

# Lecture 6

**Book: Exceptional Children- An Introduction to Special Education**

## **Chapter 6 Emotional or Behavioral Disorders**

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### **Summary**

Federal Definition of Emotional Disturbance: IDEA defines emotional disturbance as:

- (i) A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:
  - (A) An inability to learn which cannot be explained by intellectual, sensory, and 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.
  
- (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Council for Children with Behavioral Disorders (CCBD) Definition of Emotional or Behavioral Disorder:

1. The term “emotional or behavioral disorder” means a disability that is characterized by emotional or behavioral 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; more than a temporary, expected response to stressful events in the environment; consistently exhibited in two different settings, at least one of which is school-related; and unresponsive to direct intervention in general education, or the condition of the child is such that general education interventions would be insufficient.
  
2. The term includes such a disability that co-exists with other disabilities.

3. The term includes a schizophrenic disorder, affective disorder, anxiety disorder, or other sustained disorder of conduct or adjustment, affecting a child if the disorder affects educational performance.

### **Characteristics:**

- Externalizing Behaviors: The most common behavior pattern of children with emotional or behavioral disorders consists of antisocial, or externalizing, behaviors. In the classroom, children with externalizing behaviors frequently do the following:
  - Get out of their seats
  - Yell, talk out, and curse
  - Disturb peers
  - Hit or fight
  - Ignore the teacher
  - Complain
  - Argue excessively
  - Steal
  - Lie
  - Do not comply with directions
  - Destroy property
  - Have temper tantrums

According to Rhode, Jenson, and Reavis (1998), “Noncompliance is simply defined as not following a direction within a reasonable amount of time. Most of the arguing, tantrums, fighting, or rule breaking is secondary to avoiding requests or required tasks” and antisocial, noncompliant children “can make our teaching lives miserable and single-handedly disrupt a classroom”. All children sometimes cry, disrupt others, and refuse to comply with requests of parents and teachers; but children with emotional or behavioral disorders do so with disturbing frequency. Also, their antisocial behavior often occurs with little or no apparent provocation.

Children who enter adolescence with a history of aggressive behavior stand a very good chance of dropping out of school, being arrested, abusing drugs and alcohol, having marginalized adult lives, and dying young (Lipsey & Derzon, 1998; Walker et al., 2005).

- Internalizing Behaviors: Some children with emotional or behavioral disorders exhibit internalizing behaviors. Although children who consistently act immaturely and withdrawn do not present the threat to others that antisocial children do, their behavior creates a serious impediment to their development. These children seldom play with others their own age. They lack the social skills needed to make friends and have fun, and they often retreat into daydreams and fantasies. Some are extremely fearful of certain things without reason (i.e., phobia), frequently complain of being sick or hurt, and go into deep bouts of depression (King, Heyne, & Ollendick, 2005; Maag & Swearer, 2005). The severe anxiety and mood disorders that some children experience not only cause pervasive impairments in their educational performance but also threaten their very

existence. Indeed, without identification and effective treatment, the extreme emotional disorders of some children can lead to self-inflicted injury or even death from substance abuse, starvation, or suicidal behavior.

- Academic Achievement: Studies of the academic achievement of students with emotional or behavioral disorders have reported outcomes such as the following;
  - Two-thirds cannot pass competency exams for their grade level.
  - They are more likely to receive grades of D and F than are students with other disabilities.
  - Achievement deficits tend to worsen as students grow older.
  - They have the highest absenteeism rate of any group of students.
  - Only one in three leaves high school with a diploma or certificate of completion, compared to 50% of all students with disabilities and 76% of all youth in the general population.
  - An alarming 60% drop out of high school.

The problem is further exacerbated when a student with emotional or behavioral disorders receives ineffective instruction from teachers who are unaware of the student's academic skills deficits or who cannot address the deficits. The student becomes frustrated, which leads to misbehavior in the form of avoidance and escape that in turn causes the student to fall yet further behind academically. Many students with emotional or behavioral disorders also have learning disabilities and/or language delays, which compound their difficulties in mastering academic skills and content.

- Intelligence: Whether children with emotional or behavioral disorders actually have any less real intelligence than do children without disabilities is difficult to say. It is almost certain that the disruptive behavior exhibited by a child with emotional or behavior disorders have interfered with past opportunities to learn many of the tasks included on the test. Rhode and colleagues (1998) estimate that the average student actively attends to the teacher and to assigned work approximately 85% of the time, but that students with behavior disorders are on task only about 60% or less of the time. This difference in on-task behavior can have a dramatic impact on learning.
- Social Skills and Interpersonal Relationships: Students with emotional or behavioral disorders are often rejected by peers and experience great difficulty in making and keeping friends. According to the findings of a study, (Schonert-Reichl, 1993), the students with behavioral disorders reported lower levels of empathy toward others, participation in fewer curricular activities, less frequent contacts with friends, and lower-quality relationships than were reported by their peers without disabilities.
- Juvenile Delinquency: Students with emotional or behavioral disorders are 13.3 times more likely to be arrested during their school careers than are students without disabilities (Doren, Bullis, & Benz, 1996a). More than one-third of students with emotional or behavioral disorders are arrested during their school years (Henderson & Bradley, 2004).

According to Office of Juvenile Justice and Delinquency Prevention, in 2008, U.S. law enforcement agencies made about 2.1 million arrests of people under the age of 18. About half of all juvenile delinquents are 'recidivists' (repeat offenders). A report of chronic offenders in Lane County, Oregon, found that 15% of juvenile offenders committed 64% of all new crimes by juveniles (Wagner, 2009). An encouraging finding from a longitudinal study of 1,354 serious adolescent offenders found that most youth who commit felonies greatly reduce their rate of offending over time (Mulvey, 2011). This study also found that longer stays in juvenile detention facilities do not reduce recidivism but that community-based supervision after release from detention is effective in reducing repeat offenses.

**Prevalence:** A review of 50 epidemiological studies of mental health problems in children found an average prevalence of 8.3% (Roberts, Attkisson, & Rosenblatt, 1998). Another review of 30 studies of behavior problems of preschoolers from low-income families found a mean prevalence of 30% (Qi & Kaiser, 2003). Credible studies indicate that from 3% to 6% of school-age children have emotional or behavioral problems that are sufficiently serious and persistent to warrant intervention (Kauffman & Landrum, 2009). Annual reports from the federal government, however, show that far fewer children are being served than the most conservative prevalence estimates. The 405,293 children ages 6 to 21 who received special education under the IDEA category of emotional disturbance during the 2009–2010 school years represented less than 1% of the school-age population (U.S. Department of Education, 2011).

- Gender: More than three-fourths of children identified for special education because of emotional or behavioral disorders are boys (Wagner et al., 2005). Boys identified as emotionally or behaviorally disordered are likely to have externalizing disorders in the form of antisocial, aggressive behaviors (Furlong, Morrison, & Jimerson, 2004). Although girls with emotional or behavioral disorders are more likely to show internalizing disorders such as anxiety and social withdrawal, research shows that girls have problems with aggression and antisocial behavior as well (Talbot & Thiede, 1999).
- Students in Juvenile Detention Facilities: A national survey of principals of juvenile corrections facilities found that 40% of all of committed youth were classified with a disability (Gagnon, Barber, Van Loan, & Leone, 2009). Another national study reported that nearly one half (47%) of imprisoned youth were classified with emotional disturbance (Quinn, Rutherford, Leone, Osher, & Poirier, 2005).

### **Causes:**

- Biological Factors: Many individuals who have brain disorders experience problems with emotion and behavior. Brain disorders are the result of either 'brain dysgenesis' (abnormal brain development) or 'brain injury' (caused by influences such as disease or trauma that alter the structure or function of a brain that had been developing normally up to that point).
- Genetics: Evidence indicates the presence of genetic links to some forms of emotional or behavioral disorders. The disorder with the strongest research support for a genetic risk factor is schizophrenia, a severe and debilitating form of mental illness characterized by auditory hallucinations (hearing voices), delusions, unfounded fears of persecution, and disordered speech. Relatives of schizophrenics have an increased risk of acquiring

schizophrenia that cannot be explained by environmental factors alone; and the closer the relation, the higher the probability of acquiring the condition (Pennington, 2002).

- **Temperament:** It is generally conceived to be a person's behavioral style or typical way of responding to situations. Because physiological differences or markers are associated with differences in infants' temperament, it is considered an inborn biological influence (Kagan & Snidman, 2004). Some research shows that an easy or positive temperament is correlated with resilience to stress (Smith & Prior, 1995) and that a difficult temperament at an early age increases the likelihood of behavior problems in adolescence (Caspi, Henry, McGee, Moffitt, & Silva, 1995). In one study, children with an inhibited temperament style characterized by withdrawing from novel situations, playing alone, and spending time on the periphery of social action in the second year of life were more likely to develop social phobias and symptoms of anxiety by age 13 (Schwartz, Snidman, & Kagan, 1999).

### **Environmental Factors:**

- **Home:** Observation and analysis of parent-child interaction patterns show that parents who treat their children with love, are sensitive to their children's needs, and provide praise and attention for desired behaviors tend to have children with positive behavioral characteristics. Decades of research show clearly that children with emotional or behavior problems are more likely to come from homes in which parents are inconsistent disciplinarians, use harsh and excessive punishment, spend little time engaged in prosocial activities with their children, do not monitor the whereabouts and activities of their children, and show little love and affection for good behavior. But the relationship between parent and child is dynamic and reciprocal; in other words, the behavior of the child affects the behavior of the parents just as much as the parents' actions affect the child's actions. Therefore, professionals must work with parents to help them systematically change certain aspects of the parent-child relationship in an effort to prevent and modify those problems.
- **School:** Educational practices that contribute to the development of emotional or behavioral problems in children include ineffective instruction that results in academic failure, unclear rules and expectations for appropriate behavior, inconsistent and punitive discipline practices, infrequent teacher praise and approval for academic and social behavior, and failure to individualize instruction to accommodate diverse learners.
- **Community:** Students who associate with peers who exhibit antisocial behavior are likely to experience trouble in the community and at school. Gang membership, drug and alcohol abuse, and deviant sexual behavior are community factors that contribute to the development and maintenance of an antisocial lifestyle.

### **Identification and Assessment:**

**Screening Tests:** Screening is the process of differentiating between children who are not likely to be disabled and those who either show signs of behavioral disturbance or seem to be at risk for developing behavior problems. Children identified through a screening process then undergo more thorough assessment to determine their eligibility for special education and their specific educational needs. Some of the screening tests are: Child Behavior Checklist, Behavioral and Emotional Rating Scales, Systematic Screening for Behavioral Disorders.

**Direct Observation and Measurement of Behavior:** In assessment by direct observation and measurement, the actual behaviors that cause concern about a child are clearly specified and observed in the settings in which they normally occur (e.g. in the classroom, on the playground). Behavior's measurable dimensions include frequency, duration, latency, topography, and magnitude.

**Functional Behavioral Assessment:** Functional behavioral assessment (FBA) is a systematic process for gathering information to understand why a student may be engaging in challenging behavior. School psychologists, special educators, and behavior analysts use this information to generate hypotheses about what the behavior's function, or purpose, is for the student. Two common functions of problem behavior are (a) to get something the student wants (positive reinforcement) (e.g., hitting other students produces attention from the teacher) and (b) to avoid or escape something the student doesn't want (negative reinforcement) (e.g., disruptive behavior when the teacher presents academic tasks results in task removal).

- **Indirect Functional Behavior Assessment:** The easiest and quickest form of FBA involves asking teachers, parents, and others who know the child well about the circumstances that typically surround the occurrence and nonoccurrence of the problem behavior and the reactions the behavior usually evokes from others. A number of instruments for conducting indirect FBA via structured interview, questionnaire, or checklist have been published.
- **Descriptive Functional Behavior Assessment:** Descriptive FBA entails direct observation of the problem behavior under naturally occurring conditions. Using a technique called ABC (Antecedent, nature of Behavior and Consequence) recording, an observer records a temporally sequenced account of each occurrence of the problem behavior(s) in context of the antecedent conditions and events and consequences for those behaviors as those events unfold in the student's natural environment.
- **Functional Analysis:** Functional behavioral assessment might also include a functional analysis, the experimental manipulation of several antecedent or consequent events surrounding the target behavior in an attempt to verify the hypothesized functions of the behavior (e.g. systematically varying the difficulty of academic tasks to test if the child's oppositional behavior is triggered by difficult tasks)

### **Educational approaches:**

- **Curriculum goals:** Students with externalizing problems should learn to control their antisocial behavior and that those with internalizing problems should learn to have fun and make friends. However, if programs serving children with emotional or behavioral disorders treat maladaptive behavior at the expense of academic instruction, students who already possess deficient academic skills fall even further behind their peers. Special education for students with emotional or behavioral disorders must include effective instruction in the personal, social, and academic skills required for success in school, community, and vocational settings.
- **Research-Based Instructional Practices:**

- 1) **School wide Positive Behavioral Support:** Traditionally, discipline in the schools has focused on the use of punishment in an effort to control the misbehavior of specific students. Not only are such strategies generally ineffective in achieving long-term reductions in problem behavior or increases in overall school safety (Morrison & D’Incau, 2000; Skiba, 2002), but they also do not teach students desired, prosocial behaviors. The development of school wide positive behavior support (SWPBS) represents a tremendous advance in achieving student discipline and establishing positive school climate procedures. SWPBS is not a particular method or model but a strategic framework made up of organizational systems and research-based, scientifically validated intervention practices for establishing a positive school culture, and teaching and supporting appropriate behaviors that enable the academic and social behavior success of all students.
- 2) **Self management:** Many children with emotional or behavioral disorders believe they have little control over their lives. Things just seem to happen to them, and being disruptive is their means of reacting to an inconsistent and frustrating world. These students can learn responsibility and achieve self-determination through **self management**—making responses to increase or decrease the future frequency of a target behavior one wishes to change. Self-management is also an important tool for promoting the generalization and maintenance of treatment gains from one setting to another. Of the many forms of self-management, self-monitoring and self-evaluation are the most widely used and most researched. **Self monitoring** is a relatively simple procedure in which a person observes his own behavior and records the occurrence or nonoccurrence of a specific target behavior. A person using **self-evaluation** compares his performance against a predetermined standard or goal. With both strategies, a self or teacher-delivered reward may be contingent upon meeting performance criteria.
- 3) **Proactive positive classroom management:** Proactive strategies include the following: structuring the physical environment of the classroom (e.g., have the most difficult students sit nearest the teacher); establishing clear rules and expectations for appropriate behavior planning lessons and managing transitions to minimize downtime; providing students with opportunities make choices; presenting instruction to students in ways that increase the probability of compliance; keeping students actively engaged during instruction; using praise and positive reinforcement to motivate desired behavior; and anticipating and addressing problem behaviors before they occur. In addition to the strategies already mentioned, teachers must know when and how to use a large set of behavior change tactics and tools such as shaping, contingency contracting, extinction (ignoring disruptive behavior), differential reinforcement of alternative or incompatible behavior, response cost (a loss of reinforcers as a consequence for misbehavior, like a fine), time-out (restricting a student’s access to reinforcement for a brief time following an inappropriate behavior), and over correction (requiring restitution beyond the damaging effects of the antisocial behavior) e.g. when a child who takes another child’s cookie must return it plus one of her own.
- 4) **Peer mediation and support:** Strategies for teaching peers to help one another replace inappropriate behavior with positive alternative behavior include the following:
  - **Peer monitoring.** A student is taught to observe and record a peer’s behavior and provide the peer with feedback.

- Positive peer reporting. Students are taught, encouraged, and reinforced for reporting each other's positive behaviors.
- Peer tutoring. In serving as academic or social skills tutors for one another, students with emotional or behavioral disorders may also learn better social skills.
- Peer support and confrontation. Peers are trained to acknowledge one another's positive behaviors, and when inappropriate behavior occurs or is about to occur, peers are trained to explain why the behavior is a problem and to suggest or model an appropriate alternative response.

**Fostering Strong Teacher–Student Relationships:** In addition to academic and behavior management skills, the teacher of children with emotional or behavioral disorders must establish healthy and positive child–teacher relationships. William Morse (1985), one of the pioneers in the education of children with emotional or behavioral disorders, identified two important affective characteristics necessary for teachers to relate effectively and positively to students with behavior problems. Morse called these traits differential acceptance and empathetic relationship. ‘Differential acceptance’ means the teacher can receive and witness frequent and often extreme acts of anger, hate, and aggression from children without responding similarly. This is much easier said than done. But the teacher of students with emotional or behavioral disorders must view disruptive behavior for what it is—behavior that reflects the student’s past frustrations and conflicts with himself and those around him—and try to help the child learn better ways of behaving. Acceptance should not be confused with approving or condoning antisocial behavior; the child must learn that he is responding inappropriately. Instead, this concept calls for understanding without condemning. Having an ‘empathetic relationship’ with a child refers to a teacher’s ability to recognize and understand the many nonverbal cues that often are the keys to understanding the individual needs of children with emotional or behavioral disorders. Teachers should communicate directly and honestly with behaviorally troubled children. Many of these children have already had experience with supposedly helpful adults who have not been honest with them. Children with emotional or behavioral disorders can quickly detect someone who is not genuinely interested in their welfare.

**Focus on Alterable Variables:** Special educators should focus their attention and efforts on those aspects of a student’s life that they can effectively control. Bloom (1980) used the term alterable variables to refer to things that both make a difference in student learning and can be affected by teaching practices. Alterable variables include key dimensions of curriculum and instruction such as the amount of time allocated for instruction; the sequence of activities within the overall lesson; the pacing of instruction; the frequency with which students actively respond during instruction; how and when students receive praise or other forms of reinforcement for their efforts; and the manner in which errors are corrected. The teachers who focus on the identification and systematic management of alterable variables are those most likely to make a difference in the lives of children with emotional or behavioral disorders.

**Educational Placement Alternatives:** While supporting the education of students with emotional or behavioral disorders in the general education classroom when their individual needs can be met, the Council for children with behavior disorders (CCBD) does not believe that the general



education classroom is the most appropriate placement for all students with emotional and behavioral disorders. CCBD supports a full continuum of mental health and special education services for children and youth with emotional or behavioral disorders. We believe that educational decisions depend on individual student needs. Consequently, CCBD does not support the notion that all students with emotional or behavioral disorders are always best served in general education classrooms. Meticulous planning, coordination, and support needed are often unavailable to make inclusion effective. When an IEP team makes the decision to place a student with emotional or behavioral disorders in a general education classroom or to transition a student from a more restrictive setting to the general education classroom, it is imperative that the student and the general education teacher be prepared before and supported after the placement. Preparation includes identifying the social and academic expectations in the general education classroom, assessing the student's current social and academic skills against those expectations, teaching the student additional skills needed to meet those expectations, and in-service training for the teacher on special techniques of behavior management.