Contexts, Definitions, and Terminologies

International Perspectives in EBD: Critical Issues

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The field of emotional and behavioural difficulties (EBD) is challenging and controversial. When we try to make sense of the field in an international perspective, it becomes almost puzzling. Cross-national developmental, economical, educational, political and scientific conditions underlie conceptualizations of EBD as well as estimated prevalence levels, evaluation/diagnosis and intervention. Moreover, as Winzer mentions in the last edition of this Handbook, '…comparative study in special education is not an active domain of study' (2005: 22).

Fortunately, in the last decade the Organization for Economic Co-operation and Development (OECD, an organization that produced a large number of studies over a significant number of countries e.g. OECD, 2005, 2008, 2009, 2010) providing researchers, practitioners and politicians invaluable cross-national information about EBD categories or their corresponding labels (whenever they exist). Still, an in-depth understanding of this complex information must take into account a number of critical issues that underlie scientific and political decisions about EBD conditions (how many conditions, which conditions, etc.). The developmental level of the country, the role of culture, compulsory schooling and school inclusion are some of these important issues that must be taken into account.

EBD AND THE DEVELOPMENTAL LEVEL OF COUNTRIES

When we take a close look at countries with well-designed taxonomies and categorizations of EBD, it becomes apparent that these countries show some of the

best developmental indexes in the world. The relation is not perfect, however. The United States, for instance, despite being the country where most research on EBD is produced and where most discussion over taxonomies and categorizations is being conducted, is listed fourth in the human developmental index (HDI = 0.910) (Klugman, 2011). Norway, ranked first (HDI = 0.943), holds a more classical categorization systems and adopts more restrictive solutions for students with emotional, behavioural, or developmental problems. Also, the number of students identified with disabilities in Norway (around 6 per cent) is much lower than in the United States (around 20 per cent) (Cameron et al., 2011).

When we compare countries across developmental levels, other and more important differences and tendencies become apparent. One of the differences has to do with the availability of information about EBD students. While countries with very high human development indexes (Cameron et al., 2011) usually provide international agencies with extensive information about identification procedures, categories, support systems, funding, etc., countries with medium or with low human development indexes typically show difficulties in gathering, or cannot even get, the information required by those agencies (OECD, 2005).

Most likely, the information is not available because some countries do not have a clearly established special education system (or an implemented system to support EBD and other problematic children) and/or do not have an effective information gathering system. This is, of course, a general effect of poverty. Some of these countries struggle to provide basic items like food and water; therefore, they are not in a position to make choices about educational issues. Others that are in a development process allocate their limited resources to basic education and cannot provide enough support to special students, namely EBD. As Donald (1994) states: 'the irony in this is that the incidence of disability, and therefore of special education needs, in such contexts is estimated to be considerably higher than in more developed contexts' (1994: 5).

Another difference between countries with different levels of development has to do with the acceptance of the concept of EBD itself. Even if it is true that only some countries with very high levels of human development adopt the concept of EBD, it is also clear that countries above those levels of development rarely identify categories of problems other than the most evident: deafness, blindness, mental retardation, autism, etc. (OECD, 2005). The concept of EBD is therefore not internationally recognized – quite the contrary. The fact that some of the countries where the concept is well-established and where most of the research on EBD, special education, special education needs, etc., is conducted, gave the concept of EBD a visibility that doesn't have a corresponding recognition in most other countries.

Mazurek and Winzer (1994) compared the special education systems of 26 countries and grouped them into countries with 'limited special education', countries with 'emerging special education', countries with 'segregated special education', countries with 'approaching integration' and countries with 'integrated special education'.

Countries with limited special education are those in which 'special education, training and rehabilitation remain an elusive dream'(Mazurek and Winzer, 1994: 3). The second group integrates populous countries that are extremely diverse in geographical and ethnic terms. These countries differ mainly from the former group in that they also are fighting for universal access to school but are planning already to provide educational services for disabled, disordered, or disadvantaged persons (which, for the former, are still a 'dream'). It is estimated that 80 per cent of disabled people in the world live in countries in this second group. These countries, influenced by international guidelines, have developed national legislation for special people. Countries with 'segregated special education', 'approaching integration', or with 'integrated special education' usually share fairly or highly well-established special education systems.

Overall, we can say that only a small, but rather influential, number of countries have developed and implemented taxonomic systems that include the EBD category. As leaders of published research and organizational developments, their models of EBD and special education seem to be inspiring other countries' developments in the field (Donald, 1994; Lorenzo, 1994; Agrawal, 1994). This does not mean, however, that in the long run all countries will inevitably follow the same path. In fact, even countries with very high developmental indexes do not share the same concepts about EDB and special education. Eventually, countries will share a number of foundation concepts and statements about EBD and special education, but organizational variability will remain.

TERMINOLOGY(IES)

It is quite clear that the field of EBD and of problems or disorders that may be included under the umbrella of EBD suffer from widespread cross-country variability. Related concepts, such as 'special education', 'special education needs', 'deficits', 'disorders', 'disabilities', etc., make international comparisons even more difficult.

Special education is usually considered a subsystem of the general educational system, integrating students that show some kind of adaptation problem to the regular education system; however, there is a considerable cross-national variation in the scope of special education. One of the main reasons for this variation may be that special education is an organizational system that results from national political decisions and means different things in different countries. For instance, some countries, such as United Kingdom, Spain and Netherlands, readily adopted the recommendations from both the Warnock Report (1978) and the International Standard Classification of Education (ISCED) (UNESCO, 1997) and replaced the concept of 'special education' by the concept of 'special needs education'. Other countries, such as Kirghizia and Kazakhstan, still use the former terminology of the defectological/medical tradition and do not hold an educational perspective of the field.

According to the ISCED, the term 'special education' refers to the education of children with disabilities in special schools or institutions distinct from the regular system, something that does not happen in some countries (OECD, 2005). Many countries, however, still have special schools and institutions (and some do not even have those). Not surprisingly, terminologies about EBD and special education are quite varied in these countries.

The Salamanca Statement (UNESCO, 1994), signed by 92 governments and 25 international organizations, strongly advocated the full inclusion of students with deficits or disabilities whenever possible. Theoretically, this could mean that in the medium or long term, the special education subsystem could be integrated into the regular education system, and thus eventually discontinued. The same might be said for The United Nations' Convention on the Rights of Persons with Disabilities (CRPD) in 2012, also recommended that the special education subsystem be integrated into the regular education system.

One of the explicit goals and consequences of the developments in the field of special education was to replace descriptive categories derived from medical classifications, which were considered of limited value for regular schools educational programming, with statements about the educational needs of a particular child (Ainscow & Haile-Giorgis, 1998). However, at least two important problems remain unsolved: (1) the term 'special needs education' still means different things in different countries. In some countries, it applies only to traditionally disabled children (e.g. mentally handicapped), while in others it applies to a wide range of problems, including EBD, learning difficulties, social disadvantage, etc. (2) Because of the wide variation in definitions, it is hard to make cross-national prevalence estimates for any category (OECD, 2005). Moreover, some countries, such as Portugal, who once used the term 'special education needs' to feature a broad spectrum of problems (EBD, for instance) reversed their policies and reapplied it only to traditional disabilities.

The Warnock Report anticipated problems at the terminological and identification levels. 'The extent of special educational need is very difficult to assess'(1978: 37), the report said, and there is '…no agreed cut and dried distinction between the concept of handicap and other related concepts such as disability, incapacity and disadvantage'. Almost 30 years later, the Baroness Mary Warnock contended that 'one of the major disasters of the original report was that we introduced the concept of special educational needs to try and show that disabled children were not a race apart and many of them should be educated in the mainstream… But the unforeseen consequence is that SEN has come to be the name of a single category, and the government uses it as if it is the same problem to include a child in a wheelchair and a child with Asperger's, and that is conspicuously untrue' (The House of Commons Education and Skills Committee, 2006: 36; see also Warnock, 2005). That is, the attempt to unlabel seemed to result in one more label.

In an effort to make terminology and prevalence estimates internationally comparable, experts from 34 OECD countries agreed in reclassifying their

categories, both national and resource-based, according to three cross-national categories: 'A/Disabilities': students with organic disorders whose educational needs arise primarily from problems attributable to those disabilities; 'B/Difficulties': students with behavioural or emotional disorders or specific difficulties in learning whose problems arise primarily from the interaction between the student and his learning context; and 'C/Disadvantages': students with disadvantages arising primarily from socio-economic, cultural and/or linguistic factors (OECD, 2005, 2008, 2009, 2010).

Clearly, this is the most important and most accomplished ongoing attempt to unify terminologies in a cross-national perspective. Although there are only 34 countries represented on OECD, these countries cover the five continents and produce most of the research in the field of special education in general, and in the field of EBD in particular. The experts determined that it would be almost impossible to share information based on specific national categories (e.g. attention deficit hyperactivity disorder [ADHD], oppositional defiant disorder) because there are at least 22 categories across countries, and a significant number of them do not overlap. The three clusters resulting from these 22 categories seem to fit specificities of most categories, including EBD, which integrates Category B (problems of the student with his learning context). However, there are still a number of countries, such as France and Greece that do not share some of the categories usually considered as EBD, and others, such as Norway and Denmark that essentially share noncategorical systems.

Terminology will certainly be a major cross-national issue in the field of EBD for years. The commitment of international agencies in the development of a common language about categories/dimensions, prevalence rates, organizational systems, etc., will therefore be invaluable for research and cross-countries comparative studies.

THE ROLE OF CULTURE

It is important to acknowledge that implicit to the notion of emotional or behavioural disturbance/disorder/difficulty is the idea of a deviance against a norm or social pattern (Mesquita and Walker, 2003). These norms, of course, vary widely from culture to culture and with time. This is quite relevant for the diagnosis of emotional disturbance, which must take into account the 'normal amount of emotion' and the amount of deviance from the norm (Jenkins, 1994). Mesquita (2007) contends that most definitions of emotion reflect Western emotional models but do not stand for Eastern cultures. For instance, Kitayama et al. (2000) and Idzelis et al. (2002) found that in committing a social offense, American subjects' appraisal and action readiness were directed to the restoration of self-esteem and regaining self-control, while Japanese subjects tried to restore the relationship with the offender, to understand his point of view and minimize the situation. Also, the physical expression of emotions seemed to be

much lower in these Japanese subjects. The main point here is that emotions as well as emotional disturbance are 'not separate from culture but rather are constituted by it' (Mesquita, 2007: 414). Such a model situates and describes emotions and emotional disturbance in the context of a culture, not exclusively as an internal state that takes place within a single person (Barrett, 2006; Shweder, 1991). In this perspective, the transactional aspects of emotions and behaviours, and their public expression, should be carefully considered if we are willing to understand why the field of EBD will hardly be cross-national and cross-culturally unified (Frijda et al., 1991). Indeed, EBD are outputs that deviate from normative or cultural standards and are perceived, if not by the subject himself, at least by society, as disruptive (Hofstede, 2001; Mesquita and Walker, 2003; Timimi, 2004a).

In countries devastated by wars or where poverty is the rule, fighting aggressively for life, lying, stealing, etc., are obviously not indicative of a mental disorder. Actually, these are rather expected behaviours in highly adverse environments. This is not to deny the existence of mental disorders, as some authors claimed (e.g. Szasz, 1960), but to stress the need to consider both mind and context before labelling people as disordered (Timimi, 2004a, 2004b). Richters and Cicchetti (1993) contended that the assumption of a subject who is diagnosed with a conduct disorder (CD) necessarily suffers from a mental disorder is not supported by research findings and is not innocuous because (a) the mental disorder attribution is a 'strong epistemological claim' that is self-perpetuating; (b) it has long-term negative social consequences for those that are labelled as having a mental disorder; (c) it tends to focus attention solely on the individual without consideration for pathological conditions of his/her environment; and (d) it constrains the questions that are asked about the problem and those that should have been asked. In sum, 'To attribute their behaviour to an underlying mental disorder is to draw attention away from the criminogenic and pathological conditions that characterize their environments' (1993: 24). Or, as Meehl said, some CD subjects may be '...psychiatrically normal person[s] who learned the wrong cultural values from [their] neighborhood[s] and environment[s]' (Meehl, 1959: 93).

Overall, the field of EBD is understandably a product of the so-called Western culture. Most research is conducted in Western countries, taxonomies of EBD are produced in Western countries, and a number of researchers from other cultures graduated in Western countries. No wonder cultural variations are found in the definitions of EBD, in the prevalence rates of EBD conditions, and even in the acceptance of the existence of some EBD conditions! However, the way cultures influence these features is not straightforward. It is also important to stress that important intra-cultural variation can be found through time. One way or another, the role of context, whether we call it culture or some other thing, models our perspectives about the whole field of EBD. This cautions us against the spurious reification of some concepts and against the presumption that Western perspectives of EBD and international perspectives on EBD are one and the same thing.

COMPULSORY SCHOOLING

The inclusion of students with disabilities in regular classrooms is often presented as a major challenge to classroom organization, management and instruction (Baker and Zigmond, 1996; Kauffman and Hallahan, 1995; Winzer, 2005; Mastropieri and Scruggs, 2006; Zigmond and Kloo, 2011); however, the problem would be better conceptualized in the wider context of compulsory education.

The topic of compulsory education is scarcely considered in literature. It is not a new subject, however. More than 150 years ago, Philosopher Herbert Spencer wrote: 'For what is meant by saying that a government ought to educate the people? Why should they be educated? What is the education for? … This system of discipline it is bound to enforce to the uttermost' (2010: 297). Today, such a statement may seem provocative, yet it addresses a key element of compulsory education: the fact that students are forced to be in classrooms for a long time. Of course, 19th century students spent much less time in classrooms than they do today. Moreover, only a very small minority attended school at all. Indeed, for most countries, compulsory education is a 20th century achievement (and for some it is still a mirage).

The most industrialized countries have now compulsory school for about 9 to 12 years, but this is also true for some countries with low or very low HDI. Currently, only a small number of countries have less than 6 years of compulsory school, and there are not many countries in the world with more than 12 years of compulsory school (NationMaster, 2012). Looking at these numbers, it becomes obvious that compulsory school is an achievement and a sign of modernity.

Nevertheless, it seems that the problem of students' curriculum alienation is far from being effectively addressed in most countries. Indeed, most school interventions for EBD students and normal students who misbehave are directed to behaviour control, without enough consideration for what is causing such behaviour(s). Yet trying to control misbehaviour without carefully considering the student's academic achievement can only result in increased levels of stress and frustration (Brophy, 1996).

Students' externalized behaviours are particularly problematic for teachers because they are in direct conflict with teaching goals and openly challenge teachers' authority (Brantlinger et al., 2000; Buzzelli and Johnston, 2001). The older the student, the more defiant behaviours are likely to be. Not surprisingly, a significant number of *disordered behaviours* are mistakenly perceived by school professionals as perpetrated by *disordered people*. Yet a significant number of these behaviours are quite logical for students who are off-task most of the time because they are unable to follow the school curriculum. Moreover, for some students, curriculum alienation begins early in their school path and the gap usually widens with time (Frick et al., 1991; Seidman, 2005; Stanovich, 1986).

Once again, compulsory schooling is a step forward for human societies, but it is increasingly apparent that, as it stands, it may be detrimental for older students who cannot find much personal fulfilment in school.

EBD: CROSS-NATIONAL TRENDS AND SPECIFICITIES

As we previously stated, OECD is currently the most important single source of information about students with disabilities, learning difficulties, emotional and behaviour disorders and disadvantages around the world.

The available data show that there are widely diverse international perspectives about EBD. We must acknowledge that OECD works with experts from the different countries in an effort to reformat or to regroup national categories/conditions in the three cross-national categories defined by the OECD experts' committee (Category 'A/Disabilities'; Category 'B/Difficulties'; Category 'C/Disadvantages'). This may suggest some homogeneity that actually does not exist. Most countries do not even use the term EBD, although a significant number of countries refer to categories that are usually under the umbrella of EBD, and include them in OECD Category B.

There are two other important cross-national trends: (1) most countries (not all) use specific categories (not dimensions) to identify EBD conditions; and (2) in most countries, there is a trend or a will to include EBD children and youth in regular classrooms. These are uneven trends, however. For instance, with the exception of the United States and Canada, OAS (Organization of American States) countries tend to use special schools for EBD students. But even in the United States, a significant number of EBD students are not in regular classrooms.

Disparities in prevalence rates will hardly be explained by major differences in cross-national definitions of EDB. In Brazil for instance, EBD are defined as 'tipical manifestations of syndrome behaviours and neurological, psychological or psychiatric conduct which cause delays and damages in the development of social relationships at a degree that requires specialized educational assistance' (OECD, 2008: 42). In Canada, EBD applies to 'students with severe behavioral challenges that are primarily a result of social, psychological and environmental factors' (OECD, 2008: 43). In Uruguay, it applies to 'students with specific or general disorders relating to behavioural problems which affect diverse aspects of development and learning' (OECD, 2008: 53). In the United States, a long (yet more precise), but not too different definition is in use. The condition includes schizophrenia but excludes socially maladjusted children, which seems contradictory with the category itself and has received some criticism (e.g. Cullinan, 2004; Kauffman and Landrum, 2013). Discrepancies in prevalence rates suggest that more broad definitions of EBD induce the random inclusion (or exclusion) of a significant number of behaviours, depending more on the evaluator than on the actual behaviours. It is also highly likely that countries with more resources tend to identify more subjects as EBD.

In spite of the problems with definitions and prevalence rates, continued data gathering by international agencies will likely close the gap between cross-countries' perspectives on EBD, not to the point that every country will eventually recognize the same EBD conditions and use the same identification system (e.g. ICF-CY (World Health Organization, 2007)), but to the point that most

countries will eventually be able to routinely provide internationally standardized information about EBD students.

CONCLUSION

Trying to make sense of international perspectives on EBD is a challenging but stimulating task. Cultural, developmental, economic, educational, etc., issues underlie cross-national differences in the field of EBD. Nevertheless, we currently have more data than we ever did about EBD, and this allows us to be reasonably aware of what is happening in the field worldwide.

First, most countries in the world that provide data about EBD are developing, or are willing to develop, support systems for EBD children that resemble those of the most experienced countries in the field. This means, for instance, developing a more balanced perspective (medical/educational) about EBD's aetiology, definition, identification and intervention. It also means including EBD students in regular classrooms. Inclusion, however, seems more controversial and clearly some experienced countries are not adopting it in a generalized way.

Second, problems with terminologies in the field of EBD and special education create some internationally hard-to-manage misunderstandings. Fortunately international agencies and researchers worldwide are working in the development of a common language that makes the field recognizable for those who work with EDB children and youth.

Third, culture is one of the most important mediators in cross-country perspectives on EBD. This holds for the construct of EBD itself, which is far from having a general acceptance, and for specific EBD conditions (e.g. ADHD).

Fourth, inclusion is much more an issue in the international agenda of EBD than compulsory schooling. Nevertheless, the overdiagnosis of EBD conditions and the alarming increase in school-aged children and youth medication should make the EBD field seriously reflect on this neglected issue.

Finally, it must be stressed that developments on the field of EBD are being pushed by a very small but influential number of countries (e.g. Australia, Netherlands, United Kingdom, United States, New Zealand). The quality and amount of published research about EBD and the development of advanced laws warrants the leading role of those countries in the field. Still, wide cross-national differences about EBD persist even between countries with very high development levels, and they will likely persist in the future.

REFERENCES

Agrawal, R. (1994) 'India: Comparative Studies in Special Education', in K. Mazurek and M. A. Winzer (eds), *Comparative Studies in Special Education*. Washington, DC: Gallaudet University Press. pp. 179–203.
Ainscow, M. and Haile-Giorgis, M. (1998) *The Education of Children with Special Needs: Barriers and Opportunities in Central and Eastern Europe*. Florence, Italy: UNICEF, International Child Development Centre.

Baker, J. M. and Zigmond, N. (1996) 'The meaning and practice of inclusion for students with learning disabilities: Themes and implications from the five cases', *Journal of Special Education,* 29(2): 163–180.

Barrett, L. F. (2006) 'Are emotions natural kinds?' *Perspectives on Psychological Science*, 1: 28–58.

Brantlinger, E., Morton, M. L. and Washburn, S. (2000) 'Teachers' moral authority in classrooms: (Re) structuring social interactions and gendered power', *Elementary School Journal,* 99(5): 491–504.

Brophy, J. (1996) *Teaching Problem Students*. New York, NY: Guilford Press.

Buzzelli, C. and Johnston, B. (2001) 'Authority, power, and morality in classroom discourse', *Teaching and Teacher Education,* 17(8): 873–884.

Cameron, D. L., Nilholm, C. and Persson, B. (2011) 'School district administrators' perspectives on special education policy and practice in Norway and Sweden', *Scandinavian Journal of Disability Research*, 1–20. doi: 10.1080/15017419.2011.558241.

Cullinan, D. (2004) 'Classification and Definition of Emotional and Behavioral Disorders', in R. Rutherford, M. Quinn and S. Mathur (eds), *Handbook of Research in Emotional and Behavioral Disorders*. New York, NY: Guilford Press. pp. 32–53.

Donald, D. R. (1994) 'South Africa: Comparative Studies in Special Education', in K. Mazurek and M. A. Winzer (eds), *Comparative Studies in Special Education*. Washington, DC: Gallaudet University Press. pp. 5–24.

Frick, P. J., Kamphaus, R. W., Lahey, B. B. and Loeber, R. (1991) 'Academic underachievement and the disruptive behavior disorders', *Journal of Counsulting and Clinical Psychology,* 59(2): 289–294.

Frijda, N. H., Mesquita, B., Sonnemans, J. and Van Goozen, S. (1991) 'The duration of affective phenomena or emotions, sentiments, and passions', *International Review of Studies on Emotion,* 1: 187–225.

Hofstede, G. (2001) Culture's Consequences. *Comparing Values, Behaviors, Institutions, and Organizations across Nations.* Thousand Oaks, CA: Sage Publications.

Idzelis, M., Mesquita, B., Karasawa, M. and Hayashi, A. (2002) 'Cultural differences in emotional coping: American and Japanese responses to offense', paper presented at the Third Annual Meeting of the Society for Personality and Social Psychology. Savannah, GA.

Jenkins, J. H. (1994) 'Culture, emotion, and psychopathology', in S. Kitayama and H. R. Markus (eds), *Emotion and Culture*. Washington, DC: American Psychological Association. pp. 307–335.

Kauffman, J. M. and Hallahan, D. P. (1995) *The Illusion of Full Inclusion: A Compreensive Critique of a Current Special Education Bandwagon*. Austin, TX: Pro-ed.

Kauffman, J. M. and Landrum, T. J. (2013) *Characteristics of Emotional and Behavioral Disorders of Children and Youth.* 10th edn. Upper Saddle River, NJ: Merrill Prentice-Hall.

Kitayama, S., Markus, H. R. and Kurokawa, M. (2000) 'Culture, emotion, and well-being: Good feelings in Japan and the United States', *Cognition and Emotion,* 14(1): 93–124.

Klugman, J. (2011) *Human Development Report 2011: Sustainability and Equity: A Better Future for All*. New York, NY: Palgrave Macmillan.

Lorenzo, E.G. (1994) 'Uruguay: Comparative studies in special education', in K. Mazurek and M. A. Winzer (eds), *Comparative Studies in Special Education*. Washington, DC: Gallaudet University Press. pp. 204–216.

Mastropieri, M. A. and Scruggs, T. E. (2006) *The Inclusive Classroom: Strategies for Effective Instruction.* Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Mazurek, K. and Winzer, M. A. (1994) *Comparative Studies in Special Education.* Washington, DC: Gallaudet University Press.

Meehl, P. E. (1959) 'Some ruminations of the validation of clinical procedures', *Canadian Journal of Psychology/Revue Canadienne de Psychologie*, 13(2): 102–128. doi: 10.1037/h0083769.

Mesquita, B. (2007) 'Emotions are culturally situated', *Social Science Information,* 46(3): 410–415.

Mesquita, B. and Walker, R. (2003) 'Cultural differences in emotions: a context for interpreting emotional experiences', *Behaviour Research and Therapy,* 41, 777–793. doi: 10.1016/S0005-7967(02)00189-4.

NationMaster (2012) Education Statistics: Duration of compulsory education by country (www.nationmaster.com/graph/edu_dur_of_com_edu-education-duration-of-compulsory).

OECD (2005) *Students with Disabilities, Learning Difficulties and Disadvantages: Statistics and Indicators*. Paris: OECD Publishing.

OECD (2008) *Students with Disabilities, Difficulties and Disadvantages: Statistics and Indicators of OAS Countries*. Ciudad de Mexico: Edebé.

OECD (2009) *Students with Disabilities, Learning Difficulties and Disadvantages in the Baltic States, South Eastern Europe and Malta: Educational Policies and Indicators*. Paris: OECD Publishing.

OECD (2010) *Reviews of National Policies for Education: Kazakhstan, Kyrgyz Republic and Tajikistan 2009: Students with Special Needs and those with Disabilities.* Paris: OECD Publishing.

Richters, J. E. and Cicchetti, D. (1993) 'Mark Twain meets DSM-III-R: Conduct disorder, development and the concept of harmful dysfunction', *Development and Psychopathology,* 5: 5–29.

Seidman, A. (2005) The learning killer: Disruptive student behavior in the classroom', *Reading Improvement,* 42(1): 40–47.

Shweder, R. A. (1991) 'Cultural Psychology: What is it?', in R. A. Shweder (ed.), *Thinking Through Cultures*. Cambridge, MA: Harvard University Press. pp. 73–110.

Spencer, H. (2010) *Social Statics: The Conditions Essential to Human Happiness Specified and the First of them Developed (Classic Reprint).* Charleston, SC: Forgotten Books.

Stanovich, K. E. (1986) 'Matthew effects in reading: Some consequences of individual differences in the acquisition of literacy', *Reading Research Quarterly,* 21: 360–407.

Szasz, T. S. (1960) *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct.* New York, NY: Harper and Row.

The House of Commons Education and Skills Committee (2006) *Special Educational Needs: Third Report of Session 2005–06 (Vol. I)*. London: House of Commons Education and Skills Committee.

Timimi, S. (2004a) 'ADHD is best understood as a cultural construct', *British Journal of Psychiatry,* 184: 8–9.

Timimi, S. (2004b) 'A critique of the international consensus statement on ADHD', *Clinical Child and Family Psychology,* 7(1): 59–63.

UNESCO. (1994) *The Salamanca Statement and Framework for Action on Special Needs Education.* Paris: UNESCO.

UNESCO. (1997) *International Standard Classification of Education*. Paris: ISCED, UNESCO.

Warnock, M. (1978) *Special Education Needs: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. London: Her Majesty's Stationery Office.

Warnock, M. (2005) *Special Educational Needs: A New Look. Impact No. 11.* London: Philosophy of Education Society of Great Britain.

Winzer, M. (2005) 'International comparisons in EBD: Critical issues', in P. Clough, P. Garner, J. T. Pardeck and F. Yuen (eds), *Handbook of Emotional and Behavioural Difficulties*. London: Sage Publications. pp. 21–30.

World Health Organization. (2007) *International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY).* Geneva: WHO Press.

Zigmond, N. and Kloo, A. (2011) 'General and special education are (and should be) different', in J. M. Kauffman and D. P. Hallahan (eds), *Handbook of Special Education*. New York, NY: Routledge. pp. 160–172.