

Study on the emotional disturbances in children



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Childhood is a happy time for most children. Full of good friends, happy families, and exciting experiences. However, some children do not experience such a childhood. Their childhoods were filled with turmoil and feeling like they did not belong. Emotional disturbance in children is a very serious matter that parents, caregivers, and educators should not take lightly. Understanding what emotional disturbance is and how we can identify children with this disorder is very important. Emotional disturbance is the foundation of which many other disorders exist. Schizophrenic disorder, affective disorder, anxiety disorder, anorexia nervosa, obsessive/compulsive disorder and bulimia nervosa are some that are most commonly associated with emotional and behavioral disorders. There has been debate about the term " Emotional Disturbance", and some feel that it should be labeled " Emotional or Behavioral" disorder. Because emotional and behavioral disorders were considered taboo at one time, it was difficult to come up with the definition that was direct and specific.

Children that are labeled as Emotional disturbed could arise from numerous reasons. " The causes of emotional disturbance have not been adequately determined. Although various factors such as heredity, brain disorder, diet, stress, and family functioning have been suggested as possible causes, research has not shown any of these factors to be the direct cause of behavioral or emotional problems." (Carroll, 2002)

National Dissemination Center for children with Disabilities found that:

Some of the signs the characteristics and behaviors seen in children who have emotional disturbances include:

Hyperactivity (short attention span, impulsiveness);

Aggression/ self-injurious behavior (acting out, fighting);

Withdrawal (failure to initiate interaction with others);

Retreat from exchanges of social interaction (excessive fear and anxiety);

Immaturity (inappropriate crying, temper tantrums, poor coping skills); and

Learning difficulties (academically performing below grade level).

Emotional disturbance is one of the disability categories in the IDEA under which a child is eligible to receive special education services. “ According to the IDEA of 2004, Emotional Disturbance is defined as the following:

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 that cannot be explained by intellectual, sensory, or health factors.

An inability to maintain satisfactory interpersonal relationships with peers and teachers.

Inappropriate types of behaviors or feelings under normal circumstances.

A general passive mood of unhappiness or depression.

A tendency to develop physical symptoms or fears associated with personal or school problems.

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(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.

In determining eligibility of Emotional disturbance under IDEA, it must be determined if the student has an emotional condition that is manifested by one or more of the five characteristics listed in the definition of emotional disturbance (National Association of Special Education Teachers 2004). This definition gives very clear dimensions of the disability. The definition given by the IDEA gives a sequence of characteristics in which emotional disturbances can be identified.

What is the appropriate amount of time that a child should be displaying these characteristics? According to the National Teachers Association of Special Education Teachers (2004). The problems must be more severe or frequent than the normally expected range of behavior for individuals of the same age, gender, and cultural group. Students should be observed in a variety of situations and settings that the child engages in. The teacher or caregiver should take notes on the child. Making record of difficulties or behaviors that the child has in and outside the classroom. Teachers want to determine that the child is having trouble coping with their emotions, and not reacting to a temporary emotional crisis or experience that will pass with time.

The degree in which a child's educational performance is affected by emotional disturbance is determined on their performance in the classroom. Students should remain in the general classroom if possible. Students that

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are performing below level on state tests, and their classroom assessments may be cognitively delayed because of the severity of their emotional problems. If the child is diagnosed with emotional disturbance and IEP (Individualized Education Plan) will be written for the child. A child with learning disability may also have some of the characteristics listed above but not qualify as having an “ emotional disturbance” under IDEA Special Education Resources (2008). The IEP team still can (and should) address those emotional difficulties in the IEP by developing goals and providing services to meet those emotional needs. In this situation, you want to treat the emotional difficulties as a part of the learning disability. Rather than label the behaviors as an “ emotional disturbance,” simply have the IEP team address them as one of many aspects of your child’s learning disability Special Education Resources. (2008). Interventions will be put into place to help bring the child up in areas of need. Teachers should use meaningful and motivated instruction. Providing the student with immediate feedback to keep the child focused on the task at hand.

Children with emotional disturbance tend to express inappropriate behaviors or feelings towards normal circumstances. They may get frustrated very easily, and emotionally overreact to situations. Displaying aggressive behaviors such as provoking violence and making verbal threats to physically harm themselves, others, and animals. Children often seek attention by disrupting class in inappropriate ways such as making loud noises. The child’s home environment and emotional or stressful events should be taken into consideration also when determining if the child is a candidate for emotional disturbance. There are other interventions that must

be put into place for a child suffering from emotional disturbance. Counseling and psychological services are also included in the IEP for children with emotional disturbance and should work with children that are diagnosed with emotional disturbance daily.

Arkansas Department of Special Education. (n. d.) found the following:

It is essential that the teacher of students with emotional disturbance have knowledge and understanding of behavioral principles as they apply to the management of such students.

The following list of basic techniques is applicable to any class setting in which students with emotional disturbance are being served.

Stop misbehavior in time.

Program a variety of changes

Make tasks clear and orderly and give the student enough time to complete the task before beginning another.

Comment positively when the student is attending appropriately to the task.

Establish limits and maintain consistent, clear ground rules.

Manage transitional times with quieting down periods in between activities.

Set up “ filler” corners, activity centers a student can go to when he has completed the required activities.

Set up a quiet corner where students can go to be alone, to cry, or to calm down.

Provide success; be sure the material is relevant, interesting, and appropriate for the student. (p. 6&7)

According to the National Association of Special Education Teachers (2004)

Examples of characteristics associated with depression or unhappiness are:

Persistent feelings of sadness

Feeling hopeless and helpless

Suicidal thoughts

Having low self-esteem and feeling inadequate

Excessive guilt

Feelings of wanting to die

Anhedonia

Difficulty with relationships (p. 18)

These behaviors must be repetitive and occur in the student's life situations.

Referring back to the definition that is given by the IDEA, students must display these behaviors for a long period of time. Depression in children can, if untreated, affect school performance and learning, social interactions and development of normal peer relationships, self-esteem and life skill acquisition, parent-child relations and a child's sense of bonding and trust,

can lead to substance abuse, disruptive behaviors, violence and aggression, legal troubles, and even suicide (Goldman, 2000).

Parents and teachers are usually the first to notice these behaviors. They should document them for a period of time to determine if the child is suffering from a form of depression. If the child is diagnosed with depression, it is important for that child to start receiving treatment right away. In general about 5% of children at any given time suffer from clinical depression; this naturally occurs during critical phases in child development, and not only can show itself with behaviors and feelings not commonly viewed as part of a “depression,” but can interfere with the normal developmental processes of childhood (Goldman, 2000). Depression is significantly more common in boys under the age of 10. But by age 16, girls have a greater incidence of depression WebMD (2009). Therapy and medication are the treatments that therapist recommend for depression depending on the severity.

Schizophrenia is also included in the definition given by the IDEA for emotional disturbance. Schizophrenia is hard to identify in the early stages of childhood. Fortunately, schizophrenia is rare in children, affecting only about 1 in 40,000, compared to 1 in 100 adults (NIMH, 2007). This disorder can cause children to display unusual behavior, strange thinking and strange feelings. The behavior of children and adolescents with schizophrenia may differ from that of adults with this illness. Child and adolescent psychiatrists look for several of the following warning signs in youngsters with schizophrenia:

Seeing things and hearing voices which are not real (hallucinations)

Odd or eccentric behavior or speech

Unusual or bizarre thoughts or ideas

Confusing television and dreams with reality

Confused thinking

Extreme moodiness

Ideas that people are “ out to get them”, or talking about them

Behaving like a younger child

Sever anxiety and fearfulness

Difficulty relating to peers, and keeping friends

Withdrawn and increased isolation

Decline in personal hygiene (NIMH, 2007)

Children that display these symptoms should be evaluated immediately. It is crucial because the child may require and individual treatment plan developed by a team of professionals. According to Heward (2009), although no cure exists, most children with schizophrenia benefit from a variety of treatments, including antipsychotic medication, behavioral therapy, and educational intervention such as social skills training (p. 219).

There are five different types of schizophrenia some more common than others. Real Mental Health (2007) defines them as:

Paranoid-type schizophrenia is characterized by delusions and auditory hallucinations but relatively normal intellectual functioning and expression of affect. The delusions can often be about being persecuted unfairly or being some other person who is famous. People with paranoid-type schizophrenia can exhibit anger, aloofness, anxiety, and argumentativeness.

Disorganized-type schizophrenia is characterized by speech and behavior that are disorganized or difficult to understand, and flattening or inappropriate emotions. People with disorganized-type schizophrenia may laugh at the changing color of a traffic light or at something not closely related to what they are saying or doing. Their disorganized behavior may disrupt normal activities, such as showering, dressing, and preparing meals.

Catatonic-type schizophrenia is characterized by disturbances of movement. People with catatonic-type schizophrenia may keep themselves completely immobile or move all over the place. They may not say anything for hours, or they may repeat anything you say or do senselessly. Either way, the behavior is putting these people at high risk because it impairs their ability to take care of themselves.

Undifferentiated-type schizophrenia is characterized by some symptoms seen in all of the above types but not enough of any one of them to define it as another particular type of schizophrenia.

Residual-type schizophrenia is characterized by a past history of at least one episode of schizophrenia, but the person currently has no positive symptoms (delusions, hallucinations, disorganized speech or behavior). It may represent a transition between a full-blown episode and complete remission, or it may continue for years without any further psychotic episodes.

Anxiety in children is also an emotional disturbance. The definition given by the IDEA refers to anxiety, “ a tendency to develop physical symptoms or fears associated with personal or school problems”(National Association of Special Education Teachers 2004). “ The feeling of anxiety is generally characterized as diffuse, unpleasant, a sense of apprehension or worry, and has physical symptoms that may include headache, muscle tension, perspiration, restlessness, tension in the chest and mild stomach discomfort (Connor, n. d. par. 5). Children that are not happy with them selves may sometimes lash out at others so that their focus is not on how bad they emotionally feel. “ Anxious kids do poorly in school and eventually learn to dislike and avoid anything connected to school. Many become depressed. The relationship with their family tends to get worse (Connor, n. d. par. 5). Talking to kids and letting them be honest is the best way that adults can help children through these difficult emotions.

A child’s emotional health is an important developmental category, and should always be handled with care. Educators, parents, and other caregivers should be aware of the complexity of a child’s emotions. Just because they are children does not mean that they do not contain strong emotions that are dealt with on a daily basis. Children’s feelings and self-concept is a fragile thing that is in danger of neglect and failure. Approaching

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emotional disturbance as an educator or parent the ability to understand the importance of early identification is crucial to the success that children will have in school. Proper treatment and interventions should be put into place as early as possible to allow the child to develop emotionally and physically healthy. Educators need current training in the area of emotional disturbance. Researchers are learning more about emotional disturbance, schizophrenia, and depression everyday. New medications, therapies, better instructional strategies, and prevention techniques are developed regularly. Emotionally disturbed children need extra attention in the general classroom. This can sometimes be challenging and frustrating to teachers. Children that have been diagnosed with emotional disturbance need educators, parents, and other caregivers that are knowledgeable about the disorder, and care enough to see them succeed in life.