

DOMAIN I. FACTORS OTHER THAN DIRECT INSTRUCTION THAT INFLUENCE THE EDUCATION OF STUDENTS WITH BEHAVIORAL DISORDERS/EMOTIONAL DISTURBANCE

Skill 1.01 Basic concepts, including characteristics of students with behavioral disorders/emotional disturbance, such as psychological characteristics

Children with emotional handicaps/behavioral disorders and/or mental illness are not always easy to identify. It is, of course, easy to identify the acting-out child who is constantly fighting, who cannot stay on task for more than a few minutes, or who shouts obscenities when angry. It is not always easy to identify the child who internalizes his or her problems, on the other hand, or may appear to be the “model” student, but suffers from depression, shyness, or fears. Unless the problem becomes severe enough to impact school performance, the internalizing child may go for long periods without being identified or served.

Studies of children with behavioral and emotional disorders, share some general characteristics:

Lower Academic Performance: While it is true that some emotionally disturbed children have above average IQ scores, the majority are behind their peers in measures of intelligence and school achievement. Most score in the “slow learner” or “mildly mentally retarded” range on IQ tests, averaging about 90. Many have learning problems that exacerbate their acting out or “giving-up” behavior. As the child enters secondary school, the gap between her and “normal,” non-disabled peers widens until the child may be as many as 2 to 4 years behind in reading and/or math skills by high school. Children with severe degrees of impairment may be untestable.

Classroom Behaviors: The classroom behavior of children with emotional disorders can be highly disruptive to the classroom setting. They are defiant and noncompliant, and/or verbally disruptive. They do not follow directions and often do not complete assignments. In addition, they may often be out of their seat or running around the room, hitting, fighting, or disturbing their classmates, stealing or destroying property.

Aggressive Behaviors: Aggressive children often fight or instigate their peers to strike back at them. Aggressiveness may also take the form of vandalism or destruction of property. Aggressive children also engage in verbal abuse.

Withdrawn Behaviors: Children who manifest withdrawn behaviors may consistently act in an immature fashion or prefer younger children to play with. They may daydream or complain of being sick in order to “escape” to the Nurse’s office, cry or, cling to the teacher. They may ignore the attempts of others who desire to interact, or suffer from fears **or depression**.

Gender: Many more boys than girls are identified as having emotional and behavioral problems, especially hyperactivity and Attention Deficit Disorder, Autism, childhood psychosis and problems with undercontrol (aggression, socialized aggression). Girls, on the other hand, have more problems with overcontrol (i.e. withdrawal and phobias). Boys are much more prevalent than girls in problems with mental retardation and language and learning disabilities.

Age Characteristics: When children enter adolescence, girls tend to experience affective or emotional disorders such as anorexia, depression, bulimia, and anxiety at twice the rate of boys, which mirrors the adult prevalence pattern.

Family Characteristics: Having a child with an emotional or behavioral disorder does not automatically mean that the family is dysfunctional. However, there are family factors that create or contribute to the development of behavior disorders and emotional disturbance.

- Abuse and neglect
- Lack of appropriate supervision
- Lax, punitive, and/or lack of discipline
- High rates of negative types of interaction among family members
- Lack of parental concern and interest
- Negative adult role models
- Lack of proper health care and/or nutrition
- Disruption in the family

EMOTIONAL DISTURBANCES IN THE SPECIAL EDUCATION CLASSROOM

Although some emotional disturbances do not appear until late adolescence or adulthood, others begin in childhood. Severe emotional disturbances are often treated with medication and therapy. In addition, these students may receive services from the school social worker and are often receiving educational services in a special education program.

Several emotional disturbances that may be present in the special education classroom are outlined below. This is not by any means an all encompassing list, but reflects many disorders a typical Special Education Teacher may encounter throughout her career.

Anxiety Disorders-The National Institute of Mental Health divides this area of mental illness into five kinds: Generalized Anxiety Disorder, Obsessive-Compulsive Disorder (OCD), Panic Disorder, Post-Traumatic Stress Disorder (PTSD), and social phobia. Some individuals with anxiety disorders may also have ADHD.

Bipolar Disorder (Manic Depression)-The National Institute of Mental Health describes children and adolescents with bipolar disorder as having frequent and severe mood swings between mania and depression. Many individuals with bipolar disorder are suicidal.

Bipolar disorder is more common in children of individuals who are bipolar, but many bipolar individuals do not have parents who suffer from the illness. This mental illness can also be characterized by aggression and irritability.

Schizophrenia and psychotic behaviors: Children may have bizarre delusions, hallucinations, incoherent thoughts, and disconnected thinking. Schizophrenia typically manifests itself between the ages of 15 and 45, and the younger the onset, the more severe the disorder. These behaviors usually require intensive treatment beyond the scope of the regular classroom setting.

Autism: This behavior appears very early in childhood. It is associated with brain damage and severe language impairment. Six common features of autism are:

- Apparent sensory deficit –The child may appear not to see, hear, or react to a stimulus, then react in an extreme fashion to a seemingly insignificant stimulus.
- Severe affect isolation—The child does not respond to the usual signs of affection such as smiles and hugs.
- Self-stimulation – Stereotyped behavior takes the form of repeated or ritualistic actions that make no sense to others, such as hand flapping, rocking, staring at objects, humming the same sounds for hours at a time.
- Tantrums and self-injurious behavior (SIB) –Autistic children may bite themselves, pull their hair, bang their heads, or hit themselves. They can throw severe tantrums, and direct aggression and destructive behavior toward others.
- Echolalia—also known as “parrot talk.” The autistic child may repeat what is played on television, for example, or respond to others by repeating what was said to him. Alternatively, he may simply not speak at all.
- Severe deficits in behavior and self-care skills. Autistic children may behave like children much younger than themselves.

Skill 1.02 Affective characteristics (for example, social-emotional development, interpersonal skills)

Normality in child behavior is influenced by society's attitudes and cultural beliefs about what is normal for children (e.g., the motto for the Victorian era was "Children should be seen and not heard"). However, criteria for what is "normal" involves consideration of these questions:

- **Is the behavior age appropriate?** An occasional tantrum may be expected for a toddler, but is not typical for a high school student.
- **Is the behavior pathological in itself?** Drug or alcohol use would be harmful to children, regardless of how many engage in it.
- **How persistent is the problem?** A kindergarten student initially may be afraid to go to school. However, if the fear persisted into first or second grade, then the problem would be considered persistent.
- **How severe is the behavior?** Self-injurious, cruel, and extremely destructive behaviors would be examples of behaviors that require intervention.
- **How often does the behavior occur?** An occasional tantrum in a young child or a brief mood of depression in an adolescent would not be considered problematic. However, if the behaviors occur frequently, that behavior would not be characteristic of normal child development.
- **Do several problem behaviors occur as a group?** Clusters of behaviors, especially severe behaviors that occur together, may be indicative of a serious problem, such as schizophrenia.
- **Is the behavior sex-appropriate?** Cultural and societal attitudes towards gender change over time. While attitudes towards younger boys playing with dolls or girls preferring sports to dolls have relaxed, children eventually are expected as adults to conform to the expected behaviors for males and females.

Certain stages of child development have their own sets of problems, and it should be kept in mind that short-term undesirable behaviors can and will occur over these stages. Child development is also a continuum, and children may manifest these problem behaviors somewhat earlier or later than their peers.

About 15-20% of the school-aged population between 6 and 17 years old receive special education services.. The categories of learning disabilities and emotional disturbance are the most prevalent. Exceptional students are very much like their peers without disabilities. The main difference is that they have an intellectual, emotional, behavioral, or physical deficit that significantly interferes with their ability to benefit from education.

Students with emotional disorders may be uncooperative, selfish in dealing with others, unaware of what to do in social situations, or ignorant of the consequences of their actions. This may be a combination of lack of prior training, lack of opportunities to interact, and dysfunctional value systems and beliefs learned from their family.

Bower defines emotional disabilities as an inability to form satisfactory interpersonal relationships with others. Social skill deficits may compound academic problems because time spent engaged in negative encounters with others, or maladaptive behavior takes valuable time away from learning. Many children with behavior disorders display deficits in such areas as popularity with others, ability to adapt to changes and demands of different situations. Social skills instruction also included “survival skills” such as asking for assistance, communication skills, and problem solving.

Possible reasons for social skills deficits may be:

- lack of suitable role models (e.g. family members who constantly aggression to resolve conflicts)
- Lack of opportunity to observe and practice certain social skills (e.g. a young child who has not had much interaction with children may find it difficult to allow his peers to take turns in games)
- Lack of previous instruction in certain skills (e.g. a child who has never had to travel on public transportation will probably not know how to read schedules and ask for help in using public transportation)
- Cultural differences which may create conflicts but may not in themselves be maladaptive (i.e. differences in “personal space” boundaries between persons having a conversation)

Mercer and Mercer (1993) recommend five general teaching techniques to build positive self-concepts in students and can do much to eliminate the frustration, anxiety and resulting acting-out behaviors in children. These suggestions are:

- Incorporate learning activities that provide opportunities for success
- Establish goals and expectations
- Monitor progress and provide regular feedback
- Provide a positive and supportive learning environment
- Teach students to be independent learners

There are commercial programs to teach specific social skills, but the teacher can take advantage of opportunities throughout the day to teach social skills. Examples of such opportunities include:

- Teacher modeling of positive social behaviors throughout the day
- Reinforcing instances when students display positive behaviors
- Planning instances for students to practice social behaviors
- Assigning responsibilities to students
- Assisting students in identification of their strengths and in finding behaviors to be targeted for change
- Assist students in setting goals and in making plans to achieve those goals

Social and cultural acceptance of those with disabilities and their possible influence on classroom behavior

As cultures place varying value on education or on the role of genders, different views may be taken of individuals with disabilities, appropriate education, career goals, and the individual's role in society. The special educator must first become familiar with the cultural representations of her students and the community in which she teaches. As she demonstrates respect for the individual student's culture, she will build the rapport necessary to work with the student, family, and community to prepare him for future productive work, independence, and possible post-secondary education or training (IDEA 2004).

While society has "progressed," and many things are more acceptable today than they were yesterday, having a disability still carries a stigma. Historically, people with disabilities have been ostracized from their communities. Up until the 1970s, a large number of people with special needs were institutionalized at birth because their relatives either did not know what to do, they felt embarrassed to admit they had a child with a disability, or they gave in to the cultural peer pressure to put their "problem" away. Sometimes this meant hiding a child's disability, which may even have meant locking a child in a room in the house. Perhaps the worst viewpoint society had expressed up to the 1970s, and which still prevails today, is that the person with "special needs" is unable to contribute to society.

Today, American society has left the “must institutionalize” method for a “normalize” concept. Houses in local communities have been purchased for the purpose of providing supervision and/or nursing care that allows for people with disabilities to have “normal” social living arrangements.

Congress passed laws that have allowed those with disabilities to access public facilities.

American society has widened doorways, added special bathrooms, etc. The regular education classroom teacher is now learning to accept and teach students with special needs. America’s media today has provided education and frequent exposure of people with special needs. The concept of acceptance appears to be occurring for those with physically noticeable handicaps.

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But the appearance of those with special needs in media such as television and movies generally are those who rise above their “label” as disabled because of an extraordinary skill. Most people in the community are portrayed as accepting the “disabled” person when that special skill is noted. In addition, those who continue to express revulsion or prejudice towards the person with a disability often express remorse when the special skill is noted or if peer pressure becomes too intense. This portrayal often ignores those with learning and emotional disabilities who appear normal by appearance and who often feel and suffer from the prejudices.

The most significant group any individual faces is their peers. Pressure to appear normal and not “needy” in any area is still intense from early childhood to adulthood. During teen years, when young people are beginning to “express their individuality,” the very appearance of walking into a Special Education classroom often brings feelings of inadequacy and labeling by peers that the student is “special”. Being considered normal is the desire of all individuals with disabilities, regardless of the age or disability. People with disabilities today, as many years ago, still measure their successes by how their achievements mask/hide their disabilities.

The most difficult cultural/community outlook on those who are disabled comes in the adult work world where disabilities of persons can become highly evident, often causing those with special needs to have difficulty in finding work and keeping their jobs. This is a particularly difficult place for those who have not learned to self advocate or accommodate for their area(s) of special needs.

Skill 1.03 Adaptive/ maladaptive behavioral characteristics (for example, self-injurious behavior, eating disorders, substance abuse, aggression, social maladjustment, conduct disorders, delinquency)

CHARACTERISTICS OF STUDENTS WITH SOCIAL MALADJUSTMENT

A student with social maladjustment is one whose values and/or behaviors are in conflict with the school, home, or community (Brewton, Undated). Students with ordinary classroom behavior problems and social problems are not included in this category.

According to state and federal law, students with social maladjustment are ineligible for services in Emotional/Behavioral Disorders unless they have an emotional/behavioral disorder as well. Social maladjustment is not defined in the federal guidelines; however, this condition is considered independent of an emotionally based disability.

Youth who exhibit socially maladjusted behaviors are those who persistently refuse to meet what are considered minimum standards of conduct and whose behaviors and values are most often in conflict with society's standards. These students are disruptive and defy teachers. They intimidate and harass other students, and in general, refuse to respect the rights of others. They maintain a consistent pattern of aberrant and antisocial behavior without signs of guilt, remorse, or concern for the feelings of others. Their deviant behavior occurs largely from their tendency to place their own needs above those of others.

Though not in chronic distress, these students may demonstrate situational anxiety, depression, or agitation in response to certain isolated events, like when they are faced with serious consequences for their behavior. They are often motivated to continue their behavior by the approval they receive from a deviant group or gang. The immediate gratification of their behavior outweighs any consideration of long-term consequences. Typically, they are unable to benefit from previously experienced consequences, and lack of motivation to change.

Brewton's Social Maladjustment Checklist lists the following characteristics of these students:

1. Participates in activities of deviant clique or peer group.
2. Projects tough image.
3. Expresses feelings of being unfairly treated.
4. Blames others for difficulties
5. Avoids displays of emotional, vulnerability (denies soft, hurt or needful feelings).
6. Engages in early smoking.
7. Engages in early drinking.
8. Engages in substance abuse.
9. Displays precocious (early or excessive) sexual activity.
10. Shows poor frustration tolerance.
11. Shows little or no remorse for violating rules.
12. Exhibits temper outbursts when confronted with wrong-doing.
13. Exhibits reckless behavior, with frequent physical injuries.
14. Initiates fights.
15. Receives school suspensions.
16. Has experienced legal difficulties (delinquency).
17. Displays truancy
18. Has run away from home.
19. Lies.
20. Participates in acts of vandalism
21. Engages in theft.
22. Violates rules at home and at school.

Table 1-3 Existing Differences Between Severely Emotionally Disturbed and Socially Maladjusted

<i>Severely Emotionally Disturbed</i>	<i>Socially Maladjusted</i>
Self critical, unable to have fun seeking	Little remorse, pleasure
Fantasy, naive, gullible	Street-wise
Consistently poor dependent	More situationally dependent
Affective disorder	Character disorder
Hurts self or others as an end	Hurts others as a means to an end
Easily hurt	Acts tough; survivor
Tense; fearful	Appears relaxed; "cool"
Ignored or rejected	Accepted by socio-cultural group
Law-abiding, younger, no real friends	Bad companions, same age or older
Seen as unable to comply; inconsistent achievements, good attendance record, appreciates help	Seen as unwilling to comply, generally low achievement excessive absences, doesn't want help
Blames self	Blames others
Psychological	Sociological
Wants to trust, feels insecure	Dumb to trust others
Withdrawn, unhappy	Outgoing
Emotional support, likes structure, decrease in anxiety	dislikes structure, needs to increase anxiety
Overly complain	Non-complaint, hostile
Aware as problem exists	Denies problem
Inappropriate for age	Appropriate for age
Hyperactive; hypoactive	Normal, but acts out
Variable, labile	Relatively stable, even

Adapted from Clarizio, H.F., (1987). Differentiating emotionally impaired from socially maladjusted students. Psychology in the Schools, 24.