Emotional and Behavioral Disorders in Children and Intervention

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Abstract: *Children and adolescents with an emotional disturbance should receive services based on their individual needs, and everyone involved in their education or care needs to be well-informed about the care that they are receiving. It's important to coordinate services between home, school, and community, keeping the communication channels open between all parties involved. The study aims at the diagnosis of children with emotional and behavioral disorders and suggests some interventions like social skill training and music therapy for facilitating them. These interventions works at the level of cognitive, social and behavioral, speech and motor skill.*

Keywords: *Emotional and Behavioral Disorders, Social Skills, Music Therapy*

I. INTRODUCTION

Childhood is generally regarded as a carefree time of life, many children and adolescents experience emotional difficulties growing up. Identifying an emotional or behavioral disorder is difficult for many reasons. For instance, it cannot be stated with certainty that something "goes wrong" in the brain, causing a child to act in a particular way. Contrary to early psychiatric theories, it is impossible to conclude that a mother or father did something wrong early in a child's life, causing an emotional or behavioral disorder. The question of who or what is responsible for a child's problems has given way to an understanding that the combinations of factors affecting development – biological, environmental, psychological - are almost limitless. Children's behaviors exist on a continuum, and there is no specific line that separates troubling behavior from a serious emotional problem. Rather, a problem can range from mild to serious. A child is said to have a specific "diagnosis" or "disorder" when his or her behaviors occur frequently and are severe. A diagnosis represents a "best guess" based on a child's behaviors that he or she has a specific mental health disorder and not just a problem that all children might have from time to time. There have been many recent advances in understanding the emotional problems of children and adolescents. As technologies are developed to study the central nervous system and the relationships between brain chemistry and behavior, the research is providing new understanding of how and why some children develop emotional disorders.

Definitions

The IDEA definition requires that interventions should be offered to students if they meet one or more of the following identifiers and that this adversely affects educational performance has existed for a long period of time and to a marked degree:

- An inability to learn which cannot be explained by intellectual, sensory, and 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; or
- A tendency to develop physical symptoms or fears associated with personal or school problems **(Heward, 2009, p. 214).**

In 1992, a definition of emotional or behavioral disorder (EBD) was proposed by the National Mental Health and Special Education Coalitio **(Forness and Knitzer, 1992)**. The definition reads as follows:

(i) The term emotional or behavioral disorder means a disability characterized by behavioral or emotional responses in school programs so different from appropriate age, cultural, or ethnic norm that the responses adversely affect educational performance, including academic, social, vocational, and personal skills. Such a disability

- Is more than a temporary, expected response to stressful events in the environment?
- Is consistently exhibited in two different settings, at least one of which is school-related; and
- Is unresponsive to direct intervention in general education, or the child's condition is such that general education interventions would be insufficient.

(ii) Emotional and behavioral disorders can co-exist with other disabilities.

(iii) This category may include children or youth with schizophrenic disorders, affective disorder, anxiety disorder, or other sustained disorders of conduct or adjustment where they adversely affect educational performance.

Identification of EBD

Three factors are often considered when determining if a child is disturbed: intensity, pattern, and duration of behavior.

- Intensity refers to the severity of the child's problem. How does it get in the way of the child's (or society's) goals? How much does it draw attention from others? For obvious reasons, this factor is the easiest to identify.
- Pattern refers to the times when the problems occur. Do problems only occur during the school day? Only during math class? At bedtime? Answers to these questions may yield very helpful diagnostic and remediation information.
- Duration refers to the length of time the child's problem has been present. For example, some school districts require 3-month duration before they suggest that a child has an emotional or behavioral problem.

Characteristics

As is evident in IDEA's definition, emotional disturbances can affect an individual in areas beyond the emotional. Depending on the specific mental disorder involved, a person's physical, social, or cognitive skills may also be affected. The National Alliance on Mental Illness (NAMI) puts this very well: Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Some of the characteristics and behaviors seen in children who have an emotional disturbance include:

- Hyperactivity (short attention span, impulsiveness)
- Aggression or self-injurious behavior (acting out, fighting)
- Withdrawal (not interacting socially with others, excessive fear or anxiety)
- Immaturity (inappropriate crying, temper tantrums, poor coping skills)
- Learning difficulties (academically performing below grade level)
- Serious emotional disturbances (exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings)

Many children who do not have emotional disturbance may display some of these same behaviors at various times during their development. However, when children have an emotional disturbance, these behaviors continue over long periods of time. Their behavior signals that they are not coping with their environment or peers.

Contributing Factors for Emotional and Behavioral Disorders

- **Biological factors:** Certain biological conditions have been associated with emotional disturbance and behavioral problems, as there appear to be genetic links to depression and schizophrenia, as well as to nutritional deficits, certain physical illnesses and injuries, and some neurological conditions.
- **Family factors:** The environment in which children live can either help or hurt healthy development, just as a child's behavior may have both negative and positive influences upon other family members. Certain elements, too, within a child's family may increase his or her risk for developing emotional disturbance or behavioral problems. (Physical abuse, child neglect, sexual abuse, and emotional maltreatment have all been associated with "troubling behaviors" in children.)
- **School factors:** Generally, students with emotional disturbance and behavioral problems tend to "underachieve," in school. Learning problems put them at a disadvantage in any school environment, particularly since many of these students have not developed adequate social skills by the time they enter school, and poor social skills may result in social rejection by both peers and teachers. This rejection leads to further disinterest in school and even greater underachievement and failure.
- **Community factors:** Children are often exposed to stressors within their communities. Exposure to crime and gang violence has often been linked to a tendency to behave in ways associated with emotional disturbance and behavioral problems.

Classification

The following examples of emotional and behavioral disorders are from the DSM-IV diagnostic criteria. This list is not comprehensive, but is included to give parents examples of emotional disorders affecting children and youth.

DSM IV DIAGNOSTIC LIST OF CLASSIFICATION OF EMOTIONAL & BEHAVIORAL DISORDERS	
GENERAL DISORDERS	**BIPOLAR DISORDER (MANIC DEPRESSIVE DISORDER)**
Adjustment Disorders	Major depressive disorder
Anxiety Disorders (i) Obsessive-Compulsive Disorder (OCD) (ii) Post-Traumatic Stress Disorder (PTSD)	Dysthymic
Selective Mutism (formerly called Elective-Mutism)	Autistic
Attention Deficit / Hyperactivity Disorder	Schizophrenia
Conduct Disorder	
Eating Disorders (i) Anorexia Nervosa (ii) Bulimia Nervosa	Tourette's disorder
Psychotic Disorders	Seriously emotionally disturbed
Oppositional Defiant Disorder	

General Disorders

Adjustment Disorders describe emotional or behavioral symptoms that children may exhibit when they are unable, for a time, to appropriately adapt to stressful events or changes in their lives. The symptoms, which must occur within three months of a stressful event or change, and last, no more than six months after the stressor ends, are marked distress, in excess of what would be expected from exposure to the event, or an impairment in social or school functioning. There are many kinds of behaviors associated with different types of adjustment disorders, ranging from fear or anxiety to truancy, vandalism, or fighting. Adjustment disorders are relatively common, ranging from 5% to 20%.

Anxiety Disorders are a large family of disorders (school phobia, posttraumatic stress disorder, avoidant disorder, obsessive-compulsive disorder, panic disorder, panic attack, etc.) where the main feature is exaggerated anxiety. Anxiety disorders may be expressed as physical symptoms, (headaches or stomach aches), as disorders in conduct (work refusal, etc.) or as inappropriate emotional responses, such as giggling or crying. Anxiety occurs in all children as a temporary reaction to stressful experiences at home or in school when anxiety is intense and persistent, interfering with the child's functioning, it may become deemed as an Anxiety Disorder.

Obsessive-Compulsive Disorder is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Obsessions are persistent thoughts, impulses, or images that are intrusive and inappropriate (repeated doubts, requirements to have things in a specific order, aggressive impulses, etc.). **Compulsions** are repeated behaviors or mental acts (hand washing, checking, praying, counting, repeating words silently, etc.) that have the intent of reducing stress or anxiety.

Post-Traumatic Stress Disorder (PTSD) can develop following exposure to an extremely traumatic event or series of events in a child's life, or witnessing or learning about a death or injury to someone close to the child. The symptoms must occur within one month after exposure to the stressful event. Responses in children include intense fear, helplessness, and difficulty falling asleep, nightmares, persistent re-experiencing of the event, numbing of general responsiveness, or increased arousal. Young children with PTSD may repeat their experience in daily play activities, or may lose recently acquired skills, such as toilet training or expressive language skills.

Selective Mutism (formerly called Elective-Mutism) occurs when a child or adolescent persistently fails to speak in specific social situations such as at school or with playmates, where speaking is expected. Selective Mutism interferes with a child's educational achievement and social communication. Onset of Selective Mutism usually occurs before the age of five, but may not be evaluated until a child enters school for the first time. The disorder is regarded as relatively rare, and usually lasts for a period of a few months, although a few children have been known not to speak in school during their entire school career.

Attention Deficit / Hyperactivity Disorder are a condition; affecting 3%-5% of children, where the child shows symptoms of inattention that are not consistent with his or her developmental level. The essential feature of Attention Deficit Hyperactivity Disorder is "a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development." Medications, such as Ritalin or Dexedrine, or a combination of these and other medicines have been very successful in treating ADHD.

Conduct Disorder: Conduct disorder refers to a group of behavioral and emotional problems in youngsters. Children and adolescents with this disorder have great difficulty following rules and behaving in a socially acceptable way. This may include aggression to people and animals, destruction of property, deceitfulness, lying, or stealing; or truancy or other serious violations of rules, although conduct disorder is one of the most difficult behavior disorders to treat, young people often benefit from a range of services that include training for parents on how to handle child or adolescent behavior, family therapy, training in problem solving skills for children or adolescents; and community-based services that focus on the young person within the context of family and community influences.

Eating Disorders: According to the National Eating Disorders Association: The most effective and long-lasting treatment for an eating disorder is some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs. Some medications have been shown to be helpful. Ideally, whatever treatment is offered should be tailored to the individual, and this will vary according to both the severity of the disorder and the patient's individual problems, needs, and strengths.

Anorexia Nervosa can be thought of as a "distorted body image" disorder. In Anorexia Nervosa, the individual refuses to maintain a minimally normal body weight, is intensely afraid of gaining weight, and has no realistic idea of the shape and size of his or her body. Signs of anorexia nervosa include extremely low body weight, dry skin, hair loss, depressive symptoms, constipation, low blood pressure, and bizarre behaviors, such as hiding food or binge eating. **Bulimia Nervosa** is characterized by episodes of "binge and purge" behaviors, where the person will eat enormous amounts of food, then induce vomiting, abuse laxatives, fast, or follow an austere diet to balance the effects of dramatic overeating. Essential features are binge eating and compensatory methods to prevent weight gain. Bulimia Nervosa symptoms include the loss of menstruation, fatigue or muscle weakness, gastrointestinal problems or intolerance of cold weather. Depressive symptoms may follow a binge and purge episode.

Psychotic Disorders is another umbrella term used to refer to severe mental disorders that cause abnormal thinking and perceptions. Two of the main symptoms are delusions and hallucinations. Delusions are false beliefs, such as thinking that someone is plotting against you. Hallucinations are false perceptions, such as hearing, seeing, or feeling something that is not there. Schizophrenia is one type of psychotic disorder. There are others as well. Treatment for psychotic disorders will differ from person to person, depending on the specific disorder involved. Most are treated with a combination of medications and psychotherapy (a type of counseling)

Oppositional Defiant Disorder is "a recurrent pattern of negativistic, defiant, disobedient and hostile behaviors towards authority figures, lasting for at least six months …" The disruptive behaviors of a child or adolescent with ODD are of a less severe nature than those with Conduct Disorder, and typically do not include aggression toward people or animals, destruction of property, or a pattern of theft or deceit. Typical behaviors include arguing with adults, defying or refusing to follow adult directions, deliberately annoying people, blaming others, or being spiteful or vindictive.

Bipolar Disorder (Manic Depressive Disorder)

There are six different types of Bipolar 1 Disorder, reflecting variations in manic and depressive symptoms.

- **Major Depressive Disorder** occurs when a child has a series of two or more major depressive episodes, with at least a two-month interval between them. Depression may be manifested in continuing irritability or inability to get along with others, and not just in the depressed affect.
- **Dysthymic Disorder**, the depressed mood must be present for more days than not over a period of at least two years. Dysthymic Disorder and Major Depressive Disorder are differentiated based on severity, chronicity, and persistence. Usually, Major Depressive Disorder can be distinguished from the person's usual functioning, whereas Dysthymic Disorder is characterized by chronic, less severe depressive symptoms that have been present for many years.
- **Autistic Disorder** is a Pervasive Developmental Disorder, characterized by the presence of markedly abnormal or impaired development in social interaction and communication, and a markedly restricted

level of activities or interests. Children with Autism may fail to develop relationships with peers of the same age, and may have no interest in establishing friendships. The impairment in communication (both verbal and nonverbal) is severe for some children with this disorder.

- **Schizophrenia** is a serious emotional disorder characterized by loss of contact with environment and personality changes. Hallucinations and delusions, disorganized speech, or catatonic behavior often exist as symptoms of this disorder, which is frequently manifest in young adulthood. The symptoms may also occur in younger children. There are a number of subtypes of schizophrenia, including Paranoid Type, Disorganized Type, Catatonic Type, Residual Type, and Undifferentiated Type. The lifetime prevalence of Schizophrenia is estimated at between 0.5% and 1%.
- **Tourette's Disorder** occurs in approximately 4-5 individuals per 10,000. The disorder includes both multiple motor tics and one or more vocal tics, which occur many times per day, nearly every day, or intermittently throughout a period of more than one year. During this period, there is never a tic-free period of more than 3 consecutive months. Chronic Motor or Vocal Tic Disorder includes either motor ties or vocal tics, but not both as in Tourette's Disorder. Transient Tic Disorder includes either single or multiple motor tics many times a day for at least four weeks, but for no longer than 12 months. This can occur as either a single episode or as recurrent episodes over time.
- **Seriously Emotionally Disturbed**, or SED, is not a DSM-IV medical diagnosis, but a label that public school may use when children, due to their behaviors, are in need of special education services. School professionals may or may not use diagnostic classification systems as part of this determination. The school's responsibility is to provide services for students with emotional or behavioral disorders or mental illnesses under the special education category of SED (many states have chosen to use a "different" label such as Emotional or Behavioral Disorder (EBD), to describe this special education service category), when their emotional or behavioral problems are so severe that they cannot succeed without help.

Interventions for Students with Emotional and Behavioral Disorders

SOCIAL SKILLS

"Social skills are the specific behaviors when interacting with others." Social skill deficiency is a defining characteristic of emotional and behavioral disorders. Disorders that show impairment in social skills are Conduct Problems, Mood Disorders, Anxiety Disorders, Autism Spectrum Disorders, Attention-Deficit/Hyperactivity Disorder (AD/HD) & Learning Disabilities.

Possible outcomes of social skill deficiencies

Students who are lacking social skills are at risk for: Aggression, Peer rejection, Loneliness, Social dissatisfaction, Academic failure, School drop-out, Contact with the legal system, Substance abuse & Difficulty maintaining employment and relationships.

Social Skill Interventions

Social skill instruction should be a component of a group of interventions for students who exhibit internalizing and externalizing behaviors

- Behavior Interventions
- Primary (Whole School)
- Secondary (Group)
- Tertiary (Function Based)
- Cognitive-Behavioral Therapy
- Interpersonal Therapy
- Medical Interventions
- Group and Individual Counseling

Music Therapy

Characteristics and Need Areas:

The characteristics of each person with a special need vary greatly depending on the specific diagnosis.

- **Cognitive:** Children and adults may have mild to severe cognitive delays causing difficulty with concepts such as math, telling time, maintaining attention and focus, and difficulty sequencing and remembering events.
- **Speech/Communication:** Depending on the severity, they may have diminished receptive language, difficulty sounding out words, difficulty understanding words or concepts, delayed speech, or problems discriminating between sounds.
- **Motor skills/Sensory**: Poor hand-eye (visual motor), gross and fine motor development and coordination sensory integration problems are common. Motor problems may also be noticeable due to low muscle tone. This may include physical over-activity or extreme under-activity and uneven gross and fine motor skills.

- **Social/Behavior: SOCIAL:** Specific social skills or behaviors such as turn-taking, shared play, joint attention, listening and responding to others and appropriate interactions with peers are common problems which should be tackled.

Interventions Related To Music Therapy

- **COGNITIVE:** Music therapy songs and techniques are effective in addressing academic skills. Some of these skills may include number identification, counting, and mathematical problem solving. Music therapy is motivating and can allow an individual to attend to a task for a longer period of time. Because music is processed in both hemispheres of the brain, music can stimulate cognitive functioning and may be used for remediation of some speech/language skills.
- **SPEECH:** Music therapy can enable those without language to communicate, participate and express them nonverbally. Often music can assist in the development of verbal communication, speech and language skills. Singing is an effective technique used to increase sentence length, fluency, rate, and appropriate pitch and volume of the speaking voice. Rhythmic cueing can improve the rate of speech. Conversational skills can also be enhanced through "musical conversations" with instruments where the child takes turns "talking" with a peer.
- **MOTOR SKILLS:** Music provides concrete, multi-sensory stimulation (auditory, visual, and tactile). The rhythmic component of music is very organizing for the sensory systems of individuals with special needs. As a result, auditory processing and other sensory-motor, perceptual/motor, gross and fine motor skills can be enhanced through music therapy. Music therapy strategies can be devised to address poor coordination and balance issues. For instance, tapping rhythm sticks together with a partner requires refined coordination and is a fun, motivating way to work on a motor skill. Because rhythm is structured and predictable, it is often used to improve an individual's gait or walking stride.
- **SOCIAL:** Music therapy is a motivating setting in which a child's social skills can be enhanced. They can practice following directions, role-playing appropriate responses to social situations and participate in a group experience with peers. Social song stories can be created specifically for the child to address areas of need. These social song stories are used in many ways and can be role-played and generalized outside of the music therapy session. Another technique that may be used is songwriting, which can encourage creativity and emotional expression. Each group member may contribute an idea or word to song that the group is writing. In this way, music can be used to create a successful experience where they child can enhance his or her self-esteem with other peers. Social song stories can be created specifically for the child to target specific social skills or behaviors such as turn-taking, shared play, joint attention, listening and responding to others and appropriate interaction with peers. In the music therapy setting, the individual has the opportunity to role-play different scenarios where this skill could be used which can lead to the generalization of skills to other settings. An individual may also learn these skills (such as eye contact) through cooperative instrument playing. Music therapy can provide additional opportunities for positive interaction and building relationships among family members and the person with special needs. Participation in music therapy often allows family members to see their loved one in a "different light," to witness their relative's areas of strength and aptitude, maybe for the first time. Music therapy highlights what an individual can do, enhancing self-esteem and positive self-image.

II. CONCLUSION

The term emotional or behavioral disorder means a disability characterized by behavioral or emotional responses in school programs so different from appropriate age, cultural, or ethnic norm that the responses adversely affect educational performance, including academic, social, vocational, and personal skills. Some of the behaviors seen in children who have an emotional disturbance include Hyperactivity, Aggression or self-injurious behavior, Withdrawal, Immaturity, Learning difficulties, Serious emotional disturbances. These disorders can be managed with the help of suitable interventions as suggested above. With the help of detailed history of the subject identification and assessment can be done. Parents, teachers and school should understand the needs and problems of these children. They can only be treated on the basis of individual differences. So by assessing the special needs first suitable programs could be planned for them.

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