



Utilizing Multiple Rater Perspectives in Emotional Disturbance Evaluation:

A Case Study with the Emotional Disturbance
Decision Tree (EDDT) Rating Forms

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Executive Summary

Students with an ED are a unique and diverse population. Psychometrically valid assessments of ED are needed in order to identify these students and provide them with appropriate educational services. The Emotional Disturbance Decision Tree (EDDT) family of rating forms were designed to assist in the identification of children who qualify for the federal Special Education category of ED. The intent of the EDDT is to offer school and clinical professionals a standardized approach to gathering information from the student, his or her parents, and teachers regarding the student's functioning in the areas that make up the federal ED criteria. There are several steps to describing strengths and weaknesses of a student via EDDT ratings: assessing validity of ratings, making normative comparisons, interpreting scale and cluster scores, interpreting profiles of scale elevations, interpreting ratings between parent, teacher, and self-report forms, and interpreting changes between ratings over time. These steps are demonstrated through a case example. Following these steps, in addition to incorporating other evidence, will result in a comprehensive evaluation across both school and home environments.

What is Emotional Disturbance?

An emotional disturbance (ED) or an emotional disorder is characterized by emotional problems that affect a child's educational performance. This broad definition can include children with mood disorders, anxiety problems, serious relationship deficits, chronic behavior problems, and psychosis. Children with an ED may also have comorbidities, such as social maladjustment (SM), learning disabilities, or attention-deficit hyperactivity disorder (ADHD). More specifically, students with an ED are defined as those who meet the federal criteria (see Figure 1) presented in the Individuals With Disabilities Education Improvement Act of 2004 (IDEA) specifically defined in the Assistance to States for the Education of Children With Disabilities (34 C.F.R., §300.7, 2002).

An emotional disturbance (ED) or an emotional disorder is characterized by emotional problems that affect a child's educational performance.

The Emotional Disturbance Decision Tree

Students with an ED are a unique and diverse population. Psychometrically valid assessments of ED are needed in order to identify these students and provide them with appropriate services to facilitate their education. To address this assessment need, the Emotional Disturbance Decision Tree (EDDT) family of rating forms were designed to assist in the identification of children who qualify for the federal Special Education category of ED. The EDDT family comprises a **Teacher Form**

| IDEA criterion | EDDT scale/cluster |
|--|---|
| (i) <i>The term means a condition exhibiting one or more of the following characteristics (A-E):</i> | |
| Over a long period of time. | Potential Exclusionary Items |
| To a marked degree. | Level of Severity (SEVERITY) Cluster |
| Adversely affects a child's educational performance. | Educational Impact (IMPACT) Cluster |
| (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. | Potential Exclusionary Items |
| (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. | Inability to Build or Maintain Relationships (REL) scale |
| (C) Inappropriate types of behavior or feelings under normal circumstances. | Inappropriate Behaviors or Feelings (IBF) scale |
| (D) A general pervasive mood of unhappiness or depression. | Pervasive Mood/Depression (PM/DEP) scale |
| (E) A tendency to develop physical symptoms or fears associated with personal or school problems. | Physical Symptoms or Fears (FEARS) scale |
| (ii) <i>The term includes schizophrenia.</i> | Possible Psychosis/Schizophrenia (POSSIBLE PSYCHOSIS) Cluster |
| The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. | Social Maladjustment (SM) Cluster |

Figure 1. Federal Criteria Defining Emotional Disturbance and EDDT Scales and Clusters.

(referred to as the **EDDT-TF** here, but called EDDT in its own manual; Euler, 2007), a **Parent Form (EDDT-PF)** (Euler, 2010) and a **Self-Report Form** completed by children and adolescents, ages 9 to 18 years (**EDDT-SR**; Euler, 2016). Figure 1 illustrates how the EDDT scales/clusters map onto the federal criteria. Refer to the EDDT-TF, EDDT-PF, and EDDT-SR Professional Manuals for more information about the administration and scoring of the EDDT forms, interpretation, and reliability and validity.

Interpretation of the EDDT Ratings from Multiple Informants

Interpretation of EDDT scores requires an understanding not only of the information contained in the EDDT Professional Manuals, but also of (a) diagnostic nomenclature and schemas; (b) theories of child and adolescent development, personality, and psychopathology; and (c) knowledge of the appropriate uses and limitations of behavior rating scales. Interpretation also will be greatly aided by knowledge of the federal ED criteria and guidelines. Qualified users will generally include school psychologists, educational diagnosticians, and clinical or counseling psychologists.

Strategies are provided for interpreting the scales and clusters of each EDDT form in the EDDT Professional Manuals. However, an important element of interpreting all EDDT forms is to compare dyads or triads of raters. Ratings from multiple perspectives can be informative and may lead to helpful clinical interpretations. For example, parents are more likely to be aware of a child's functioning at home, while teachers have better knowledge of a student's behavior at school. In addition, a student's perspective adds another useful layer of information to consider when interpreting EDDT results. Therefore, in the following sections, we will focus on the process of interpreting EDDT ratings from multiple informants.

To guide the overall interpretation process, Table 1 provides the key steps for interpreting the various EDDT forms, associated references, and examples of statements that might be included in a report for each step. These steps are illustrated via a case example introduced in the EDDT-SR Professional Manual (Euler, 2016) and expanded upon in the following sections.

Case Example Background: Jamal

Jamal is a 9-year-old African American/Cuban American third grader. Beginning in kindergarten, Jamal had behavior problems, including being disruptive and aggressive. The behaviors appeared to have been partly sparked by emotional factors, as Jamal presented as angry with unpredictable moods. When upset, he displayed poor coping skills, including shutting down or becoming aggressive. The etiology of this behavior was unclear, but may have included chaotic family circumstances. Jamal's father went to prison when he was two, leaving his mother as a single parent. She struggled in this role and eventually abandoned Jamal. During his mother's absence, he was placed in state foster care, but eventually was returned to his mother's custody.

In first grade, he was diagnosed with ADHD and Specific Learning Disabilities (SLD) in Reading and Written Language. Initially, stimulant medication helped, but Jamal's behavior continued to be a problem. He resisted going to school, became oppositional, and started to act out more. Tier I academic interventions did not help Jamal, and support from the school counselor did not improve his behavior for longer than a few days. School staff provided Tier II interventions including a

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Table 1
EDDT Interpretation

| Step | Reference | | | Procedure | Example statements |
|---|---|---|---|--|--|
| | EDDT-TF | EDDT-PF | EDDT-SR | | |
| 1. Examine validity | Page 1 of their respective Score Summary Booklet | | | Review and report Inconsistency scale and Infrequency scale (EDDT-SR only). | Ratings on the EDDT were valid. Review of validity scales raised concerns about validity. |
| 2. Interpret scores relative to normative expectations | Appendixes B, C, and D ^a | Appendixes B, C, and D ^b | Appendixes B, C, and D ^c | Review and report EDDT <i>T</i> scores and percentiles for ED Characteristic Scales and Resiliency Scale (Parent and Self-Report only). Review and report EDDT Cluster scores. | Ratings noted difficulties on the Inappropriate Behaviors or Feelings Scale and the ADHD Cluster. |
| | Tables 6.7, 6.10, 6.13, 6.18, 6.19, 6.20, and 6.21 ^c | Tables 6.6, 6.9, 6.12, 6.15, and 6.16 ^c | Tables 6.5, 6.8, 6.11, 6.14, and 6.17 ^c | Compare <i>T</i> scores to base-rate tables for various clinical groups. | Elevations of this magnitude on the Pervasive Mood/Depression Scale occur in less than 10% of students his age, but in 75% of students diagnosed with ED. |
| 3. Interpret within-test score profile | Figure 6.3 ^c | Figure 6.2 ^c | Figure 6.1 ^c | Review and report EDDT <i>T</i> -score peaks and valleys; examine profile relative to diagnostic groups. | The pattern is like that seen in students with social maladjustment. |
| 4. Interpret ratings between informants (e.g., Parent, Teacher) | Table 5.8 ^a ; Appendix F ^c | Tables 5.8 ^b and 5.10 ^b ; Appendix F ^c | Tables 5.9 ^c and 5.10 ^c ; Appendix F ^c | Use the Multi-Rater Summary Form to examine discrepancies between raters; consider interrater reliabilities, base rates of differences, and possible explanations. | Parent and teacher ratings revealed a similar pattern of concerns with the Inability to Build or Maintain Relationships and Pervasive Mood/Depression scales. Adolescent and parent ratings were in good agreement in general. |
| 5. Interpret between-test change. | Appendix E ^c | Appendix E ^c | Appendix E ^c | If multiple EDDT forms are available, calculate <i>T</i> -score differences and examine and report the significance level of the difference. | Ratings over time showed a significant decrease in the Pervasive Mood/Depression Scale, but while there was some decrease in the Inability to Build or Maintain Relationships Scale, the change was not beyond that expected within a 90% confidence interval. |

^aAppears in Euler, B. L. (2007). Emotional Disturbance Decision Tree. Lutz, FL: PAR. ^bAppears in Euler, B. L. (2010). Emotional Disturbance Decision Tree–Parent Form. Lutz, FL: PAR. ^cAppears in Euler, B. L. (2016). Emotional Disturbance Decision Tree–Self-Report Form. Lutz, FL: PAR.

functional behavior assessment (FBA) and a behavior intervention plan (BIP), but these had minimal impact. After one particularly explosive incident during which Jamal assaulted a teacher, he was suspended for 5 days.

Upon Jamal’s return to school, the school team requested permission to carry out an early Special Education reevaluation, in light of his behavioral deterioration. Feeling that Jamal may have an ED, the school psychologist obtained an EDDT-TF from his homeroom teacher, Ms. Smith, an EDDT-PF from Jamal’s mother, Tiffany, and an EDDT-SR from Jamal. Results from Jamal’s EDDT-TF, EDDT-PF, and EDDT-SR are presented in Figure 2.

Step 1: Examine Validity

Before interpreting the EDDT, it is essential to carefully consider the validity of the data provided. The inherent nature of rating scales carries potential biases to the ratings and scores. The EDDT contains two embedded scales that provide information on validity—the Infrequency Scale (only available on the EDDT-SR) and the Inconsistency Scale. The validity scale scores for Jamal were within appropriate limits for each respondent, suggesting the likelihood of valid profiles.

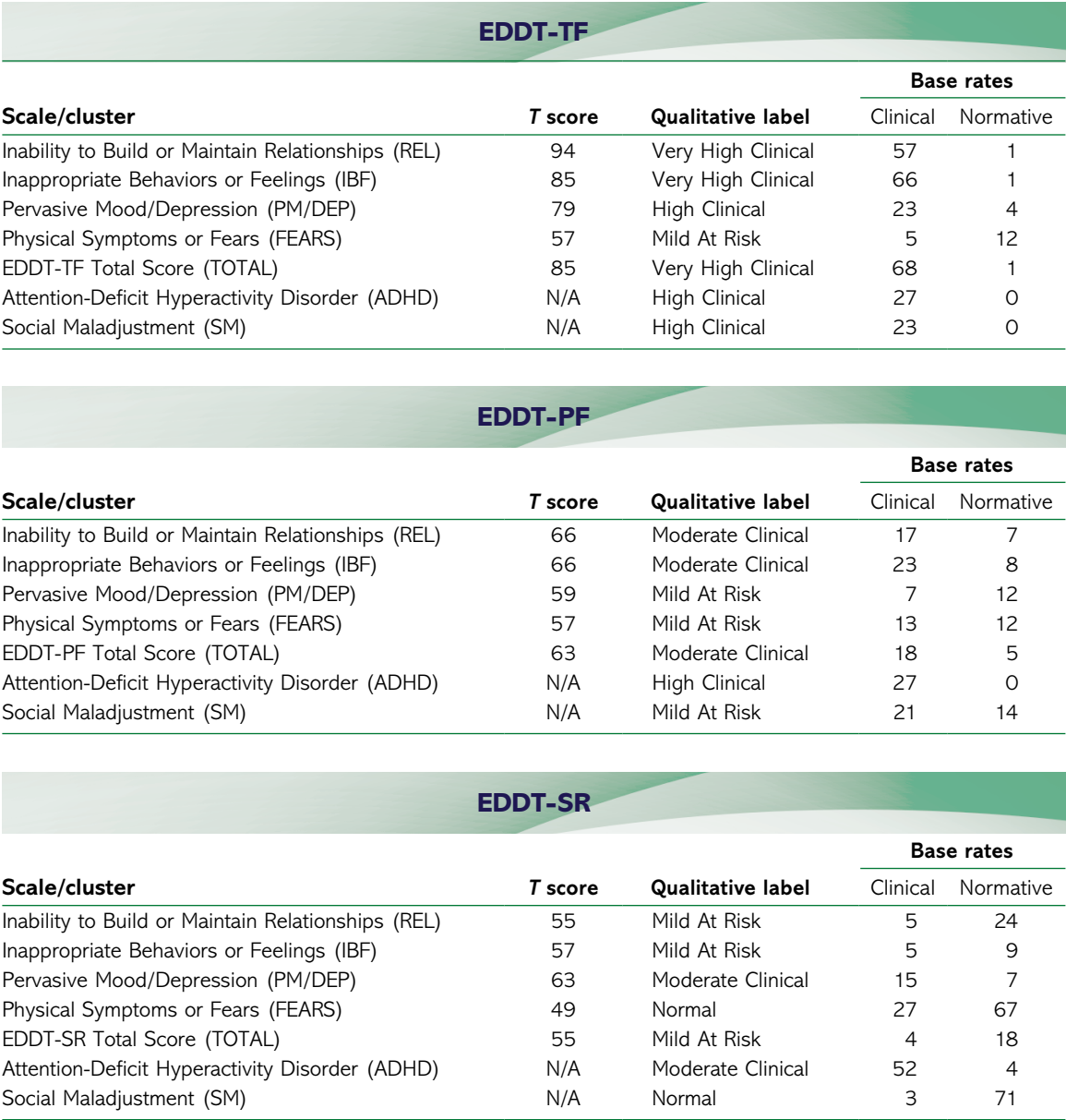


Figure 2. Results from the EDDT–Teacher Form (EDDT-TF), EDDT–Parent Form (EDDT-PF), and EDDT–Self-Report Form (EDDT-SR) for Jamal.

Step 2: Interpret Scores Relative to Normative Expectations

In reviewing the EDDT scores presented in Figure 2, the teacher, parent, and self-report forms corroborated that a diagnosis of ADHD for Jamal is likely. His mother rated the Inability to Build or Maintain Relationships Scale and the Inappropriate Behaviors or Feelings Scale in the Moderate Clinical range. The ADHD Cluster was the highest score, in the High Clinical range. The Physical Symptoms or Fears Scale was rated Mild At Risk, as was the Social Maladjustment Cluster. Jamal's teacher rated the Inappropriate Behaviors or Feelings Scale and the Inability to Build or Maintain Relationships Scale as Very High Clinical and Pervasive Mood/Depression Scale, ADHD Cluster, and SM Cluster as High Clinical.

Scores from Jamal's EDDT-SR illustrate that he rated himself less severely than his teacher and his mother had. It was powerful, nevertheless, that he gave himself Moderate Clinical ratings on the Pervasive Mood/Depression Scale and the ADHD Cluster, and Mild At Risk ratings for the Inability to Build or Maintain Relationships Scale and the Inappropriate Behaviors or Feelings Scale. These data showed less denial than the school psychologist usually saw from students, and in her opinion, perhaps revealed a "cry for help" by Jamal.

The school psychologist noted the EDDT indicated the presence of an ED, in addition to meaningful SM. This evidence of comorbidity was very important in her view because Jamal's severe externalizing behavior had caused many staff to see him only as a conduct-disordered, socially maladjusted child, rather than a child with an ED.

Base Rates

Base rates inform EDDT interpretation by showing the frequency of elevations for each scale or cluster in a clinical group versus a demographically-matched group of typically developing children. Base rates of scale *T*-score elevations at five levels (i.e., ≤ 54 , 55-59, 60-69, 70-79, ≥ 80) and the cluster percentile ranges (i.e., $\leq 1\%$, 2%-24%, 25%-74%, $\geq 75\%$) are discussed and presented in the EDDT-SR Professional Manual. These show the frequency with which scores at each elevation may be seen in specific clinical groups for comparison.

Base rates inform EDDT interpretation by showing the frequency of elevations for each scale or cluster in a clinical group versus a demographically-matched group of typically developing children.

The EDDT *T* scores from Jamal's teacher, parent, and self-report forms were compared to those of children with ADHD, SM, and ED (see Figure 2). These base rates also support the diagnostic hypotheses of the school psychologist. For all three raters, scores in Jamal's range on the ADHD Cluster are more common in children with ADHD, rather than typically developing children. Similarly, scores on the SM Cluster on the EDDT-TF and EDDT-PF in the same range as Jamal's scores are more

common in children with SM than in their typically developing peers. The pattern of results on the ED Characteristic scales for the EDDT-TF and EDDT-PF are also more common in children with an ED.

Step 3: Interpret Within-Test Score Profile

Although scores obtained on the EDDT scales provide information about the level of concern compared with children in the standardization sample, it may also be useful to interpret scores relative to other scales *within* a profile. Figure 3 plots Jamal's EDDT-TF *T* scores against the mean *T* scores of typically developing children in the EDDT standardization samples, as well as children with ED, SM, and ADHD. Jamal's EDDT-TF scores are most similar to those of children diagnosed with an ED, with the highest elevation on the Inability to Build or Maintain Relationships Scale.

Step 4: Interpret Ratings Between Informants

Gathering multiple perspectives in the assessment of a child's functioning provides a more comprehensive set of data with which to understand his or her needs, with similarities and differences between raters often providing clinically useful information. In the most clear-cut cases, each informant will have a generally similar perspective with overall agreement across the scales and clusters. A more challenging case occurs when there is disagreement. There may be several reasons for the discrepancies and these reasons may each lead to a different intervention.

In order to facilitate interpretation across raters, it is recommended that the EDDT Multi-Rater Summary Form be used. See Figure 4 for Jamal's completed Multi-Rater Summary Form. The first section of the form includes a multi-rater qualitative overview in which the user can visually inspect where raters' scores fall into various qualitative clinical ranges. The back of the form includes a Multi-Rater Profile. The profile allows for each of the raters' scores to be plotted together, providing a visual summary of scores. The profile can be very useful in providing feedback to parents, teachers, and students when trying to illustrate differences

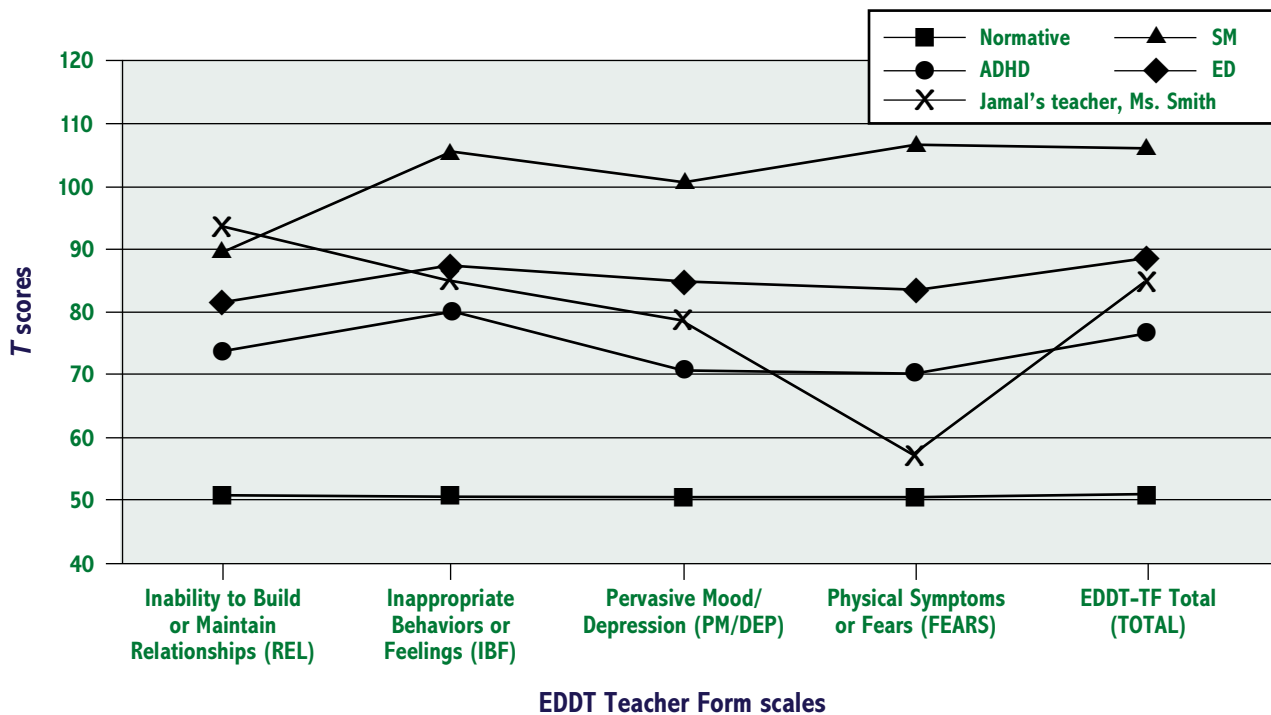


Figure 3. Ms. Smith's (Jamal's teacher) EDDT scale *T* scores plotted against mean scale *T* scores for normative and clinical groups on the EDDT. ADHD = Attention-Deficit Hyperactivity Disorder; SM = Social Maladjustment; ED = Emotional Disturbance.

in findings. As seen in Figure 4, in Part 1 of the Multi-Rater Summary Form, Jamal's EDDT-TF scores were the most elevated, often in the Very High Clinical range, with the EDDT-PF scores being lower, most often in the Moderate Clinical range. Jamal's EDDT-SR scores were even lower, generally in the Mild At Risk range. This pattern is also observed when plotting the scores on the Multi-Rater Profile. Given that the profiles are often parallel to each other, it shows that the raters agree on the nature of Jamal's problems, but differ in ratings of severity, which will be explored in more detail next.

Part 2 of the Multi-Rater Summary Form allows for a more in-depth review of score discrepancies. By reviewing the percentages of discrepancies derived from the standardization sample, users can determine how common the absolute difference between specific scores

are. The lower the percentage, the more uncommon the difference was in the EDDT standardization sample. Uncommon discrepancies should be investigated to determine why such exist between raters. In general, approximately 50 to 70% of rater pairs are within 10 *T*-score points for each other on the ED Characteristic scales, with an additional 20 to 30% within 10 to 20 *T*-score points, resulting in the vast majority of rater pairs being within 20 *T*-score points of each other. Thus, it is unusual to have ratings that are 20 or more *T*-score points apart. As a general rule, differences between raters of more than 10 *T*-score points might suggest very different perspectives that could prove valuable to explore further.

As seen in Figure 4, in Part 2 of the Multi-Rater Summary Form, the largest discrepancies were found between Jamal and his teacher. These

large discrepancies were also relatively uncommon, indicating that Jamal and his teacher disagreed about the severity of his problems more than is typical. There are several reasons why this may be. Teachers often rate students higher than parents or students themselves across diagnostic groups (ADHD, SM, ED; Euler, 2016). Students are more likely to act out externally and be harder to manage in the classroom than they are at home. As a result, EDDT scores may be higher as the behaviors rated on the scales may be more visible and disruptive to teachers. In addition, Jamal may be underreporting or unaware of his symptoms.

Jamal's teacher and mother also displayed some large discrepancies which were somewhat uncommon, indicating that Jamal's teacher and mother disagree more than usual. There are several reasons why this



Multi-Rater Summary Form

Bryan L. Euler, PhD

| | | | | | | | | |
|---------------|---------------------------------------|----------------------------|-----|----------------|-----------|-----|--|--|
| Name | Jamal | | | ID# | | | | |
| Gender | <input checked="" type="checkbox"/> M | <input type="checkbox"/> F | Age | 9 | Grade | 3rd | | |
| Parent's name | Tiffany | | | Teacher's name | Ms. Smith | | | |

Part 1: Multi-Rater Qualitative Overview. The table below is intended to help users integrate qualitative data across multiple raters. First, record the rater's name. Next, circle the appropriate qualitative label (refer to the Score Summary Booklet). Visually inspect patterns of consistencies and discrepancies across raters.

| EDDT Multi-Rater Overview Table | | | | | | | | | | | | | | | | | |
|---------------------------------|---------------------|----|---|---|---|-------------------|----|---|---|---|-------------------|----|---|-------------------|---|--|--|
| | Ms. Smith (teacher) | | | | | Tiffany (mother) | | | | | Jamal | | | | | | |
| | Rater | | | | | Rater | | | | | Rater | | | Rater | | | |
| Scale | Qualitative label | | | | | Qualitative label | | | | | Qualitative label | | | Qualitative label | | | |
| REL | N | MR | M | H | V | N | MR | M | H | V | N | MR | M | H | V | | |
| IBF | N | MR | M | H | V | N | MR | M | H | V | N | MR | M | H | V | | |
| PM/DEP | N | MR | M | H | V | N | MR | M | H | V | N | MR | M | H | V | | |
| FEARS | N | MR | M | H | V | N | MR | M | H | V | N | MR | M | H | V | | |
| TOTAL | N | MR | M | H | V | N | MR | M | H | V | N | MR | M | H | V | | |

Note. REL = Inability to Build or Maintain Relationships; N = Normal; MR = Mild At Risk; M = Moderate Clinical; H = High Clinical; V = Very High Clinical; IBF = Inappropriate Behaviors or Feelings; PM/DEP = Pervasive Mood/Depression; FEARS = Physical Symptoms or Fears; TOTAL = EDDT Total Score.

Part 2: Multi-Rater Score Discrepancies. Record the *T* scores for the selected raters. Calculate the absolute difference (Abs. Diff.) between the scores. Refer to Appendix F in the EDDT-SR Professional Manual to compute the percentage of *T*-score differences between various pairs of raters.

| Discrepancy Table | | | | |
|-------------------|----------------------|--------------------|---------------|----|
| Scale | Ms. Smith Rater 1 | Tiffany Rater 2 | Abs. Diff. | % |
| REL | 94 | 66 | 28 | 7 |
| IBF | 85 | 66 | 19 | 23 |
| PM/DEP | 79 | 59 | 20 | 17 |
| FEARS | 57 | 57 | 0 | 45 |
| TOTAL | 85 | 63 | 22 | 16 |

| Discrepancy Table | | | | |
|-------------------|--------------------|------------------|---------------|----|
| Scale | Tiffany Rater 1 | Jamal Rater 2 | Abs. Diff. | % |
| REL | 66 | 55 | 11 | 7 |
| IBF | 66 | 57 | 9 | 76 |
| PM/DEP | 59 | 64 | 5 | 72 |
| FEARS | 57 | 49 | 8 | 72 |
| TOTAL | 63 | 57 | 7 | 77 |

| Discrepancy Table | | | | |
|-------------------|----------------------|------------------|---------------|----|
| Scale | Ms. Smith Rater 1 | Jamal Rater 2 | Abs. Diff. | % |
| REL | 94 | 55 | 39 | 0 |
| IBF | 85 | 57 | 28 | 2 |
| PM/DEP | 79 | 64 | 15 | 8 |
| FEARS | 57 | 49 | 8 | 62 |
| TOTAL | 85 | 57 | 28 | 0 |

| Discrepancy Table | | | | |
|-------------------|---------|---------|---------------|---|
| Scale | Rater 1 | Rater 2 | Abs. Diff. | % |
| REL | | | | |
| IBF | | | | |
| PM/DEP | | | | |
| FEARS | | | | |
| TOTAL | | | | |

Figure 4. EDDT Multi-Rater Summary Form for Jamal.

Multi-Rater Profile of Emotional Disturbance Characteristic Scales

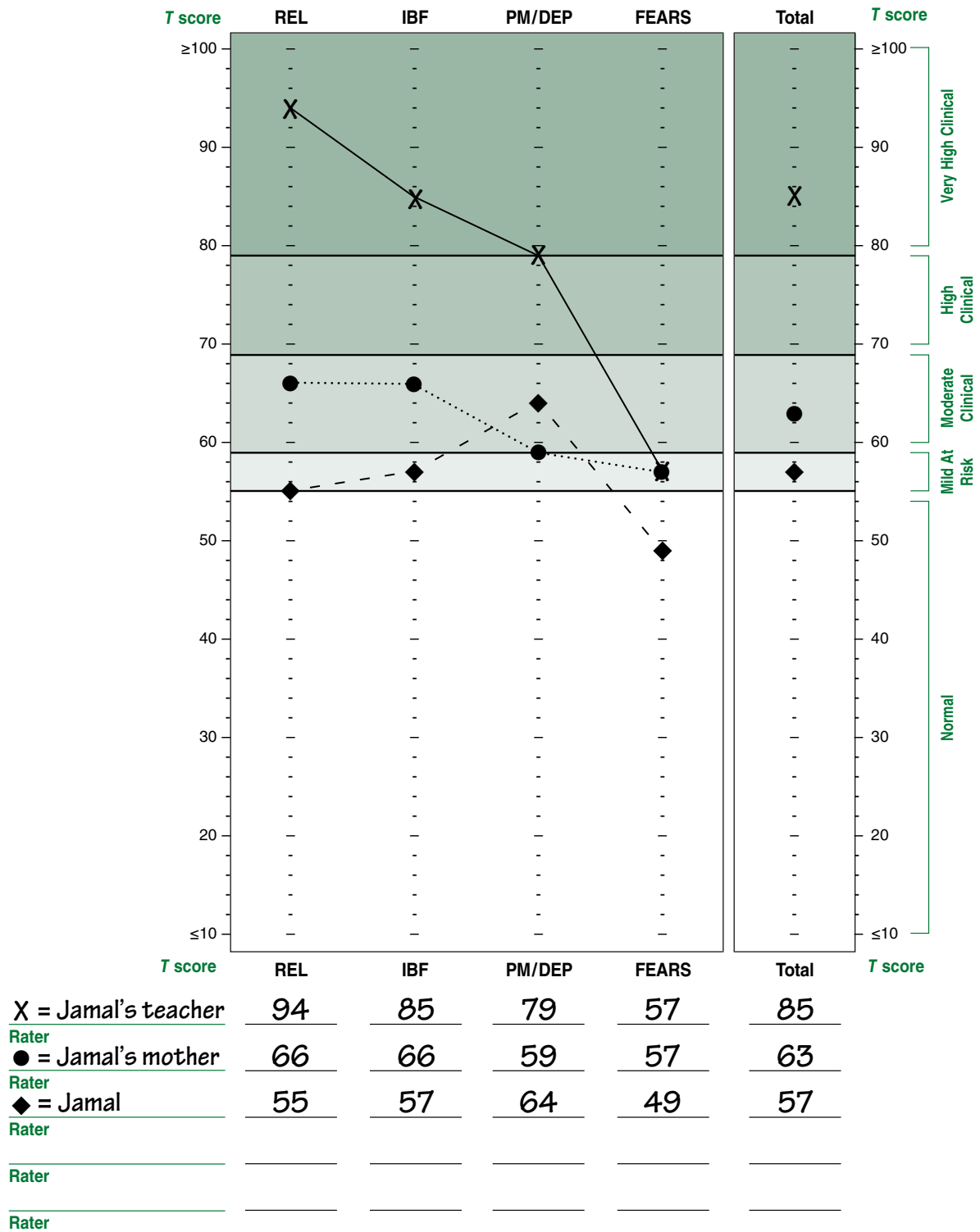


Figure 4. (continued)

may be. Again, Jamal's teacher likely rated Jamal very highly based on his externalizing outbursts in the classroom. Jamal's mother may not rate Jamal as highly because he may be better mannered at home or she does not have a large sample of children with which to compare him, unlike his teacher.

Using the EDDT Criteria Tables

To simplify the process of relating EDDT scores back to the specific criteria in the federal definition of ED, optional EDDT Criteria Tables were created for each form. The Criteria Tables are located on the back page of each form's Score Summary Booklet. The user is instructed to answer "No" or "Yes" to each section. Once the tables are completed, they can be used as a quick reference guide during the interpretive process. For example, based on the EDDT-TF (Figure 5), Jamal displays ED characteristics as well as meets the additional qualifying features (i.e., over a long period of time, to a marked degree, adversely affects child's educational performance, and an inability to learn that cannot be explained by intellectual, sensory, or health factors) that must be present in addition to the ED characteristics to meet the federal criteria. The results from the EDDT-PF and EDDT-SR corroborate those findings, albeit with somewhat lower scores.

Additional Lines of Evidence

Use of multiple evaluation methods, such as interviews, observation, and careful review of student history are recommended to provide the most comprehensive assessment. One-on-one interviews are often eschewed in favor of quicker assessment methods, but interviews can be more revealing. Depression indicators like flat affect, lack of animation, sustained irritability, low energy, or disinterest in personal hygiene are best observed here. This is also true with quick, unexplained mood changes, which can suggest serious psychological problems. Importantly, interviews provide an opportunity for developing rapport, and rapport can permit glimpses into what truly lies behind behavior. Further, interviews provide the opportunity to carefully observe social skills. Students with SM are often socially facile, partly due to antisocial traits

Instructions: This table is intended to help users interpret EDDT data in the context of the federal criteria. Simply circle "No" or "Yes" for each of the criteria.

| EDDT Criteria Table | | | |
|---|--|----|-----------------------|
| Federal criteria | EDDT result | No | Yes |
| Over a long period of time | “Yes” response to Item 4 Section I (Note: Special circumstances may justify eligibility despite short duration.) | No | <input type="radio"/> |
| To a marked degree | Obtained a SEVERITY raw score in the Moderate or High Severity Range | No | <input type="radio"/> |
| Adversely affects a child’s educational performance | Obtained an IMPACT raw score in the Moderate or High Impact Range | No | <input type="radio"/> |
| An inability to learn that cannot be explained by intellectual, sensory, or health factors | Response of “Yes” for Items 1, 2, and 3 on Section I | No | <input type="radio"/> |
| An inability to build or maintain satisfactory interpersonal relationships with peers and teachers | At least one of the ED Characteristic Scales (REL, IBF, PM/DEP, FEARS) <i>T</i> score is in the High or Very High Clinical Range, or two or more scores are in the Moderate Clinical Range | No | <input type="radio"/> |
| Inappropriate types of behavior or feelings under normal circumstances | | | |
| A general pervasive mood of unhappiness or depression | | | |
| A tendency to develop physical symptoms or fears associated with personal or school problems | | | |
| The term includes schizophrenia | Do not use EDDT results alone. For potential indicators, review the POSSIBLE PSYCHOSIS raw score and conduct item analysis. Obtain further psychological evaluation if concerns exist. | | |
| The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance | Obtained a SM raw score in the Moderate or High Clinical Range | No | <input type="radio"/> |

Figure 5. EDDT-TF Criteria Table for Jamal.

like manipulation. If Jamal was interviewed and observed to be socially unskilled, affectively shut-down, or irritable, that would provide an indication that depression may be present and driving some of his SM behavior through associated irritability. A careful interview of Jamal's teacher could provide second-hand indicators of the presence of these characteristics.

Jamal's history also contains factors that suggest presence of an ED. Specifically, he was in foster care, which implies severe problems in his original home, perhaps beyond abandonment by his mother. His history, in this case, increases the likelihood of depression, anxiety, and other emotional problems. Careful attention to Jamal's history may reveal that his externalized behavior problems and SM are masking an ED related to more severe early childhood treatment than reported.

Recommendations for Jamal

The school psychologist stated that Jamal definitely appeared to have an ED, as well as ADHD and SM. She noted these problems were deeply intertwined and all were contributing to his behavior. She also reiterated that Jamal continued to have a Specific Learning Disability and this, too, was promoting his poor school adjustment and acting-out behaviors. As a result of her recommendations and conclusions, Jamal is placed in a self-contained ED classroom, with enhanced supports for his ADHD. He also begins receiving school social work services focused on relationship-building skills and improving coping skills for dealing with frustration, anger, and impulsivity.

Step 5: Interpret Between-Test Change

The EDDT can be used for serial administration to allow for comparison of changes in ratings over time in response to intervention. Reliable change scores indicate whether changes in *T* scores between EDDT administrations are beyond what is expected based on practice effects, regression to the mean, age, and the reliability of the score. Change in a *T* score is considered significant, and likely clinically meaningful, if it is beyond that expected relative to changes demonstrated on repeat assessments in the EDDT standardization sample. To interpret the clinical significance of the difference between two scores of the same scale, first the absolute difference between the two scores is

calculated. This difference score is then compared with the table for the appropriate EDDT form in the EDDT-SR Professional Manual.

After spending several months in the ED classroom, the school psychologist has Jamal, his mother, and his teacher take the EDDT again. Their test results, along with significance level, are provided in Figure 6. The difference between Jamal's EDDT-SR scores are largely not significant on most scales, which makes sense given his overall low scores at his initial assessment. However, Jamal's Pervasive

Mood/Depression scale *T*-score difference of 11 points is significant at the .05 level, indicating a significant improvement. Jamal's teacher indicated a similar decrease in his mood problems at school. In addition, both Jamal's

mother and teacher noted significant improvements on the Inability to Build or Maintain Relationships Scale. Notably, Jamal's teacher noted significant improvements across most scales, indicating that his inclusion in the ED classroom and skill-building sessions seem to be impacting his school behavior across a variety of domains.

Use of multiple evaluation methods, such as interviews, observation, and careful review of student history are recommended to provide the most comprehensive assessment.

Conclusions

Jamal, like some other children with an ED, presents with multiple emotional and behavioral difficulties, as well as comorbid learning disabilities and ADHD. Identifying these students and providing them with appropriate services to facilitate their education can be challenging. Therefore, the intent of the EDDT is to offer school and clinical professionals a standardized approach to gathering information from the student, his or her parents, and teachers regarding the student's functioning in the areas that make up the federal ED criteria. There are several steps to describing strengths and weaknesses of a student via EDDT ratings: assessing validity of ratings, making normative comparisons, interpreting scale and cluster scores, interpreting profiles of scale elevations, interpreting ratings between parent, teacher, and self-report forms, and interpreting changes between ratings over time. Following these steps, in addition to incorporating evidence from other sources, results in a comprehensive evaluation of the student across both school and home environments.

EDDT-TF

| Scale | Initial assessment | Follow-up assessment | Absolute difference | Significance level |
|--|--------------------|----------------------|---------------------|--------------------|
| Inability to Build or Maintain Relationships (REL) | 94 | 78 | 16 | .01 |
| Inappropriate Behaviors or Feelings (IBF) | 85 | 65 | 20 | .01 |
| Pervasive Mood/Depression (PM/DEP) | 79 | 64 | 15 | .05 |
| Physical Symptoms or Fears (FEARS) | 57 | 53 | 4 | <i>ns</i> |
| EDDT-TF Total Score (TOTAL) | 85 | 67 | 18 | .01 |

EDDT-PF

| Scale | Initial assessment | Follow-up assessment | Absolute difference | Significance level |
|--|--------------------|----------------------|---------------------|--------------------|
| Inability to Build or Maintain Relationships (REL) | 66 | 56 | 10 | .05 |
| Inappropriate Behaviors or Feelings (IBF) | 66 | 59 | 7 | .15 |
| Pervasive Mood/Depression (PM/DEP) | 59 | 55 | 4 | <i>ns</i> |
| Physical Symptoms or Fears (FEARS) | 57 | 52 | 5 | <i>ns</i> |
| EDDT-PF Total Score (TOTAL) | 63 | 56 | 7 | .05 |

EDDT-SR

| Scale | Initial assessment | Follow-up assessment | Absolute difference | Significance level |
|--|--------------------|----------------------|---------------------|--------------------|
| Inability to Build or Maintain Relationships (REL) | 55 | 53 | 2 | <i>ns</i> |
| Inappropriate Behaviors or Feelings (IBF) | 57 | 51 | 6 | <i>ns</i> |
| Pervasive Mood/Depression (PM/DEP) | 64 | 53 | 11 | .05 |
| Physical Symptoms or Fears (FEARS) | 49 | 49 | 0 | <i>ns</i> |
| EDDT-SR Total Score (TOTAL) | 57 | 51 | 6 | .15 |

Figure 6. Reliable change results from the EDDT–Teacher Form (EDDT-TF), EDDT–Parent Form (EDDT-PF), and EDDT–Self-Report Form (EDDT-SR) for Jamal. *ns* = not significant.

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