EMOTIONAL AND BEHAVIORAL DISORDERS

Terminology

Federal rules and regulations uses the term emotionally disturbed in IDEA. Some states and localities have started to interpret social maladjustment as conduct disorder – aggressive, disruptive, antisocial behavior. The National Mental Health and Special Education Coalition proposed an alternative definition than what is used in IDEA that uses the term emotional or behavioral disorder.

There is 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

Researchers have identified two broad, pervasive dimensions of disordered behavior:
- **Externalizing behaviors** involves striking out against others with aggression
- **Internalizing behaviors** involves mental or emotional conflicts, such as depression and anxiety

Prevalence

*Exceptional Learners* cites that credible studies in the United States and many other countries have consistently indicated that at least 6% to 10% of children and youths of school age exhibit serious and persistent emotional/behavioral problems (Kauffman & Landrum, 2009b; Landrum, 2011). However, less than 1% of schoolchildren in the United States are identified as emotionally disturbed for special education purposes (U.S. Department of Education, 2008).

The National Alliance on Mental Illness (NAMI) reports that about one in 10 children live with a serious mental or emotional disorder and one-half of children with a diagnosable mental disorder receive mental health services in a given year (Surgeon General, 1999).

According to the American Foundation for Suicide Prevention, suicide is the 6th leading cause of death among those 5 to 14 years old and the 3rd leading cause of death among those 15 to 24 years old. 90% of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death (National Center for Health Statistics, 2009).

Causes

In most cases, emotional and behavioral disorders are not attributed to just one cause, but a multitude of factors in various combinations.

- **Biological factors** consist of genetic, neurological and biochemical influences.
- **Family factors** could be an abusive or unsafe home environment or pathological family relationships. However, these issues don’t always cause emotional or behavioral problems within an individual.
- **School factors** include bullying and negative and difficult interactions with teachers, students and administration.
- **Cultural factors** are influenced from social environments and the media.

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TYPES

Anxiety disorders are the most common of emotional disorders, affecting more than 25 million Americans. Types of anxiety disorders include panic disorder, phobias, posttraumatic stress disorder, obsessive-compulsive disorder and generalized anxiety disorder. Symptoms may include:

- Overwhelming feelings of panic and fear
- Uncontrollable obsessive thoughts
- Painful, intrusive memories
- Recurring nightmares
- Physical symptoms such as feeling sick to your stomach, “butterflies” in your stomach, heart pounding, startling easily, and muscle tension

Anxiety disorders differ from normal feelings of nervousness. Untreated anxiety disorders can push people into avoiding situations that trigger or worsen their symptoms. People with anxiety disorders are likely to suffer from depression, and they also may abuse alcohol and other drugs in an effort to gain relief from their symptoms. Job performance, school work, and personal relationships can also suffer.

Bipolar disorder, also commonly known as manic depression, is a brain disorder that causes shifts in a person’s mood, energy, and ability to function. It causes dramatic mood swings—from high and feeling on top of the world, or uncomfortably irritable and ‘revved up’, to sad and hopeless, often with periods of normal moods in between. The periods of highs and lows are called episodes of mania and depression. The symptoms of bipolar disorder can result in damaged relationships, difficulty in working or going to school, and even suicide.

Conduct disorder is one of the most frequently seen mental disorders in adolescents. Children with conduct disorder exhibit behavior that shows a persistent disregard for the norms and rules of society. Because the symptoms are closely tied to socially unacceptable or violent behavior, many people confuse this illness with either juvenile delinquency or the turmoil of the teen years. However, young people with conduct disorder often have underlying problems that have been missed or ignored, such as attention deficit disorder, depression, epilepsy or a history of head and facial injuries. Children who have demonstrated at least three of the following behaviors over six months should be evaluated for possible conduct disorder:

- Stealing
- Breaking into homes, offices, or cars
- Constantly lying
- Deliberately setting fires
- Destroying others’ property
- Skipping school
- Displaying physical cruelty to animals or humans
- Forcing others into sexual activity
- Often starting fights
- Using weapons in fights

Appropriate treatment for conduct disorder is essential. Aimed at helping young people realize and understand the effect their behavior has on others, treatment includes behavior therapy and psychotherapy, in either individual or group sessions.
**EMOTIONAL AND BEHAVIORAL DISORDERS**

**Depression** is a serious medical illness that negatively affects how you feel, the way you think and how you act. Depression has a variety of symptoms, but the most common are a deep feeling of sadness or a marked loss of interest or pleasure in activities. Other symptoms include:

- Changes in appetite that result in weight losses or gains unrelated to dieting
- Insomnia or oversleeping
- Loss of energy or increased fatigue
- Restlessness or irritability
- Feelings of worthlessness or inappropriate guilt
- Difficulty thinking, concentrating, or making decisions
- Thoughts of death or suicide or attempts at suicide

Depression is common. It’s important to note that depression can strike at any time, but on average, first appears during the late teens. It is also important to note that depression is not the same as sadness. It is normal for feelings of sadness or grief to develop in response to stressful situations. Those experiencing trying times often might describe themselves as being “depressed.” But while feelings of sadness will lessen with time, the disorder of depression can continue for months, even years. Patients who have experienced depression note differences between normal sadness and the disabling weight of clinical depression. Seasonal Affective Disorder is a type of depressive disorder.

**Eating disorders** are illnesses in which the victims suffer severe disturbances in their eating behaviors and related thoughts and emotions. Those suffering from eating disorders typically become obsessed with food and their body weight as well. Eating disorders affect some several million people at any given time, most often women between the ages of 12 and 35. There are two main types of eating disorders, anorexia nervosa and bulimia nervosa; a third disorder, binge eating disorder, is still being examined.

**Schizophrenia**, a type of psychiatric disorder, is a chronic brain disorder that affects more than one percent of the population. When schizophrenia is active, symptoms can include delusions, hallucinations, trouble with thinking and concentration, and lack of motivation. Symptoms usually first appear in early adulthood. As with any illness, the severity, duration, and frequency of symptoms can vary; however, in persons with schizophrenia, the incidence of severe psychotic symptoms often decreases during a patient’s lifetime. Not taking medications, use of alcohol or illicit drugs, and stressful situations tend to increase symptoms. When these symptoms are treated properly, a large portion of those diagnosed will greatly improve over time.

Source: American Psychiatric Association website, www.psychiatry.org
REQUIREMENTS FOR STUDENTS DIAGNOSED WITH EMOTIONAL OR BEHAVIORAL DISORDERS

**MD (manifestation determination)**
Deciding whether or not misbehavior should be attributed to a student’s disability. This issue can be controversial, as the standards of manifestation determination are not always entirely objective. Individual teachers’ experiences and observations hold considerable weight, and not all teachers are trained to work effectively with students diagnosed with emotional and behavioral disorders (EBD).

**FBA (functional behavioral assessment)**
FBA is a required part of an IEP for those who have been diagnosed with an EBD. It is a system that assists teachers in determining what behaviors account for a student’s misconduct. It also provides the teachers with an alternative approach that can be implemented in the classroom to curb such misconduct. Typically, an FBA is created for a student who is facing difficulty in the classroom, and is administered by an IEP team. More information on FBA procedures is available at: http://cecp.air.org/fba/default.asp

**BIP (behavioral intervention plan)**
The emphasis is on creating proactive and positive interventions to avoid punishment in the first place. Non-punitive approaches are outlined in IEPs for behaviors that directly result from a students’ disability.

**PBIS (positive behavioral intervention and support)**
PBIS depends on evidence-based practices that effectively reduce problem behaviors. This approach integrates valued outcomes, the science of human behavior, validated procedures and system changes to enhance quality of life.

**IAES (interim alternative educational setting)**
IDEA requires that IAESs are available for all students in public education. They are typically self-contained classrooms or schools designed to meet the needs of EBD students who are incapable of functioning in an integrated setting. They are encouraged to be alternatives to meet student needs, not punishments.

* IAES are available within the Minneapolis Public School District and more information can be found at: http://schoolchoice.mpls.k12.mn.us/Additional_Special_Education_Services173.html

CO-TEACHING AND TEACHER STRATEGIES

Classroom Strategies for Teachers with Students with Emotional or Behavior Disorders

Without effective means of controlling externalized disruptive behavior, it is unlikely that academic or social learning will occur. Teachers of students with Emotional or Behavior Disorders must have effective control strategies, preferably involving the student as much as possible in self-control.

- **Systematic, data based interventions**
  Interventions are applied systematically & consistently & are based on reliable research.

- **Continuous assessment & progress monitoring**
  Teachers conduct direct, daily assessment of performance, with planning based on monitoring.

- **Practice of new skills**
  Skills are not taught in isolation but are applied directly in everyday situations through modeling, rehearsal, & guided practice.

- **Treatment matched to problems**
  Interventions are designed to meet the needs of individual students & their particular life circumstances & are not general formulas that ignore the nature, complexity, cultural context, and severity of the problem.

- **Multicomponent treatment**
  Teachers and other professionals use as many different interventions as are necessary to meet the multiple needs of students (e.g., social skills training, academic remediation, medication, counseling or psychotherapy, & family treatment or parenting training).

- **Programming for transfer and maintenance**
  Interventions promote transfer of learning to new situations; quick fixes nearly always fail to produce generalized change.

- **Sustained Intervention**
  Many emotional or behavioral disorders are developmental disabilities and will not likely be cured but demand life-long support.

Co-Teaching Strategies:

**Step 1:** Define the behavior operationally. Each teacher provides feedback to the others to pinpoint exactly what the student is doing or not doing in class.

**Step 2:** Conduct a Functional Behavior Assessment (FBA). Having multiple teachers working on this will allow more formal & informal observation. They can analyze the data together to prepare for step 3.

**Step 3:** Develop a hypothesis about why the student engages in the behavior.

**Step 4:** Target a replacement behavior; what do the teachers want the student to do instead of their current behavior. Using the skills the student has and doesn’t have develop a teaching scheme for the new behavior.

**Step 5:** Both teachers work together to teach this new behavior, reinforce it in the classroom, & verify that it is achieving the desired goals.

**Step 6:** Modify the environment enough that the previous inappropriate behavior doesn’t result in the same outcome. This can be very difficult so, teamwork among teachers is essential.

*These strategy steps are focused more towards behavior issues in elementary education, but they can be varied & applied to emotional & secondary education. Working with other teachers, or counselors is essential when handling these situations.*

CO-TEACHING AND TEACHER STRATEGIES

Additional Teaching Strategies for Students with Emotional and Behavioral Disorders

- Make rules and routines positive, concrete, and functional, relating them to the accomplishments of learning and order in the classroom.

- Design rules and routines to anticipate potential classroom problems and to manage these situations. For example, teachers may want students to raise their hands when they need help rather than calling out or leaving their seats to locate the teacher.

- Establish classroom rules and routines, and continue to provide opportunities for students with emotional and behavioral differences to practice them until they have mastered them.

- Associate rules and routines with simple signals that tell students when they are to carry out or stop specific activities and behaviors.

- Monitor how students with emotional or behavioral differences follow rules and routines, rewarding students for appropriate behaviors.

- Foster a climate of cooperation and caring. Reinforce acts of kindness in your classroom and communicate values of cooperation and tolerance. Praise students when you observe them resolving a conflict peacefully.

- Mediate student disputes and teach conflict resolution skills. Empower the “silent majority” to take appropriate action to end any instances of “bullying”. Coach students in how to respond to teasing or bullying and be sure to supervise unstructured activities closely.

- Provide the student with emotional or behavioral differences with a “cooling-off” area.

- Recognize good behavior and find positive ways to satisfy the student’s need for attention.

- Decide whether to ignore or respond to particular behaviors. Redirect attention when necessary.

- Talk with the student privately when disruptions occur to seek his cooperation. Consider a private signal to let the student know when his/her behavior is “out of bounds”.

Source: Virginia Commonwealth University, http://www.people.vcu.edu/~bhammel/special/types/emotion_disorder.htm
EBD RESOURCE LIST

• MN State Laws/Statutes/Rules:
  https://www.revisor.mn.gov/topics/?type=statute&id=S3852380&year=2011

• MN Department of Education:

• National Alliance on Mental Illness (NAMI): http://www.nami.org/
  - Understanding Mental Illness in Children
    National Alliance on Mental Illness (NAMI) and TPT special to air in late August.
    For air times and more information: http://www.namihelps.org/blogs/understanding-mental-illness-in-children-to-air-on-public-tv.html
  - Hope for Recovery training through NAMI for new teachers.

• American Psychiatric Association – DSM (Diagnostic and Statistical Manual of Mental Disorders)
  http://www.psych.org/practice/dsm

• American Academy of Child and Adolescent Psychiatry: http://www.aacap.org/cs/resource.centers

• Substance Abuse and Mental Health Services Association (SAMHSA): http://www.samhsa.gov

• The American Psychiatric Foundation, recognizing the important role adults can have in a teen's life, established the “Typical or Troubled?” school education program to encourage and equip adults (such as parents and teachers) who closely interact with teens to notice the warning signs of mental health problems and refer teens to help in addressing these issues.
  http://www.psychfoundation.org/GrantAndAwards/Grants/TypicalorTroubled.aspx

• Find Youth Info is the U.S. government Web site that helps you create, maintain, and strengthen effective youth programs. http://findyouthinfo.gov

• The Bully Project is a collaborative effort that brings together partner organizations that share a commitment to ending bullying and ultimately transforming society.
  Film/Website Information: http://thebullyproject.com

• Bully-Proofing Series, the Garrity research from page 216 in Exceptional Learners on approaches to reducing bullying in schools. Materials are available from Sopris at http://www.soprislearning.com.

• University of Minnesota Healthy Generations newsletter from the School of Public Health, the following issues contain articles on children and teenagers and mental health issues.
  - December 2009 issue – Early Childhood Mental Health
  - December 2007 issue – Disaster Mental Health
  - October 2004 issue – Mental Health of CYSHCN