

**CROSS-CULTURAL COMPARISONS AND IMPLICATIONS FOR STUDENTS WITH EBD:  
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*This paper presents cross-cultural comparisons on definitions, prevalence, and outcomes of students with emotional-behavior disorders (EBD). In addition, the paper addresses the concern of disproportionality and the need for teachers of students with behavior problems to be culturally responsive to perceived inappropriate behaviors. A review of literature revealed that most Western countries recognize EBD as a disability and provide special services to students with this label, while developing countries continue to be more likely to address more visible disabilities. The review of literature modestly suggests that (1) labeling results in appropriate intervention, positive outcomes, and accountability data, (2) teachers must recognize how their beliefs on behavior are mediated by a number of factors (including ethnicity, socioeconomic status, and gender), (3) inclusive practices must be implemented responsibly in the context of high accountability reform, and (4) preventive approaches to EBD must begin early in the classroom with culturally competent teachers.*

Cross-cultural comparisons on emotional-behavior disorders (EBD) have remained scarce over the past decade; however, such research could broaden our understanding of how vastly different behavior is perceived and addressed in various cultures. In the United States where cultural diversity is a norm, it is also important to determine if and to what extent strides have been made toward cultural competence. Research indicates that in the United States, there is an ongoing concern regarding the over-identification of students with EBD from diverse backgrounds, particularly African American students (U.S. Department of Education, 2005). In order to understand how to address behavior, and thus EBD, in the context of culturally diverse classrooms, it is necessary to investigate how various countries and cultures define, perceive, and provide services for students with EBD worldwide. The past decade has prompted attention to global inclusive movements in education (Clough, Garner, Pardeck, & Yuen, 2005), proactive positive approaches toward behavior interventions, collaboration in comprehensive programming, and an urgent call to address disproportionality among students with EBD (Kauffman, Brigham, & Mock, 2007; Osher et al., 2007).

To determine progress over the past decade the present paper will address the following questions: 1) Have improvements in educational outcomes been identified? 2) Have other countries and cultures developed a new understanding of this long-ignored disability? 3) How are students with EBD being served throughout the world? 4) Are teachers adequately prepared to be culturally responsive to the needs of students from diverse cultural backgrounds? This study will present differences in definitions, perceptions, and education of students with EBD over the past ten years across various nations and cultures. Implications from this review may potentially help schools in the United States as well as the rest of the world better serve students with EBD.

*Definitions*

In the United States, the definition of *emotional disturbance* has remained the same over the past decade. The current definition is similar to that used in the early 1960's (Ysseldyke, Algozzine, & Thurlow, 2000), though the terminology of *serious emotional disturbance* was replaced in IDEA 1997 by *emotional disturbance* to eliminate the negative connotation of *serious* (Knoblauch & Sorenson, 1998). In 1998, students with emotional disturbance in the United States were identified based on the

following characteristics: (a) an inability to learn regardless of intellectual, sensory, or health factors; (b) an inability to build satisfactory relationships with peers and teachers; (c) inappropriate types of behaviors or feelings under normal circumstances; (d) depression or mood swings; or (e) the development of physical problems or personal fears. The term also included individuals with schizophrenia and autism, but did not include socially maladjusted children unless they were considered seriously emotionally disturbed (U.S. Department of Education, 1998). This definition, however, has faced criticism for its vagueness, redundancy, lack of empirical support, and ambiguity (see Cullinan, 2005).

Definitions for behavior disorders have not been as easy to come by in other countries. In 1998, one research study specifically looked at the differences between two countries, the United States and India, regarding the definitions, perceptions, views and education of students with behavior disorders (Chakrabarti-Ghosh, 2008). In India, a formal definition does not exist. Children with learning and behavior disorders are rarely identified. More often, children with behavior problems are typically not perceived as disabled. Students with EBD are not served formally through special education; rather they are served under a formal system of juvenile justice (Chakrabarti-Ghosh, 1998).

In a comparative study of special education in 26 nations by Mazurek and Winzer (1994), like India, EBD definitions were generally absent among non-Western countries. In many developing countries, areas of exceptionality were only beginning to emerge. For example, in Nigeria, there were only a few categories of exceptionality which are still poorly defined. A more recent report noted that only .42% of school-aged enrolled students are children with handicaps (Garuba, 2003), though emotional handicapped was a category (Obiakor, 1998). Currently in developing countries, it is still nearly impossible to determine definitions and outcomes of students with behavioral disorders, because in essence, they do not exist. The school enrollment rate for children with disabilities has only been 1-3 percent in developing countries (Jonsson & Wilman, 2001). Definitions such as *disadvantaged children* and *children with special educational needs* include a broad range of disabilities from profound to mild (including social and emotional difficulties). Jonsson and Wilman (2001) stated, *as a result of different definitions and poor data there is no single correct figure on the prevalence of disability* (p. 4). In many developing countries, meeting the needs of persons with EBD is likely to fall by the wayside in the midst of national hardship. If special needs are addressed at all, persons with more traditional disabilities will be more likely to receive specialized attention (Winzer, 2005).

In 1988, Israel passed its first special education law, The Israeli Special Education Law of 1988 (SEL). This law defined an exceptional child as an individual between the ages of 3 and 21 who may experience faulty development in physical, intellectual, mental or behavioral skills which results in a restricted ability in adaptive behavior and, therefore, requires special education services (Gumpel, 1996). Though behavior was a component of the new law, no clear definition existed for behavior disorders.

In Europe, the following countries currently recognize some form of behavior or emotional difficulties as part of their legal definitions for students having special education needs (SEN): Germany, Austria, Greece, Iceland, Ireland, Luxembourg, Netherlands, Norway, Poland, Spain, Portugal, Switzerland, and the United Kingdom (The European Agency Development for Special Needs, 2007). The Organization for Economic Co-Operation and Development (OECD) (2005) has developed three categories of disabilities in order to make cross-cultural comparisons on categories and placements for students with SEN: category A includes students with clear organic impairments, category B includes students with learning and behavior difficulties without clear organic origins, and category C which includes disadvantaged students who receive additional educational resources due to their social and/or language background.

In most countries, students with EBD (or a variant label such as *behaviour problems*, *-severe emotional disability*, *-emotional difficulties*), fall under category B (i.e., Belgium-Flemish, Canada, Czech Republic, Finland, Germany, Ireland, and United States) (Evans, 2003). According to Evans's (2003) OECD report, students identified in category B (which also includes other types of disabilities such as learning disabilities, giftedness, and students in need of remedial teaching) are served mostly in segregated settings in Germany (87%), the Netherlands (98%), and France (100%). However, students in category B are served mainly in regular classes in the Czech Republic (73%), Finland (89%), United States (88%), and Canada (100%). In some countries, however, EBD is considered to be from organic pathologies and falls under category A (e.g., Japan, Luxembourg, and Spain). In Japan, 80% of

students in category A are served in segregated settings, 60% in Luxembourg, and 15% in Spain. This data is only somewhat informative because category A also includes other types of disabilities (e.g., hearing impaired, visual impairment, mental handicap), so it is difficult to ascertain what percentage of students with EBD are served in inclusive or segregated settings. The Netherlands and Switzerland serve students with behavior problems under both categories A and B. For example, Switzerland serves students with *behavioural disorders* under category A in special schools while students with *behavioural difficulties* are served under category B in special classes. No form of specific EBD labeling was noted in the following countries: France, Greece, Hungary, Italy, Mexico, Poland, Sweden, Turkey, or United Kingdom, though behavior difficulties may be recognized under a non-categorical umbrella of SEN (e.g., Greece, United Kingdom).

In short, terminology of EBD differs widely within the cultural context of countries. Winzer (2005) has noted that Iran, Brazil, and Indonesia use the term *emotionally disturbed*, Israel uses the term *mentally disturbed children*, Slovakia uses *defective behaviour*, the Czech Republic and Poland use *socially maladjusted*, and some Muslim countries such as Malaysia and Pakistan label persons with emotional disturbance as mentally retarded. Even within large countries, identification can vary widely from different regions in the nation (e.g., Brazil and South Africa) (Winzer, 2005). Thus, conceptualizations of EBD differ based on the cultural lens from which behavior is perceived.

#### *Perceptions*

Making comparisons of children with EBD cross-culturally is a nearly impractical task since EBD must be understood in the context of culture. Disordered behavioral functioning *is a subjective reality that is constructed on the basis of a judgment as to what is tolerable, appropriate and desirable* (Winzer, 2005, p. 23). For example, aggression is rarely manifested in the Philippines and Thailand because it is frowned upon by the culture. Deviant behavior is viewed as bringing shame on the family or as a punishment for sins of ancestors (Cheong, 1996). Differing views on parenting among various cultures can lead to a number of child development outcomes. Intervention beyond the nuclear and extended family is viewed as unwarranted in some cultures (Winzer, 2005). Thus, inappropriate behavior in one country may not be viewed as such in another, and may not necessitate specialized attention within an educational context. However, even across diverse cultures, similar perceptions do exist. For example, in Chakraborti-Ghosh's (1998) qualitative study, teachers in India and the United States had similar perceptions as to what causes behavior problems. Many of the teachers in the study agreed that behavior problems were often the result of an unhealthy family environment, low socioeconomic background, lack of family education, and drug, alcohol, sexual and physical abuse.

#### *Educational Opportunities*

In the United States students with disabilities have the right to be educated in the least restrictive environment (LRE) which was first defined in 1975 under Public Law 94-142. Vaughn, Bos, and Schumm (2007) described the least restrictive environment (as defined by IDEA) as *the setting most like that of non-disabled students that also meets each child's educational needs* (p. 4). The LRE requires that all students with disabilities receive an education in a setting which allows the student to develop his or her highest potential in an environment with non-disabled peers as appropriate (Smith, Polloway, Patton & Dowdy, 1995; Hardman, Drew, Egan & Wolf, 1990). Data from the 27<sup>th</sup> Annual Report to Congress (2005) indicated that the percentage of students with emotional disturbance receiving special education services outside the regular class for more than 60% of the day has decreased from 35% in 1994 to 30% in 2003; the percentage of students with emotional disturbance being served in separate public facilities has decreased from 8% to 6.5%.

Internationally, the United Nations has taken efforts in addressing the education of individuals with disabilities through inclusive education. In 1989, the United Nations Convention on the Rights of Children declared that all children have fundamental rights that must be available to them. In 1994, *the Salamanca Statement and Framework for Action on Special Needs* (UNESCO, 1994) emphasized inclusive practices of education in the general school system and the abandonment of special schools and classes.

Despite inclusive efforts emphasized by the Salamanca Statement, in many countries, students labeled emotionally disturbed are more often served in segregated classes or schools. For example, in 1997, Germany served over 97% of students with disabilities in separate schools (Cloerkes, 1997). A more recent report in 2005 indicated that 87% of Germany's SEN students continue to receive instruction in segregated settings (The European Agency for Development, 2007). In Belgium's French education

system, over 99.9% of SEN students are served in segregated settings (including those with behaviour problems); in Belgium's Flemish education system, only 91% of SEN students are served in segregated settings (The European Agency for Development, 2007). Moreover, in the last 15 years, the proportion of students in special classes in Switzerland has considerably increased; these classes consist of a substantial proportion of students with behavioural problems and learning difficulties (The European Agency for Development, 2007). There is no legislation in Russia for mainstreaming students with disabilities into regular classes (Roza, 2006); *emotional disabilities* are one of eight types of disabilities, and these students are served in classes for mentally retarded children (Reynolds & Fletcher-Janzen, 2007). However, some Russian students with *behavioral problems* are served in special classes in the regular school as part of a more recent integrative education effort (Lauwers, 2003).

#### *Classification*

In the United States, students with EBD are at the greatest risk for dropping out of school (U.S. Department of Education, 2005) and have a higher percentage of incarceration and unemployment compared to other disabilities (Lehr & McComas, 2005). With poor outcomes associated with the EBD label, researchers and practitioners must question, does the EBD label hurt or help? In an OECD report, Leroy, Evans, and Deluca (2000), compared disability prevalence and identification between the United States and selected European nations. One phase of the study investigated the relationship between disability prevalence in the United States and social indicators of a child's well-being. Results indicated that emotional impairment was negatively correlated with seven social indicators (infant mortality rate, child death rate, teen death rate, teen birth rate, high school drop out, teens out of school/work, and children living in poverty). These findings imply that identifying students with EBD is related to improved social outcomes for these students. Leroy et. al. (2000) noted that states that have high EBD identification rates such as New Hampshire and Minnesota have lower rates of poor child outcomes. On the contrary, states such as Alabama and Mississippi, which have relatively low EBD identification rates, have high rates of poor child outcomes. Thus, this data offers possible assumptions on the positive aspects of labeling students with EBD; interventions can be made available to students who need them which leads to improved student outcomes (Leroy et. al., 2000).

Some countries such as the United Kingdom and Australia have favored a non-categorical approach to labeling students with disabilities (Wheldall, 1994; McLaughlin et al., 2006), thus it is difficult to ascertain specific outcomes for students with EBD. A non-categorical approach has several advantages. Services are made available to students based on a student's need rather than a label. Labeling is often a gatekeeper, prohibiting some students from receiving services they need; this can also result in fragmented services and programs. Furthermore, categories of disabilities are seldom helpful in providing instruction (Wheldall, 1994). In reviewing the literature, McLaughlin and others (2006) indicated, *increasingly, researchers have acknowledged that the approaches, methods, and techniques that teachers must use to meet the educational needs of students with differing disability labels vary more in terms of intensity than in type* (p. 54). Unfortunately, because there is no specific label for these students in countries that embrace the non-categorical approach, data is not available to determine outcomes for categories of students such as those with EBD. Further concerns for a non-categorical classification include the lack of allocations of resources, funding, accountability, and follow-up data for specific disability types (McLaughlin et al., 2006).

#### *Outcomes in United States*

In the United States, according to the 27<sup>th</sup> Annual Report to Congress (2005), drop out rates for students with EBD have decreased considerably from 69.2% in 1994-1995 to 55.9% in 2002-2003. Graduation rates have increased from 27% in 1993-1994 to 35.4% in 2002-2003. However, every year from 1993 to 2003, students with EBD consistently had the highest drop out rates and lowest graduation rates. The 26<sup>th</sup> Annual Report to Congress (U.S. Department of Education, 2004a) indicated that 44% of secondary students with EBD in 2001-2002 had the goal of attending a two- or four-year college, but only 11% of students with EBD took college entrance exams in 2001-2002.

#### *Disproportionality*

Despite improved outcomes for students with disabilities in the United States *secondary students with emotional disturbance are more likely to be male, black, and to live in poverty than secondary students in the general population* (p. xiv, U.S. Department of Education, 2005). For the past decade, many concerns have been expressed regarding the disproportionality of students placed in special education, particularly those identified as EBD. Research indicated that this is due to institutional racism,

stereotypes, cultural incompetence, racial bias, and inequitable discipline policies (Lehr & McComas, 2006). Some have suggested that students who *stand out* from the norm are more likely to be labeled by educators as having EBD even though their behavior is similar to that of their white peers (Oswald, Coutinho, & Best, 2002). Teacher perceptions on behavior play a powerful role in referring students to be identified with EBD. These perceptions of student behavior are influenced by gender, ethnicity, and socioeconomic status (Casteel, 2000). Thus, it is imperative that teachers develop cultural competency to bridge cultural discontinuity between teachers, students, and families (Osher et al., 2007; Diller & Moule, 2005). Cultural competency involves educating students in the context of minority status, respecting culturally defined needs of diverse populations, acknowledging that culture shapes behavior, and recognizing that thought-patterns from diverse cultures are equally valid, though different, and influence student perceptions (Cross et al., 1989). Finally, Oswald and Coutinho (2006) explained that students from diverse ethnic backgrounds may have higher prevalence of disability *not because they 'stand out' but because of the inherent stress of living as a member of a minority group* (p. 3). With the understanding that stress is associated with living as a minority member within a homogenous community, supports can be developed to help students from diverse backgrounds cope with this stress as an effort to reduce disability prevalence (Oswald & Coutinho, 2006).

While African-American and American Indian students are overrepresented in EBD categories, Office for Civil Rights (OCR) data indicates that Latino and Asians are underrepresented (Fierros & Conroy, 2002; Parrish, 2002). Risk ratios, however, vary by state. According to Parrish (2002), risk factors for Latinos range from .25 in Arkansas to 2.33 in New York while risk factors for African Americans range from .65 in Idaho to 6.06 in Nebraska. Generally, there have been underrepresentation patterns in EBD and other high incidence categories nationwide for Latino populations (Artiles, Trent, & Palmer, 2004).

Schnoes, Reid, Wagner, and Marder (2006) conducted a study intended to identify students with ADHD who were receiving special education services. According to the authors, *ADHD now constitute(s) the majority of students in the categories of emotional disturbance and other health impaired* (p. 483). Using data from the Special Education Elementary Longitudinal Study (SEELS), the researchers were able to gather information on over 5,000 students served in special education with the primary disability categories of LD, ED, SLI, MR and OHI. Of these students, 467 were also identified by both parents and schools as having ADHD. Results found that Hispanics are noticeably underrepresented. As compared to a group of students with a Caucasian background, Hispanic students were less than half as likely to be identified with the disorder. Continued research must be conducted in order to better understand the underrepresentation of Hispanic students (Schnoes, Reid, Wagner, & Marder, 2006). Osher et al. (2007) contend, *we must consider whether appropriate responses to disproportionate representation should be designed to raise identification rates for underserved subpopulations* (p. 70).

Though institutional racism for the Hispanic population exists somewhat in special education, it is especially prevalent in overall dropout rates, grade retention, suspensions, and testing bias. Dropout rates and retention rates are a concern for Hispanic students, specifically Hispanic immigrants. In 2000, the dropout rate for Hispanics was 28% (7% for Whites and 13% for African Americans). The dropout rate for Hispanic students born outside of the United States is 44%, whereas first-generation Hispanic students have a dropout rate of 15% (National Center for Education Statistics, 2002).

In the United States, disparities among ethnic groups also exist in services provided for students with EBD. Students of color are disproportionately placed in more restrictive settings than their white peers, and fewer black students with EBD receive counseling when compared to white students with EBD (see Osher et al., 2007). On average, when black students do receive counseling, the average dosage of counseling is less (Osher, Woodruff, & Sims, 2002). In reviewing the literature on service disparities, Osher and colleagues (2007) indicated *cultural discontinuity, both between teachers and students and between schools and students, (which) can place children at risk of developing EBD or being inappropriately identified as having EBD* (p. 56). When there is a lack of understanding of behavior and learning styles, there are likely to be disproportionality in rates of suspensions, expulsions, and discipline referrals (Skiba, Michael, Nardo, & Peterson, 2000; Webb-Johnson, 2003).

Cultural competency has been a recommended policy in the field to battle the misidentification and inappropriate treatment of children of color (Cross, Bazron, Dennis, and Isaacs, 1989; U.S. Dept. of Education, 1994). For example, in 1994, the Office of Special Education Programs reported valuing

and addressing diversity as a target strategy to effectively meet the needs of students with EBD. The target strategy goal included *to encourage culturally competent and linguistically appropriate exchanges and collaborations among families, professionals, students, and communities. These collaborations should foster equitable outcomes for all students and result in the identification and provision of services that are responsive to issues of race, culture, gender, and social and economic status* (U.S Department of Education, 1994, Strategic Target 3, 1). A decade later, the Individuals with Disabilities Improvement Act (IDEIA) of 2004 (U.S. Department of Education, 2004b) amended IDEA 1997 and authorized that states must work to prevent inappropriate overidentification and disproportionate representation by race. Despite these efforts, disproportionality continues to exist in the EBD category, forcing us to examine the quality and effectiveness of how practitioners are prepared to operate in culturally diverse settings.

### *Discussion*

By reviewing cross-cultural comparative research over the past decade, we were able to determine that globally, strides have been made in addressing the needs of students with EBD in the regular classroom. Several industrialized countries are recognizing this long ignored *invisible* disability with varied terminology. However, students with EBD continue to be cited as the *least accepted and the most negatively stereotyped of all exceptionalities* (Winzer, 2005, p. 27). Even in many Western countries, they are still served mainly in segregated settings, despite international efforts promoting inclusive education. Should this be a surprise? Certainly not in light of high-stakes accountability. While standards-based reform movements such as No Child Left Behind in the United States call for the education of all, the high accountability places pressures on teachers to have the underperforming troublesome student removed from the regular classroom so that the teacher is not held responsible for the child's academic progress (or lack of). The result can be exclusion legitimized by the student needing specialized attention away from the mainstream setting (Coulby & Jones, 2001). Thus, we are faced with an important question: can inclusive education co-exist with high stakes accountability? Are schools, administration, and teachers more concerned with adequate yearly progress rather than meeting the individual needs of students? If students with EBD are placed in inclusive settings, it is imperative that this is done responsibly with appropriate supports that include culturally competent professionals.

As the world moves toward inclusive education, we must not lose sight of the individual's needs. Kauffman, Brigham and Mock (2007) have indicated that justifications for inclusion are often centered on increased opportunities for higher academic achievement and social interaction; however, some research suggests that students with EBD in more segregated settings are *less alienated socially than their peers in inclusive settings* (see Fulk, Brigham, & Lohman, 1998, p. 24). Thus, we must move away from the dichotomous mindset of *inclusion is good, exclusion is bad* and thoughtfully determine if and how educational needs can be met in the mainstream classroom (O'Brien & Guiney, 2005). We must continue to embrace scientific inquiry to guide efforts in determining how and where to most effectively address the needs of students with EBD (Kauffman, Brigham, & Mock, 2007).

Our research revealed that in developing countries, students with EBD are rarely identified as students with special needs; services are more likely to address those with more *visible* disabilities. Meeting the educational needs of students with any disability continues to be an overwhelming challenge in the midst of civil war, poor sanitation, malnutrition, inadequate health care, and ruptures in social institutions for several countries (Winzer, 2005).

In countries with diverse cultural backgrounds, such as the United States, strides must be taken to adequately prepare teachers in cultural competence, empowering them to become more aware of how to prevent problem behaviors from occurring and how to respond to behaviors. While IDEIA 2004 (U.S. Department of Education, 2004b) calls for attention to disproportionate representation by race and ethnicity in special education, an action plan to equip teachers to be culturally competent is missing. Similarly, No Child Left Behind legislation (U.S. Department of Education, 2001) requires teachers to be highly qualified; however, cultural competency is not recognized as a necessary skill for teachers to achieve highly qualified status. In order to adequately address the issue of disproportionality in special education, particularly in EBD, teachers must be adequately trained to recognize how their own perceptions of *inappropriate* behavior is mediated by culture.

Overidentification and disproportionate representation of students in EBD categories can be prevented at the stage of pre-referral. Pre-referral strategies must take into account the teacher's construction of

EBD as well as the student's social, emotional, and cultural background. Pre-service and in-service trainings must address the following issues: on-going dialogue on how the term *EBD* is constructed among practitioners, exploration of diverse personal beliefs on culture and how these beliefs contribute to school experiences, and guidance on appropriate ways to adapt teaching styles to meet student needs (Chakraborti-Ghosh, 2008). Finally, preventive approaches to reduce EBD should be embraced. Research has indicated that early identification of academic learning problems may reduce risk for EBD (Lane et al., 2002). Thus, as efforts are made to improve academic competence for all learners, teachers must be adequately prepared to address diversity in classroom activities, interactions, and communications (Chakraborti-Ghosh, 2008).

In the United States, outcomes for students with EBD have generally improved: drop out rates have decreased while graduation rates have improved. Over the past decade, school-wide behavior supports, proactive positive models of prevention and intervention, and empirically based approaches such as functional assessment based interventions have been embraced. Thus, it is important to continue to embrace scientific investigations to determine appropriate interventions for students with EBD. Practitioners must also consider a student's cultural background when implementing interventions such as functional behavior assessments (Townsend & Osher, 2002). Furthermore, as researchers in Western societies continue to develop knowledge, it is important to understand if and how western practices can be transferred to other countries and cultures.

#### Summary

In order to appropriately meet the educational needs of students with EBD, the literature suggests: labeling students with EBD can potentially result in appropriate intervention, positive outcomes, and efficient methods to determine student outcomes; inclusive practices must be implemented responsibly in the context of standards based reform; teachers must recognize how their beliefs on behavior are mediated by a number of factors (including ethnicity, culture, socioeconomic status, and gender); and preventive approaches to EBD must begin early in the classroom with culturally competent teachers. Finally, we recommend that education reform include incorporating cultural competency as a requirement for *highly qualified* status in order to adequately address the issue of disproportionality of culturally diverse students with EBD.

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