Emotional Disturbance

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George Albee in a 1968 address before the National Association for Mental Health discussed the mental health needs of the American population and especially of children and adolescents. The model favored by Albee to meet these needs was an educational model. The proposed educational model employed three components to provide needed services: a new class of professionals more like school teachers than psychologists, a new type of service delivery more like a school than like a clinic, and interventions more like rehabilitation than like therapy. An approach similar to what Albee suggested is special education for seriously emotionally disturbed children and adolescents mandated by P.L. 94-142 in 1975.

Seriously emotionally disturbed (SED) for special education purposes is defined as a condition affecting learning, interpersonal relations, behavior, and feelings. The condition must be exhibited over a long period of time and to a marked degree while adversely affecting educational performance and cannot be explainable by intellectual, sensory, or other health factors. There have been three major issues related to the official definition. One was the inclusion of autistic children who were later excluded. Second, is the exclusion of socially maladjusted children from service unless they otherwise meet the definition for SED. This exclusion continues to be an issue. Finally, there has been much debate about the label. Many states and professional groups have adopted the label Emotional/Behavior Disorder (EBD) as both more descriptive and inclusive.

Recently (2001), the school-age population of the U.S. and its territories was 50,223,669 of which 473,663 were classified as EBD. This suggests a prevalence of .94%

based on identification for services. Research based estimates, using the SED definition, for the actual prevalence of EBD range as high as 10%, which suggest that EBD students are grossly under-identified and under-served. Students classified as EBD comprise about 8% of the students in special education.

There are two major types of classification systems, qualitative and quantitative. The qualitative approach to classification has a clinical basis. One example of such a system is the Diagnostic and Statistical Manual IV-TR developed by the American Psychiatric Association. The quantitative approach bases categories on statistical procedures that identify behaviors that occur together and form a distinct pattern. One example of such a system is the Child Behavior Profile developed by Thomas Achenbach and Craig Edelbrock.

This writer employs the following two categories in teaching about EBD:

Conduct Problems: Under-socialized aggressive children who are characterized by fighting, disruption, argumentativeness, destructiveness, selfishness, and defiance due to insufficient socialization, which may be exacerbated by temperament. Socialized aggressive children (a.k.a. socialized delinquents or socially maladjusted). The problems seen in this group are similar to those given for the under-socialized aggressive. What distinguishes this group is that problem behaviors usually represent adaptive behavior that takes place in a group context. Problems are due to deviant socialization that often takes place in a deviant peer group. Hyperactive children who have problems associated with high activity level and inadequate focus of attention, which are probably related to deficient arousal levels in the neocortex. Some of the problems typically seen include: restlessness, non-purposeful motor activity, and impulsiveness.

Emotional Problems: Children with affect-based problems are often characterized by anxiety and avoidance behavior. These behaviors are believed to be due mostly to the interaction of biological predisposition, such as temperament with experience. Problems typically seen include: fearfulness, phobic avoidance, social withdrawal, depression, compulsiveness, hypersensitivity, self-consciousness, and secretiveness.

One important question about EBD is, where does this behavior come from? There are three major influences on all behavior. First, there are biological influences that occur before birth such as genetically transmitted predispositions like temperament. There are also influences that occur during or after birth such as disease (e.g., encephalitis) or brain damage caused by birth complications (e.g., anoxia). These influences are often thought to contribute to the development of behavioral disorders but not to directly cause them. Second, there are environmental influences such as culture, including ethnicity and social class. Home influences such as marital discord, adequacy of parenting skills, parental mental health and the influence of siblings also influence the development of behavior. School likewise plays an important role in the development of behavior through teacher expectations, differential treatment of students by teachers and school success or failure. Peers contribute to the socialization of sexual attitudes, sexual behavior, aggression, moral standards, and emotional expression. Third, there is the influence of self-agency or volitional choices made to achieve consistency between behavior and personal values and goals.

When looking at the types of problems observed in students with EBD, this writer classifies most problems into one of three domains. These domains are: academic learning, social behavior, and emotional behavior. There are two basic approaches that

can be taken to programming for problems in each domain. Reactive approaches are best suited to dealing with immediate presenting problems. These are problems that need to be addressed as they occur. Proactive approaches are more developmental in nature and are best suited to preventing future problems. They usually have little immediate impact on current presenting problems.

For the academic domain a highly recommended reactive approach is direct instruction or precision teaching. The reactive approach recommended for social behavior is behavior modification based on operant learning theory. The reactive approach recommended for the emotional domain is behavior therapy based on respondent learning theory. For the longer term and with prevention in mind, a recommended proactive approach for the academic domain is learning strategies or study skills. Proactive programming in the social domain includes social skills instruction and character development activities. The recommended proactive strategy for the emotional domain is Rational Emotive Education.

Suggested Reading

Center, D. (1999). Strategies for Social and Emotional Behavior: A Teacher's Guide. Norcross, GA: XanEdu. A text written for EXC 7160 at Georgia State University that is a revision of the 1989 text cited below. Available at http://www.davidcenter.com

Center, D. (1989). Curriculum and Teaching Strategies for Students with Behavioral Disorders. Englewood Cliffs, NJ: Prentice Hall.

Kauffman, J. (2001). Characteristics of Emotional and Behavioral Disorders of Children (7th ed.). Upper Saddle River, NJ: Merrill / Prentice Hall.

Kearney, C. (1999). Casebook in Child Behavior Disorders. Belmont, CA: Brooks/Cole Wadsworth.