

Emotional and Behavioral Disorder



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What is EBD?

- Behavior is different than generally accepted norms
- Brain receives/process information differently
- Commonly connected to childhood & adolescence
- Characteristics: antisocial, aggressive, disruptive, poor concentration, poor social skills/relationships
- Categorical disorder with a multitude of different aspects involved
- Each disorder can affect a student's learning differently (mood disorder vs OCD)
- Federal government doesn't recognize some aspects (ticks, mood-disorders)
- Categorized: External, Internal & Low Instance

Why is this important to teachers? Affects a student's learning and/or the learning of their peers

Who has EBD?

- 1% of students in public schools in the USA receive special education under EBD category (U.S. Department of Education, 2005).
 - Learning disability > EBD = mislabeled/ignored
 - No standardized test other than teacher's observations and records
 - LD & EBD can often overlap
 - Externalized are more noticeable as an "issue"
 - Most commonly unemployed of individuals with disabilities
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Profile Student

Francis is a bright, athletic 9 year old Caucasian male in the public school system. He does not have an IEP, but has been diagnosed with ADHD and been sent to the County Grounds for a week stay at the children's mental health complex to assist with his aggressive and physical outbursts towards others and himself. He often has suicidal thoughts, and was given Ritalin to help medicate his behavior. He comes from an economically disadvantaged single-family household where the father is absent and other family members such as grandma, grandpa and uncle provide additional living support with the mom works nights as a waitress.

In the classroom setting, Francis sits at his desk, shakes his legs and is often inattentive to the teacher and daydreams frequently during instruction or when others are taking. When Francis cannot figure out a problem or does not understand what is going on, his frustration levels increase dramatically compared to his peers and he easily gives up. He often does not ask for help and can shut down completely if the task is difficult. Francis' physical tendencies are to tense up his whole body and slam his desk with his fists, clenches his teeth, or yell out obscenities. Francis is competitive during recess or other activities. He can handle not always winning, but it takes an emotional toll as he prides himself on his athletic ability.

At home, Francis will get physically abusive with his older and younger siblings. He would throw chairs at them in anger or use a baseball bat as a weapon. Francis will harm himself or others by biting. He often cries when the outbursts happen and verbal thoughts of suicide will occur. The family has a difficult time trying to calm Francis down and often does not know what to do.

Overall, Francis loves sports. He enjoys going to baseball games with his mother, younger brother and older sister and staying late after the game to get autographs from the Milwaukee Brewers. He is also apart of the Cub Scouts where his mother is also the den leader. Francis enjoys traveling to Wisconsin Dells and likes to ride in the car and look at scenery.

Internal

Characteristics can include:

- Withdrawn, depressed
- Painful shyness
- Teased & ignored by others
- Eating disorders (anorexic, bulimic)
- Socially withdrawn
- Suicidal
- Has unfounded fears and phobias which result in panic
- Excessive worries

What should teachers know?

- Closely observe medication side-effects or behavioral changes
- Assist with medical treatments if necessary
- Reinforce behavioral interventions in classroom



Teacher Intervention

1. Academic Instruction

- Consequence to change behavior
- Communication with student
- Correcting environmental factors

2. Psychopharmacology

More Teacher Intervention

- Learn more about the specific disability
 - Be aware of student's strengths
 - Remember that they are kids
 - Encourage cooperative learning
 - Join IEP meetings frequently
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External

- Externalizing behaviors are the overwhelming defining characteristic of EBD that most people are familiar with.
 - Some typical examples are
 - Hyperactivity
 - High level of irritating behavior that is impulsive and distractible
 - Persistent aggression
 - Linked to ADHD as many people with EBD have ADHD
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External Behavior Examples

- Violates basic rights of others
 - Violates societal norms or rules
 - Has tantrums
 - Steals; causes property loss or damage
 - Is hostile or defiant; argues
 - Ignores teacher's reprimands
 - Demonstrates obsessive/compulsive behaviors
 - Causes or threatens physical harm to people or animals
 - Uses lewd or obscene gestures
 - Is hyperactive
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Aggression (External cont.)

- Aggressive outward actions toward objects, others, or self.
 - DSM- IV-TR does not define aggression
 - Does refer to it under Conduct Disorder and Oppositional Defiant Disorder
 - Can occur at different times and at varying degrees. (varies case to case)
 - Can lead to involvement with the criminal justice system.
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Worrisome Statistics

“30 to 50 percent of youth in correctional facilities are individuals with disabilities (IDEA Practices, 2002). In this group, learning disabilities and emotional or behavioral disorders are about equally represented (45 and 42 percent, respectively).”

Low-Instances

Psychosis

- Psychosis is a generic psychiatric term.

Schizophrenia

- Schizophrenia is a group of severe brain disorders in which people interpret reality abnormally.
- One would have hallucinations, delusions, irrational behavior and thinking; and problems carrying out routine daily tasks.
- 1% of adults 18 and over are diagnosed or 1 in 100

Childhood Schizophrenia

- Same as adult but are present at younger ages
 - 1 in 40,000
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What's the Difference?

Psychosis is a sign or symptom where schizophrenia is an illness.

or....

It is like the difference between having a fever or flu. Flu is the illness, while the fever is a sign. Fever, as with psychosis, can be a sign which is present in other illnesses.

Learning/Behavioral Difficulties

As children with schizophrenia age, more typical signs and symptoms of the disorder begin to appear, including:

- Seeing or hearing things that don't exist (hallucinations), especially voices
 - Having beliefs not based on reality (delusions)
 - Lack of emotion
 - Emotions inappropriate for the situation
 - Social withdrawal
 - Poor school performance
 - Decreased ability to practice self-care
 - Strange eating rituals
 - Incoherent speech
 - Illogical thinking
 - Agitation
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Accommodations/Modifications

Accommodations (changes are made in how the student learns)

- Have the student use a graphic organizer to help organize thoughts for all subject matters.
- Establish routines.
- Introduce mnemonic devices to the student.
 - Please Excuse My Dear Aunt Sally
 - ROY G BIV

Modifications (change to what the student is expected to learn or tested)

- Have students work on easier tasks that reduce frustration levels
 - Have the student meet a certain percentage of content being taught
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Other Strategies

- Reduce stress by going slowly when introducing new situations.
 - Help students set realistic goals for academic achievement.
 - Encourage other students to be kind and to extend their friendship.
 - Establish regular meetings with the family for feedback on health and progress.
 - Know your student and use what interests them as motivation to learn.
 - Make the classroom a safe environment for students.
 - Have an area that the student can go if they need to “calm down”.
 - Don't give more worksheets that will increase frustration level, but more one on one time for instruction.
 - Focus on what they can, and not what they cannot do would reduce undesired outburst of behavior.
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