

A STEP-BY-STEP GUIDE FOR EDUCATORS

Classroom Management for Students With Emotional and Behavioral Disorders

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Step I

Review Your Knowledge of Students With Emotional and/or Behavioral Disorders

Definition of Emotional Disturbance

Our nation's federal law in special education is the Individuals With Disabilities Education Improvement Act of 2004 (Individuals with Disabilities Act [IDEA], 2004). Under IDEA 2004, an emotional disturbance is defined 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 a child's educational performance:
 - (a) An inability to learn that cannot be explained by intellectual, sensory, or 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. . . . (IDEA, 2004)

Causes of Emotional and Behavioral Disorders

The causes of emotional and behavioral disorders have not been adequately determined. However, research suggests that emotional disturbances are caused by a combination of biological, psychological, and environmental factors.

Imbalance of Neurotransmitters

Some types of mental illnesses have been linked to an abnormal balance of special chemicals in the brain called neurotransmitters. A neurotransmitter is a chemical that helps transmit nerve impulses through the nervous system. The body uses many different neurotransmitters, and these can have an adverse affect on the individual's mental state (Kirk, Gallagher, & Anastasiow, 2003). For example, the neurotransmitter chemicals norepinephrine, serotonin, acetylcholine, dopamine, and gamma-aminobutyric acid seem to be lower in some depressed people or higher in nondepressed people (Harper, 2003). If these chemicals are out of balance or are not working properly, messages may not make it through the brain correctly, leading to symptoms of mental illness.

Genetics (Heredity)

Many mental illnesses run in families, suggesting that people who have a family member with a mental illness are more susceptible (have a greater likelihood of being affected) to developing a mental illness. Susceptibility is passed on in families through genes. Experts believe many mental illnesses are linked to abnormalities in many genes, not just one (Kauffman, 2005). That is why a person can inherit a susceptibility to a mental illness but not necessarily develop

the illness. Mental illness itself occurs from the interaction of multiple genes and other factors such as stress, abuse, or a traumatic event that can influence, or trigger, an illness in a person who has an inherited susceptibility to it (Jensen, 2005).

Infections

Certain infections have been linked to brain damage and the development of mental illness or the worsening of its symptoms. For example, a condition known as pediatric autoimmune neuropsychiatric disorder associated with the *Streptococcus* bacterium has been linked to the development of obsessive-compulsive disorder and other mental illnesses in children (Cleveland Clinic Department of Psychiatry and Psychology, 2005).

Brain Defects or Injury

Defects in or injury to certain areas of the brain have been linked to some mental illnesses (Jensen, 2005; Kauffman, 2005).

Prenatal Damage

Some evidence suggests that a disruption of early fetal brain development or trauma that occurs at the time of birth—for example, loss of oxygen to the brain—may be a factor in the development of certain conditions such as autism (Cleveland Clinic Department of Psychiatry and Psychology, 2005; Kauffman, 2005).

Other Factors

Poor nutrition and exposure to toxins, such as lead, may play a role in the development of mental illnesses (Jensen, 2005; Kauffman, 2005).

Psychological Factors That May Result in Mental Illness

A number of psychological factors may contribute to an emotional or behavioral disorder (Gargiulo, 2004; Hallahan & Kauffman, 2006; Jensen, 2005; Kauffman, 2005):

- Dysfunctional family life
- Early loss of an important person, such as the loss of a parent
- Educational failure
- Emotional, physical, or educational neglect

- Feelings of inadequacy, low self-esteem, anxiety, anger, or loneliness
- High levels of stress
- Poor relations with peers and adults
- Substance abuse
- Trauma experienced as a child, such as emotional, physical, or sexual abuse

Prevalence of Emotional Disturbance

According to the *Twenty-Sixth Annual Report* (U.S. Department of Education, 2004), 482,597 students between 6 and 21 years of age were identified as having emotional disturbances. This represents slightly more than 8 percent of all students having a classification in special education, or less than 1 percent of all school-age students.

Age of Onset of Emotional and Behavioral Disorders

There is relatively little emotional disturbance reported in the early grades, with a sharp increase and peak during the middle grades and a decline in prevalence beginning in middle school and continuing through high school (U.S. Department of Education, 2004).

Gender Features of Emotional and Behavioral Disorders

Males are significantly more likely than females to fall within each major disability group. The largest disparity is within the category of emotional disturbance, where boys comprise some 80 percent of the population. Among the general population of students in Grades 1 to 8, there are more boys with emotional disturbance (7 percent of all boys in special education are classified as emotionally disturbed) than girls (4 percent of all girls in special education are so classified). Sources document that boys outnumber girls about five to one (Hallahan & Kauffman, 2006; Hardman, Drew, & Egan, 2005; Heward, 2006; Turnbull, Turnbull, Shank, & Smith, 2004).