EMOTIONAL AND BEHAVIORAL DISORDERS OF CHILDREN AND ADOLESCENTS

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Emotional and Behavioral Disorders - The Nature of the Problem

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INTRODUCTION

The emotional and behavioral disorders that occur in children and youth is a field which is just developing in terms of the research that has been done. However, even though emotional disorders and behavioral disorders are two distinct concepts, it is practically impossible to separate the two as they often co-exist. The two conditions have similar resulting behaviors which can be referred to as outward expressions of our internal emotions and constitute a very complicated area of study. More research needs to be done in order to further our understanding of these two conditions. Right now, however, educators will have to accept the fact that there are many unanswered questions related to emotionally and behaviorally disordered students in our schools and often a trial and error approach will have to be implemented.

Unfortunately, developing appropriate programmes is fraught with ambiguity and a certain amount of controversy. Much of the confusion which surrounds these disorders seems to be partially due to the difficulty of defining the causal factors associated with emotional and behavioral deviance (Valentine, 1987). A review of past events considered to be of historical significance will demonstrate that this issue of etiology is further complicated by the lack of an adequate definition of the actual concept. Unfortunately, it appears that this combined lack of clarity in the field serves only to compound the attempts that are made by researchers to estimate prevalence and incidence rates (Briggs-Gowan, 2001). It is obvious that without these very basic foundations to build upon, effective intervention in the field of emotional/behavioral disorders

will be fraught with complications and adversity.

EMOTIONAL AND BEHAVIORAL DISORDERS DEFINED

The definition of any concept is an important consideration because it is needed to identify the difficulties that students experience and then to intervene with individualized educational programming. Therefore, it is logical to conclude that if the definition of a disorder is mediocre, everything else that follows will also be mediocre. This is certainly the case where emotional/behavioral disorders are concerned and it is unfortunate that there is no universal definition that is accepted and used everywhere. (Winzer, 1993)

There seems to be no doubt that a student who has been diagnosed with an emotional/behavioral disorder has a definite disability which is the direct result of the behaviors that are exhibited on a consistent basis. Society determines for us how we should think and behave in a variety of specific situations and environments. Unfortunately, there are some people who are unable to produce the behaviors that our society deems are normal. As a result, a student with an emotional/behavioral diagnosis experiences failure over and over again and it appears that interpersonal relationships are the casualty of this war that rages within him/her. They just do not know how to act in socially appropriate ways and, consequently, they have very low self-esteem and confidence (Kirby & Williams, 1991). The end result is their inability to fully participate in their own lives. When this is compounded with years of poor achievement resulting in a tendency to function a year or two below grade level in most subject areas, then the child's life becomes even more tragic. (Schloss, Smith, & Schloss, 1995)

At first there was much disagreement in terms of the label that should be applied to students who were experiencing emotional and behavioral difficulties. In 1977, Kauffman defined a behavior disorder in the following words:

> "Children with behavior disorders are those who chronically and markedly respond to their environments in socially unacceptable and/or personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behavior (p.23)."

This definition from such a long time ago has stood the test of time and is very useful from an educational perspective. The attempts to define the parameters of an emotional disorder continued until 1981, when Bower defined 'emotionally handicapped' students as those exhibiting one or more of five characteristics to a marked extent and over a period of time:

- "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 conditions...
- A general, pervasive mood of unhappiness or depression...
- A tendency to develop physical symptoms, pains, or fears associated with personal or school problems" (p. 115-116).

With these two definitions, it became easier to classify students into the proper categories and to provide them with the help that they needed. The accepted terminology that evolved referred to the problem as an "emotional/behavioral disorder". This label was endorsed by National Mental Health and Special Education in the late 1980's (Forness & Knitzer, 1992). It was chosen mainly because it was all inclusive and students could show signs characteristic of one or the other or both.

The National Association of School Psychologists (2002) has defined emotional/behavioral

disorders in the following way:

- "Emotional or behavioral disorder refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age appropriate, ethnic or cultural norms that they adversely affect performance in such areas as self care, social relationships, personal adjustment, academic progress, classroom behavior, or work adjustment.

- Emotional /behavioral disorder is more than a transient, expected response to stressors in the child's or youth's environment and would persist even with individualized interventions, such as feedback to the individual, consultation with parents or families, and/or modification of the educational environment.

- The eligibility decision must be based on multiple sources of data about the individual's behavioral or emotional functioning . Emotional/behavioral disorder must be exhibited in at least two different settings, at least one of which is school related.

- Emotional/behavioral disorders can co-exist with other handicapping conditions.

- This category may include children or youth with schizophrenia, affective disorders, anxiety disorders, or who have other sustained disturbances of conduct, attention, or adjustment."(p.1-2)

HISTORICAL CONTEXT

The Eighteenth Century

Now that some sort of acceptable terminology has been decided upon it becomes important and necessary to consider the historical context of emotional/behavioral disorders. This analysis begins in the late 1700's and continues until the time when conceptual models for intervention were introduced, around the 1960's and 1970's. It should be noted, at this time, that the history of special education actually developed from the domains of psychology and psychiatry (Lewis, 1974).

During the late 1700's, children with emotional and behavioral disorders were not identified as such and instead these traits were punished harshly and the children were basically treated like animals (Kauffman, 1997). Many superstitions dominated but it was a common belief that these people were possessed by Satan and the cruelty that prevailed for this population was considered to be quite acceptable under the circumstances. Fortunately, this attitude began to change after the French Revolution with Phillipe Pinel and his **moral treatment** approach to mental illness. His influence was continued in one of his students, Jean Marc Gaspard Itard, who was the physician responsible for teaching Victor, "the wild boy of Aveyron", some practical skills, including speech. His work has had great impact on the interventions that have been used with students suffering from emotional and behavioral disorders (Winzer, 1993). Another doctor whose work has had tremendous influence is Dr. Benjamin Rush who is considered by many to be the "father of American psychiatry". He believed in showing compassion and trying to educate the mentally ill who were institutionalized for long periods of time. Basically, he refused to forget about them, as was the common practice of the day (Kauffman, 1997).

The Nineteenth Century

During the 1800's, children were considered to be "miniature adults" and they were granted very few rights or considerations as a result of their age (Kauffman, 1997). Many of the notions with regard to mental health were actually very similar for adults and children alike. The beliefs of this time period were quite foreign when we consider today's standards. Illustrations of this type of attitude can be seen in many of the artistic works that were prevalent during this century.

There were very few developments in the nineteenth century that had a great impact with regard to emotional/behavioral disorders. In fact, at the time, there was no basic distinction made between mental retardation and emotional/behavioral disorders. This is understandable, however, because actually the symptoms of the two conditions are very similar. It wasn't until Samuel Gridley Howe began to appreciate the differences between mental retardation and emotional/behavioral disorders that others began to adhere to the belief that the two disorders were really not the same (Kauffman, 1997). Today, as a result of his work, the term **pseudoretardation** refers to a person who initially presents with symptoms of mental retardation when, in fact, an emotional or behavioral disorder is the true diagnosis (Kauffman, 1997).

Notions concerning causality were primitive during the 1800's. When being possessed by demons was no longer thought to be the cause of insanity, it was replaced by the notion that masturbation was the terrible evil. There were others during this era, however, who believed that "the interaction of temperament and child rearing, overprotection, overindulgence, and inconsistency of discipline" were far better causes of certain emotional and behavioral disorders (Kauffman, 1997, p. 69). Of course, they had no idea how progressive their ideas actually were for their time period. It wasn't long, however, before environmental factors were finally being recognized in the etiology equation. Still, the popular belief in the late nineteenth and early twentieth century was that emotional/behavioral disorders were the result of heredity and very little could be done to prevent them.

Interventions during the nineteenth century were based on certain philosophies which might not

be adhered to today but this is not to say that they weren't effective in their own right. In fact, in some instances, the care that these people received might be considered to be much better than that of today. "Moral treatment" was one of the interventions that was popular during this century. It emphasized "constructive activity, kindness, minimum restraint, structure, routine, and consistency in treatment" (Kauffman, 1997, p. 71). Education was a prominent component of moral therapy and programmes were established in the school systems for students suffering from emotional/behavioral disorders. Attendance laws were introduced in the later part of the nineteenth century and all students, no matter how special their needs, were required to be in school. However, the attitude of the past remained the same for these children and it was still considered to be education for the "idiots" (Kauffman, 1997, p.66). This created problems in the school system and something had to be done quickly otherwise the education of these idiots would begin to interfere with the regular classes. It wasn't too long before special classes were developed to "educate" these students. In actual fact, however, these classrooms were little more than a dumping ground for students who were considered uneducatable for one reason or another. Eventually, other institutions were developed for the sole purpose of rehabilitating children who were stricken with these disorders (Winzer, 1993).

During the early stages of the nineteenth century, there seemed to be hope that some valuable intervention could be established for students with emotional/behavioral disorders. In the late nineteenth century this optimism was replaced with pessimism and a general sense of cynicism. The principles of moral treatment seemed to disappear and the research was directed more toward diagnosing and classifying rather than intervention and treatment. It became a widely

accepted notion that these mental disorders, as they were thought to be, were actually irreversible and little could be done to help the children who suffered from them (Kanner, 1960).

The Twentieth Century

It wasn't until the 1900's that progress was made in terms of intervention and treatment of people with mental disorders. In 1909, the National Committee for Mental Hygiene was founded and, with this, early detection and prevention was the focus. Programmes were developed in some schools and guidance clinics were available for children. Great strides were made after 1910 in terms of the programs that were developed for the health of children. Teacher programmes for training in special education began in Michigan in 1914. The support and demand for mental hygiene programmes in schools and child guidance clinics grew rapidly. These clinics were very innovative in three distinct areas: (1) "interdisciplinary collaboration, (2) treatment of any child whose behavior was annoying to parents or teachers, and (3) attention to the effects of interpersonal relationships and adult attitudes on child behavior" (Kauffman, 1997, p. 74-75). Finally, the Council of Exceptional Children and the American Orthopsychiatric Association were organized in 1922 and 1924 respectively. These two groups were prominent and very influential in terms of the research and legislation that were introduced for children with special needs. Unfortunately, however, during the 1930's and 1940's, all countries were in turmoil, with a worldwide depression and war ongoing. There was little money to continue with any significant research and programme development for students with emotional/behavioral disorders and only the most severe cases were receiving any intervention at all. Nevertheless, in spite of the challenges of this time period, the first psychiatric hospital was established for

children in Rhode Island in 1931 and books were finally being written on the topic of child psychiatry (Kauffman, 1997).

Children specifically with emotional/behavioral disorders came to the forefront of interest beginning in the 1940's. Emotional and behavioral disorders eventually became recognized as its own field of specialization. Bruno Bettelheim introduced the concept of a "therapeutic milieu" which still has its influence in psychoanalysis even today (Bettelheim, 1950). More books were written on the subject with children being the focus and discoveries were being made. For example, it was now suspected that learning problems existed for children who were of normal intelligence and a connection was made between these children and what appeared to be a certain level of emotional abnormality. In 1953, the first private school for students with emotional/behavioral disorders was founded by Carl Fenichel in the United States (Fenichel, 1960). With this came the realization that systematic procedures were needed in order to accurately identify students with emotional/behavioral disorders in the public school system. It was obvious that the development of interpersonal relationships would be a key component in this type of programme as evidenced in the published literature of the time. In the twentieth century, research in the area of emotional/behavioral disorders was becoming plentiful and conceptual models were finally beginning to develop.

DEFINITION PROBLEMS

It is obvious that a great deal of progress has been made in the area of emotional/behavioral disorders since the eighteenth century but there are still difficulties which exist in terms of

definition. There are a number of good definitions that have developed throughout history but there are serious problems associated with trying to define such a concept as an emotional/behavioral disorder. There were and still are many reasons for the challenges that exist. It is important to remember that whatever definition is adopted, it should include words that can be easily measured so that objectivity is maintained and the confusion associated with having multiple disorders is not complicated by the assigning of labels. Clearly, this is something which is easier said than done (Kauffman, 1997).

Subjectivity

Perhaps the most prevailing reason for problems of definition relates to the fact that when we say that a child has an emotional/behavioral disorder, we are actually applying a very subjective label to what we are observing. It is also important to realize that this is a cultural label because, as a society, we have certain rules governing emotions and behaviors in a variety of different environments and circumstances. When these social rules are broken, it is quite natural for the majority of people to feel somewhat threatened. To complicate matters, the actual definitions that have been developed for emotional/behavioral disorders are quite varied and the terminology that is chosen often depends on the purpose of the group or institution involved. For example, a school definition might be very different from one that is used by the legal justice system. It seems logical to conclude then, that an all-inclusive definition is required that will serve all parties involved with the children who exhibit these disorders. Supporters of this position contend that it is only then that some level of consistency will be attained and true progress will be made in terms of intervention (Kauffman, 1997). In realistic terms, however, if the same

standard definition was used by all involved professionals, problems would continue to exist. So, it seems that, no matter how clear the actual language is, there is still an element of subjectivity and interpretation that is applied to the individual case which can be considered justifiable.

Imprecise Measurement

Perhaps the second reason for the inadequate definitions that exist for emotional/behavioral disorders is the difficulty that exists in the area of measurement. We must question how it is possible to define a phenomenon that is difficult to measure in the first place? It is accepted that precise measurement of emotions and behaviors is somewhat impossible simply because these constructs are internal in nature and can only be observed indirectly (Winzer, 1993). As a result, in order to scientifically measure behavior, environmental conditions would have to be consistent in time and unfortunately, there are just too many variables to control for in order to attain these conditions. So, when a behavior becomes disordered the child is no longer able to manage the things that they do and they experience a sort of "social rejection" as a result. There seems to be a thin line which separates what can be considered normal and abnormal in terms of behavior and these standards tend to change over time. In fact, most children go through a phase of serious misbehavior at some point in their development (Coloroso, 1994). The question is how do we determine when a certain behavior is actually deviant? Often, what separates the two are the conditions that exist at the time of the behavior in question. For example, a young pre-school child who throws a temper tantrum to get what he or she wants is quite different from a 10-year-old, who consistently does the same thing. Likewise, this same pre-school child's behavior may

become a bigger problem when there are several temper tantrums in the period of an hour. Clearly, inherent in the problem of identifying disordered behavior is the changing standard in terms of the timing and frequency and also the variability that exists for all behaviors (Smith, 1993).

Co-morbidity

Another problem associated with defining emotional/behavioral disorders is the co-morbidity rates. It seems that, very often, children with emotional/behavioral disorders are victims of other exceptionalities as well (Winzer, 1993). Actually, it might be said that having one disorder predisposes the person to fall victim to others. For example, it is not uncommon for emotionally/behaviorally disordered students to also present with a variety of academic problems or a learning disability such as dyslexia (specific difficulty with the process of learning to read). It is fascinating to consider the causality of these disorders and disabilities in such students. Is the student acting out and unable to pay attention because they have just lost interest in achieving due to the fact that they haven't learned to read? On the other hand, maybe he or she hasn't learned to read because he/she can't pay attention for long enough in order to learn anything valuable? Whatever the cause, it goes without saying that for students with emotional/behavioral difficulties, school can be a very unhappy place where very little success is experienced.

Applying

Labels

Depending on the individual circumstances of each case, there are some students who do

overcome the difficulties that they experience while in school and they grow out of their disordered behaviors within a few years. Of course, there are some who never seem to be able to break the cycle and their problems are so severe that they just continue to be aggressive and destructive even as they become adults (Schorr & Schorr, 1988). For this reason, it is important to note that labeling students is always a controversial practice and it must be done very carefully; the pros and cons certainly have to be considered. We must be cognizant of the fact that an emotional/behavioral label is one which carries with it great potential for abuse (Appelstein, 1998). Sometimes, we tend to forget that the person who is causing us all the trouble really is only a kid who is hurt, scared, or misunderstood. Many teachers and parents alike give up on these types of kids because of the bad reputation which usually precedes them (Kerr & Nelson, 1998). These students tend to lose out on important opportunities as a result and it becomes extremely difficult for them to better their life situation no matter how hard they try (Sattler, 1988). Unfortunately, it seems that the emotional/behavioral label is also one which is quite impossible to change even if significant progress is made. There are just too many reciprocal social influences that take place (Reichle & Wacker, 1993).

So, why do we label students like this in the first place? In a sense, we are forced to assign labels to people and the behaviors that they exhibit because these words provide us with the language that we need in order to talk about certain difficulties and hopefully make important treatment advances. It is also important to realize, right from the start, that the perfect definition of emotional/behavioral disorders does not exist and probably never will exist (Winzer, 1993). No matter how refined the wording gets, the one definition will not be suitable to the various

professionals who work with these students on a regular basis. Depending on the individual case, there can be many different types of services being offered to even one student who is struggling with an emotional/behavioral disorder. As a result, there is some argument that instead of having one all-encompassing definition, what we actually need are a variety of different but very similar definitions. Obviously, the school definition would focus on the behaviors that are problematic for the establishment of a safe and caring learning environment for all students involved.

PREVALENCE AND INCIDENCE

Defining emotional/behavioral disorders is problematic and these issues are interrelated and influence the research that attempts to estimate the prevalence and incidence statistics for this population. As a result, most of the general public would be disbelieving of a statistic suggesting that 20% of today's young people actually suffer from what can be classified as severe psychological difficulties (Kauffman, 1997). However, these numbers only encompass those of them who are identified as they work their way through the education system. There are certainly other students who do not qualify for intervention services for one reason or another and therefore fall through the cracks. For example, there are situations where a classroom teacher may report a problem of this nature concerning a student and an insufficient amount of investigating is done and the teacher's concerns are dismissed. Even though an emotional behavioral disorder might be the reality of the situation, the classroom teacher is not the person who decides what society as a whole can tolerate. Sometimes, what must be decided is whether or not the intervention is worth the stigmatization of being identified and labeled. Fortunately, in

most cases, however, we do err on the side of caution and when we intervene we hope that we will not do more harm than good.

Prevalence statistics are usually calculated based on a sample of the population over a specific period of time. As a result, the numbers that are reported really have to be considered carefully because some exceptionalities are susceptible to mis-diagnoses or the student may even "grow" out of their difficulties from one grade to the next. There are many problems associated with estimating the prevalence of a particular phenomenon. In fact, "estimates of the prevalence of emotional and behavioral disorders vary from about 0.5 percent of the school population to 20 percent or more" (Kauffman, 1997, p. 44). This is further complicated by the fact that it is virtually impossible to accurately count an existing phenomenon that has no precise definition. So, perhaps a more useful and realistic prevalence statistic for these disorders would fall somewhere in the vicinity of 3 to 6 percent of the student population (Brandenburg, Friedman, & Silver, 1990).

Obviously, the process of estimation and prevalence is far from an exact science as the terminology suggests. At this point, it becomes important for us to realize that the methods that have been developed for identifying emotional/behavioral disorders are certainly inadequate and there are problems associated with the process. First of all, we must ask ourselves, as educators, who is qualified to determine the existence of such a disorder in the school system? Often, the regular classroom teacher plays a role in identification but perhaps this person needs to become more involved in the process. The judgements of these teachers may provide invaluable

information, their techniques are quite effective, and they certainly prove to be reliable resources for students. A second existing problem in terms of the methodology used for estimation is the compilation of information and support that needs to take place when diagnoses are being made. It seems logical to conclude that the evidence for initial identification, classification, and then intervention has to come from a variety of sources and cannot be based solely on one behavior rating scale. It is important for all professionals involved to realize that these scales provide only one piece of information and cannot serve as the basis for indicating the existence of an emotional/behavioral disorder. These two complicating problems are serious and deserve the attention of those who propose any research in the area of prevalence and incidence of disordered behavior.

It has become quite obvious that there are certain factors that may affect prevalence statistics for emotional/behavioral disorders which cannot be avoided. Adolescence is one such factor since it is definitely considered to be a time of rapid change (Gladding, 1999). Most would agree that becoming a teenager is often a very confusing and stressful time for both males and females alike and social relationships and situations become a great deal more complicated (Schinke & Gilchrist, 1984). Imagine a male student who has been a discipline problem throughout his entire school career and the school and all of his teachers have tried their best over the years to manage his behavior. Now this same little boy has grown into a young man who is 14 years old. He is older, he has entered adolescence, and his problems are now more severe. He just doesn't seem to care about school and his behavior, on a daily basis, is becoming unmanageable. Something has to be done for him now but, unfortunately, it is probably too late at this point for a cure

because his behaviors have become a way of life for him. Clearly, intervention for emotional/behavioral difficulties has to come early and, unfortunately, this particular student now has a long history of misbehavior and he is a master at manipulating the system. The results of his misbehavior are a host of restrictions on his freedom when what he really needs is long-term counselling, support, and understanding. Eventually, he will probably drop out of school and continue with his downward spiral. So, what can be done for a student like this? Fortunately, while intervention for adolescents who are experiencing emotional/behavioral difficulties is certainly a challenge, progress can be made. It is usually very slow and will eventually reach a plateau but it is important to realize that reintegration into a less restrictive academic environment is possible. However, these students will need a considerable amount of support and their programming will have to be very individualized in order to be successful (Fuchs, Fuchs, Ferstrom, & Holm, 1991). As was mentioned earlier, the prevalence and incidence of the specific emotional/behavioral disorders are difficult to predict and measure. Classification is also problematic. For instance, prevalence statistics can be higher in certain communities but this may be due to the fact that there is often a tendency to under-identify students and also because some school systems lack sound methods for identification. Sometimes, it may be better to adopt a less rigid set of procedures and risk an occasional incorrect diagnosis, than to fail to identify students and further fail to intervene on their behalf. It becomes a question of which is the "lesser of two evils"? Either way the problems associated with identification would be much lower if more people were intensively and properly trained in this specialized area (Winzer, 1993). For example, it would be beneficial for regular classroom teachers to receive ongoing professional development in the area of classroom management procedures and discipline. Also,

it is important to note that the tendency to over identify students can be abused if schools merely fill out the paperwork so that more funding will be allocated to them (Kerr & Nelson, 1998). These types of practices may be a reality in today's businesslike world but they are unethical in the instruction of students and the practice of teaching.

BEHAVIORAL ETIOLOGY

There is much debate as to the biological causes of emotional and/or behavioral difficulties (Cooper, 1999). We do know that environments have a great impact on behavior but that does not explain why two siblings living under very similar conditions can have completely opposite reactions to the stimuli they encounter. There is also great diversity in the population that makes up students with emotional/behavioral disorders since they seem to come from all walks of life. These reasons make determining etiology very difficult and something which can only be done on an individual, case by case basis (Winzer, 1993).

The behaviors that children exhibit are varied and, in terms of their normalcy, there are some behaviors which are blatantly abnormal no matter what the situation or the circumstances. Murder is only one example of such behavior. However, there are other behaviors which are unacceptable because of the social context in which they occur. For example, aggressive behavior is controlled in school environments but, in some home environments, it might be acceptable for siblings to push each other around a little. The point is that every social circumstance comes with its own set of expectations and there are varying limits of what is appropriate and inappropriate behavior (Winzer, 1993). This is also some concern that serious,

long-term misbehavior can have certain developmental consequences. For instance, these same children may not get certain opportunities in life because of the reputation that they carry around with them everywhere they go. Unfortunately, misbehavior in children, if not dealt with adequately and at an early age, can enter into a vicious cycle which worsens over time. Eventually, these children are reinforced for exhibiting their "bad" behaviors (Mordasini, 2001).

Many of the conceptual models that exist for emotional/behavioral disorders in children are actually extensions of the models that have already been developed for adults. We all know, however, that children and adults are not the same and different rules should apply. Obviously, there are just too many developmental issues that have to be taken into consideration so it seems impossible that the same models can be used. There appears to be little doubt that more research needs to be done in this very important area of emotional/ behavioral disorders, with a definite focus on children. This would decrease the risk of a child being inappropriately diagnosed with a severe emotional/behavioral disorder of one type or another and, consequently, the ineffective interventions that might be expected to follow. It is also evident that some parents do not have the skills they need to raise their children and the exact opposite of what needs to happen actually happens (Coloroso, 1994). Instead of parents teaching children, the children end up training their parents and manipulating their environment to get what they want (Neville, 1995). Often, these children know the system and they are good at getting their own way. Even teachers can become part of the problem without careful planning and then the consistency to carry out those plans. However, a means of preventing this type of confusion can be averted with the study of people and things in relation to one another and their subsequent environments. This type of direct

observation will, no doubt, prove that the daily interaction of these emotionally/behaviorally disturbed students has a tremendous influence on future behaviors.

CONCLUSION

The manner in which children think and behave are of paramount importance in the research that is conducted on a daily basis across many domains. There are many questions that can be posed regarding human behavior in general. What goes on in the mind of a child as he/she acts and reacts in ways which are characteristic for our culture and species? What makes behavior normal or abnormal? Who decides when behaviors have crossed that imaginary line that exists, resulting in varying degrees of deviance? Is it normal for a child to fantasize about life or talk to himself/herself as he/she thinks aloud? These are just a few examples of things that every child probably does and are considered to be normal when they do so. Abnormality occurs, however, if these behaviors are done too often and they begin to interfere with daily living and become the "undesirable". Then, the child may be considered unhealthy and in need of help.

Historically, as we have seen, it becomes very difficult to implement successful programmes when the definition of a concept, its causality factors, and rates of prevalence and incidence are hard to pinpoint. Right now, these are the issues that professionals who work with students who have been diagnosed with emotional/behavioral disorders have to contend with on a regular and consistent basis.

Characteristics of Specific Emotional and Behavioral Disorders

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INTRODUCTION

There are many examples of debilitating conditions that can fall under the category of emotional and behavioral disorders. Usually, these disorders can be classified as either externalizing or internalizing. An example of an externalized emotional/behavioral disorder would be aggression and an example of an internalized disorder would be anorexia. It is important to note that some of the internalized disorders can be more serious in nature than the externalized disorders. Nevertheless, there is no doubt that they all affect the development of the child and consequently their academic progress in school. It is a fact that each emotional/behavioral disorder will cause their own damage if not treated appropriately and the reality that the onset of disordered behavior can occur at different stages in a child's life can be a further complication. It is evident that these emotional problems, behavioral difficulties, and even psychotic disorders do have a detrimental effect on the lives of children and their subsequent responding behaviors to their environment.

EMOTIONAL PROBLEMS

There are many children in our school systems today who suffer from emotional problems of one kind or another. Some are anxious to the extent that their thoughts and actions interfere with their regular everyday activities, some may suffer from depression to the point that they consider suicide as a viable alternative, while others are so extremely unhappy with their body image that they eventually develop eating disorders. What all of these difficulties have in common is an

underlying emotional component which serves to complicate life for these children no matter what environment or circumstance they may find themselves in.

Anxiety Disorders

An anxiety disorder often occurs with a host of other debilitating disorders and it constitutes a significant component in the exhibiting behaviors of emotionally/behaviorally disturbed students (Kauffman, 1997). Every person, young and old, experiences anxiety in their lives and it can certainly be considered a part of normal development but, in the more serious cases, anxious children may be a threat to their own safety and well-being (Winzer, 1993). Anxiety is a state of mind which is characterized by feelings of stress and uneasiness which is due to some fear or worry that permeates a person's life such as the anxiety that a student might have towards something as basic as problem solving in math (Pipher, 1994). A wide variety of feelings may be exhibited and it appears that some students are just better at handling their anxiousness than others. It is important to note that the majority of cases involving anxiety do not require any sort of professional intervention. Anxiety, however, is considered to be a problem when a person exhibits self-defeating beliefs and attitudes which drastically interfere with what can be considered regular, everyday living (Egan, 1998).

Children are not immune to anxiety disorders and it is estimated that approximately 7 to 8 percent of children experience intense anxiety at some point in their young lives (Kauffman, 1997). These anxious feelings may be somewhat generalized and involve a number of different situations or they may be very specific and directed toward one thing in particular. In these

cases, the anxiety is such that the imminent danger is overestimated and along with this comes an underestimation of any ability to cope with the presenting situation (Bogels & Zigterman, 2000). In many cases, this can be considered an irrational fear or a phobia and the response is one of avoidance. For example, a person could have a fear of flying and refuse to go on an airplane under any circumstances. This type of anxiety has the potential to impair functioning in terms of normal social and personal development.

There is a biological basis that coincides with a learned aspect of behavior in determining the cause of anxiety disorders. Learning occurs through conditioning and through observing adult behavior, which includes any non-verbal cues as well. It certainly appears that anxiety runs in families and subsequent generations show the signs of these types of feelings and the toll that they take on each person (Kauffman, 1997). We are sometimes too quick to assume that children are not prone to these types of disorders but an adult who exhibits symptoms of an anxiety disorder is, nevertheless, modeling behavior for the younger generation to follow. These tendencies then spill over into other environments. For example, in the school environment, educators have to be particularly cognizant of what has been termed **school phobia** in which a child is socially unable to cope with school in general, and may even attempt to avoid attending class as a result. There are many other types of anxiety disorders which can contribute and play a role in the development of children but some of the more serious ones include obsessive-compulsive disorders, posttraumatic stress disorder, stereotyped movement disorders, selective mutism, eating disorders, elimination disorders, sexual problems, social isolation and ineptitude(Kauffman, 1997).

Eating Disorders

Eating disorders, specifically anorexia nervosa and bulimia, deserve special mention here due to the fact that they often surface in young adolescents, especially females (Tenore, 2001). Anorexia nervosa is characterized by a reluctance to eat, in general, as a result of an obsessive preoccupation with body weight and a subsequent fear of becoming obese. Bulimia occurs when a person gorges on food and then feels so guilty that he or she then uses laxatives or self-induces vomiting to purge the body of the food. Both of these eating disorders have pervasive underlying emotional issues, resulting frequently in low self-esteem (Pipher, 1994). People who suffer from eating disorders have a distorted notion that being thin will make them happy and this is the goal that they strive for no matter what the consequence is to their health. In fact, many of them do actually die trying (Sokol, 2001). Society, unfortunately, presents us with this notion in all forms of media and saturates the market with these unrealistic representations of body size and image. In some cases, the end result is compulsive overeating manifested as a failure to cope with a wide spectrum of negative feelings. It really is an impossible concept to live up to and it is a cycle which seems to run in families (LoBuono, 2001).

Depression

According to the DSM-IV, depression is considered to be a mood disorder and there are many types of feelings that become characteristic depending on the individual person. Dysphoria refers to a general feeling of extreme unhappiness while, on the other hand, there can be feelings of euphoria, which is the exact opposite and refers to extreme happiness. When dysphoria lasts for

a year or so in a child or adolescent but does not necessarily reach high intensity, then this mood is referred to as dysthymia. When euphoria results in a sort of frantic activity then it is referred to as mania. A unipolar mood disorder refers to feelings of either dysphoria or euphoria but not both. Unipolar depression affects probably 2 to 5 percent of children and seems to affect boys and girls almost equally at this early age (Griest & Jefferson, 1992). Bipolar disorder refers to mood swings ranging from dysphoria to euphoria, from one extreme to the other.

The etiology of depression is not fully known at this point in time. In some cases, it seems that biological factors are the cause while in other cases, it appears as if depression is a reaction to the environment that the person is experiencing (Steinem, 1992). In the research to date, there is some suggestion that depression may run in families and some sort of genetic predisposition exists (Stark, Ostrander, Kurowski, Swearer, & Bowen, 1995). However, we must also consider that these same parents become models for their children and consequently, some of the depressive behaviors that are exhibited may actually be learned through reinforcement. It is important to note that substance abuse is often a problem experienced by depressed individuals (Cooper, 1999). Problem solving is also a difficult task for these people. For children and adolescents who are depressed, school failure is often a result. The common theme in all of these subsequent difficulties is the fact that depression often coincides with rigidity and the tendency to set impossible and unattainable goals (Corey, 1996).

More research needs to be conducted in the area of depression and suicide. Adolescents do suffer from depression and it is a very serious condition which often exists in conjunction with

other disorders and the end result is sometimes suicide (Riggs, Baker, Mikulich, Young, & Crowley, 1995). Childhood depression is similar in some ways to the depression that is experienced by adults but the behaviors that are exhibited are usually developmentally age appropriate. Children cannot be considered to be miniature adults. The cognitive differences that exist between adults and children result in a variety of different perceptions and resulting moods. Some of the symptoms of childhood depression might include the following:

a. "Anhedonia (inability to experience pleasure in all or nearly all activities)
b. Depressed mood or general irritability
c. Disturbance of appetite and significant weight gain or loss
d. Disturbance of sleep
e. Psychomotor agitation or retardation
f. Loss of energy, feelings of fatigue
g. Feelings of worthlessness, self-reproach, excessive or inappropriate guilt, or hopelessness
h. Diminished ability to think or concentrate, or indecisiveness
i. Ideas of suicide, suicide threats or attempts, recurrent thoughts of death"(Kauffman, 1997, p. 461).

Depression is only considered to be the diagnoses if a number of these symptoms are persistent over an extended period of time and if life circumstances are not such that these symptoms would be considered to be a reasonable reaction. Unfortunately, once a person experiences a battle with depression, the likelihood of repeated incidences is high (Kauffman, 1997).

Suicide

Any depressive episode has the potential to end in a suicide attempt and subsequent death. In fact, the incidence rates of suicide have dramatically increased over the years as have the problems that people are forced to deal with in their everyday lives (Kauffman, 1997). However,

the prevalence of suicide is very difficult to determine because often the true cause of death can be questionable (Shneidman, 1996). For instance, there are many car accidents that could actually be suicides but since the person involved has been killed, it becomes impossible to determine what their true intentions were at the time. Suicide carries with it a stigma for the families that are left behind to grieve so if there is any indication that it could have been an accident then that is the cause of death that is usually accepted. Teenaged boys have a higher suicide rate than girls and this is due to the fact that they often choose a deadlier method for completing the act e.g. guns. Para-suicides, which are uncompleted attempts, are more common for adolescent girls who choose pills (Pipher, 1994).

BEHAVIORAL DIFFICULTIES

Behaviorally disordered students in the classroom are difficult to handle and they sometimes contribute to a negative environment if certain management techniques are not implemented in a proper manner. The two most common disorders under this category include attentional issues and generalized conduct disorder which often manifests itself in aggression and antisocial behavior. These behavioral complications exist in every classroom and teachers have to be prepared and trained to address the needs of these students so that progress can be made. This is, without a doubt, a very challenging goal to accomplish.

Attention Disorders

Attention deficit hyperactivity disorder (ADHD) is a label which is often assigned to a student who is unable to pay attention in a variety of environments. According to the DSM-IV (2000),

an individual can be diagnosed with either an inability to pay attention, an extremely high level of activity and impulsiveness or some combination of the two. Frequently, children with attention deficit are also diagnosed with an emotional/behavioral disorder or a serious learning disability (Hallahan, Kauffman, & Lloyd, 1996). In some instances, students with attention deficit hyperactivity disorder are also impulsive and are likely to be classified as having a conduct disorder as well (Winzer, 1993). There is a very significant difference when hyperactivity is partnered with attention problems. Attention and activity problems are perhaps the most prevalent type of emotional/behavioral disorder in our schools today (Hallahan, Kauffman, & Lloyd, 1996).

Along with this realization comes considerable controversy and some concern of improper diagnosis. There are those who believe that ADD and ADHD are serious, debilitating disorders but there are also those who attribute these types of diagnoses to parents and teachers who are inadequate in terms of their ability to raise and teach children (Reichle & Wacker, 1993). It may be true that there are parents who would rather have this label on their children than admit that they have done a poor job raising them and accept some of the responsibility. Some teachers may be guilty of this type of attitude as well. Nevertheless, the research suggests that ADD and ADHD are genuine disorders that cannot be cured and children do not typically grow out of them. "It is a developmental disorder of attention and activity, is evident relatively early in life (before the age of 7 or 8 years), persists throughout the life span, involves both academic and social skills, and is frequently accompanied by other disorders"(Kauffman, 1997, p. 308-309).

In the regular classroom setting, these are the children who lack motivation and just can't seem to follow the rules. It is extremely important for teachers to be trained in this area and be able to identify the behaviors associated with ADHD. These behaviors in question are significantly different from the majority of other students in the class since all children have trouble paying attention from time to time. Consequently, it is when a student begins to show attentional difficulties while at school that a referral should be made for assessment and further intervention. This is not always an easy task to accomplish, however (Hallahan, Kauffman, & Lloyd, 1996). According to the DSM-IV, the student must present with symptoms of inattention or hyperactivity which must exhibit before the age of 7 years. Difficulties must be classified as causing significant impairment in social, academic, or occupational functioning and they must also be consistent across two or more settings.

As mentioned earlier, ADHD often co-exists with other disorders. As many as 20% of children who are diagnosed with a specific learning disability also have ADHD as a co-morbid condition (Riccio, Gonzales, & Hynd, 1994). When this occurs the risk for academic and even social failure while at school increases dramatically as the symptoms impact upon each other and may become more severe. Often, when a child is classified with an emotional and/or behavioral disorder they are ostracized by their peer group. Therefore, we really must stop to consider the effect that these applied labels have on the mental well-being of the child. It is quite possible that students are given a variety of classification labels for the difficulties they are having simply because the diagnostic categories that we use overlap too much. This tendency might be difficult to change at this point in time but it is something about which we should be cognizant.

Attention-deficit hyperactivity disorder exhibits itself in approximately 3 to 5 percent of school-aged children (DuPaul & Soner, 1994). It is also common for boys to outnumber girls (Kauffman, 1997). Brain dysfunction has always been thought to be the cause of ADD or ADHD. However, recently, researchers have been looking for a biological explanation for these disorders. It appears that ADHD does run in families in the sense that, for relatives, there is an increased risk or a predisposition under certain circumstances for attentional difficulties to present. It should be noted that there is still much to be learned in this particular research area and these statements of causality are far from a genetic certainty.

Conduct Disorder

A student who has been diagnosed with a conduct disorder is usually difficult to manage in the classroom. They are anti-social and their behavior prevents them from fully participating in regular, every-day situations that most of us take for granted. They just do not have the necessary social skills and they are often "bullies" to the more vulnerable children (Kerr & Nelson, 1998). These bullies are everywhere and they usually commit acts of aggression which seem to have no purpose and most of us have difficulty understanding why they engage in such behavior. Aggression is a common stage in our developing youth but, for the bully, these incidents occur at a higher rate and at a later age than what would be considered normal (Kerr & Nelson, 1998).

The DSM-IV diagnoses conduct disorder based on 15 characteristics which are classified under the following four basic headings: aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules. The criteria requires the person to be under

the age of 18 and for 3 or more of the characteristics to be exhibited in the last 3 months, with 1 of them in the last 6 months. It is also a requirement for the presenting behaviors to be seriously interfering in the life of the child and not be an acceptable response to a chaotic environment. Many students who have been diagnosed with conduct disorder also show signs of oppositional defiant disorder which refers to a pattern of very hostile and negative defiance directed toward familiar adults.

The DSM-IV further classifies conduct disorder in terms of childhood-onset and adolescent-onset which occurs after the age of 10. There is also a determination of severity ranging from mild, moderate, or severe. A severe disorder is diagnosed when a considerable amount of harm is committed against others. A final classification of conduct disorder refers to whether or not it is socialized or undersocialized. Socialized conduct disorder is covert in nature and can include behaviors such as lying or stealing. Undersocialized conduct disorder is a blatant form of behavior such as arguing or fighting (Kauffman, 1997). Of course, there are some children who do not adhere to one form or the other but actually are very versatile in that they exhibit both forms of conduct disorder. The basic underlying premise here is that students with conduct disorders are in all schools and teachers have to be cognizant of the contributing factors that coincide with this disorder and they have to be trained to deal with these students and their subsequent aggression.

Estimates of prevalence rates for conduct disorders are much higher for boys than for girls. It appears that the percentage for boys is 6 to 16 and for girls, it is much lower at 2 to 9 (Kauffman,

1997). These differences are related to the socialization that occurs quite naturally in our society as we raise our children. Many of us would agree that certain behaviors are considered to be more acceptable for boys than for girls and are therefore tolerated to a greater extent. Aggression is one area which adheres to this pattern, consistent with the old adage that "boys will be boys". Parents and society in general have come to expect boys to play rough and be aggressive whereas girls are trained to be nice and sweet and emotional. A trip to your local toy store will clarify this socialization process if you are in doubt.

Contributing Factors

Some children are at risk of developing certain anti-social behavior just because of personal factors (Winzer, 1993). For example, even babies have temperaments when they are born and children and adults grow and develop into a variety of personalities. A second contributing factor for a conduct disorder refers back to certain families and their associated problems. Inherent in the families of students who exhibit aggression are antisocial behavior and criminality on the part of parents, guardians, and even siblings (Blechman, 1985). Normal development just does not seem possible in this type of inconsistent environment. Some of the things that children see and experience at the mercy of their parents is criminal in itself and it is no wonder that emotional and behavioral problems are the norm for them. As a society, however, we must remember that aggression and all of its associated chaos constitutes a cycle in families and, unless some effective interventions are introduced, then it will continue to be passed from one generation to the next.

Schools constitute a third contributing factor to conduct disorders. There are some students with conduct problems who are totally rejected by their peers and sometimes their teachers while they are at school (Cooper, 1999). In some cases, this is a very blatant form of rejection while, in other cases, it happens and the student hardly realizes it but it is certainly evident through the eyes of an objective observer. This social isolation is then partnered with academic difficulty because these students have fallen so far behind or they are just incapable of succeeding in certain courses and programs. Whatever the case, school is far from an enjoyable place for the aggressive child and they seldom experience any academic success (Sattler, 1988). When asked, there are some who profess to hate school and who can blame them?

The fourth and final contributing factor for a conduct disorder is the child's peer group. Aggressive students sometimes find for themselves a kind of deviant group of friends to hang out with. The opportunities for these antisocial groups or gangs depend on the dynamics of the community and the school itself. Often, aggressive acts are revered and given high status within these groups and this satisfies the inherent need for belonging that emotional/behavioral students have. Everyone needs to feel that they belong somewhere and aggressive students are no exception to this rule. The unfortunate side effects of these gangs are often substance abuse and delinquency (Winzer, 1993).

Aggressive Behavior

Today, more than ever, children are being exposed to increasing levels of violence through the various forms of media that are available to them, television being the most obvious medium

(Winzer, 1993). Video games are also prominent in the lives of many children and the violence inherent in these programs may be more influential than that of television. When a child watches television, they are observing violent acts and there is a certain degree of desensitization and tolerance of the violence that is committed. However, when a child plays a video game they take on a actual character and they become participants in the violence and aggression in the program. This has to be more dangerous than merely observing! We must ask ourselves what the consequences are of these very controversial television programs and video games.

Aggression and violence becomes an even more dangerous occurrence when it is directed at any one cultural group in particular. Unfortunately, our society is still plagued by racial prejudice and stereotype. Something as simple as the color of a person's skin can be the reason for deliberate and violent aggressive acts. People in all minorities are at risk and these groupings can be made on the basis of racism or even a condition such as poverty.

The teachers of students with emotional/behavioral difficulties need a tough skin and they must be prepared for aggressive outbursts on the part of their students (Cooper, 1999). The attitude of the school, in general, is also extremely important as well. The entire staff has to realize that many students are receiving special education interventions as a result of emotional and behavioral difficulties and that these problems may be comorbid with academic problems and/or failure. It is difficult to keep up with the other students in the classroom when behavior is a constant issue which has to be addressed and, as a result, much class time may be lost. Very often, students with emotional/behavioral concerns are rejected by their peers but also by their

teachers and the feedback that these students receive is sometimes hostile (Cooper, 1999). There is no doubt that the behaviors of these students may worsen over time and interventions should be attempted at the earliest possible time. Disturbed children who are permitted to continue with their patterns of misbehavior often grow into adults who become criminals and this is at an enormous cost to society as a whole (Smith, 1995).

PSYCHOTIC DISORDERS

Included under the classification of psychotic disorders are schizophrenia and autism. Clearly, when children suffer from severe disorders such as these there are behavioral issues that have to be addressed. Generally, problems seem to arise in the areas of socialization, communication, self-stimulation, or self-injury (Kauffman, 1997). The difficulties experienced by these students are sometimes severe and raise a number of important issues.

Schizophrenia

There are many different types and varying degrees of schizophrenia. In very general terms, the symptoms include delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms such as lack of affect, inability to think logically, or inability to make decisions (American Psychological Association, 1994). Schizophrenia is uncommon in children but it does affect about 1 in 100 adults (Kauffman, 1997). When it does exhibit itself in children it is difficult to diagnose. It usually begins very slowly and, in the early stages, it can be confused with conduct disorder, anxiety disorder, or ADHD because the pattern

of development may appear somewhat normal at first (Winzer, 1993). Often, when delusions are experienced by children they are of a sexual or religious nature (Isaac, 1995). Children with schizophrenia often grow up to become adults who also suffer from these same symptoms (Asarnow & Asaranow, 1994). In terms of etiology, there is a definite genetic causal factor associated with schizophrenia and the suggestion is that it involves the improper dispersal of a neurotransmitter known as glutamate (Bower, 2001). Unfortunately, however, there may never be one single cause of schizophrenia since the disease is so varied and there are so many factors to consider. No matter what the cause, the end result and the symptoms seem to be the same. It is certainly important to recognize that there are environmental factors at play along with the genetic component that exists.

Autism

Autism is a pervasive developmental disorder which is usually identified very early in a child's development, typically within the first 3 years of life. The symptoms of this disorder are not the same for each child; they each have their own strengths and weaknesses along with varying degrees of disability. Perhaps the most indicative symptom is their lack of social ability since these children often do not even attach themselves to their parents nor do they develop friendships (Buitelaar, 1995). There are also varying degrees of impairment in terms of their communication skills, both verbal and non-verbal and it is evident that social interaction is quite difficult when language is not a tool which can be disposed of. The behaviors exhibited by an autistic child are often in the form of rituals; aggression and self-injury are also quite common (Emerson & Bromley, 1995). These outward behaviors may be considered to be a frustrated

attempt at communication with others in the social environment. Autism occurs more often in boys than girls and affects approximately 0.5 of the child population (Kauffman, 1997). Often, intelligence levels are recorded in very low ranges, within the criterion for mental retardation (Sattler, 1988). To further complicate matters, autism can be comorbid with other disorders.

RESPONDING BEHAVIORS

Students who have been diagnosed with an emotional/behavioral disorder have to develop a variety of coping mechanisms so that they can manage their emotions and behaviors on a daily basis. It goes without saying that this is an extremely difficult task for some adults to accomplish so it must certainly be a struggle for children. Often, young people with such difficulties are not successful at controlling themselves and the result is an inappropriate response to the environment that they are in. Unfortunately, it is quite common for emotionally/behaviorally disordered students to find themselves in trouble with the legal justice system or to become involved with substance abuse (Schloss, Smith, & Schloss, 1995).

Juvenile Delinquency

According to Achenbach (1982), there are three types of delinquents: socialized-subcultural, unsocialized-psychopathic, and disturbed-neurotic. These classifications are very similar in nature to those proposed by Voorhis (2002) in her paper entitled, "Correctional Classification and the 'Responsivity Principle'". The socialized-subcultural delinquent is often from a lower socio-economic class and is of a lower intelligence. The unsocialized-psychopathic delinquent is very aggressive and offensive and probably feels oppressed by society. Finally, there is the

disturbed-neurotic who is very shy, over-sensitive, worried, and basically unhappy with life. Unfortunately, it is difficult to predict which of our youth will continue to commit violent crimes in their life time but it is likely that a child who has been arrested before for this type of criminality and who also has been the victim of family violence, will be more likely to continue with this pattern (Lattimore, Visher, & Linster, 1995). It seems logical to suspect that children who are taught by their families to behave in an antisocial manner from an early age might eventually engage in delinquent behaviors of a more serious nature.

Delinquency then, refers to the committing of an offense against our legal/justice system. It usually consists of a pattern of behaviors that have become a way of life for the person involved. In our society, we refer to a juvenile delinquent as any young person who is not yet legally an adult, and who violates the law and the act is serious enough that the police may become involved (Winzer, 1993). The typical juvenile delinquent is the 15 to 17 year old male who assaults a person or vandalizes property (Seigel & Senna, 1994). However, it should be noted that these types of delinquent acts do not always result in the young person being arrested and charged with a crime against society. It seems that many of these children are intelligent enough to not let their actions "cross the line" and become so serious as to warrant an equally serious legal response. As far as public opinion goes, there are some people who believe that, in many cases, juveniles are given second and third and even fourth chances to reform their deviant behaviors but all to no avail. This is a practice which has undergone an extreme amount of controversy and there are certainly two sides in this issue. There are some who feel that a child should not be charged in any way for a criminal act and leniency is the best measure but there are

others who feel that if a young person chooses to commit an adult crime then they should also pay for it with an adult price. Here, we are referring to index crimes which are acts which are criminal in nature no matter who commits them or how old they are (Kauffman, 1997). The opposite of these index crimes are status offences and these are acts which are considered illegal simply because the person committing them is underage. Drinking as a minor would undoubtedly be a prime example of this type of delinquency.

Research is on-going in the area of juvenile delinquency but there is still much to be learned. There is some suggestion now, as there was in the past, that a higher proportion of delinquents come from the lower socio-economic classes and also from ethnic/racial minorities but it appears that this statement is difficult to support in research (Winzer, 1993). Also, it seems that the older the child is who is committing delinquent offences, the more likely it is that this will become a long-lasting problem and even a lifestyle for them, continuing into adulthood (Kauffman, 1997). This is partly due to the fact that interventions are usually introduced for the younger children and it seems that when a child becomes delinquent at a later age we are less likely to re-mediate him or her successfully. Whatever the case, it is true that a conduct disorder and juvenile delinquency are very similar and even overlapping phenomenon. Unfortunately, however, the extent of the problem is difficult to ascertain because many delinquent acts go undiscovered and/or unreported. Statistically speaking, the cases that go through the legal system usually consist of repeat offenders (Farrington, 1995).

Substance Abuse

A substance is abused when a person chooses to use it in a manner in which health risks are blatantly obvious. As a result, that person may not be able to function adequately in society although this is not the case in all instances of substance abuse. Most people would agree that the majority of teenagers today experiment with either alcohol, or other drugs or some combination of these. It is estimated that approximately 6-10% of these young people continue on with these tendencies until they have a problem and are considered chronic abusers (Kauffman, 1997). Cigarettes and alcohol are the two more common drugs that are abused by adolescents since they are more readily available and can even be considered more socially acceptable than the wide variety of illegal drugs that can be obtained. This has become a huge problem in our society. It seems that very young children often are introduced to these substances in their own home where they see the behaviors modeled on a daily basis. It appears that the child who grows to become a regular abuser of substances was young when he/she had their first experience (Kauffman, 1997). Often this correlates with problems in the home, poverty, and consequent school failure (Schloss, Smith, & Schloss, 1995). The dangerous component in this scenario is that technology plays a considerable role in the development of new designer drugs that are promoted as being better than ever (Kaminer, 1994). Under these circumstances, new drugs may be introduced to the market for legal use and then, in the hands of criminals, end up being sold illegally and not for the purpose that they were intended.

A substance abuse problem typically involves more than one drug and they can be both legal and illegal. It eventually becomes a type of dependency which is extremely difficult to break free from and often becomes a way of life for the abuser. As educators, we can observe behavior and

look for significant changes which may be considered uncharacteristic for the individual person. Kauffman (1997) posits that students with emotional/behavioral disorders are more apt to develop these drug problems as a means of coping with the difficulties that they are already experiencing in their lives. Adolescents who become substance abusers may not realize that their lifestyle only contributes to more complicated problems in order to satisfy the dependency that has developed for the drug.

CONCLUSION

Perhaps the most important realization that can be made is that there will always be surprises and challenges in working with emotionally and behaviorally disordered students and experience is certainly an asset in this field. As educators and counsellors, we must realize that these children are "troubled as well as troubling"(Kauffman, 1997, p. 21) and that real pain exists in their lives. As a result, relationships, for them, are difficult to establish and maintain and the impact of these disordered conditions, in general, is phenomenal in all aspects of their life. These emotional problems, behavioral difficulties, and psychotic disorders certainly take precedence over education and academics under the umbrella of some very difficult circumstances. Without a doubt, teachers have to be understanding and compassionate when addressing any child's responding behaviors, but especially so for students with emotional/behavioral problems.

Intervention and Educational Programming for Students Diagnosed with Emotional and Behavioral Disorders

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Intervention and Educational Programming for Students Diagnosed with Emotional and Behavioral Disorders

Intervention and Educational Programming for Students Diagnosed with Emotional and Behavioral Disorders

INTRODUCTION

Many schools and school boards struggle with what is considered an appropriate intervention for students who have been diagnosed with an emotional/behavioral disorder. It is a difficult task to develop such a programme because these children can be extremely hard to handle. Parents and teachers alike have trouble managing the behaviors that these children exhibit on a daily basis (Neville, 1995). Nevertheless, it is important for society as a whole to realize that all children have an inherent right to a good education and children with disorders are no exception to this basic philosophy. We, as educators, cannot give up on these children and we must remind each other of this and the fact that it is possible to programme successfully to meet their very diverse needs.

Perhaps the most important fact to consider is the actual timing of the intervention that is chosen. There is no doubt that the earlier we begin to work with these children, the better the results will be (Cooper, 1999). Realistically, there is no reason why special accommodations cannot be introduced for them while they are still in the primary grades and it seems that this is a totally justified position because the longer we wait to intervene, the bigger the problem behaviors become. One other fact to consider is that the educators who will be working with the emotional/behavioral students have to be trained in this very specific area. This is an assignment which is more challenging than most that exist in our school systems today and teachers need to

know what to expect. They also need to know appropriate ways in which to respond to a variety of misbehaviors. There is no doubt that there is much to learn where these students are concerned.

The programme and philosophy that is described here was designed specifically for students who were diagnosed with one or more very serious emotional/behavioral disorders. As a result of my experiences working with these students and in conjunction with some input along the way from various colleagues, I developed and am presently facilitating this programme for a school in the province of Alberta. Having taught for almost nine years, with two of those years specifically devoted to emotionally/behaviorally disordered students, I feel that this programme forms a basis from which individualized interventions can logically develop. I am currently working towards a Master's degree in counselling and this particular behavioral philosophy is certainly derived from a counselling perspective. The programme, which is entitled "Positive Transitions" is being delivered in a self-contained classroom with integration into the regular curriculum when it is considered appropriate for each individual student. The integration occurs under the direction of a teaching assistant who accompanies the student so that there is continuity of support and guidance. Each of the four students enrolled in this class have been formally diagnosed with a severe emotional/behavioral disorder. It should be noted that this programme constitutes only one form of intervention for these behavioral students and it is offered as an example of a philosophy which is generally having a positive effect on the students, teachers, and parents who are involved.

PHILOSOPHY AND RATIONALE

Positive Transitions is implemented as a means of transition from a self-contained classroom to regular mainstream for students with emotional/behavioral disorders. The students who are referred to take part in this type of educational intervention have been diagnosed with severe emotional/behavioral disorder. More specifically, their outward behaviors are causing trouble for schools, teachers, and parents alike. Their academic progress is not the focus in this programme because these students cannot listen, are disrespectful, and display a negative attitude toward school in general. At first, it may seem like a hopeless assignment for the teacher who is chosen to spend the school day and the school year with them. Actually, this is the attitude that many of the school staff may have regarding these troubled students (Whelan & Kauffman, 1999). It is important to remember, however, and always keep in the mind, the fact that it is possible to help these students.

I have found that this type of emotional/behavioral programme has better results if it begins as a self-contained classroom where only 4-6 emotional/behavioral students are assigned. It is important to keep the numbers small in this time of intervention so that real change can be effected (Nelson, Scott & Polsgrove, 1999). When larger groups are classed together learning stagnates very quickly and there is a danger that students will feed off the inappropriate behaviors that others may exhibit (Kerr & Nelson, 1998). Eventually, it was also found that, with this type of short-term training, some very basic skills will be acquired and more integration into the regular school environment will become possible. However, this should only be done with a routine of checks and balances in place. These students will need ongoing support and guidance

from their transitional teacher and time has to be allowed for this. They will learn to manage their behavior in more appropriate ways but, it is important to realize that it should not be expected that they will become model students. This is an unrealistic expectation. If social skills are learned and then practiced throughout the rest of the school then much has been accomplished and a firm foundation for the future has been laid. With this philosophy and rationale, the hope is that a difference will be made in the lives of some of these students who have been diagnosed with an emotional/behavioral disorder, whatever it may be.

ESTABLISHING RELATIONSHIPS

The very first objective of a self-contained educational programme for emotional/behavioral students is for the teacher to develop a relationship with each and every student. There is no one method for accomplishing this and it is often an extremely difficult task, depending on the student. It is, however, the most important goal to be strived for and if it is done successfully then a good foundation exists for the remainder of the goals in the programme. Sufficient time has to be devoted to building this type of rapport with students who are very distrustful of the system in general and whose school experiences have not been positive ones. It is reasonable to assume that the students will not trust teachers and they will expect to be treated like many teachers have treated them in the past. Real or imagined, the scars are there and they have a great influence on a student's ability to build a healthy relationship. Trust will eventually evolve, but it will take time and it will only be possible when the students realize that the teacher is genuinely concerned about their well-being and is on their side. It is important not to be discouraged by the

reactions received when care is shown about what happens to them. Often, students with emotional/behavioral disorders don't know how to react when someone offers them this type of compassion and their first instinct is to rebel against it. In their eyes, it is better to be safe than to be hurt later (Egan, 1998). It is unfortunate that some children grow up in a world where adults say hurtful things to them and their self-esteem is constantly bombarded with negative messages (Forward & Craig, 1989).

The attitude of the teacher working with students with emotional/behavioral disorders is perhaps the one determining factor in the success of this type of programme. He/she has to remain positive on a daily basis and must enjoy the profession they are in. Otherwise, a lack of genuineness will permeate the non-verbal messages that the students are receiving and a healthy level of relationship and trust will probably never develop. Perhaps the best strategy for this type of teacher and any teacher is to never get really angry with students. There should be no yelling and at all costs, the teacher must remain calm no matter what scenario develops and comes their way (Woolsey-Terrazas & Chavez, 2002). Belittling and embarrassing students results in a loss of their respect for the teacher and irreparable damage may be caused by a few simply words or actions. Respect has to be earned by the teacher from students and this is often a very difficult process when conflict is a reoccurring theme. When a student misbehaves there should be some form of private discipline take place. The interchange that goes on between teacher and student should be one-on-one and it should be done in a honest, caring, and respectful manner. Often, these student need to hear the impact that their behavior has had on other people, including teachers. When only two people are involved in this conversation then there is no need for the

student to save face and act tough in front of his/her friends. All in all, this constitutes a win-win situation for everyone involved.

GUIDING PRINCIPLES

Once a certain level of relationship has been established, it becomes possible to really intervene with emotionally/behaviorally disturbed children and help them manage their behaviors. However, there are a number of principles or conditions which have to exist in order for anything valuable to happen. A successful programme will address the students' basic physical needs, the importance of making good choices, the consistency of teachers, the appropriate modelling of behavior, and also therapeutic counselling.

Basic Physical Needs

First and foremost, teachers of emotionally/behaviorally disordered children have to take it upon themselves to ensure that the basic needs of students are being met. Even though, this should not really be a school issue it becomes necessary in certain cases. For instance, a child who is hungry or has not had a good nights sleep really is less likely to accomplish much in terms of academics. Abraham Maslow proposed that these basic physiological needs were so important that it is only when these lower needs are met that a person thrives and searches to have higher needs in the hierarchy met (Belkin, 1980). The teacher of disordered children has to be in tune with this type of physical deprivation and must be willing to arrange for certain needs to be met. For example, a student may be given some time to take a nap or may be given a snack when necessary. The difference that this will make in the child's school day is phenomenal. We can argue and fight

for them to produce work on an empty stomach or we can provide them with something to eat so that everyone can get on with their day. It is obvious what the better choice is.

Making Good Choices

The second condition for this type of programme refers to the efforts that teachers can make to encourage students to accept responsibility for their actions, whether they be good or bad. It is important for them to realize that everything they do involves them making a choice of some sort or another. This is quite obvious in certain situations while it is the exact opposite in others. At times, it may seem that they have no choice in the way they react to a set of circumstances but this only attributes to the fact that some choices are more difficult to carry out than others. Nevertheless, as educators, we must constantly remind these students that there is always a choice. Once this becomes ingrained in their system of beliefs then we must help students even further by teaching them good decision making skills. It is hoped that emotionally/behaviorally disturbed students will eventually accept responsibility for their actions by considering and making good decisions regarding the choices that life presents them. This is certainly a difficult concept to teach but it is not an impossibility.

Consistency

Consistency constitutes the third principle that has to be adopted in order to make this type of self-contained intervention programme for students with emotional/behavioral problems a success. This is an important lesson that every teacher learns at some point early in their teaching career. Perhaps the most important thing to remember in learning how to be consistent

is to never threaten a consequence which is not intended to be delivered. Next, in this process, it becomes essential to do what is said will be done. If a student is given a lunch time detention, then it should happen. If students get the impression that they can persuade the teacher to change his/her mind then the door has been opened for them to use manipulation on a regular basis. This cycle of manipulation is difficult to cope with and it is hard to break so it's best not to begin it. Teachers working with students with emotional/behavioral difficulties have to be especially cognizant of being manipulated and consistency is an absolute must. Some of these students are accustomed to adults changing their mind and they will expect this of their teachers as well. If the teacher does not do what is said will be done then, in their opinion, they have been lied to and the issue of trust is at the forefront once again. It is essential that the teacher becomes a person who honestly does the things that he/she says will be done.

Modelling Behavior

The modelling of behavior naturally occurs whenever a teacher is in the presence of students and this is something which every teacher should always keep in mind no matter what the situation or the circumstance. Being a good model is not always an easy thing to accomplish for any human being because every person has their faults. By adhering to strong values, however, the task becomes a little easier. The one quality that teachers of emotionally/behaviorally disordered students have to model is humour. These students often struggle through the motions of daily living and they forget to have fun and find humour in the people and environments that they encounter. This is a very valuable outlook to teach any student in our school system. The days may not seem so bleak when a little humour is added to the mixture. Humour is becoming

increasingly important in today's schools due to the rising incidences of depression and suicide among our young people. When done carefully and in proper taste it can only help matters (Appelstein, 1998).

Counselling

Programming for emotionally/behaviorally disordered students becomes complete when regular therapeutic counselling is made available with a trained professional. This is an absolute necessity for a variety of reasons. There is no doubt that these students need to talk about the circumstances in their home life as well as the changes that they may be experiencing while at school. Quite possibly, the regular everyday teacher may be able to fulfill a portion of that role for his/her students and become a teacher/counsellor. In many cases, however, it would be beneficial to have a more objective person hear the more serious hurts and frustrations of these students. This service can be provided by the school guidance counsellor or by an outside agency. It becomes very powerful and is a highly effective process when the professional approaches the student with complete and total respect (Golden, 1998).

BEHAVIOR MODIFICATION PLAN

Any teacher who works with students struggling to behave will need to develop a behavior modification plan which can be implemented on an individual or a class basis. This plan should be written in such a way that it can be clearly understood by the students involved and it should be flexible enough that it can grow with them as progress is made. The major components consist of an outline of any and all classroom expectations, the consequences and privileges

associated with behavior, and the identification of target behaviors for modifying.

Classroom Expectations

On the very first day of classes, it is important to establish with students what expectations you have for them. This is not to say that they will agree with you and adhere to all that you say but they do need to have this information up front as soon as you meet them. Your job then is to constantly refer to what you expect of them and for you to point out exactly when they are not living up to these very basic agreements. Often each student will struggle to follow only certain rules and they will all have their subsequent areas of strengths and weaknesses. The following set of four expectations serves as an example of established rules in a classroom but it is only a guide and it will need to be modified according to the age and capabilities of the students you are teaching (Gibbs, 1995).

CLASSROOM EXPECTATIONS
Attentive Listening
Mutual Respect
No Put Downs / Show Appreciation
The Right to Pass

Really, the only expectation here that requires any explanation is "The Right to Pass". This gives students the option of opting out of an activity if they are uncomfortable with it. This type of privilege becomes very valuable when working with students with emotional/ behavioral issues. Teachers, however, need to be aware of the possibility of abuse and unnecessary overuse where this expectation is concerned.

Consequences and Privileges

Inherent in the success of any behavior modification plan is the premise that good behavior will be rewarded with meaningful privileges and inappropriate behavior will be punished (Jenson, Rhode, & Reavis, 1994). Students need to be taught that there are consequences associated with the choices they make in terms of how they behave. Often they do not realize that these consequences can be good or bad, depending on the actions they have taken. The particular programme that is decided upon for a class will depend on the individual needs of the students and it will evolve over time. In order to implement rewards and privileges, the teacher will have to discover what the students enjoy doing and then require students to earn the right to participate by displaying good behavior. When behaviors are inappropriate, students move through the stages of a discipline plan which might include the following: verbal warning, detention, time-out (away from the classroom) and finally, removal of special privileges. It is hoped that the undesirable behaviors will be discontinued before the student reaches the final portion of the discipline plan. Having said all of this, it is important to keep this type of self-contained classroom approach on a positive note as much as is possible. There will be many negatives when working with students with emotional/behavioral disorders but this should not be the focus for the teacher. It is important for the educator to concentrate on helping students earn the right to watch the weekly movie and enjoy a piece of pizza with their friends rather than spend the entire time serving detentions.

Choosing Your Battles

This is perhaps the hardest lesson that teachers of students with emotional/behavioral problems

have to learn. Teachers want their students to behave in a certain way and to be respectful and civil to each other. This, however, is not the reality of the situation in a self-contained behavior classroom. In these types of programmes there is a multitude of misbehavior and it is difficult to deal with everything all at once. That said, it becomes necessary to "choose your battles". It is only realistic to work on changing 2-3 undesirable target behaviors at any given time in a behavior modification program (Smith, 1993). Many of the other behaviors simply have to wait their turn. This can be frustrating for the teacher who feels the need to respond to all inappropriate behaviors. A thick shell is definitely a prerequisite for this type of teaching assignment. Eventually, as some bad behaviors begin to lessen, others can receive more attention until finally some real change is effected in the life of each individual student. This process takes longer for some and can happen very quickly for others. Teachers have to rely on and believe in the fact that the differences in the students will be evident as time passes and they will eventually feel a sense of accomplishment in this.

AGGRESSIVE BEHAVIOR

Among the many behaviors that may be exhibited by students with emotional/behavioral disorders, angry outbursts and aggressive behaviors are perhaps the most serious. It requires the educator to be trained in appropriate methods of dealing with these types of reactions of children to their environment. This is difficult to do sometimes especially when tempers are high and there is a great deal of tension. If the student is reacting to a consequence that has resulted from their subsequent behaviors then it is important that the teacher not back down from what has already been said. All that is necessary is to try to calm the student down and simply repeat the

required instructions that have been given in spite of what might be considerable objection. Many teachers have a skill of talking with young people at their level and are very good at diffusing these types of situations. The major goal of the interaction is to de-escalate the high levels of emotion so that the student can calmly accept responsibility for what he/she has done and make the choice to live with the imposed consequence. It may take some time to get the student to this point but the negotiating that is necessary for this to happen is well worth the effort. Usually, the next time that this particular student is faced with a similar set of circumstances, his/her reaction will be much more realistic and appropriate. In extreme situations of aggression and violence, however, the first consideration must be the safety of all involved: the violent student, the other students in the classroom, the teachers, and the teaching assistants. If the teacher feels that he/she cannot talk around the situation and improve it then it is important to make this realization quickly and to obtain help. A system for this process should be in place as a preventative measure in every school.

ALTERNATE COURSES

In the programme which is described here, the design is such that academics are not the focus and there are many other objectives which must be accomplished before any subject teaching can occur. First and foremost, the teacher must attempt to specifically address the absence of certain skills and sometimes entire areas of development where students with emotional/behavioral disorders are concerned. In most cases, the students enrolled in this type of self-contained classroom are on a completely individualized program and many agencies are involved in what often becomes a very complicated process. Attempts are certainly made to deliver the

appropriate curriculum with modifications and accommodations so that the student is capable of completing the assignments, but these are second in priority to the individual social skill development of these students. Alternate courses can be developed for students in a variety of areas including, anger management, social skills training, self-esteem enhancement, and/or compliance training. Each student's individual needs will constitute the programme that is designed for them and the courses will be delivered one-on-one or in small groups. Whatever will work the best for that student is what should be attempted, with few questions asked. The resources and the professionals and assistants that are necessary to run such a programme have to be provided. Society as a whole benefits from this type of intense intervention because if these students receive the help that they need earlier in life then they are more likely to keep themselves out of the legal/justice system as adults (Kauffman, 1997). In the long run, we have found that the investment is very worthwhile and everyone benefits from it.

ACCOUNTABILITY

In such a specialized programme as is described here, accountability becomes a very important issue since specific funding is usually obtained from the government for its implementation. Documentation in the form of daily anecdotes of behavior, behavior checklists, and tracking forms become part of the daily paperwork of a teacher of students with emotional/behavioral disorders. This can be quite time consuming in itself but it is of paramount importance and serves a very distinct purpose. Much valuable information can be obtained about each student when daily occurrences are documented in the form of anecdotal notes and it also gives the teacher a chance to reflect on the relationships that are developing in the classroom. The

behavior checklists are usually used to establish and justify the use of special funding for the setup of the programme but the severity of each specific behavior can easily be seen using this method and progress can be graphed on a weekly basis if necessary. The other tracking sheets that can be used are often very teacher specific such as the amount of detention time that the student is required to serve. All of these forms of documentation contribute to an organized programme of intervention and ensures that everyone and everything runs smoothly and consistently.

SCHOOL - HOME COMMUNICATION

Before any contact is made with the home, it is important for teachers of emotionally/behaviorally disordered students to realize and fully understand that some families are dysfunctional and with this comes a considerable amount of baggage as parents and even siblings try to deal with their own individual problems and life long issues. Often, mothers and fathers, if there is a traditional family structure, are too busy with their own lives to really worry a great deal about the problems their children are facing. This makes sense since it really is impossible to help others if you are unable to help yourself. Nevertheless, in spite of these difficulties, school-home contact is important and parents should be kept informed of the progress or lack thereof that their children are making (Cantrell, Cantrell, Valore, Jones, & Fecser, 1999). The regularity with which this is done will depend on each individual family situation and there are many circumstances which will contribute to the pattern that develops with this. For example, in some families, contact with the school is something to be avoided and this may be due to a long history of misbehavior on the part of the child/children involved. In

these situations, parents are highly discouraged with the negative reports that seem to be always coming their way and they eventually give up listening and responding when the school tries to contact them. This is somewhat understandable and schools and teachers should respect this to a certain extent. So, school-home contact with this family may not be as often as teachers would like. Having said that, there are ways to work around this type of attitude in the form of weekly behavior mail-outs for parents of students with emotional/behavioral problems. This gives the parents a chance to follow their child's progress in a way which is non-threatening. Teachers must also remember to include some positive statements in their reports no matter how negatively the child may be behaving. This will help to ensure that a probably already low sense of self-esteem will not get any lower on that particular day in question.

TEACHER BURNOUT

Teacher burnout is certainly a reality for those who choose to work with students with special needs, especially those who have been diagnosed with emotional/behavioral disorders (Nelson, 2001). Stress levels are high in this type of work and often these teachers feel abused and unappreciated. In working and dealing with other staff members, for example, it can be very discouraging to hear comments being made in the staff room about the students with emotional/behavioral concerns. Sometimes, there seems to be very little tolerance of the behaviors of these students and every little incident is blown out of proportion. The general attitude may even be one of contempt and resentment by other teachers and society as a whole, when huge amounts of money are spend on a minority of students such as these. Unfortunately, students with emotional/behavioral disorders often have a bad reputation following them and, as

a result, they are often the first suspects when incidents occur and they get blamed for being involved when the opposite may actually be true. These are some of the issues facing teachers in these types of self-contained classrooms.

Fortunately, it is possible for the stresses of daily teaching to be reduced for the teacher of students with emotional/behavioral disorders if certain premises are understood and adhered to. There are basically three conditions which can make this teaching assignment a rewarding experience for all who are involved. Two of these are under the direct control of the teacher and really are a matter of perspective. The first condition which has to be maintained is the existence of a positive attitude and a rebounding sense of humour. The teacher has to have an inherent knack for joking around and making light of a variety of situations so that serious altercations can be diffused rather quickly and easily. It really benefits no one if a set of circumstances are escalated to the point where violence or aggression becomes the only way for a student to save face in front of his/her friends.

The second perspective that a teacher needs in this very stressful line of work is the ability to brush insults aside and to never take anything that happens in the classroom too personally. These troubled students often say and do things that are rude and disrespectful and teachers need to be aware that such things will happen in this type of self-contained behavior classroom. This is not in any way an excuse for inappropriate behavior and it is something which has to be addressed by the teacher but it is important to leave the remnants of these feelings at school and not take it home. A teacher who is under this type of daily stress has to find strategies for coping

with this type of turmoil so that he/she can re-enter their classroom fresh each morning ready for a new day.

The final supporting condition that will help ensure the success of this programme and ensure that teacher burnout does not become a reality refers to the administration that exists in the school. The teacher who works with emotionally/behaviorally disordered students has to have the freedom to implement this type of programme without interference from the school's administration and, in the effort to remain consistent, must make all important decisions regarding these students. Without this type of reign, the principles necessary to make this educational intervention a success will be jeopardized and the students will once again find a way to manipulate the school system. A supportive administration can contribute to the programme by providing the teacher with the necessary resources and enough teaching assistants as well (Sugai & Lewis, 1999). This type of attitude will make all the difference to both the students and the teacher involved.

CONCLUSION

In my experience, educational intervention involving students with emotional/behavioral disorders works only if there has been extensive planning and preparation. However, it is important to realize that these students bring with them a high level of unpredictability and the school and the teachers involved really have to be ready for anything. It should be kept in mind the importance of establishing a daily routine for these students so they know what to expect when they enter their classroom every morning. This routine should be set up with the individual

students in mind and it can vary from one year to the next depending on the students enrolled. Change should be avoided whenever possible early on in this type of programme until students develop the skills they need in order to adjust and cope with differences. Administrators should also remember that a "revolving door policy" where students enter and leave the programme for different placements should not be attempted in the middle of a school year. If changes become necessary then it would be advisable to wait until one semester ends and another is about to begin. Behavior classrooms which are self-contained are difficult to manage and these final thoughts will add to their success if they are kept in mind.

It should be remembered that students with emotional/behavioral problems deserve the best possible second chance that schools can provide, in spite of an already tainted reputation. Teachers and assistants will strive to facilitate their social skills so that they can eventually return to regular classes and be included and welcomed by the general school population. This step to include these troubled students is intensely debated by those who support this position and also by those who oppose it. Personally, I believe that a certain amount of segregation and inclusion is warranted and necessary depending on the individual needs of each student who is diagnosed with an emotional/behavioral disorder.

In spite of some very difficult days working with the students enrolled in the Positive Transitions program, I must admit that I cherish the relationships that my students and I have developed. It really is an amazing feeling when you first realize that you have gained their trust and they begin to confide in you and share some of their problems. I try very hard to foster their sense of

humour and it is great to see them smile even if it doesn't happen very often. I guess my hope is that if life ever becomes too much for them they will remember that there is at least one person who is on their side and will genuinely try to help.

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