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Teaching the Emotionally Disturbed: Solutions in Programming

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Abstract

This paper explores the challenges and components of creating quality educational programming for students with emotional and behavioral disorders (EBD) in the United States. A quality program includes: a student profile, environmental management, behavior management, individualization, academics, and career/life skills for transition. Planning and implementing these components can create a common language, integrated efforts, and better student outcomes.

It is a challenge to create quality educational programming for students with emotional and behavioral disorders (EBD) in the United States, but quality programming can integrate instructional efforts, produce maxim student gains, and establish a common language for teachers. In the United States 65% of students with emotional disturbances dropped out of high school before earning a diploma (USDOE, 2007), a clearly unacceptable occurrence. Public education attempts to create an environment where students with EBD can learn, not feel threatened, and discover how to be productive, functioning members of society, while still being educated alongside their same-aged peers. Special education teachers have recognized the diversity of type, frequency, severity, and onset of EBD, and there are many issues impacting educational services and programs for students with EBD in the United States. Issues of state interpretation of regulations, teacher preparation, traditional high school inclusion models, lack of adequate materials and methods, the increasing incidence of EBD, and the delivery of services are all contributors. Students with EBD are more likely than students in any other defined disability category to: have low grades and low grade point averages, fail classes, fail minimum competency exams, be retained, have high levels of absenteeism, be served in restrictive settings, have more encounters with the juvenile justice system, and fail to graduate from high school (Frey & George-Nichols, 2003; Quinn, Kavale, Mathur, Rutherford & Forness, 1999).

Defining Disability

To be identified as having an emotional disturbance in the United States, a student must be diagnosed with a condition from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994) by a psychologist or psychiatrist and have:

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:

- an inability to learn which cannot be explained by intellectual, sensory, or health factors

- an inability to build or maintain satisfactory interpersonal relationships with peers and teachers

- inappropriate types of behavior or feelings under normal circumstances

- a general pervasive mood of unhappiness or depression

- a tendency to develop physical symptoms of fears associated with personal or school problems

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance. (Gage & Berliner, 1998, p. 189)

The common childhood and adolescent conditions which qualify students for EBD services can be grouped into five main categories: (a) anxiety disorders (phobia, panic disorder, obsessive-compulsive disorder, eating disorder, and post-traumatic stress disorder); (b) mood disorders such as depression and bipolar disorders; (c) oppositional defiant disorder; (d) conduct disorders including aggressive harm to people or animals, nonaggressive conduct causing property loss or damage, deceitfulness or theft, and serious rule violations; and (e) schizophrenia (Turnbull, Turnbull, Shank, & Smith, 2004, pp. 134-137). Students identified with these disorders exhibit inappropriate and identifiable behavior patterns falling into one or both categories of internalizing and externalizing (see Figure 1) that teachers address in school.

These drastic concerns, dispiriting outcomes, and dramatic diagnoses make planning comprehensive programming extremely difficult but imperative. The driving force behind educational programming for students with special needs in the United States is the Individuals with Disabilities Education Act 2004 (IDEA) and teacher education programs who prepare both general and special education teachers. The law ensures services to children with disabilities and governs how special services are delivered to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

School-Wide Approaches

There are three main school-wide solutions to better outcomes for students with EBD not only in the United States but in any country. Universal Design for Learning (UDL) is a teaching concept that includes the development of educational curricula and materials that include potent supports for access and learning from the start. This approach follows the idea that special education is not so much focused on placement of students with their peers or in separate classrooms as it is access to the general education curriculum affecting environments of all learners (Pisha and Coyne as cited in Polloway et al., 2008; Schloss et al., 2007, p. 76). Differentiated Instruction has also been an established method to individualize a student's learning experience and include students with special needs in regular education classrooms. Differentiated Instruction involves changing the pace, level, or type of instruction in response to the learner. The goal is to design learning activities that support student preferences and strengths while targeting areas of weakness.

Response to Intervention (RTI) is another approach to improving outcomes for students with EBD. It is defined as a school-wide, step-by-step course of action using a tiered system of interventions for students with academic or behavioral concerns. This system involves high quality core instruction, high quality targeted supplemental instruction, and high quality intensive intervention. Although RTI assists schools in implementing inclusion,

it is also a method of determining if adequate changes in behaviors have been made. Yet, all of these school-wide approaches require specific program planning to be carried out with fidelity. Students with EBD require more than just an school-wide approach if their educational situation is to be changed.

Elements of Quality Programing

Quality programming is the bottom line; teachers need to be prepared to create quality programs for students with EBD and carry them out, but components of programs have not always been clearly defined. However, Neel, Cessna, Borock and Bechard (2003) offered a programming structure that, teachers in the field have found to be useful (Anderson, 2010). According to their work, a quality program for students with EBD should include the following components:

- student profile
- environmental management
- academics
- behavior management
- individualization and personalization
- affective education
- career/life skills transition

These components are not listed in order of implementation or importance; how each of these elements should be addressed according to the individual student, but none can be disregarded if the program is to be *quality*. Although each element is treated individually, together they form a cohesive whole that is responsive to students' needs.

Student Profile

The first step to a quality program is understanding the student through a detailed written description or profile. A teacher needs a good understanding of the student's

academic, emotional, behavioral and social functioning, and indeed, IDEA law dictates that a multi-faceted assessment guide programming. This would involve formal and informal testing measures, a review of student records, observations, behavior analysis, interviews with the student and parents, and information from any involved agencies. Specifically for students with EBD, a teacher should evaluate intrapersonal skills, coping skills (e.g. anger, conflict, depression, anxiety), frustration level, overall mood, problem solving skills, and understanding signs and triggers to emotions. In the area of behavior, issues such as on-task behavior, compliance with rules, compliance with directions/adults, and adjustment to change should be documented. Social aspects of peer relationships, friendship skills, conversational skills, and adult relationships should also be evaluated (Terras, 2010). Based on this comprehensive profile, focus is taken on building up areas of weakness and capitalizing on strengths.

Environmental Management

The second component of a quality program is *environmental management*. It answers the question: What will you do to create a positive school environment for your student? This can include physical utilization of space and resources, building a relationship, using humor (emotional climate), and communicating effectively. More is needed than to simply state that a teacher will talk to each student each day and give praise for effective communication, an expectation of all teachers with all students. Interventions need to be specific for each student. For example, if a student is described as defiant, how will the teacher effectively communicate with this student to prevent a power struggle? If a student does not trust people, how will you use effective communication to build this trust? Interventions need to be directly linked to what was stated in student description as an area of need.

Academics

The next component of a written quality program, academics, involves capitalizing on students' strengths and making the curriculum more interest-based. It also involves making accommodations to *how instruction is delivered* and *how learning is assessed*. Interventions should be provided for each area of academic need identified in the student description. According to IDEA law, these should involve scientifically-based interventions and strategies. Engaging and effective instruction is a critical element of the academic component and the basis of an RTI approach. Frustration and boredom in a classroom can lead to behavior problems, so it is particularly important to address academic needs for students with EBD.

Individualization and Personalization

Quality programing also involves the fourth component of *individuation and personalization* based a student's specific disorder(s) for which they have been diagnosed. Since IDEA law requires a medical diagnosis by a medical professional to be qualified as EBD, quality programing should include interventions that are disability-specific and address the internalizing and/or externalizing behaviors a student exhibits (see Figure 1). If a student has been diagnosed with depression, part of program planning should involve how to bring the student out of depression and how to deal with depression in the school setting. There should be at least three different interventions selected for each disorder. The *Emotional or Behavior Disorder Rating Scale and the accompanying Intervention Manual* are excellent resources for pinpointing interventions that would benefit students.

Internalizing Behaviors	Externalizing Behaviors
actions that demonstrate inhibition and include a number of observable, inappropriate behaviors	**manifest themselves outwardly, often in forms of aggression, impulsivity, and noncompliance and tend to be readily recognized**
• exhibiting sad affect, depression, and feelings of worthlessness	• displays recurring pattern of aggression toward objects or persons
• auditory or visual hallucinations	• argues excessively
• cannot keep mind on certain thoughts, ideas, or situations	• forces the submission of others through physical and/or verbal means

• cannot keep self from engaging in repetitive and/or useless actions	• noncompliant with reasonable requests
• suddenly cries, cries frequently, or displays totally unexpected and atypical affect for the situation	• persistent pattern of tantrums
• complains of severe headaches or other somatic problems (stomach aches, nausea, dizziness, vomiting) as a result of fear or anxiety	• persistent pattern of lying and/or stealing
• talks of killing, self-reports suicidal thoughts, and/or is preoccupied with death	• frequently exhibits lack of self-control and acting-out behaviors
• decreased interest in activities that were previously of interest	• other specific behavior(s) that intrude(s) upon other people, staff, self, or the physical environment to an extent that prevents the development or maintenance of satisfactory interpersonal relationships.
• excessively teased, verbally abused, neglected, and/or avoided by peers	
• severely restricted activity levels	
• signs of physical, emotional, and/or sexual abuse	
• specific behaviors such as withdrawal, avoidance of social interactions, and/or lack of personal care to an extent that prevents the development or maintenance of satisfactory personal relationships	

Figure 1. Internalizing and externalizing behaviors of students with EBD (Turnbull et al., 2004, p. 139)

Behavior Management

The fifth component, *behavior management*, focuses on supervision instead of control of individual students, classrooms, and schools so students can take responsibility for their own behaviors. Establishing clear rules and routines and being consistent are essential for managing the behaviors of students with EBD. However, behavior management also involves strategies to prevent, deescalate and manage emotional crisis when it does occur. A teacher should consider what reinforcement system could be used to encourage the display of appropriate behavior. This system should include specific criteria as to *how* the student will earn reinforcers. It is not enough to simply state that reinforcers will be used. Also, if a

student demonstrates severe behaviors, how will s/he be disciplined? In regard to discipline (punishment), it is imperative to include how the student will *learn* from the situation because punishment is not simply about being punitive.

Affective Education

The sixth element, *affective education*, addresses the specific social skills, expectations, and action plans for a student, as well as how will they be taught. Broader than simply social skills, affective education involves understand one's own and others' feelings, self-awareness, identification and expression of appropriate feelings, intra and interpersonal skills, metacognition, goal setting and the generalization and maintenance of skills. Affective curricula can involve numerous sub-skills: self-management; problem solving and decision making; communication; attitudes and values about self, others, and tasks; self-health; relationships; and school/community (Elias et al., 1997 p. 4). Often these topics are addressed through "teachable moments" instead of formally.

Career/Life Skills Transitions

The last component, career/life skills transition includes activities and experiences to equip student with knowledge and skills beneficial for a successful transition to adult life. Connecting what is taught in the classroom to real-life makes learning relevant and applicable. At age 16, IDEA law dictates planning for students in all disability areas be driven by their post-school goals. For younger students stress can be placed on current and near-future situations, then on future goals, and finally on more formal vocational instruction.

Implementation and Conclusions

Implementing quality EBD programs yields a number of benefits. It can integrate instructional efforts, produce maxim student gains, and establish a common language. There is no right or wrong order of implementation of these components, nor do they offer specific tools teachers must use. There is professional freedom and responsibility in having consistent

yet flexible guidelines for addressing quality programming for students with emotional and/or behavioral disorders. In a time when more and more students are struggling emotionally and more and more teachers are dealing with behaviors, comprehensive quality programming can be an effective solution to this contemporary educational problem.

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