

Identification and Management of Emotionally and Behaviorally Disturbed School Aged Children in Nigeria: Implications for Teachers

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Abstract - *The knowledge of emotional and behavioural disturbed problems among the school aged children, helps teachers and educational administrators in planning appropriate educational and recreational programmes that better meet the children needs. It is necessary that those who are involved in the education of children with Emotional and Behavioural Disorders (EBDs) especially teachers who interact closely with these groups of children, must at least have basic understanding of the characteristics and educational challenges confronting them. Children with emotional and behavioural problems exhibit a wide range of characteristics and because such children may internalize their problems, there is need for teachers to recognize and effectively manage them. This paper examines the identification and management of the children with EBD, historical overview of emotional and behavioural problems in the school system, EBD in Nigeria, problems associated with the identification of EBDs, the nature and causes of emotional and behavioural problems and outlines its implication for Nigerian teachers. The paper also proffer suggestions on how best to identify and manage such children in the Nigerian school system and concludes that teachers need to have an in-depth grasp of the situation in order to succeed effectively with such children.*

Keywords: *Emotion, Behavior, Management, School Aged Children, educational program*

INTRODUCTION

Identifying and understanding the nature of school aged children's emotional and behavioural problems helps teachers and educational administrators in planning educational and recreational programs that

better meet the children's needs. It is necessary that those who are involved in the teaching-learning process of children with Emotional and Behavioural Disturbances (EBDs), and those that interact closely with such groups of children, must have basic understanding of the characteristics and educational challenges confronting them. It is important to note children with emotional and behavioral problems exhibit a wide range of characteristics. The intensity and the manner in which the disturbances present themselves are broad-based. Some may be suffering from mood problems such as depression or anxiety while others are expressing extreme aggression, frustration, and discomfort in a variety of ways. Some of these children internalize their problems by acting in ways that are avoidant or withdrawn, while others externalize their behaviours through violent and aggressive toward others [1].

Critically, as members of the society, irrespective of their conditions, these special children with EBDs can also be capable of positively contributing to their communities and societies in important ways and this can work better if their EBDs are well understood together with their strengths. Teachers are crucial in assisting these groups of children so they can succeed. The processes of helping these special groups can also be very difficult and frustrating for those involved in their educational development. One of the greatest challenges teachers face are frustrations and helplessness in dealing with their situations.

Some researchers point out that students' EBDs have recorded the highest incidence of school dropout without any gainful employment and this can be partly attributed to the failure of the school system in identifying and managing these children's problems. For instance, it has been pointed out by Smith [2] and Anderson [3] that problems can get better – or worse –

because of teachers' actions. School children may suffer from debilitating psycho-social conditions such as a lack of understanding and empathy from teachers, school authorities, and from their fellow classmates and peers. For example, an unskilled teacher who is insensitive to individual differences in the classroom may end up creating an atmosphere or environment that generates aggression, frustration, and withdrawal as common responses to the atmosphere or the teacher. Similarly, there is the issue of misidentification, wrong diagnosis or total misunderstanding of children's EBDs. For example, a teacher who does not understand the nature of attention deficit hyperactive disorder as an EBD may wrongly take a child suffering from this condition as a stubborn child who does not want to learn. However, it is ideal that children should experience healthy classroom environments that are conducive to achieving the ultimate goal of holistic intellectual and social development as they spend most of their time in school away from home, where the school should provide a solace or safe haven for them to escape the harsh realities of the home and community.

This paper is primarily concerned with the identification and management of EBDs among school children in Nigeria, and the implications for school teachers who are involved in the overall development of this category of children. The paper relies on secondary data and observations obtained from journals, practice guidelines, handbooks, newspapers and magazines, as well as published reports from governments, multinational and non-governmental organizations. It discusses factors that contribute to EBDs among school aged children, as well as a number of strategies that have been developed and applied over time which have been effective for teachers, paraprofessionals, and other service providers around the world in helping these categories of children to function well in schools and in the society. Also important in this paper is an examination of issues related to prevention, just as it is said that, "prevention is better than cure." In this regard, it is also necessary to discuss the historical antecedents and theoretical approaches to EBDs as well as the different forms and characteristics of the conditions as they manifest in different children.

Concepts and Problems of Identification and Definition of EBDs

The definition of EBDs may seem very simple but has actually been a matter of contention among

experts for many years. One reason for this complication of definition is that there are variations in professional and theoretical orientations, with different goals and classification systems either focusing on presenting symptoms or their causes. The problem is further compounded by the fact that 'EBD' is an umbrella term for different conditions with different etiologies and symptoms. However, one of the most widely accepted definitions was proffered by Bower [4] and has been adopted by governments, such as the United States' Department of Education in the enactment of the IDEA [5],[6]. Bower described five basic characteristics, of which one or more of them had to be manifested to a certain degree, magnitude, or frequency, and over a certain period. The conditions include: inability to learn that cannot be explained by intellectual, sensory, or health factors, inability to build or maintain satisfactory interpersonal relationships with peers or teacher, inappropriate types of behaviour or feelings under normal circumstances, general or pervasive mood of unhappiness or depression, tendency to develop physical symptoms or fears associated with personal or school problems. The observed behavioural problems must have adversely affects on educational performance, social maladjustment, emotional disturbance. Captured in Forness and Knitzer [7] which stated that the term emotional or behavioural disorder means a disability characterized by behavioural or emotional responses in school programs so different from appropriate age, cultural, or ethnic norms that they adversely affect educational performance, including academic, social, vocational, or personal skills, and which;

- a. Is more than a temporary, expected response to stressful events in the environment;
 - b. Is consistently exhibited in two different settings, at least one of which is school-related; and
 - c. Persists despite interventions within the educational program, unless, in the judgment of the team, the child's or youth's history indicates that such interventions would not be effective.
- I. Emotional or behavioural disorders can co-exist with other disabilities.
 - II. This category may include children or youth with schizophrenic disorders, affective disorders, anxiety disorders, or other sustained disturbances of conduct or adjustment when they adversely affect educational performance in accordance with section I above.

However, issues in this paper limits or confines EBDs to only educational domains, those circumstances that individuals may also suffer from emotional and behavioural problems, different disorders that may be observed both in and out of school such as of the neurodevelopmental disorders, bipolar, schizophrenia spectrum and other psychotic depressive, anxiety, communication and feeding and eating disorders. All the associated problems making diagnosis far more generalized and difficult [8].

The Nature and Causes of Emotionally and Behavioral Disorders EBDs

There is still no universally consensus definition for EBDs and any definitions are subjected to extensive criticisms and changes. Similarly, it is difficult to say that there is a particular cause of EBDs. However heredity, brain injuries or chemical imbalances in the brain, diet/nutritional problems, stress/trauma, and other environmental and deep-rooted psychological factors, have been associated with EBDs and have been subject to vigorous research [9]. However, there are three major issues in EBDs: disability, deviance, and alienation.

The Disability (Medical Pathology)

The disability perspective reflects a medical point of view in which there is emphasis on internal pathological conditions, such as genetic or hereditary factors, brain injury, or chemical imbalances, at the root causes of EBDs. The implication of this perspective is that treatment and management is primarily the responsibility of medical personnel, especially psychiatrists – although they may be assisted by other professionals like clinical psychologists and social health workers. The major element of treatment in this perspective is drug therapy to control the presenting symptoms. So teachers need to be sensitive enough to detect which cases are within their purview and which to make appropriate referrals.

The Social Deviance Perspective

The deviance perspective largely emphasizes deviations from socio-cultural norms or the idea that EBDs are the extent to which an individual deviates from the norm, such as constant breaking of the societal rules and regulations. The social deviance occurred when an individual's behaviours are outside the limits considered appropriate by society, the situation can be labeled mentally disturbed or, in the

case of children, emotionally and behaviourally disordered. Research findings have identified two broad categories of such deviations which are classified under externalizing or internalizing behaviours. Externalizing behaviours (also called under controlled behaviours) include acting-out behaviours, fighting, temper tantrums, verbal and physical aggression, disobedience, destructiveness, language or communication difficulties [10], [11]. The other category of deviation labeled as internalizing or over controlled behaviours include depression, and social withdrawal. Any child or even adult may have problems in both functional areas. For example, a person might be abnormally aggressive (externalizing) and depressed (internalizing) at the same time.

However, there is some uncertainty as to what actually constitutes deviance due to cultural relevance and differences in social norms. Norms do vary from one culture to another as the same person who may be regarded as disordered in one community may be regarded as normal in another community. For example, behaviours such as fighting, truancy, or use of profane language may be regarded as deviant in one community but considered normal in another community. Every community sets limits to what they consider appropriate or deviant behaviour, and all these are also related to factors such as age, gender, social class, or education. Treatment of conditions considered as social deviance can be carried out by anyone who is directly engaged with the child, especially teachers who spend most part of the day with the children and can teach them socially appropriate behaviours and conduct.

The Alienation (Psychological) Perspective

The alienation perspective to understanding EBDs is largely a reflection of individual cognitive processes that are at the bottom of their emotional and behavioural problems. This is a psychological stance that is largely based on humanistic viewpoints that regard individual's ability to fulfill or actualize their potentials through constructive living and behaving in acceptable manners. EBDs develop when they are frustrated in their inability to fulfill their potentials and when societal conditions/demands overwhelm or frustrate their quest to achieve self-actualization. Thus, the more a child becomes aware (or sometimes may remain unaware because of level of cognitive development) of such environmental circumstances that stand in the way of self-fulfillment, the more the child develops feelings of inadequacy, feelings of

futility, loneliness, and alienation from society – which eventually manifest in as EBDs or deviance and rebellion.

Many children may not necessarily be regarded or labeled as mentally disordered nor engaging in deviant behaviours but may be understood as responding to the harsh demands of a materialistic, mechanistic, and inhumane society. This is usually the case frequently found among minorities in societies or among those who are denied with opportunities of self-actualization. These people can be identified as psychiatrically disordered (disabled) or socially deviant, irrespective of the environmental dangers they are facing. Effective intervention and management of individuals identified through this perspective involve recognizing and acknowledging differences in every individual and their perceptions. The management is largely based on the humanistic approach, such as the Rogerian therapy or client/person-centered therapy, and an extensive focus on the environmental forces affecting the individual.

Implications and Lessons for Nigerian Teachers

The proliferation of information always translate into productive outcomes, especially as professionals dealing closely with emotionally disturbed children complain of slow progress, abated by services, shortsighted or haphazard school-based planning, and at-risk children who are not identified or who are identified only after their problems have become so severe that they can no longer be overlooked. Indeed, the 21st century is faced with the challenge of prevention, identification, placement, instructional, and classification issues. Teachers should make early identification and management before the problems become worse, before becoming increasing, no wonder Whelan [12] points out that early detection of problems before they escalate makes good sense and is cost effective, because it cost less to make a preventive measures (such as screening of children for problems, observing potentially problematic behaviours, or cooperating with parents) than it is to fund management of these problems in special school facilities and psychiatric centers. Still, the wisdom of prevention is faced with the problem of exactly how this can be achieved.

Cullinan [13] also offers an alternative approach to prevention using three strategies, namely universal, selective, and indicated prevention). Universal prevention is applied to everyone in a large group, such as every student in a school. Selective prevention

is carried out with a defined group at risk of developing EBDs because they have certain biological or psychological characteristics. Indicated prevention is directed at individuals who exhibit early signs of EBDs and for reducing the severity of the problems.

Kauffman [14] earlier pointed out the associated factors against effective implementation of preventive measures as follows: The belief that children with EBDs are just going through a phase that they will outgrow, the social stigma associated with disability labeling, the false-positive outcomes of some identification tools, the possibility of discrimination against minority groups, the cost of preventive programs, the belief that only experts outside the school are best qualified to identify and manage children at risk or who have EBDs, and, The fear that screening for EBDs might provoke parents.

Another problem is related to the placement needs for children with EBDs. Many special educators assumed that the best option was to have alternative education programs for children with EBDs rather than include them in the normal, conventional classroom environments. This concern for placement of children with EBDs has been a contentious issue globally since the emergence of what has become known as the “full inclusion”. The full inclusion concept is on the premise placing all children with special needs in the general education classrooms would be beneficial for all children with disabilities. However, this inclusive strategy actually ignores the child’s specific needs: an assumption that having children with EBDs socialize with the children in the general education classrooms might transcend any benefit that might be derived from placing them in special education classrooms, neglecting the fact that full inclusion in the conventional classrooms only caters for the needs of normal, non-EBD children. The advocates for full inclusion also try to convince parents of children with EBDs that placing them together with other children helps to reduce costs and ensures the protection of children’s basic right to equal education. The issue is further compounded by the projection that the education of children with EBDs should aim at making them attain the highest educational level that enables them to be employable in the labour market. It is important to note that those who eventually find jobs are underpaid, and, of course, this is attributable to inadequate interpersonal skills, lack of proper academic skills, and inadequate specific vocational training [15]. This problem, however, has been tackled from different angles in

different places. For example, some schools offer children with EBDs a less demanding curriculum which ends up making them. In still other cases, a curriculum that integrates academic study with specific vocational needs have been used. Nevertheless, schools need to have a variety of placement options for children with EBDs and the children need to be encouraged to select the option that best meet their specific needs. Halpern [16] suggests that this should be done earlier before the child reaches the age of 14.

Also effective coordination of services and the absence of strategies for improving the mental health of these children. Special education programs should be concentrated less on controlling aggressive behaviour but more on devotion to improving academic skills and teaching social skills. Special educators should place more emphasis on the importance of effective instruction as a prerequisite for sound emotional and behavioural management instruction that is meaningful to the child and gives him/her the opportunity to succeed in life often prevents emotional and behavioural problems from occurring should be advocated. Education therapy that focuses on problem solving to develop better social skills should be provided.

CONCLUSION

Children with EBDs are often very difficult for teachers to identify and manage because of the complex nature of the disorders, coupled with other environmental complications which create serious challenges for the normal classroom teacher, often requiring the help of other professionals, such as special education specialists, school counselors, and clinical psychologists. The 21st century Nigerian teacher is faced with the multiple task of prevention, identification, placement, instructional, and classification of the emotional and behavioural issues of children under their care. It is unfortunate that the causes of EBDs are not usually quite clear (although there are is an implication of psychological, medical, and social or environmental factors in the etiologies) but there is now proliferation of knowledge and understanding that children with EBDs are a set of children with mental illnesses (as opposed to the notion of spiritual or demonic possession), and school children with EBDs are more likely than school children with any other disability to first experience disability-related problems later in life which impacts negatively on them, their families, and communities.

Therefore, the teacher needs to understand the characteristics of EBDs in order to recognize their indicators which may be present in younger children, early identification and intervention has the potential of reducing the severity of distress that school children may experience now and later in their lives and careers.

It is important to determine whether the observed problems in school children are due to some biological phenomenon or whether the disorder was developed as a result to stress in the environment which triggers some predispositions within the individual, or as a result of a total or global phenomenon involving the multiplicity of the factors. In any case, the attitude of the teacher is important to the overall success of any of the goals of prevention, identification, and management of EBDs in their school children. The attitude can affect the outcomes of their interactions with the children, positively or negative. The teacher needs to know that the chances of any of his students to suffer from EBDs are high and must be cognizant of the implications of early identification and effective management. There is need to avoid the dangers of ignoring early signs of EBDs by not doing anything about them or misunderstanding signs of EBDs that later become severe distress for the individuals, such as in the case where a child with ADHD was misidentified being a troublesome child and treated with disciplinary action rather than some psychological therapy. Some children at low risk may improve with little intervention while others may require intensive, intrusive, and special attention. The teacher needs to be conscious of the fact that children who exhibit signs of EBDs are not problem children but they are children with problems and require assistance to cope with or deal with the problems.

The training of teachers in Nigeria need to include identification, assessment, and management skills that include identifying verbal and no-verbal cues in order to tackle the challenges of managing some of these problems. School management systems also need to rise to the challenges of the increasing need for having functional mental health programs in their schools that will cater for the emotional and behavioural problems of children in their care. Experts and researchers in this part of the world also need to rise to the occasion in making further investigations that will help deal with the cultural-relativity issues surrounding EBDs. The Federal Government of Nigeria also needs to pay more attention to EBDs and implement policies that

encourage school-based mental health programs in Nigerian schools as seen from the lessons learnt from other countries.

REFERENCES

- [1] Quinn, M. M., Osher, D., Warger, C., Hanley, T., Bader, B. D., Tate, R., & Hoffman, C. (2000). *Educational strategies for children with emotional and behavioural problems*. Washington, DC: Center for Effective Collaboration and Practice, American Institute for Research
- [2] Smith, D. D. (2010). *Introduction to special education: Making a difference*. Merrill: Pearson Education Inc.
- [3] Anderson, S. R. (2012). Psycho-education processes as strategies for students presenting with emotional and behavioural disorders. *American Journal of Contemporary Research*, 2(7), 26-36.
- [4] Bower, E. M. (1961). *The education of emotionally handicapped children*. Sacramento, CA: California State Department of Education
- [5] U.S. Department of Education. (1990). *Individuals with Disabilities Education Act of 1990*. Washington, DC: Author. Retrieved August 10, 2015 from <http://www.ed.gov/policy/elsec/leg/>.
- [6] U.S. Department of Education. (2004). *The No Child Left Behind Act of 2001*. Washington, DC: Author. Retrieved August 10, 2015 from <http://www.ed.gov/policy/elsec/leg/>.
- [7] Forness, S. R., & Knitzer, J. (1992). A new proposed definition and terminology to replace "serious emotional disturbance" in Individuals with Disabilities Education Act. *School Psychology Review*, 21, 12-20.
- [8] Kavale, K. & Forness, S. R. (2000). Emotional and behavioural disorders: Background and current status of the E/BD terminology and definition. *Behavior Disorders*, 25, 264-269.
- [9] National Dissemination Center for Children with Disabilities (NICHCY). (2010). *Emotional disturbance*. Retrieved August 12, 2015 from <http://nichcy.org/>
- [10] Achenbach, T. M. (1991). *Manual for child behaviour checklist*. Burlington: University of Vermont, Department of Psychiatry.
- [11] Achenbach, T. M., & Edelrock, C. S. (1989). Diagnostic, taxonomic, and assessment issues. In T. H. Ollendick & M. Hersen (Eds.), *Handbook of Child Psychopathology*, 2, 53-69. New York: Plenum Press.
- [12] Whelan, R. J. (1998). *Emotional and behavioural disorders: A 25 year focus*. Denver, CO: Love.
- [13] Cullinan, D. (2007). *Students with emotional and behavioural disorders*. Second edition. Upper Saddle River, NJ: Merrill/Prentice Hall.
- [14] Kauffmann, J. M. (1997). Conclusion: A little everything, a lot of nothing is an agenda for failure. *Journal of Emotional and Behavioural Disorders*, 5, 76-81.
- [15] Clark, G. M., Carlson, B., Fisher, S., Cook, I., & D'Alonzo, B. (1991). Career development for students with disabilities in elementary schools: A position statement of the Division on Career Development. *Career Development for Exceptional Individuals*, 14(2), 110-120.
- [16] Halpern, A. S. (1994). The transition of youth with disabilities to adult life: A position statement of the Division on Career Development and Transition, the Council for Exceptional Children. *Career Development for Exceptional Individuals*, 17(2), 115-124.