South Dakota State University

ECE 470: Early Childhood Education Inclusion Strategies

Concepts addressed in this course: *Areas of exceptionality in students’ learning: behavioral disorder*

Students should refer to:

Specifically, students should review:
I. Definition of Behavioral Disorders
   a. Behavior or externalizing disorders are characterized by annoyance or disruption of others
   b. The behaviors can include: aggressiveness, destructiveness, tantrums, attention-seeking behaviors – like hitting, biting, yelling, etc.

II. Stress & Children
   a. Definition of and impact of stress related to the coping strategies and the resources for coping
   b. Stress can be internal caused by pains (e.g. body pains, juvenile rheumatoid arthritis, etc)
   c. Stress can be unique and based on a single situation (e.g. an injection, a fire, a single incidence of sexual abuse, etc)
   d. Stress can be habitual, chronic or cumulative based on living situation, ongoing sexual abuse, or ongoing drug abuse
   e. Stress can be overt or covert:
      i. Overt – obvious cause; such as fire, death in the family, etc.
      ii. Covert – kept a family secret, others may not know about it.

III. Diagnosis – Behavioral Disorder
   a. Components – categorical (labeling the problem & its severity) and functional (determining developmental level)
      i. Emotional & behavioral ability to develop a positive sense of self & build/maintain meaningful relationships
      ii. Behavioral problems vs. behavioral disorders
   b. Externalizing problems
      i. Disruptive behavior
         1. Assertiveness vs. aggression
         2. Aggression
            a. Underlying fear or anxiety
            b. Poor self image
         ii. Analyze through specific characteristics: duration, latency, context, frequency, intensity, and time
1. Who is the victim?
2. How does the child act after the behavior?

iii. Concerned about high intensity aggression in very early years
   1. At risk for loneliness
   2. At risk for lack of peer support

iv. Victims of aggression
   1. At risk for depression
   2. At risk for learned helplessness

v. Aggression intervention
   1. Help children identify violence and its consequences
   2. Recognize and talk with children about real-world violence
   3. Recognize and respond to children’s reactions to violence
   4. Train children about self protection & basic violence related safety
   5. Help reduce disciplinary violence toward children

c. Internalizing problems
   i. Shyness – extreme
      1. Poor self image
      2. Lack of social skills
      3. Elective mute-ism
   ii. Withdrawal
      1. Respite the rights of children who are introverts
      2. Be wary of a pattern of excessive withdrawal & inability to sustain relationships
      3. Interventions:
         a. May have favorite place in room to be safe.
         b. If react when approached by moving away –
            i. Need to be taught social skills
            ii. Reinforce social initiatives
            iii. Consequence is missed opportunities for further social skills
         c. Emphasize warmth, caring, and consistency to overcome insecurities
         d. Maximize observation opportunities of social situation through coaching.
   iii. Fearfulness/anxiety
      1. Phobia – focus on a single object – extreme fear
      2. When it limits the daily experiences and daily routine – it is a concern.
      3. Anxiety – more generalized, includes: worry, becoming easily upset, and anxious
      4. Interventions
         a. Pay close attention to transitions & unstructured situations

Development of this review sheet was made possible by funding from the US Department of Education through South Dakota’s EveryTeacher Teacher Quality Enhancement grant.
b. Experiences may be tampered by concerned about doing skill perfectly.
c. Give clear explanations & reassure them.
d. Convey your confidence at each step.
e. May be very oversensitive to criticism.

iv. Eating
1. When severe – leads to nutritional problems
   a. Infants refusing to eat – may lead to “failure to thrive”
   b. Food allergies may play more of a role in children’s eating behaviors (amount of sugar & caffeine)
2. Medically based intervention needed

IV. Classification of Disorders - Disruptive Behavior Disorders
a. Oppositional defiant disorder
   i. Behavior evident before age eight
   ii. Preschool behavior – temperaments with high reactivity & difficulty being soothed.
   iii. Diagnostic behavior – pg.268.
b. Conduct disorder
   i. Essential aspect of conduct disorder is a repetitive and persistent pattern of behavior that violates the basic rights of others.
   ii. Students do not follow rules or age-appropriate societal norms.
   iii. Subtypes of conduct disorder
      1. Childhood onset
      2. Adolescent onset
   iv. Characteristics
      1. Aggression to people and animals
      2. Destruction of property
      3. Deceitfulness or theft
      4. Serious violations of rules
   v. Co-morbidity
      1. ADHD & conduct disorder (60 – 95% of children have both)
      2. Anxiety disorder & conduct disorder (22 – 33% of children have both)
c. Causal factors or risk factors
   i. Child factors
      1. Temperament
      2. Academic deficiencies/below average intelligence
   ii. Family factors
      1. Genetics
      2. Extreme disciplinary practices
      3. Poverty
   iii. School factors
      1. Lack of safe haven
2. Harsh disciplinary practices
   iv. Societal factors
      1. Poverty
      2. Substance abuse/physical abuse

V. Prevention of Behavior
   a. Structure environment for behavioral success
   b. At times of lack of motivation or difficulty focusing – plan a motivational activity
   c. Maintain rules and discipline, expectations and limits
   d. At the beginning of the year, take time to set-up the teaching rules, practices, and procedures
   e. Have a consistent plan for responding to unwanted behaviors within teaching team
   f. Communicate clearly, using language the child can understand
   g. Teach children to distinguish between feelings and behavior & provide socially acceptable outlets
   h. If acting out, give a choice to follow expectation or follow through with consequence
   i. Learn more about the children in your class
   j. Maintain eye contact, and gentle, positive touches
   k. Prevent a situation from getting worse – preventative measures of closing down a center if needed (as the last step)
   l. Keep waiting times to a minimum
   m. Evaluate the structure and sequence of the class day, especially if a child is having difficulty at the same time each day
   n. Mediate - children need to be told that their actions cause a particular type of effect
   o. Give children warnings about what they are doing wrong
   p. Make four positive statements for each negative one
   q. Be patient
   r. Simplify, shorten, and structure activities

Helpful websites include:
The Center for Mental Health Services Knowledge Exchange Network – http://www.mentalhealth.org
Karolinska Institute: Mental Disorders – http://www.mic.ki.se/Diseases/f3.html
National Alliance for the Mentally Ill (NAMI): http://www.nami.org

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