



INCLUSIVE 4-H: EMOTIONAL AND BEHAVIORAL DISORDERS

Anyone who interacts with children frequently knows that children’s behavior exists on a continuum. There is no special point on the continuum at which we can define a behavior as a serious problem. Instead, it is important to understand that the effect of an emotional or behavioral disorder can range from very mild to very severe. To further complicate the matter, while it is easy to identify those children who display inappropriate behaviors (i.e., defiance, aggression, anger), it is much more difficult to identify those children who do not openly display such behaviors (i.e., depression, obsessive-compulsive behavior).

Unlike disabilities such as Down syndrome or physical impairments, emotional and behavior disorders are generally not physically observable. Consequently, some people may not view this group of children as having a disability and, instead, view them as troublemakers who choose to misbehave. This is not the case.

The term emotional and behavior disorder encompasses many disorders: Adjustment Disorders; Anxiety Disorders; Obsessive-Compulsive Disorder (OCD); Post-Traumatic Stress Disorder (PTSD); Selective Mutism; Attention Deficit Hyperactivity Disorder (ADHD); Oppositional Defiant Disorder (ODD); Conduct Disorder; Anorexia Nervosa; Bulimia Nervosa; Bipolar Disorder; Major Depressive Disorder; Autism; Schizophrenia; and Seriously Emotionally Disturbed.

WHAT IS EMOTIONAL DISTURBANCE?

The Individuals with Disabilities Education Act (IDEA) defines emotional disturbance as follows:

“...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

- a. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- c. Inappropriate types of behavior or feelings under normal circumstances.
- d. A general pervasive mood of unhappiness or depression.
- e. A tendency to develop physical symptoms or fears associated with personal or school problems.”

As defined by IDEA, emotional disturbance includes schizophrenia, but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

SPECIFIC CHARACTERISTICS

- Disrupts classroom activities
- Resistant to change and transitions in routine
- Preoccupied
- Impulsive behavior
- Does not follow or appear to care about rules
- Poor concentration
- Inattentive and distractible
- Often speaks out with irrelevant information with no turn taking
- Demonstrates aggression
- Regularly absent from school
- Consistently blames others for their dishonesty
- Cannot apply social rules to others' personal space/ belongings
- Intimidates and bullies others
- Experiences difficulty working in groups
- Often is manipulative in situations
- Low self-esteem
- Frequently demonstrates self- injurious behavior

IMPORTANT CONSIDERATIONS

- Visit with the member and his or her family to discuss their needs in the 4-H setting. Learn what the child's positive coping strategies are and help direct them to use those strategies in times of need.
- Collaborate with families as to the strengths and needs of the child. Planning ahead with the family when possible is the best way to support children. Learning what their coping skills are, triggers, past behaviors, and positive responses that are familiar to the child will help the child have a positive experience.
- Create a safe and positive environment for the child.
- Help the child feel safe in all situations. Know what may seem fun and exciting for some youth, could be a trigger for others.
 - a. Crowded rooms may increase anxiety.
 - b. Surprises that are not planned in the schedule could be a trigger.
 - c. Safety drills could be a trigger for anxiety or negative thoughts.
 - d. Homesickness or worry about family back home.
 - e. Loud noises.
 - f. Other personal fears that the child may have.
- Build upon the child's interests.
- Allow the child to make choices. Provide the child two options that are desirable and appropriate. For example, instead of saying, "What would you like to do next?" say, "Would you rather play basketball or play a board game?"
- Set rules and expectations and the consequences associated with not complying with the rules and expectations.
- Provide immediate encouragement and feedback.
- Promote self-esteem and confidence every chance you get. Catch the child doing something great and praise him/her. Be sure to praise the act not the child. In other words, you might say, "I really like the way you helped Bobby clean up the table. Helping someone shows them that you are a friend."
- Likewise, if you see the child engaged in inappropriate behavior, you point out the behavior was inappropriate rather than telling the child he/she is bad. Provide the child with opportunities to become responsible. Give simple jobs or mentoring opportunities where they can see success.
- Promote cooperation. Encourage positive interactions among children. Using a variety of groupings promotes strong social foundations for ALL children.

WHAT TO DO IN A SITUATION WHEN A CHILD WITH AN EMOTIONAL OR BEHAVIORAL DISORDER BECOMES AGITATED:

- Always be objective and understanding – remain calm, reduce talking and sensory input, help the child to the end goal of returning to the task.
- If a child with an emotional disorder becomes extremely agitated, de-escalation techniques may need to be used to calm the child down.
- It is important to be prepared to de-escalate a situation even if you are not sure if a child in your program has an emotional or behavior disorder.
- A few de-escalation techniques include:
 - a. Create a safe setting. Engage the student in a semi-private conversation, away from other children. However, it is important that you are never left alone with an agitated child.
 - b. Limit the number of adults involved. The inclusion of too many adults can be counter-productive in de-escalation.
 - c. Provide adequate personal space. Stand at least 2 arm's length of distance away from the agitated child.
- A full guide to de-escalation is located at the link below (this can also be found in the disability resource folder on the Indiana 4-H website). You are highly encouraged to read through this guide: https://www.interventioncentral.org/sites/default/files/pdfs/pdfs_blog/behavior_calm_agitated_student_Wright_16_April_2013.pdf

ADDITIONAL RESOURCES

The following websites are general emotional/behavioral disorder resources. If you want more specific information, conduct a web search related to that specific disorder.

- Kids Mental Health Information Portal: <http://www.kidsmentalhealth.org/childrens-behavioral-and-emotional-disorders/>
- Council for Exceptional Children: <https://community.cec.sped.org/ccbd/about/ebddefinition>
- PACER's Children's Mental Health Project: <https://www.pacer.org/cmh/>

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Visit us at purdue.ag/inclusive4h for more information!

