

Chapter 8: Learning with Emotional or Behavioral Disorders

Megan Lowe
Jaqui Mitchell
Kevin Hansen

General Definition of EBD

- Information found in *Exceptional Learners* text, Chapter 8
- It is important to note that no one has come up with a definition that all professionals understand and accept (p. 204)
- There is a general agreement that emotional or behavioral disorder refers to the following:

Behavior that goes to an **extreme** – not just slightly different from the usual

A problem that is **chronic** – one that does not quickly disappear

Behavior that is **unacceptable** because of social or cultural expectations (p. 205)

Federal Definition of EBD

- Information found in *Exceptional Learners* text, Chapter 8
- **Emotionally disturbed** means a condition exhibiting one or more of the following over a long period of time and to a marked extent, which adversely affects educational performance:
 - Inability to learn that cannot be explained by intellectual, sensory, or health factors
 - Inability to build or maintain satisfactory relationships with peers and teachers
 - Inappropriate types of behavior or feelings under normal circumstances
 - General pervasive mood of unhappiness or depression, OR
 - Tendency to develop physical symptoms or fears associated with personal or school problems (p. 205)
- It is important to note that this definition has been greatly questioned due to its use of “educational performance” and “exclusion of children who are socially maladjusted but not emotionally disturbed” (p. 205)
- Because of these issues, an alternative definition has been provided (p. 205-206)

Alternative to the Federal Definition of EBD

- Information found in *Exceptional Learners* text, Chapter 8
- Alternative definition comes from the National Mental Health and Special Education Coalition (p. 205)

- **Emotional or behavioral disorders** means a disability characterized by behavioral or emotional responses in school so different from appropriate age, cultural, or ethnic norms that they adversely affect educational performance (p. 205)
 - Educational performance includes academic, social, vocational, and personal skills (p. 206)
 - Such a disability:
 - Is more than a temporary, expected response to stressful events
 - Is consistently exhibited in two different settings, at least one of which is school related, AND
 - Is responsive to direct intervention in general education, or the child's condition is such that general education interventions would be insufficient (p. 206)
- Emotional or behavioral disorders can co-exist with other disabilities (p. 206)
- Can include children with schizophrenia, affective disorders, anxiety disorder, or other sustained disorders of conduct or adjustment when they adversely affect educational performance (p. 206)
- Several advantages to this alternative definition, some of which are:
 - Includes both disorders of emotions and behavior, and it recognizes that they may occur either separately or in combination
 - School-centered, but acknowledges that disorders exhibited outside of school are also important (p. 206)

Minnesota State Definition of EBD

- Information found on website for Minnesota Office of the Revisor of Statutes
 - <https://www.revisor.mn.gov/rules/?id=3525.1329>
 - **Emotional or behavioral disorders** means an established pattern of one or more of the following responses:
 - Withdrawal or anxiety, depression, problems with mood, or feelings of self-worth
 - Disordered thought processes with unusual behavior patterns or atypical communication styles, OR
 - Aggression, hyperactivity, or impulsivity
 - The established pattern of emotional or behavioral responses must:
 - Adversely affect educational or developmental performance including intrapersonal, academic, vocational, or social skills
 - Be significantly different from appropriate age, cultural, or ethnic norms, AND
 - Be more than temporary, expected responses to stressful events in the environment

- The emotional or behavioral responses must be consistently exhibited in at least three different settings, two of which must be educational settings, and one other setting in either the home, childcare, or community
- The responses must not be primarily the result of intellectual, sensory, or acute or chronic physical health conditions
- To qualify for Special Education services, the child must meet the following criteria:
 - Must demonstrate an established pattern of emotional or behavioral responses that is described in at least one of the following sub-items and which represents a significant difference from peers, and must not be the result of cultural factors and must be based on evaluation data which may include a diagnosis of mental disorder by a licensed mental health professional:
 - Withdrawn or anxious behaviors, pervasive unhappiness, depression, or severe problems with mood or feelings of self-worth defined by behaviors
 - Examples: isolating self from peers, displaying intense fears or school refusal, overly perfectionistic, failing to express emotion, displaying a pervasive sad disposition, developing physical symptoms related to worry or stress, changes in eating or sleeping patterns
 - Disordered thought processes manifested by unusual behavior patterns, atypical communication styles, or distorted interpersonal relationships
 - Examples: reality distortion beyond normal developmental fantasy, inappropriate laughter or language, self-mutilation, developmentally inappropriate sexual acting out or self-stimulation, ritualistic patterning, perseveration or obsession with specific objects, overly affectionate behavior towards unfamiliar persons, or hallucinating or delusions of grandeur, OR
 - Aggressive, hyperactive, or impulsive behaviors that are developmentally inappropriate
 - Examples: physically or verbally abusive behaviors, impulsive or destructive behaviors, or behaviors that are threatening to others or excessively antagonistic
 - Pattern of emotional or behavioral responses adversely affects educational performance and results in:
 - An ability to demonstrate satisfactory social competence that is significantly different from appropriate age, cultural, or ethnic norms, OR

- A pattern of unsatisfactory educational progress that is not primarily a result of intellectual, sensory, physical health, cultural, or linguistic factors; illegal chemical use; autism spectrum disorders; or inconsistent educational programming
- The combined results of prior documented interventions and the evaluation data for the pupil must establish significant impairments in one or more of the following areas: intrapersonal, academic, vocational, or social skills. The data must document that the impairment:
 - Severely interferes with the pupil's or other students' educational performance
 - Is consistently exhibited by occurrences in at least three different settings: two educational settings, one of which is the classroom, and one other setting in either the home, childcare, or community; or for children not yet enrolled in kindergarten, the emotional or behavioral responses must be consistently exhibited in at least one setting in the home, childcare, or community, AND
 - Has been occurring throughout a minimum of six months, or results from the well-documented, sudden onset of a serious mental health disorder diagnosed by a licensed mental health professional
- Evaluation findings must be supported by current or existing data from:
 - Clinically significant scores on standardized, nationally normed behavior rating scales
 - Individually administered, standardized, nationally normed tests of intellectual ability and academic achievement
 - Three systematic observations in the classroom or other learning environment
 - Record review
 - Interviews with parent, pupil, and teacher
 - Health history review procedures
 - A mental health screening, AND
 - Functional behavioral assessment

Studies show that 6 – 10% of children and youth of school age exhibit serious and persistent emotional/behavioral problems. Yet 1% of schoolchildren are identified as emotionally disturbed for special education purposes.

Causes of Emotional or Behavioral disorders to four major factors

- **Biological disorders and diseases;**

Behavior and emotions are typically influenced by genetic, neurological, or biochemical factors. Most all children are born with a biologically determined behavioral style, or temperament.

- **Pathological family relationships**

Parents are not to blame when it comes to their children's emotional or behavioral disorders. One thing that we must keep in mind is to not blame or criticize parents but rather to support them

- **Undesirable experiences at school**

School environments can either better or worsen a child's behavior. But as a teacher it best to not assume blame for disordered behavior to which they are not contributing, but it's equally important that teachers eliminate whatever contributions they might be making to their student's misconduct.

- **Negative cultural influences**

Many adults communicate values and behavioral standards to children through a variety of cultural conditions, demands, prohibitions, and models. More specifically; violence through the media, use of terror means of coercion, availability of recreational drugs and drug abuse, the standards for sexual conduct, religious demands and restrictions on behavior and peers are a very important source or cultural influence.

Identifications

Externalizing problems attract immediate attention, so identification is seldom a real problem

Internalizing problems might be less obvious, but they aren't difficult to recognize.

Alert

Some children's emotional or behavioral disorders are undetected because teachers aren't sensitive to the children's problems or because these children don't stand out sharply from other children. Cultural bias can work either way, leading educators to wrongly identify some children or fail to identify others. Even sensitive and unbiased teachers sometimes make errors of judgment.

Intelligence and Achievement

Students with emotional and Behavioral disorders have an IQ in the dull-normal range (90) and few score above the bright-normal range. Compared to "normal" students, more children with emotional or behavioral disorders fall into the ranges of slow learner and mild intellectual disability.

Social and Emotional Characteristics

Aggressive, Acting-Out Behavior (Externalizing)

Aggression/Acting Out is a learned behavior according to researchers. Aggression is encouraged by external rewards (social status, power, suffering of the victim, obtaining desired items), vicarious rewards (seeing others obtain desirable consequences for their aggression), and self-reinforcement (self-congratulation or enhancement of self-image).

Alert

It's not easy teaching an aggressive child to be less aggressive, however the major technique used is showing a child example of nonaggressive responses to aggression-provoking circumstances, helping the child rehearse or role play nonaggressive behavior and providing reinforcement for nonaggressive behaviors.

Immature, Withdrawn Behavior and Depression (Internalizing)

A child whose behavior fits a pattern of extreme immaturity and withdrawal or depression cannot develop the close and satisfying human relationships that characterize normal development. Social Learning analysis attributes withdrawal and immaturity to an inadequate environment. Factors include over restrictive parental discipline, punishment for appropriate social responses, reward for isolated behaviors, lack of opportunity to learn and practice social skills, and models of inappropriate behavior. Children who are immature or withdrawn can be taught the skills they lack by arranging opportunities for them to learn and practice appropriate responses, showing models engaging in appropriate behavior, and providing rewards for improved behavior. Mental health workers and special educators have recently begun to realize that depression is a widespread serious problem among children and adolescent. Indicators are disturbances of mood or feelings, inability to think or concentrate lack of motivation, and decreased physical well-being.

There are few children who exhibit Comorbidity- the co-occurrence of two or more conditions simultaneously.

“Juvenile delinquency and the antisocial behavior known as conduct disorder present particular problems in estimating prevalence. Disabling conditions of various kinds are more common among juvenile delinquents than among the general population. The social and economic costs of delinquency and antisocial behavior are very high. These students are at high risk for school failure as well as other negative outcomes.”

Educational Considerations for Students with EBD

- Students with EBD have typically high dropout rates and low graduation rates.
- Ethnic minorities and poor students are disproportionately represented in populations of students with EBD.

- There is no clear consensus for educating students with EBD, however many models have been proposed. It is generally agreed that all effective strategies will:
 - Control misbehavior
 - Effective methods focus involve students in self-control to a high degree
 - Teach students academic skills and necessary social skills
 - Must be built upon a foundation of controlled disruptions, and functional environment
 - Social skills and affective experiences are as crucial as academic skills
- The classroom has an important role in the management of behavior, however other school services (e.g. counseling, therapy, special education resources) should combine to offer an integrated approach to these disorders.

EBD Management Strategies

- Systematic, data-based interventions: interventions tested and proven by widespread testing and reliable research data.
- Continuous assessment and monitoring of progress: regular, *daily* if possible, assessment of progress and work. Future planning should be based upon this feedback.
- Provision for practice of new skills: integration of social skill application into skill instruction. Independent work to be avoided when possible, incorporate modeling and rehearsal with peers.
- Treatment matched to the problem: designing programs, assessments and interventions to meet the need of the individual. Individual must be contextualized with varying cultural, familial, and clinical circumstances. There is no general formula.
- Multicomponent treatment: multiple interventions may be needed to address multiple needs or deficiencies.
- Programming for transfer and maintenance: interventions are designed to apply to new situations, as well as outside of the classroom.
- Commitment to sustained intervention: designing strategies with the realization that EBD can be development disabilities without the possibility of a total “cure.”

Other Resources

PACER Center: “Does My Child Have an Emotional or Behavioral Disorder?”

This article acts as an overview for parents to initial evaluate their own children; it is also a valuable resource for educators for general information on a diagnosis, cultural considerations, and assessment resources.

Midwest Symposium for Leadership in Behavior Disorders

This is an excellent resource for handouts and forms. Learning aids are provided that teach impulse control and consequence, as well as tools for effective positive reinforcement of desired behaviors.

Teacher Vision: “Classroom Management Strategies”

This site offers practical advice and techniques for coping with behavioral distractions. There are specific techniques tailored to many different behavioral issues.

Intervention Central: “Behavioral Interventions”

Tips and challenges for teachers designed to inspire motivation in students. Practical tips and ideas for better keeping track of student behavior and disciplinary actions.

Teaching Expertise: “Helping Children with Emotional and Behavioral Difficulties”

Offers support strategies for educators, also provides additional problem-behaviors to watch for in students.