Dr. Beattie -Behavioral and Emotional Disorders - Transcript

Slide 1 NC Definition: Behaviorally-Emotionally Disabled

This week obviously we are going to be talking about a group of kids who here in NC are referred to as students who are behaviorally or emotionally disabled. As you will learn, if you already haven't, this profession uses acronyms a whole bunch. When you hear about BED kids that is these kids. Behavioral Emotionally Disorders, Disabled. These are kids how primary disability isn't academic in nature but is due to or shows itself in inappropriate behavior in working with others or what this person does inside. We will talk about this as we go forward. The definition in the state, we don't have to worry about it per say. Students who after receiving specially designed educational support services and intervention strategies in the regular education setting still exhibit patterns of inappropriate inter or intrapersonal behavior. The underlying parts of the definition we will talk about as being characteristics of this population.

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The inappropriate behaviors must be long standing patterns of behavior which occur regularly and often enough has to interfere with the students own learning process. So there is an education component to it but the reason that the kid has difficulties as a student with behavior disorders as opposed to learning disabilities or mental retardation. Long standing patterns of behavior which interfere with students learning process.

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One or more of the following characteristics has to be in place and these characteristics cannot be attributed to physical sensory or intellectual deficits. That means nothing.

Here are the characteristics I want you to know and pay attention to.

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The first characteristic in our state talks about academic difficulty. A person who is identified with a behavioral emotional disability is that person who exhibits an inablility to achieve adequate academic progress and the important part here is that that limited academic progress is not the result of a learning disability. A kid with a behavior disorder, BED, has academic problems are a result of the kids inappropriate behavior. Not paying attention, fighting with or in someone else space, out of the classroom because of behavior, in school suspension, or the kid is so involved psychologically the kid is not there because is thinking about other things. The behavior interferes with learning process. Academic difficulty as a result of a behavior problem.

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In NC, students are identified as having behavioral emotional disorder if they exhibit the inability to maintain satisfactory interpersonal and/or intrapersonal relationships. Interpersonal relationships are me with you. It is between or among people. Intrapersonal relationship is within yourself, what goes on in your head that causes you to do certain things. A kid with BED in NC has trouble interacting with others

and coping with things going on within themselves which has an effect on what goes on on a day to day basis.

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All of these things are related to the individual's age. In relation to someone's peers, these people exhibit inappropriate or immature behavior or types of feelings under normal conditions. A typical situation that would cause someone to react in one way, this person would react dramatically different at a heightened level. If you do something, if you get caught in class doing something wrong typical response is "ah man" this kid might be a little more overt and start doing a lot of different things that don't fit the crime or the level the kid should be functioning at.

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These are kids who also may appear to always be unhappy, to behave depressed. A tendency to have a general pervasive mood of unhappiness or depression. What does the word pervasive mean? It means that it is always there, a constant. It suggests this kid is always sad or depressed. An individual who is diagnosed for having a depressive disorder in conceivably different than this kid. Depression is a clinical diagnosis, it may be present with kids we are talking about but this is just a kid who is not happy all the time. The kid is bummed out most of the time.

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The last characteristic from the state of North Carolina is that in some circumstances, not always, kids who exhibit these behaviors, they can become such a large part of a kids life that some physical symptoms that exist or exhibit themselves. They develop physical symptoms, pains or fear associated with personal or school problems. I can't o got school my stomach hurts, all kids have tried that. This is consistent top the degree that there is a physical symptom or problem. A kid doesn't want to go to school for many reasons and develop these symptoms.

Slide 9 Defining Emotional and Behavioral Disorders

We are not going to look at specific definitions but we will look at elements present in any definition that exists when talking about kids with behavioral emotional disorders. Obviously as you see, defining disorders, the state of NC refers to them as disabilities and IDEA refers to them as disorders. They all mean the same.

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There are some things that have to be present in order for this kid to be identified with having a behavior disorder. All definitions agree that a child's behavior must meet three criteria. If these three weren't in place everybody would be identified as a student with a behavior disorder.

The first is severity. The child's behavior must differ from the norms. When you all get angry, you cry, clench fists, take it out on something different. You sulk and scream and do whatever. Your reactions to your anger are typical, they are not extremes. Kids with behavior disorders react in extreme manners. They throw stuff across rooms and at people. It has to be severe.

The kid has difficulty in school because the kid isn't there to get the instruction.

The last one is chronicity. It occurs over a long period of time, it gets chronic. If you get mad and angry chances are that after a short period of time it is gone. Now, that doesn't mean you won't carry a grudge or try to get back at that person but you are not going to exhibit inappropriate behavior over an extended period of time. Kids with behavior disorders do. That severe behavior continues to exist over a long period of time, these are kids you don't want to take home to meet mom. They aggress in many circumstances and make it difficult to be friends with. These are kids I love working with because they are wonderful when you get through the crap that causes them to act the way they do. Fascinating stuff goes on in kids lives that my guess is no one would suspect exists in kids live. It is a miracle to me we have such few kids with problems based on the circumstances of where they come from.

Two broad categories of characteristics with this population.

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Students with behavior disorders may exhibit externalizing behaviors. These externalizing behaviors are the most common patterns of behavior and are marked by antisocial or externalized behaviors. The kinds of behaviors you may see appear as non-compliance, verbal abuse, physical attacks, that kind of stuff. The most common patterns of behavior because it is easy to interpret F. you. B so it is easy to identify that. Throwing a chair through a window stands out, it is easy to identify that is why it is the most common pattern of behavior for kids who are identified as having behavioral emotional disabilities.

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The second characteristic is internalizing. Kids who exhibit internalizing behaviors are those how are engaged in to little social interaction. They are marked by immature, withdrawn, or internalized behaviors. And this bulleted item at the bottom is very important. If you can be sensitive to them it will be a huge plus. Because these behaviors are less disturbing, these kids are often not identified as a student with any type of a disability. Let's look at this for a little bit. So the kid with externalizing is in your face, the kid with internalizing is withdrawn, sitting alone, engaged at a level that is way below what we expect from the typical age level of the kid we are talking about. These kids are often unidentified, first of all because we don't see the behaviors as easily and in many circumstances teachers love to have these kids in their classroom as long as it does not get to the point where these kids erupt because this kid doesn't do anything, is alone, is not a hassle. They do whatever it is that happens. Some one that acts like everything is peachy and then there is an explosion. If the explosion is at a dramatic level there can be disastrous results. This stuff builds up to the point of no solution and reacts violently. If you can be sensitive and pick up on this kind of stuff, everybody has some affect and reaction to stuff. If you have that kid that doesn't react to anything be conscious and get the counselor involved and people that will work with them. Give the kid the opportunity to benefit from some support for their benefit and ours.

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