



# Pandemics, Trauma, and Emotional Disturbance **Questions & Answers**

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## **Q: Will this recording be available later? How long will it be available?**

**A:** Yes, a recording of this webinar is available on the [PAR Training Portal](#), and it will be available indefinitely. Once logged in, go to the "Find a Training Course" section and click Behavior/Health. Scroll down and click on "Recorded Webinar: Pandemics, Trauma, and Emotional Disturbance." You can also find supplemental materials, such as the handouts and Administration Guidelines.

If you have never been on our training portal before, you may be prompted to call customer service (800.331.8378) to register. This is to ensure that only qualified users can access the Training Portal, since some of the information is copyrighted and/or gives samples of questions in our assessments. Our Customer Support lines are always answered by live people, so this will only take a couple of minutes.

## **Q: Will I still get credits if I watch the recording later?**

**A:** Unfortunately, no. To receive NASP CPDs, you need to attend a live session.

## **Q: Is there a Spanish version of the EDDT?**

**A:** Yes, both the [EDDT-PF](#) and [EDDT-SR](#) Response Booklets and Reusable Item Booklets have been translated into U.S. Spanish.

## **Q: How do we access the PASS-12, and what's included?**

**A:** The The PASS-12 is available for purchase here: [parinc.com/PASS-12](http://parinc.com/PASS-12). Administration and scoring is completed exclusively on PARiConnect. [Here is the link](#) to the free technical paper.

## **Q: Does the EDDT have online scoring?**

**A:** Yes. Administration and scoring for the EDDT [Teacher](#), [Parent](#), and [Self-Report](#) forms are available through [PARiConnect](#). A multi-rater report option is also available.



**Q: Does the online administration of the EDDT flag missing responses?**

**A:** Yes, PARiConnect will flag any missed items.

**Q: Are the manuals available on PARiConnect?**

**A:** Yes, if your district has purchased EDDT, EDDT-PF, and/or EDDT-SF kits, the e-manuals will be available in the PARiConnect the Digital Library, which can be accessed through your PARiConnect account anywhere you have internet access. You may also purchase e-manuals individually; those will also be available in the Digital Library.

**Q: Is the PASS-12: Research Edition a tool that can be used within dissertation research?**

**A:** Yes.

**Q: Would the PASS-12 be appropriate as a general screening tool for the general education population (for parents who agree to complete it and provide consent), or is it better suited for specific special education referrals?**

**A:** Yes. The [PASS-12](#) can be used as a general screener if the parent provides consent. You can use percentile scores to determine if scores are elevated. If so, the student may need further evaluation or intervention. If not used as a general screener, the PASS-12 can still be administered and considered as part of a comprehensive evaluation.

**Q: When would I use the EDDT?**

**A:** The EDDT is used to assist in the identification of children who qualify for the federal special education category of emotional disturbance. The EDDT is based on the criteria presented in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) and is specifically defined in the Assistance to States for the



Education of Children with Disabilities (34 C.F.R., §300.7, 2002).

**Q: How can I use the EDDT to differentiate between emotional disturbance (ED) and autism?**

**A:** The EDDT was *not* designed to assess autism or to differentiate between ED and autism. Sometimes there are overlapping characteristics between ED and autism. In these situations, we suggest additional evaluation using an autism-specific measure like the [PDD Behavior Inventory \(PDDBI\)](#) to help parse out the characteristics that may fit better into autism criteria than ED.

**Q: This information about the neurological and brain influences of trauma prompted one of our school administrators to propose that students with significant emotional trauma may be considered eligible under traumatic brain injury (TBI). Are there other schools considering this type of interpretation?**

**A:** This interpretation is not consistent with the definition of TBI used for special education eligibility. TBI is an acquired injury to the brain caused by external force resulting in total or partial functional disability.

**Q: Are systems still using the term “disturbance” as opposed to “disability”?**

**A:** Yes, the term “emotional disturbance (ED)” is an educational disability category that is still being used to qualify children for special education services.

**Q: Must a student have average cognitive abilities to be considered as ED?**

**A:** According to the federal ED criteria, deficient cognitive ability as a possible causal factor must be ruled out: “An inability to learn that cannot be explained by intellectual, sensory, or health factors.”



The EDDT, therefore, suggests that a student with below average ability is a rule-out for ED. Of course, there is some level of subjectivity in making this determination based upon formal intellectual assessment.

**Q: If the EDDT assesses ED from a teacher perspective, how is there also a parent and self-report form?**

**A:** There are three versions of the EDDT. The original EDDT assesses students from the perspective of the teacher(s). The EDDT-PF came next and assesses the student from the perspective of their parent/caregiver. Finally, the EDDT-SR is a self-assessment in that the student reflects on their own level of functioning.

The three assessments work in concert with each other to give a full picture of how a student is functioning in relation to ED characteristics. The EDDT also offer a multi-rater report that allows you to interpret results across all respondents.

**Q: What about administering teacher forms to teachers who only see students in distance learning?**

**A:** The EDDT Teacher Forms were standardized on students receiving in-person instruction. Some items on these forms may be specific to an in-person learning experience. Check the manual and review the standardization information for each rating scale prior to use. Results will need to be interpreted with this in mind for teachers who only see students in a distance learning environment.

**Q: Does the EDDT Self-Report Form provide validity scale scores?**

**A:** Yes. The self-report form includes two validity indices, an inconsistency score, and an infrequency score.

**Q: Is there an equivalent assessment that can test those above age 18 years? I think it would be great to use for my future clients who might have ED.**

**A:** Since ED is an educational classification, it only applies to the school-age



population. For adults, consider a personality measure such as the [Personality Assessment Inventory \(PAI\)](#).

**Q: Can this information be applied to other groups, such as older adults?**

**A:** Information about the pandemic and trauma shared today can be applicable across the life span. However, the specific instruments discussed today (the EDDT and the PASS-12) only apply to the child and adolescent population.

**Q: One of the psychs I work with insists that an initial ED qualification requires a formal (*DSM*) diagnosis. How can there be a disability if there's not an identified legitimate "problem?"**

**A:** Emotional disturbance is a special education classification. The federal criteria to identify an individual with an emotional disturbance does *not* state that a child needs a *DSM* diagnosis to be classified as a student with ED. (Assistance to States for the Education of Children with Disabilities, 34 C.F.R., §300.7, 2002).

**Q: If the student has a formal *DSM-5* diagnosis of CD or ODD, would we consider their behaviors purposeful or deliberately non-compliant?**

**A:** This question is best answered on a case-by-case basis through a comprehensive evaluation and a careful review of the *DSM-V* diagnostic criteria and the IDEA eligibility criteria.

**Q: How do we best determine whether a student with a clinical diagnosis (*DSM-5*) should be found eligible for special education under ED vs. OHI?**

**A:** Remember, this takes a two-pronged approach: One, are they eligible? And two, are they in need of special education services? For example, if a child has a diagnosis



of depression, they could be eligible but not in need of services. Examine the criteria closely as it relates to ED vs. OHI. If the child meets the ED criteria, identify them as eligible as ED. If it's unclear, use the OHI classification.

## **Q: What if the social maladjustment (SM) and ED scores are both clinically significant?**

**A:** This is part of the inherent difficulty in ED evaluations. As stated in the webinar, SM isn't defined in the ED criteria. But we do know that SM and ED **CAN** co-exist. First, it may depend on the areas of elevation specific to ED. It would be completely feasible for a student to be very high in SM due to significant behavior/conduct issues and very high in ED due to "Inappropriate Behaviors/Feelings." In this case, there could be a strong possibility that SM could explain the behavioral/conduct issues. However, there are several additional ED criteria one has to consider: An inability to build or maintain satisfactory interpersonal relationships, a general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fears associated with personal or school problem. One must proceed through the entirety of the ED criteria to determine if the student could be both SM and ED. Also, remember that we should be using multiple informants, and EDDT results are only one part of the evaluation. Additional assessment measures and qualitative data may also help add context to the EDDT ratings.

## **Q: Are students with SM (CD, ODD) not SEN-D eligible?**

**A:** I assume the term SEN-D is the UK equivalent to the U.S.'s special education programs. I can't specifically answer your question based on lack of knowledge of UK eligibility criteria. That said, in the U.S., a student with a conduct disorder or oppositional defiant disorder can certainly still be found eligible for special education services. As noted in the webinar, a student **CAN** have both SM and ED. However, if a student is determined to have only SM but not ED, they wouldn't be deemed eligible. Further, ED is only one avenue of special education eligibility. Depending on the referral question and scope of the evaluation, we could also examine for the presence of a specific learning disability, traumatic brain injury, autism, other health impairment, etc.



**Q: The case law for SM is dated at latest 2011. Are there more recent cases that you can cite?**

**A:** [Sullivan, A. L., & Sadeh, S. S. \(2014\). Differentiating social maladjustment from emotional disturbance: An analysis of case law. School Psychology Review, 43:4, 450–47.](#)

[Cardoso, N. \(2020\). An overview of emotional disturbance and case law \(Publication No. 28022962\) \[Doctoral dissertation, Alliant International University\]. ProQuest Dissertations Publishing.](#)

**Q: How do you account for the impact of the student's response to the pandemic to their eligibility for ED? Do you consider behavioral responses to the pandemic to be an exclusionary factor?**

**A:** Remember, there is a general increase in emotional symptoms in children as a result of the pandemic. Past research from other similar situations, like natural disasters and pandemics experienced in other countries, has shown that psychological effects can be experienced for several months after the event. The PASS-12 screening can be used to rule out the effects of the pandemic. You can then use the percentile scores to determine if they are within normal limits or if their scores are elevated. If elevated, the student may need further evaluation or intervention. If the symptoms last over a long period of time (such as 6 months to a marked degree) then you would consider it an ED. It's not an exclusionary factor if the pandemic caused trauma. There's nothing in the criteria that indicates a need to determine the cause of ED, just whether or not the student presents with the characteristics.

**Q: Could trauma related to COVID-19 lead to ED, or does it depend on the length/severity of the symptoms?**

**A:** Conceivably, yes, prolonged trauma related to the COVID-19 pandemic could lead to a student meeting eligibility criterion for ED. Research in general has suggested that prolonged exposure to trauma or an adverse childhood experiences (ACE) can lead to maladaptive emotional and behavioral symptomology. That said, the length





and severity of both the trauma and the characteristics would certainly play a role in eligibility. Looking at the specific criteria, we see that such characteristics must be present "over a long period of time and to a marked degree that adversely affects a child's education."

**Q: Could the drop in the number of ED students qualifying for services be accounted for by the increase in other categories such as OHI and SLD?**

**A:** Yes, this seems like a plausible explanation. However, we would surmise that it may be more associated with the rise in the numbers we see with OHI and autism (AU) qualification, not SLD. More specifically, we've seen dramatic rises in the diagnoses of ADHD—recent estimates suggest 1 in 12 students will receive such a diagnosis before finishing high school. Likewise, autism was once considered relatively rare, and now estimates suggest as many as 1 in 88 children may fall on the autism spectrum.

**Q: Could it be possible that some of these changes correlate with an increase in autism cases and increased identification of ASD, where perhaps these students' social or emotional regulation difficulties were misunderstood in years past?**

**A:** Yes, this seems like a plausible explanation. We've seen dramatic rises in the identification and diagnoses of autism over the past few decades. What was once considered relatively rare now affects as many as 1 in 88 children. Research in assessment/identification and early intervention of autism spectrum disorders has certainly played a crucial role in the increase in students accessing special education services under this category.

**Q: How does a student with a substance use disorder (SUD) fit into the ED criteria? In our school district, administrators struggle with the idea that if a**



**student is under the influence at school and gets suspended, their behavior is not a manifestation of their disability, even if they are SUD or OHI.**

**A:** Substance use or addiction issues in and of themselves wouldn't meet ED criteria, but there could be underlying aspects of substance use and addiction that could be related to ED characteristics, such as depression or anxiety. One would need to complete a broad-based, multifaceted evaluation to determine if the student's functioning or behavioral/emotional characteristics would meet the specific ED criteria.

Whether substance use is a manifestation of a disability is a different and complex issue. All manifestation determination (MD) cases are unique and can never be decided in generalities or blanket statements. Multi-disciplinary teams with full access and knowledge of a student and their functioning are tasked with making said decisions.

**Q: Are mental health issues considered an educational implication, or should they be addressed through mental health agencies?**

**A:** Yes, mental health issues could be considered an educational implication, hence the development of the ED classification for special education services. In addition to services provided at school for mental health needs, a referral to a mental health agency could be explored to determine if services for the child need to be provided in the school and community.

**Q: Would the EDDT be an appropriate measure if concerned only with possible psychosis and not externalizing behaviors?**

**A:** No, this measure is intended to assist in making determinations about students who are showing characteristics of ED, *not* as a specialized screener for possible psychosis or schizophrenia. That said, it IS designed to assess internalized



characteristics as defined by the federal ED criteria ("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."). If one is looking for an assessment more specific to personality disorders like psychosis/schizophrenia, we recommend using the [Personality Assessment Inventory – Adolescent \(PAI-A\)](#).

### **Q: How does the EDDT correlate with other ED measures?**

**A:** Moderate positive correlations were obtained between the EDDT Scales and Clusters and the maladaptive or clinical scales on both the CAB Teacher Form and the BASC-2 Teacher Form (e.g., Internalizing Behaviors, Hyperactivity), and moderate negative correlations were obtained between the EDDT Scales and Clusters and the adaptive scales on both the CAB Teacher Form and the BASC-2 Teacher Form (e.g., Social Skills, Competence). Refer to the Reliability and Validity Chapter in the EDDT Professional Manual for more information.

### **Q: Almost all students with whom I now interact demonstrate some features related to anxiety secondary to the pandemic. My sense is this likely reflects a greater prevalence of anxiety disorders among the kids I see. But for some, this does not indicate a disorder; rather, it demonstrates a non-pathological response to pandemic times. What guidance can you offer to distinguish between these two groups of students—those who demonstrate anxiety features but are coping "normally" in stressful times, and those who demonstrate anxiety, but are diagnosable?**

**A:** The pandemic has clearly resulted in increased levels of anxiety in children (and



adults) across the globe. In regard to making the differentiation between what is “normal yet coping” anxiety versus “diagnosable anxiety,” we can only answer that in relation to the eligibility criteria for an emotional disturbance. Is the student’s level of anxiety, (i.e., physical symptoms or fears), being exhibited “over a long period of time, to a marked degree, that adversely affects the child’s educational performance.”

### **Q: Are there any consumer reviews on the EDDT or the PASS-12?**

**A:** The [BUROS Center for Testing](#), in conjunction with the University of Nebraska Lincoln, publishes a litany of assessment reviews, including one on the EDDT. They are independent and not affiliated with any assessment publisher. Most test reviews cost \$15.

### **Q: Is the EDDT a sole source product for PAR?**

**A:** Yes, when completed on PARiConnect, the EDDT IS sole source with PAR, Inc.

### **Q: Does PAR offer staff training on the EDDT?**

**A:** Yes. We have full training options for the EDDT in our PAR training portal at [partrainingportal.com](http://partrainingportal.com).

### **Q: I am interested in teaching about the EDDT and the PASS-12 in my social-emotional graduate course. Do you offer training discounts and/or reduced-cost access to these materials for training purposes?**

**A:** We do! Our [University Partnership Program](#) offers training resources, free products, discounts, and more.

For more information, please visit [parinc.com](http://parinc.com) or call 1.800.331.8378