

EMOTIONALLY DISTURBED



DEFINITION:

An emotional disturbance involves a significant behavioral or psychological pattern that occurs in a student. About 8 million children, and teenagers, in the United States have a diagnosable emotional disorder.

PROMINENT BEHAVIORS:

- Physically sedentary
- Low or bad physical fitness levels
- Highly reduced maximal oxygen uptake
- Negative body attitude
- Negative perception of physical skills
- Negative feelings of general competence
- Low self-esteem
- Drug therapies may cause changes in movements, varying from fine tremors to gross jerky movements
- Feelings of awkwardness or clumsiness is common
- Repetitious movements (i.e., tics, tremors, tongue, and sucking movements are common)
- Dramatic change in movement patterns such as catatonic behavior (remaining motionless for various periods of time)

SUGGESTED ACTIVITIES AND TEACHING TIPS:

- Passive/calming/breathing exercises, relaxation training
- Stretching and flexibility exercises
- Warm ups and cool downs
- Create an environment that will enable the student to achieve success
- Conduct a program with a compatible, support, social group i.e., Mental Health Mental Retardation (MHMR) groups
- Create progress charts to submit to multidisciplinary team
- Monitor any type of strenuous physical activity (watch for obsessive tendencies)
- Encourage movement and activities that assist or allow the student to express emotions
- Seek counseling advice if student's emotional issues become strong
- Adjust frequency, intensity and time (duration) over an extended period of time
- Incorporate a well-rounded program of aerobic/anaerobic exercise, nutrition, and

- health/fitness education for the student
- Limit the level of stress the student experiences

SPECIAL CONSIDERATIONS:

- Any exercise program must be individually considered and based on the students' needs, exercise tolerance, and medical history.
- Before actual programming, check with the student's multidisciplinary team, which may include the student, individual's family/guardian, educational personnel, legal representatives, mental health care advisors/counselors, pharmacist, nurses, and physicians.
- Symptoms may be masked and cautions must be taken when exercising if the student is on medication. Monitor the students' heart rate and blood pressure throughout the exercise session activity.
- Monitor the students' agitation and frustration levels during the exercise session or activity. Allow student to have short breaks when tension level appears to be building.
- Establish a structured, predictable, routine that is in the student's normal environment, often, one-on-one attention/instruction is initially most successful and suggested.
- Medication/drug therapies may cause i.e., reduced coordination and concentration, poor reaction time, drowsiness, blurred vision, irregular heart rates, muscle cramping, dry mouth, profuse sweating, irritability, weight gain, nausea, muscle stiffness listlessness, and others. In some cases exercising may need to be stopped due to these medication contraindications.
- Avoid exposure to extreme temperatures.
- Exercise programs may be stopped for various reasons i.e., counseling/therapeutic sessions, sleep/rest periods, medication/drug administrations, family/guardian/legal visitations.

PREVENTING BEHAVIOR PROBLEMS

- Determine reinforcer preferences.
- Determine academic ability levels.
- Determine social interaction skills.
- Determine ability to remain on task.
- Determine group behavior.
- Monitor and limit contemporary determinants of inappropriate behavior such as having to wait, task length, task difficulty, peer involvement, etc.
- Base seating arrangements on behavior.
- Base group involvement on behavior.
- Maintain teacher mobility in classroom.
- Maintain teacher/student contact: visual, verbal, and physical.
- Use criteria for expectations based on observed behavior and performance.

- Use shaping, fading, and imitation procedures to gradually change behavior.
- Maintain variety in reinforcers.
- Use Premack Principle in arranging schedule (i.e., a more desirable behavior can be used to reinforce the completion of a less desirable behavior).
- Use curriculum as reinforcement.
- Use rules, point cards, and schedules of daily events as discriminative stimuli.
- Use contracting to individualize, specify expected behavior, and identify reinforcers.
- Arrange seating so all students have visibility to and from the teacher and teacher can scan the entire class.
- Maintain a full schedule of activities.
- Use language that is positive and firm, not demeaning, insulting, or harassing.
- Intervene early when any form of conflict occurs.
- Do not ignore behavior as an excuse for not intervening.
- Use time-out to help the student resolve problem behavior.
- Use removal to prevent contagion, destruction of property, and danger to others.
- Communicate and coordinate with other teachers.
- Communicate with home to prevent students playing one adult against another.

Information on this sheet contains only suggested guidelines. Each student must be considered individually, and in many cases, a physician's written consent should be obtained.