PUBLIC SCHOOL CLASSIFICATION OF EMOTIONALLY DISTURBED STUDENTS: AN OUTLINE FOR PRIVATE PRACTITIONERS

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Psychologists in private practice often receive referrals to assess students who are exhibiting emotional and behavioral problems in the classroom. The State Plan for Special Education has a definition of Emotional Disturbance that is global and unlike the current categories included in DSM-II. The required documentation for classifying a student as emotionally disturbed has undergone some changes in the last few years. It is important for private practitioners to become acquainted with the current school definition of an emotionally disturbed student in order to provide the schools with information that addresses the requirements for classification. Without the proper documentation, the efforts of a psychologist in private practice may end up being duplicated, misunderstood, or disregarded by school personnel.

The State Plan for Special Education adopted in June of 1978 mandates the individual assessment of a student who is being considered for Special Education placement. The State Plan requires three stages in the individual assessment process:

(A) a determination of physical, mental, and/or emotional conditions;
(B) a determination of educational performance levels; and
(C) the identification of specific competency levels and recommended instructional and related services needed (State Plan, 1978, p. 15).

Although private practitioners are frequently called upon to assess Stage A, they may provide assessment for Stages B and C. If Stages B and C are not assessed by the private psychologist, it is important to document this information in the psychological report so the school does not assume that all required stages of assessment have been covered.

The State Plan denotes that Stage A of assessment must include a consideration of the student’s functioning in at least five areas: language (dominant, expressive, receptive), physical, emotional/behavioral, sociological, and intellectual. The psychological report should convey that assessment in these areas was undertaken and considered in relation to the presenting problem. Following are a few examples of instruments used to assess the above areas: language (PPVT), physical—includes psychoeducator (Bender), emotional/behavioral (TAT, H-T-P, Walker Behavior Problem Identification Checklist), sociological (information from parents regarding SES), intellectual (WISC-R). In order to make a diagnosis of emotional disturbance for Special Education classification purposes, the psychologist must document that the information gathered in Stage A of assessment indicates:

(i) an inability to learn which cannot be explained by other defined handicapping conditions;
(ii) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
(iii) inappropriate types of behavior or feelings under normal circumstances;
(iv) a general pervasive mood of unhappiness or depression under normal circumstances; or
(v) a tendency to develop physical symptoms or fears associated with personal or school problems (p. 22).

In addition to incorporating the above statements as they pertain to the student/client in the psychological report, the law also requires that the psychologist “specify (1) the type and severity of the emotional disturbances, (2) the functional implications of the disability for situations involving instruction, (3) the degree to which in-school and out-of-school behavior reflects symptoms consistent with the diagnosis, and (4) recommendations for behavioral management in the educational setting” (p. 22).

The State Plan for Special Education in Texas was written to follow the requirements mandated in Public Law 94-142. The policies set forth in these documents must be followed in order to legally place a student in Special Education. If a psychologist in private practice is to provide a school with usable information, the required guidelines must be considered. If any of the requirements are omitted, the school will have to assume responsibility to complete them. This would be unfortunate if the private practitioner could have provided the necessary documentation.
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INFORMATION ON SUNSET PLANNING
by Tom Lowrey, Ph.D.
The Legislative Process
The Sunset Review Commission of the State House and Senate has begun their review of the functioning of the State Board of Examiners of Psychologists by asking for a self-evaluation from the Board. The Commission will be collecting data from a number of sources over the next few months including potential consumers of psychological services, psychologists licensed by the Board, and members of interested professional groups. Sometime in the Spring of 1980 the Commission will hold public meetings for further input into their evaluation. By the opening of the next legislative session in January 1981 the Sunset Commission will have made recommendations concerning the continuing (or non-continuing) of the Licensing Board and just how it should function if it is continued. These recommendations will go to the appropriate State Senate and House Committees for consideration. If both the Senate and House Committees pass licensing legislation for Psychologists and this is passed by the full Senate and House, the bill will be sent to the governor for his signature. If all of the above transpires according to plan a new law will set into motion the State Licensure of Psychologists beginning in January, 1982
TPA Action
As Liaison Officer for Public Affairs Tom Lowrey has begun meeting with other members of the Executive Committee (EC) of TPA, with our legislative consultant, Pat Cain, with the Legislation Committee Chairman, Charles McDonald, and other interested persons from within TPA to map out strategy and establish a time line for legislative action. Paramount in this process is the collection of ideas from the various groups within TPA and working toward a consensus point of view on many issues that could be a source of decisiveness later in the legislative process. Your reactions to the future function of the Licensing Board should be sent to: Dr. Charles McDonald 3415 Bridle Path
Austin, TX 78703
Your input at this time is very important.