently truant from school, staying out late at night despite parental objections, and running away from home. Assuming that these characteristics are related to significant impairment in the student’s functioning, they qualify for a diagnosis of conduct disorder in both cases, despite the fact that any reasonable person would conclude that the former profile is much more serious than the latter. Thus, if a practitioner followed the practice recommended by Slenkovitch (1983, 1992a, 1992b) and others, both students would be considered socially maladjusted and therefore excluded from special education services as ED because of their conduct disorder diagnosis, despite the fact that their behavioral characteristics differ substantially. The latter case appears to stretch the common meaning of SM beyond reasonable credibility. Worse yet would be a student who is considered to be SM, and therefore excluded from services because of a diagnosis of oppositional-defiant disorder, especially when this diagnosis is based on meeting the minimum four required ODD criteria through manifestation of the following behavioral characteristics: often loses temper, is often angry or resentful, is often touchy or easily annoyed, and often blames others for his/her mistakes. Clearly, such an outcome, which could easily result from the current conceptualizations of SM and ED, stretches the use of the SM exclusionary clause beyond all credibility.

Regardless of whether a very strict or relatively liberal definition of SM is used in differentiating SM from ED within an assessment and identification process for determining service eligibility, there is a final, perhaps fatal flaw in this practice. The “Achilles heel” in this regard may be the problem of co-occurrence or comorbidity between externalizing conduct problems such as antisocial behavior or conduct disorder and a variety of other emotional and behavioral disorders that clearly do not constitute SM. In other words, antisocial behavior and conduct problems linked to SM may sometimes be exhibited in isolation, but often, and perhaps usually, they do not occur in this manner. Although it may be true that there are some youths who engage in peer-orientated antisocial and destructive behavior, who also exhibit no additional emotional or behavioral problems, such instances are likely the exception. It would be much more common for such youths to simultaneously exhibit one or more other problems that have been found to co-occur with antisocial and aggressive behavior, most especially Attention-Deficit/Hyperactivity Disorder (ADHD; e.g., Gresham, Lane, & Lambros, 2000; Lahey & Loeber, 1997; Lahey, McBurnett, & Loeber, 2000). Social maladjustment also co-occurs with internalizing problems such as depression (Davis, Sheeber, & Hops, 2002; Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993), which exists in a substantial percentage of youth with conduct disorder and antisocial behavior (Seeley, Rohde, Lewinsohn, & Clarke, 2002).
In sum, there is ample evidence that if one were to use a very strict definition of SM, the major characteristics of interest (formal court adjudication, involvement in antisocial behavior within gangs or other peer-oriented contexts) would be relatively straightforward to observe and define accurately. However, more liberal and inclusive definitions of SM, such as equating it with a diagnosis of conduct disorder or oppositional-defiant disorder, are problematic in terms of accurate differentiation of behavioral characteristics and fair implementation in individual cases. Finally, all typical definitions of SM (whether strict or liberal/general or specific) are confounded to some extent, because of the ongoing problem of their frequent co-occurrence with other behavioral and emotional disorders.

Should Social Maladjustment and Emotional Disturbance Be Differentiated?

At a more basic level than the question “can SM and ED be reliably differentiated?” is the question of whether these constructs should be differentiated in special education assessment practice. Our own answer to the latter question is “no,” or at best, “almost never.” Although we do not advocate the extreme position that any and all antisocial, adjudicated, and delinquent youths should automatically be eligible for special education services as ED, we contend that school-level child study teams should make each eligibility decision based on its individual merits. We believe that, in most cases, the SM/ED differentiation is not important or even sufficiently worthwhile making. Further, it is our belief—based on the evidence we have thus far presented—that the SM/ED differentiation issue has been and continues to be a huge distraction in the special education/behavior disorders field, and that the extensive attention paid to this unfortunate artifact of a poorly designed and implemented federal definition of ED continues to obscure the more important issues. What are these more important issues? Although there are many, consider the following three very basic issues.

First, students with emotional and behavioral disorders continue to be grossly underidentified and underserved by special education programs (Kauffman, 2005; Peacock Hill Working Group, 1991). The most recent congressional report on the implementation of IDEA indicates that nationwide, less than 1% of students have been identified as eligible to receive special education services as ED (U. S. Department of Education, 2002). This level of service has been quite stable since the original implementation of the law nearly 30 years ago, and flies in the face of convincing evidence that at least 3% and as many as 5% or 6% of school-aged children and youth exhibit behavioral and emotional problems to such an extent that they would be good candidates to benefit from additional educational and mental health services (Kauffman, 1997; Merrell, 2003). Rather than looking for ways to exclude more students from receiving services, we should be investing our efforts in attempting to develop systems and solutions that would allow more students to receive appropriate educational and support services because of their significant emotional and behavioral problems.

Second, the outcomes for students who are identified as ED for special education service eligibility continue to be abysmal (Kauffman, 2004; Walker et al., 1999). We have already noted the myriad problems experienced by students who are identified as ED, and how students within this special education service category fare worse than those in any other category in terms of many important outcomes. Rather than focusing our future efforts on ways of excluding a small number of students from receiving services, we should be more concerned with improving our systems of service delivery to enhance the benefit and outcomes for those who are served as ED.

And third, most school systems still do not have an appropriate continuum of services in place for students who are identified as ED (Kauffman, 2003; Walker et al., 1999). In some instances, nothing exists in terms of service options beyond some additional time in the resource
room, or some occasional monitoring by an assigned case manager. In other instances, the only options for special education services for students identified as ED are a self-contained classroom with other ED students, or nothing at all. Neither extreme is appropriate, but they are all too common in our schools. What is needed is a true cascade or continuum of appropriate and effective services for promoting behavioral and emotional health, which extends from all students in a school to a select few who have been targeted for intensive intervention. The “Triangle of Behavior Support” presented in Figure 1 illustrates how such a comprehensive service system might work. This model is based on earlier models of mental health prevention programs that were developed based on public health models (Cowen et al., 1996), and which have been recently adapted for use in education (e.g., Lewis & Sugai, 1999; Walker et al., 1996). At the bottom of the triangle is Universal Support, which includes universal screening, prevention efforts, well-articulated schoolwide discipline practices, and a system of effective behavioral support that extends to all students within a school. The 80 to 85% of students in a typical school who do not exhibit significant behavioral or emotional problems will benefit from basic instruction and management strategies, as will those who exhibit more significant challenges. Effective services at the Universal level will have the result of decreasing the number of students at the more intense support levels, and will provide a basis for healthy behavioral, social, and emotional adjustment among all students. The middle of the triangle is Selected Support, which indicates the roughly 5 to 15% of

![Figure 1. A triangle of behavior support for students with behavioral and emotional problems.](image-url)
students in a typical school who are considered to be “at risk” for negative behavioral or emotional outcomes, and who will likely benefit from being identified using more specific assessment procedures, which would enable them to be the focus of prevention and early intervention strategies delivered in groups or classrooms. The top of the triangle, Targeted Support, reflects the 3 to 5% of students who are at very high risk in terms of behavioral and emotional functioning. These students should be carefully identified through comprehensive individual assessment, and provided with intensive, individualized interventions. For some of these targeted students, special education services under the ED service category are appropriate. Students within the Targeted Support category should be provided with a range of services well beyond that which students at the lower levels of support require.

In sum, although one can attempt to make a principled case for continuing the practice of excluding from special education services students who are deemed to be socially maladjusted, we believe that such efforts miss the mark. The problems facing students who exhibit serious behavioral and emotional difficulties, and the significant challenges these students present in our schools, are not likely to be adequately impacted so long as we continue to focus on narrow, esoteric aspects of an outdated definition and continue to ignore the evidence regarding effective assessment, classification, and intervention practices. Continuing the widespread practice of excluding from services those students who meet a vaguely defined “socially maladjusted” criterion shifts the problem elsewhere at best, and at worst, perpetuates these problems.

**LETTING GO OF A BAD IDEA: TOWARD A NEW DEFINITION AND ERA**

Given the widespread dissatisfaction with both the title (emotionally disturbed) and functional definition (the federal adaptation of Bower’s definition with the questionable SM exclusionary clause) used to classify students with behavioral, social, and emotional problems under IDEA, it should be no surprise that there have been proposals from time to time for new terminology and definitions. In this section we review two alternative classification proposals.

**National Coalition Emotional or Behavior Disorder Definition**

The best known alternative definition proposed to date was developed by the National Mental Health and Special Education Coalition, a group comprised of at least 30 professional mental health and education associations, and led by Steve Forness and Jane Knitzer. This proposed definition (discussed in Forness & Knitzer, 1992), which uses the term *Emotional or Behavior Disorder* instead of *Emotionally Disturbed*, is as follows:

i. The term *Emotional or Behavioral Disorder (EBD)* means a disability characterized by behavioral or emotional responses in school so different from appropriate, age, cultural, or ethnic norms that they adversely affect educational performance. Educational performance includes academic, social, vocational, and personal skills. Such a disability  
   (a) is more than a temporary, expected response to stressful events in the environment;  
   (b) is consistently exhibited in two different settings, at least one of which is school-related; and  
   (c) is unresponsive to direct intervention in general education or the child’s condition is such that general interventions would be insufficient.  

ii. Emotional and behavioral disorders can co-exist with other disabilities.  

iii. This category may include children or youth with schizophrenic disorders, affective disorders, anxiety disorders, or other sustained disturbances of conduct or adjustment when they adversely affect educational performance in accordance with section 1.

Groups within the Coalition actively lobbied during the 1990s to have this definition adopted into two different reauthorizations of IDEA to replace the label and definition of emotionally disturbed. Although these efforts were not successful in getting the IDEA definition of ED changed,
the new definition was included in the authorizing federal legislation for Head Start. Because this alternative definition was not adopted by Congress during the past two reauthorizations of IDEA, despite extensive support and lobbying, it is unclear if and when such a change might occur. However, there does seem to be widespread preference for it over the current federal definition among professional organizations (Forness & Kavale, 2000). While still retaining the key features of a general definition, the proposed Coalition definition better operationalizes certain aspects of the federal definition, such as EBD can co-exist with other disability conditions and the problems must be exhibited in a school-related setting as well as at least one other setting.

The term Emotional or Behavioral Disorder itself has the face validity of being more descriptive and less stigmatizing than ED. Moreover, the proposed new definition does not allow the troublesome and hard to justify SM loophole that has been the focus of this article. For an extensive review of past efforts to codify the alternative EBD definition into IDEA, readers are referred to a fascinating article by Forness and Kavale (2000). Among other things, this work shows that although the proposed Coalition definition enjoyed widespread support and quick passage was anticipated, it was jettisoned from the reauthorization primarily because of last-minute opposition by the National School Boards Association. This opposition was ostensibly based on concerns that the new definition would result in a flood of previously unserved students being identified as ED, and thus dramatically escalate special education costs (a state of affairs remarkably similar to the circumstances surrounding the inclusion of the SM clause in the original public law in 1975). In our view, these concerns were unfounded. In fact, analogue studies comparing the current ED and proposed EBD definitions, conducted by Cluett and colleagues (1998), demonstrated that the Coalition EBD definition not only resulted in a slightly smaller total number of identified students than the current ED definition, but also identified a diagnostic sample that was less likely to be mis-identified in other special education categories or over-represented with members of ethnic minority groups than the current definition.

**Externalizing and Internalizing Broadband Dichotomy**

Another emerging alternative to the current federal definition of ED is use of the empirically supported externalizing and internalizing dichotomy of behavioral and emotional disorders of children and youth. This dichotomy is based on the so-called dimensional approach to child behavior classification, which was developed through sophisticated multivariate classification research conducted during the latter two decades of the 20th century (Merrell, 2003). The externalizing–internalizing bipolar classification has been widely accepted as the new standard for broadband classification of child behavioral and emotional problems (Achenbach, 1982, 1998; Cicchetti & Toth, 1991; Merrell, 2003; Quay, 1986b). Externalizing problems include behavioral characteristics that are considered to be undercontrolled and other-directed, such as antisocial and aggressive behavior, conduct problems and delinquency, destructive and harmful behavior, and the hyperactive-impulsive manifestations of ADHD. Internalizing problems include “overcontrolled” or self-directed behavioral and emotional characteristics such as depression, anxiety, social withdrawal, and somatic problems. It is important to recognize that in some cases, a child’s behavioral characteristics can be of a “mixed” variety, manifesting important aspects of both the internalizing and externalizing broad bands. We advocate the position that the internalizing–externalizing dimensional classification could contribute to a vast improvement over the current definition. As one of us (Walker) has previously stated:

I think that the bipolar externalizing–internalizing classification scheme ... is the best system for use in accounting for school-related disorders. Externalizing refers to acting-out problems that involve excess behavior that is problematic. Disorders such as aggression, disruption, oppositional behavior,
noncompliance, and negativism are illustrative of “externalizing” disorders. In contrast, *internalizing* refers to insufficient amounts of behavior that often involve skill deficits. Examples of internalizing disorders are depression, social isolation and neglect, phobias, anxiety, and immaturity . . . I believe educators would be well served in adopting this type of bipolar classification scheme in dealing with school-related emotional or behavioral disorders. (cited in Kauffman, 1997, p. 163)

We believe that a future special education classification system for students with emotional and behavioral disorders, based on this empirically and conceptually sound dimensional approach, would have many advantages. Not only would classifying students as eligible for services based on having an internalizing, externalizing, or mixed emotional/behavioral disorder be less stigmatizing to students (and ostensibly more acceptable to parents and educators) than the current “emotionally disturbed,” label (Kauffman, 2003, in press), such a system would help increase the emphasis on students with internalizing problems, a group that has been grossly overlooked and underserved in our special education and mental health systems (Merrell, 2001). Further, we believe definitions and classification methods from such a system would be infinitely more objective and easier to implement than current schemes.

In fact, the blueprint for screening and identifying students with internalizing, externalizing, and mixed internalizing/externalizing emotional and behavioral disorders already exists through sophisticated multiple-gating screening systems such as the Systematic Screening for Behavior Disorders (Walker & Severson, 1990) and Early Screening Project (Walker, Severson, & Feil, 1995), and through several nationally normed research-based behavior rating systems and instruments, including the multi-instrument Achenbach System of Empirically-Based Assessment (Achenbach, 2002), the Behavioral Assessment System for Children (Reynolds & Kamphaus, 1992), and the Preschool and Kindergarten Behavior Scales (Merrell, 2002). Such systems and tools can provide an important foundation for conducting comprehensive screening and assessment procedures for screening, identification, and service planning. Future efforts in this vein will be a significant improvement over the dated current federal definition of ED with its exclusionary clause for SM. In particular, assessment systems based on the externalizing–internalizing dichotomy that focus on both the frequency and intensity of behavioral and emotional characteristics will be useful in making screening decisions and in developing appropriate systems of support. Sadly, the current federal definition of ED, with its various state constituent definitions has not kept pace with the impressive advances in assessment and intervention technology have emerged since the implementation of this public law governing disabilities of school-age youth. Despite these advances and many things that are “right” with the special education EBD field (e.g., Walker, Sprague, Close, & Starlin, 2000), until the definition and related criteria are modernized, the difficult state of affairs related to it may inhibit the field from reaching the potential that such advances promise.

**References**


