Emotional and Behavior Disorders

Chapter 7
Myth or Fact?

- Most children and youths with emotional and behavioral disorders escape the notice of people around them.
- Relatively few students with emotional or behavioral disorders have high intelligence; in fact, most have a low normal IQ.
- Research shows that a firmly structured and highly predictable environment is of greatest benefit for most students.
- Youngsters who exhibit shy, anxious behavior are more seriously impaired than those whose behavior is hyper-aggressive.

Definitions of Emotional and Behavioral Disorders

- **Emotional disturbance**-

  - **IDEA**: a condition exhibiting one or more of the following characteristics, displayed over a long period of time and to a marked degree that adversely affects a student’s educational performance.

Definitional problems

- Lack of precise definitions of mental health and normal behavior
- Differences among conceptual models
- Difficulties in measuring emotions and behavior
- Relationships between emotional or behavioral disorder and other disabilities
- Differences in the professionals who diagnose and serve children and youths

**IDEA Definition**

- A. An inability to learn that cannot be explained by intellectual, sensory, or other health factors
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- C. Inappropriate types of behavior or feelings under normal circumstances
- D. A general pervasive mood of unhappiness or depression
- E. A tendency to develop physical symptoms or fears associated with personal or school problems.

- The term includes children who are schizophrenic by not children who are socially maladjusted, unless they are emotionally disturbed.

**IDEA definition criticized**

- Ambiguity of the language (inappropriate types of behavior, satisfactory interpersonal relationships)
- Exclusion of children who are socially maladjusted but not emotionally disturbed
MHSEC Definition
(Mental Health and Special Education Coalition)
The term emotional or behavioral disorder means a disability that is:
1. Characterized by behavioral or emotional responses in school programs so different from appropriate age, cultural, or ethnic norms that the responses adversely affect educational performance, including academic, social, vocational, or personal skills;
2. More than a temporary, expected response to stressful events in the environment;
3. Consistently exhibited in 2 different settings, at least one of which is school-related; and
4. Is unresponsive to direct intervention applied in general education, or the condition of a child such that general education interventions would be insufficient.

- The term includes such a disability that co-exists with other disabilities.
- The term includes a schizophrenic disorder, affective disorder, anxiety disorder, affecting a child if the disorder affects educational performance as described in paragraph 1.

Coalition working hard to have proposed definition adopted by federal law
- It uses terminology reflecting current professional preferences and concern for minimizing stigma
- It includes both disorders of emotions and behavior and recognizes that they may occur either separately or in combination
- It is school-centered but acknowledges that disorders exhibited outside the school setting are also important
- It is sensitive to ethnic and cultural differences
- It does not include minor or transient problems or ordinary responses to stress
- It acknowledges the importance of prereferral interventions but does not require slavish implementation of them in extreme cases.
- It acknowledges that children and youths can have multiple disabilities
- It includes the full range of emotional or behavioral disorders of concern to mental health and special education professionals without arbitrary exclusions.
Classification-DSM-IV Conditions

- Anxiety disorder
  - Phobia
  - Generalized anxiety disorder
  - Panic disorder
  - Obsessive-compulsive disorder
  - Post-traumatic stress disorder

- Major depression: changes in
  - Emotional motivation
  - Physical well-being
  - thoughts

- Bipolar disorder
  - A.k.a. manic-depressive illness
  - Exaggerated mood swings

- Schizophrenia
  - Hallucinations
  - delusions

- Oppositional defiant disorder
  - Includes behaviors that are...
    - Negativistic
    - Hostile
    - Disobedient
    - Defiant

  Not result of willful defiance but neurologically based

- Conduct disorder
  - Same characteristics as ODD
  - Also includes acting out of feelings or impulses toward others destructively

- Eating disorders
  - Bulimia
  - Anorexia nervosa
Internalizing
- Exhibits sad affect, depression, and feelings of worthlessness
- Has auditory or visual hallucinations
- Cannot keep mind off certain thoughts, ideas, or situations
- Cannot keep self from engaging in repetitive and/or useless actions

Internalizing
- Suddenly cries, cries frequently, or displays totally unexpected and atypical affect for the situation
- Complains of severe headaches or other somatic problems (stomachaches, nausea, dizziness, vomiting) as a result of fear or anxiety
- Talks of killing self-reports suicidal thoughts and/or is preoccupied with death
- Shows decreased interest in activities which were previously of interest
- Is excessively teased, verbally or physically abused, neglected and/or avoided by peers

Internalizing
- Has severely restricted activity levels
- Shows signs of physical, emotional, and/or sexual abuse
- Exhibits other specific behaviors such as: withdrawal, avoidance of social interactions, and/or lack of personal care to an extent which prevents the development of maintenance or satisfactory personal relationships

Externalizing
- Displays recurring pattern of aggression toward objects or persons
- Argues excessively
- Forcely submits the submission of others through physical and/or verbal means
- Is noncompliant with reasonable requests
- Exhibits persistent pattern of tantrums

Externalizing
- Exhibits persistent patterns of lying, and/or stealing
- Frequently exhibits lack of self-control and acting out behaviors
- Exhibits other specific behavior(s) that intrude(s) upon other people, staff, self, or the physical environment to an extent which prevents the development or maintenance of satisfactory interpersonal relationships.

Potential Causes
- Biological
  - Genetic
    - Syndromes
    - Temperaments, behavior
- Biological insult
  - Teratogens
Potential causes

- Environmental
  - Living conditions
  - Family
  - School
  - Culture

  Child abuse

Academic achievement

- Low IQ or gifted
- Frequently off task
- Poor study and work skills
- General under-achievement and risk for general learning problems
  - Problems completing homework
  - 30-40% with learning disabilities

School adjustment

- Difficulty with socialization with peers
- Violence, withdrawal
- Without intervention = difficulties in adulthood

HS drug use statistics

- **Students w/BD**
  - 51% high use
  - 20% medium use
  - 28% low or negligible

- **Students w/o BD**
  - 14% high
  - 10% medium
  - 74% low or negligible

Language and Communication

- May have impaired language skills
- Educators need to view communicative intent of behaviors and then help individual seek alternatives

Severe emotional or behavioral disorders

- Complex treatment programs
- Often residential placement necessary
- Childhood schizophrenia
  - Peculiar speech
  - Disorders in ability to relate to others and environment
  - Mood swings, anxiety

Evaluation procedures under IDEA

- Projective tests: Psychological tests in which a student’s responses to various unstructured stimuli are examined for underlying feelings, attitudes, or traits
Evaluation procedures under IDEA
- Direct observations of target behaviors, noting
  - frequency,
  - duration,
  - Latency
  - Topography (shape of behavior)
  - Magnitude (intensity)

IDEA and discipline
- May not completely terminate right to FAPE
- Must make “manifestation determination”
  - The IEP was appropriate
  - Disability did not impair ability to understand impact and consequences
  - Disability did not impair ability to control behavior

- If behavior is a manifestation of a disability:
  - School may suspend or place in different setting for 10 days
  - Interim alternative educational setting for up to 45 days if student
    - Carries a weapon
    - Uses or sells drugs
    - Is likely to injure self or others

- School may report student to appropriate law enforcement authority but must include information on disability status

Educational considerations
- Conceptual models
  - Psychoeducational – blending psychodynamic (unconscious motivations) and behavioral theories in approaching education and management
  - Behavioral – focus on behavior itself and observable conditions and events causing it

Psychoeducational Model
Help child
- Understand that what he or she is doing is a problem
- Recognize his/her motivations
- Observe the consequences of his/her actions
- Plan alternative ways of responding to similar circumstances in future
Behavioral Model

- Two major assumptions
  - The essence of the problem is the behavior itself
  - Behavior is a function of environmental events

  Intervention consists of rearranging antecedent events and consequences to teach more adaptive behavior

Educational strategies

- Systematic, data based interventions
- Continuous assessment and monitoring
- Provision for practice of new skills
- Treatment matched to the problem
- Multicomponent treatment
- Programming for transfer and maintenance
- Commitment to sustained intervention

Early Intervention

- Definition and identification difficult
  - Developmental expectations limited
  - Wide variation of child rearing practices
  - Development rapid and uneven
  - Most severe are diagnosed more often

Young children at risk

- Early intervention, primary prevention would be optimum
- Often does not occur
  - Worry about labels and stigma
  - Optimism regarding child’s development
  - Lack of resources, skills to manage
  - Ignorance about the early signs