

# Behavioral and emotional disorders education essay



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Behavioral/emotional disorders represent the broad category, used in educational settings among the children and adolescents with difficulties. As a fact, the observed behavior of children may depend on many factors.

Emotional disturbance is a diagnostic category that includes various forms of inadequate emotional reactions (emotional numbness, unreasonable fears, inappropriate euphoria, etc..), the inability of emotional self-control (uncontrolled invasion of anger, weeping, cheerfulness, etc..), and chronic pathological changes in emotional behavior (Livingstone and Rosen, 1991).

The examples of behavioral/emotional disorders include such disabilities: PDD, autism, Rett syndrome, PDD-NOS, Asperger syndrome and ADHD. As a fact, it has been proved that children with special educational needs, who studied in the mainstream schools, have shown much better results in studying and development (Lehmkuhle and Garzia, 1993). These indicators are the most important. The educational process shows, that when children with some special educational needs study in the mainstream schools, they forget about their problems or defects and they consider themselves as everyone else. It is the way it should be. The results have shown, that the mainstream schools can do miracles for some children who can get better while communicating with other children, getting new friends and new sense in studying (Howell and Stanley, 1988). Children's emotions and behavior, as a rule, hide more serious problems that can be overcome in communication and in the mainstream schools. The place where there are a lot of children, a child with a health problem will not consider himself such, as the aim of the teachers to give proper knowledge and educate children. Consequently, children who are not limited in their actions and studying usually recuperate

faster and have a considerable progress combating their health problems (Arnot, 2010).

Communication disorder includes the speech and language disorders, which, as a rule, refer to the problems in communication among children.

Communication disorder can range from simple sound substitution to the complete inability to understand and use the language. For example, such problems as dyslexia - the selective impaired ability to master reading and writing skills, while maintaining the overall ability to learn, can be overcome by allowing children with these problems study in the mainstream schools and there can be a great and unexpected benefit to their health. Children with special educational needs have to live among other people, communicate with them and to have a normal and happy life. As a fact, dyslexia - is a specific type of impairment of learning, having a neurological nature. It is characterized by the inability to quickly and accurately recognize words, to decode, learn the skills of spelling (Bailet, 2010). These difficulties are associated with defective phonological components of language. They exist, despite the preservation of other cognitive abilities and complete learning environment. A second violation occurs in comprehension, lack of reader's experience and vocabulary.

Typically, problems in speech articulation and expression are detected in the period when the kids learns new sounds or to begin to express their thoughts. The severity of the disease can vary greatly. For example, in early childhood, mild forms of phonological disorders are relatively common, they are suffered by about 10% of children. Many of them get rid of such problems, and from six or seven years only 2-3% of children to their

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problems meet the criteria of phonological disorders. Similarly, expressive speech disorder (affecting 2-3%) and mixed expressive-receptive disorder (affecting less than 3%) - both are relatively common for school-age children. Fortunately, in the middle and late adolescence most children with the disorder of speech development are starting to have a normal speech. About half of them completely got rid of problems, whereas the other half showed significant improvement, but may still remain some degree of impairment to late adolescence. In contrast, the type of congenital disorders, course and prognosis of the disease for children with acquired type of communication disorder (occurring as a result of brain injury or paralysis) depends largely on the severity of injuries, of which it is part of the brain is damaged, and the age of the child in time of the injury and the degree of language development at this time.

Although over time the problems themselves of the speeches usually disappear or are reduced in children with a disorder of communication, from an early age, often there are marked negative patterns of behavior (Beitchman and Young, 1997). Such behavioral disorders as hyperkinetic disorder and attention deficit disorder may exacerbate existing problems of communication, reflected in how children interact with peers and how they cope with learning tasks. Since teachers are increasingly aware of the importance to give children special needs and the opportunity to interact with normally developed children, the school system began to place children with various problems in common, rather than isolated classes. Placing developmentally delayed children along with their normal counterparts based on the premise that children with special needs will benefit from

communicating with normally developed peers and will be spared from the effect of labeling and placement in institutions. The effect of interaction with peers in the social field reminds of the benefits of environmental factors that influence the course of development of children with special needs (Toppelberg and Shapiro, 2000).

Developmental disorder as a rule occurs at some stage in a child's development, often retarding the development, which can include psychological or physical disorders. As a fact, dyslexia can be related to communication and developmental disorders. Sometimes, children with special educational needs have the lack of communication and understanding. There are many communication challenges, emotional and behavioral disorders, physical disabilities, and developmental disorders that can be cured. Recent research on children with communication disorders has shown that if the process of education in the mainstream schools can help these children, then they definitely have to go to the mainstream schools.

There are several problems in one way or another, of each person, facing dyslexics. Most common problems are dyslexic: delay in developing the ability to read, write, memorize the spelling; disorientation in space, disorganization; difficulties with the perception of information; difficulty in recognizing words, failure to understand what has just been read; clumsiness or poor coordination; attention deficit disorder, sometimes accompanied by hyperactivity. All the symptoms of dyslexia - are the symptoms of disorientation. It is impossible to recognize dyslexia in itself, but to recognize the disorientation is quite possible. The result of the orientation is an

accurate perception of the environment, including a two-word printed on <https://assignbuster.com/behavioral-and-emotional-disorders-education-essay/>

paper. And as a result, the child cannot accept the surrounding reality as perceived her by other people. There are almost no objective methods for determining the characteristics of the brain “ neglect of the child.” Often in the case of low-quality education, for the social worker it is more convenient to make a diagnosis of dyslexia, rather than objectively investigate and determine the socio-educational background, which led to difficulties in reading (Waters, 2001).

Dyslexia represents a specific learning difficulty that mainly affects reading and spelling, and it is also characterized by difficulties in processing word-sounds and weaknesses in short-term verbal memory. As a fact, dyslexia is not a result of low intelligence, merely concerned with reading difficulties, the result of poor eyesight or hearing, the result of an emotional problem, an impediment to a possible academic career or a middle-class excuse for poor academic achievement. The main areas tested for dyslexia are visual motor short-term memory, auditory memory and phonological awareness – the ability to manipulate sounds within words (Solan and Brannan, 1994).

Symptoms of Dyslexia may also include left/right confusions, trouble generalizing, poor concept of time, mispronunciation of multisyllabic words, difficulties in organizing self/time/work or easily distracted. The possible areas of difficulties are: reading: learning to decode, using sounds (phonemes), selecting materials, retaining what has been read, keeping up with set reading, spelling: interfering with written expression and choice of vocabulary, note-taking: copying quickly and accurately, distinguishing main points, writing and listening simultaneously, and writing: handwriting, written expression, sentence structure, punctuation, grammar, planning and  
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structuring written work, sequencing ideas, editing and proof-reading.

Possible areas of difficulty can also be: oral language: taking in information, misunderstanding instructions or information, sorting what is said in group discussion, word-finding, pronunciation; examinations: timed conditions exacerbate reading, writing and spelling problems, recall of information, achieving marks in line with course work; presentations: lack of confidence, word-finding problems, pronunciation, reading out loud, losing place, sequencing information, organizing time, easily distracted, clumsy use of equipment. As a fact, there can also occur different problems, connected with dyscalculia- problems in math, visual disturbance, etc. The objectives are to help the dyslexic learner to build on existing strengths, to develop strategies for lifelong learning, to build confidence and to bring about an understanding of individual differences (Blakeslee, 1991). Towards the equity of access there should be provided help with information processing, help for reading, help with note taking, help with specialized vocabulary and help with assignments. Despite disadvantages that the mainstream schools can represent for children, children with communication and developmental disorders will benefit from communication with classmates and will not pay attention to their health problem (Williams and LeCluyse, 1992).

Another example of developmental disorder is Autism. Autism – is a serious violation of the mental development, which primarily affected the ability to communicate, the social interaction. Behavior of children with autism is also characterized by a rigid stereotype (of repeating the basic movements such as shaking hands or jumping to complex rituals), and often destructive (aggression, self-harm, shouting, negativism, etc.).

Level of intellectual development in autism may be the most diverse: from severe mental retardation to giftedness in certain areas of knowledge and art, in some cases, children with autism have no speech, marked abnormalities in motor development, attention, perception, emotional and other areas of the psyche. More than 80% of children with autism - are the people with disabilities ... Exceptional diversity spectrum disorders and their severity can reasonably assume that training and education of children with autism the most challenging section of Correctional Pedagogy (Wolk and Giesen, 2010).

Physical disorders. As an example of the physical disorder can be named Developmental Co-ordination Disorder. Developmental Co-ordination Disorder - is a subtly different condition by definition, in practice, and very similar to dyspraxia. Dyspraxia is a lifelong developmental disability and co-ordination, which is more common in males than in females, affecting an estimated 8-10% of all children. Ripley, Daines and Barrett say it in "developed dyspraxia it is difficult to let his body do what we want and when we want to do it" and that these difficulties can be regarded as significant when they in the range of normal activities are expected of children of a certain age. As a fact, Developmental Co-ordination Disorder has main characteristics, such as common, clumsy children, chronic health condition, co-morbid and consequences. It has been also proved, that Developmental Co-ordination Disorder affects one child in every classroom. Developmental Co-ordination Disorder also has an impact on the family, which consists of the facts that parental concerns often not heard or acknowledged, there is frustration with health care and educational systems, overprotective - "

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world as a hostile place”, stress regarding daily activities around the home, aggression and criticism from strangers, embarrassment and relieved once diagnosis – any diagnosis – is made.

The other term “ clumsy child syndrome” refers to the gross and fine motor difficulties of the patient. The condition affects both the ability of action planning and action learning, for example, the storage functions in the brain is for action. The cause of developmental dyspraxia may be a result of immature neurons development. Dyspraxia is often part of a continuum of related coordination and developmental disorders. The Dyspraxia is often associated with other disorders, such as with Asperger’s syndrome, autism, dyslexia and dyscalculia.

Life experiences of resilient young adults with DCD include coordination difficulties are context-specific, the facts that they can struggle, as children, with issues of social isolation and lack of participation, they remember ‘ pull-out therapy’ and ‘ being made to work on handwriting’ very negatively, social/emotional health and life course can improve when kids enter good secondary school and effective teaching accommodations and support are critical factors. The experience shows, that allowing children visit mainstream schools and to live as normal children without serious health problems, children get more relaxed and able to understand more things. This way, their developmental processes accelerate and they have more desire to study. Communication, as a fact, helps a lot for those who especially need it.

The other example is Dyspraxia - an impairment of the ability to automatically execute specific movements in the absence of any paralysis or paresis of the muscles involved in movement. The subject must voluntarily control every person's move, which is very expensive care, and makes the coordination of complex movements of everyday life extremely difficult, so it is rarely achieved. It is a developmental apraxia of origin. Dyspraxia is a little known disability that concerns, however 3% to 6% of children. Three quarters of children who are suffering from this disability are not diagnosed. Dyspraxia often goes unnoticed because it is invisible. It is sometimes blamed on a mentally retarded or ill will. There are many types of dyspraxia.

Possible symptoms are: developmental disorders engines: slowness, clumsiness, difficulty performing voluntary movements, coordinated (walking, cycling, swimming, ball games, cut his meat, dressing, brushing teeth, tying shoelaces); dysgraphia: difficulty in handwriting and automate the handwriting; eye problems (oculomotor): jerks and eye tracking, visual fixation: difficulties with reading, following his line to locate a page and adopt an exploration strategy of the page; speech: oral apraxia facial-lingual, speech difficulties; speech and language disorders (pseudo-dyslexia driven by dyspraxia), language difficulties writing logical-mathematical problems: difficulties to ask operations in columns, to understand the mathematical facts, problems sequences, difficulty in positioning itself in time.

Consequently, Developmental Co-ordination Disorder, dyslexia, communication, physical and developmental disorders can be cured and they have to be cured. Sometimes, it is enough to communicate with a <https://assignbuster.com/behavioral-and-emotional-disorders-education-essay/>

person and to help him, and he will feel better. Community should not avoid communicating with people with some defects or health problems. And as well, there have to be created special policies considering these issues. That is why it is more beneficial for the society to allow the children with certain disorders to visit mainstream schools and to be able recuperate faster. The social issues are considered the most important for people and that is why there have to be conditions for the comfortable living for all people.