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Review

A historical perspective of the field of emotional and behavioral disorders: A review of literature

Celestial Wills-Jackson

Lehman College, 250 Bedford Park Blvd. West, Bronx, NY 10468, United States.

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The purpose of this paper is two-fold. First, to review relevant literature forming the foundation of the field of emotional and behavioral disorders. This historical methodology focuses on examining research from the 1700s to 2017, starting with the history of emotional disorders, the Freudian theory, the federal special education laws that emerged throughout history, and lastly tracing its evolution within the scholarship of special education. Second, is to place this research in a historical context to show familiarity with meaningful inclusive education practices and to identify the likely directions for future research. Research inclusion criteria were primary and secondary sources of authored books, published articles, and research reports issued from the 1700s to 2017.

Key words: Emotional disturbance (ED), emotional behavioral disorders (EBD), special education, inclusive education.

INTRODUCTION

Emotional and behavioral disorder (EBD) is a behavior disorder or mental illness characterized by the following: an inability to learn which cannot be explained by intellectual, cultural, sensory or health factors; an inability to build or maintain satisfactory interrelationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; a tendency to develop physical symptoms of fears associated with personal or school problems (IDEIA, 2004).

Students with EBD exhibit behaviors of aggression, hyperactivity, learning difficulties, child-like emotions, and withdrawn feelings. Although the cause of EBD is

unknown, the disorder has been studied well over 200 years.

The aim of this study is to identify new ways to interpret historical research combining it with new interpretations, reveal any gaps that exist in the literature and how the problem has been researched to date, and lastly to point the way in fulfilling a need for additional research.

A historical methodology was used to gather evidence and formulate ideas about the scholarship of emotional disturbance and special education. The historical evidence was taken from primary and secondary sources. Primary sources consisted of original documents, artifacts, and other documents created at the time under study. Secondary sources involved an analysis of

primary source material.

REVIEW OF LITERATURE

The 1700s - 1900 history of EBD

Benjamin Rush (1745-1813), was a founding father of the United States signing the Declaration of Independence. He was also a prominent physician of mental illness. Rush earned the title "father of American psychiatry" based on his groundbreaking work on mental disease in his book "Medical Inquires and Observations Upon the Disease of the Mind" (Gelb, 1989). In his book, Rush suggested that the mind was vulnerable to physical influences causing it to become diseased. Therefore, making a person "the involuntary vehicle of vicious actions, through the instrumentality of the passions," (Rush, 1812). Rush characteristically called this condition "moral derangement." Some years later, Rush became the first physician to clinically categorize this behavior overcoming the religious condemnation of wickedness and satanic behavior (Gelb, 1989).

Samuel Gridley Howe (1801-1976) was an established physician and educator of mental deficiency. Howe was director of Boston's first state institution for the mentally deficient *The New England Institution for the Education of the Blind* (now *The Perkins School for the Blind*) and the *Massachusetts School for Idiotic and Feeble-Minded Youth*. Howe was recognized for his advocacy for the improvement and humane treatment for mentally ill patients. But most notably known for teaching the alphabet to Lara Bridgman, his student born deaf and blind (Howe, 1829).

Howe was an active member of the Massachusetts legislature when he introduced Dorothea Dix's "Memorial to the Legislature of Massachusetts" to the council (Howe, 1829). Together Howe and Dix raised alarming attention to the states' treatment and condition of mentally ill patients and residents in almshouses and jails (Howe, 1829).

Institutions for the mentally disabled spread throughout the mid-1800s (Davies, 1923). Schools were established for the deaf, the blind, and the feeble-minded (Best, 1930). The first institutions educated the blind, then schools opened for the deaf, and finally institutions for the feeble-minded. Some well-known schools were *The Pennsylvania Training School for Idiotic and Feeble-Minded Children*, *The Industrial School Act of 1857* in England, and the *New Jersey Training School for Feeble-Minded Boys and Girls*; established in Vineland, Jersey (1852). The principle belief for establishing the founding schools for the feeble-minded was to teach instructional methods and strategies so this population could function on a practical level with the rest of the community (Best, 1930). However, by the end of the 1800s, students were found to be "uncorrectable" and placed in special

segregated classes called "ungraded classes" (Winzer, 1993).

The 1900s to 1950s

The alarmist period, 1900 to 1915, concentrated on studies in eugenics and assessments using intelligence tests. *The Measurement of Intelligence* (1916) and *The Intelligence of School Children* (1919) provided a new scientific-based account for grouping students with mental disorders in separate classes (Hendrick and Mac Millan, 1987). Horn (1910) was the first to formally label students termed "incorrigible and truants" with *Emotional Disturbance* (ED), although "Incorrigibility" remained a term to describe this population of students throughout the first half of the 1900s (Winzer, 1993). Emotional disturbance, learning disability, and mental retardation were documented as separate disabilities (Kauffman and Landrum, 2006).

During the 1900s, the enforced compulsory school attendance laws made schools legally responsible for educating students with "mild" disabilities; the recalcitrant, the incorrigible, and the feebleminded (Winzer, 1993). However, students with severe disabilities were directed to institutions or residential settings. In the early 1900s, many students with disabilities failed and were retained each year in public school; others simply dropped out before completing elementary school (Winzer, 1993).

In 1946, education included non-institutionalized settings for students emotionally disturbed. The establishment of the '600' schools in New York City provided education for children emotionally disturbed and socially maladjusted (Berkowitz and Rothman, 1967). The "600" schools provided therapeutic environments that prepared students for reentering regular schools with activities of guidance, motivation, and self-realization (Berkowitz and Rothman, 1967). The "600" schools included several types of schools, the day school, for students with serious behaviors withdrawn from regular schools; institutional schools, for seriously emotionally disturbed students with court orders; treatment centers, these were annexed to the day school and institutional schools; remand centers, were temporary shelters for students with court orders; and the hospital school, provided psychiatric and diagnostic evaluation for students (Berkowitz and Rothman, 1967).

The 1950s to 1975

To assist schools in setting up classes for students emotionally disturbed, many books were written with guided instructions and strategies. One of such books was L. Kornberg's, *A Class for Disturbed Children: A Case Study and Its Meaning for Education*. This is a case study report of a class in a residential institution. Kornberg described his experiences, over a five-month

period, teaching 13 boys emotionally disturbed, 13 to 16 years of age, in a residential setting (the Hawthorne-Cedar Knolls School, under the N.Y.C. Jewish Board of Guardians). The data in this case study reported successful practical implications and methods for teaching students emotionally disturbed using the best practices at that time (Kornberg, 1955).

Early training in Freudian psychoanalysis from readings, discussions, and personal experiences served to instruct students with new methodologies (Brill, 1939). The Freudian theory explained that internal mechanisms are responsible for one's behavior (Brill, 1939). For over 30 years, the Freudian theory had been active treatment change for children with ED; then education shifted to B. F. Skinner's theories on learning and behaviorism. Skinner's theory examined operant conditioning that explained behavior was shaped and controlled by consequences of one's environment (Skinner, 1953). The behaviorist theory became the most important theory of the classroom management of students with EBD (Binder, 1928).

By 1960, educational laws began to change to focus on students with ED. In 1963, President John F. Kennedy's Special Message to the Congress on Mental Illness and Mental Retardation: February 5, 1963 stated "The time has come for a bold new approach.... I propose a national mental health program to assist in the inauguration of a wholly new emphasis and approach to care for the mentally ill...central to a new mental health program is comprehensive community care." Following President Kennedy's address, Congress enacted legislation Public Law-P.L. 88-164 (1963) adding "serious emotionally disturbed" as a disability category. Later, in 1965, the 89th Congress, with P.L., allocated funds through grants for Community Mental Health Centers (CMHCs).

1975 - The present

In 1975, schools were held accountable for special education services for students with disabilities based on the public law, "The Education of All Handicapped Children Act," which defined serious emotional disturbance and added free appropriate public education (FAPE) and least restrictive environment (LRE) to the legislation. The P.L. definition of serious emotional disturbance (SED) was considered, in part, by Eli Bower's research on a California study identifying screen techniques for this population of students and his conceptual framework defining "emotionally handicapped" (Bower, 1969).

According to the Council for Children with Behavioral Disorders, although SED was defined by IDEA, this law does not define children who are socially maladjusted. Due to this denounced definition, the term socially maladjusted has various interpretations. Some

interpretations include conduct disorder, externalizing behavior disorders, and social deviance. Although these can be construed under the umbrella of ED, children identified with such classification are denied special education services (Kehle et al., 2004). Controversy about SEDs definition and socially maladjusted (SM) quickly arose among educators since the passage of IDEA (2004).

According to Kehle et al. (2004), a child eligible for special education services has to "maintain satisfactory interpersonal relationships, depression, psychosomatic symptoms, or difficulty in learning that cannot be explained by intellectual, sensory, or health factors". The controversy signifies the point that children classified with these characteristics can be classified with ED, but also be SM (Kehle et al., 2004). They also reported that due to this vague definition if children are not treated, "inappropriate interpersonal and socially deviant behavior often resulting in criminal activity, poor marital adjustment and social relations, and work-related problems will persist through adulthood".

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 include children with social maladjustment. Therefore, schools are required to provide accommodations for these students because they are disqualified for special education services under IDEA (Deutsch-Smith, 2007). In addition to the controversy over the definition of ED, the Council for Children with Behavioral Disorders (1989) fought for a less stigmatizing term for these children, specifically opposing the term "serious" and adopting the terminology *Emotional and Behavior Disorder* (EBD). In compliance with this petition, as the Individuals with Disabilities Act (1997) was reauthorized, the term "serious" was dropped, however, emotional disturbance remained (nevertheless, educators still prefer and use the term EBD).

Further revisions to IDEA (1997) included amendments directly supporting students with EBD including Functional Behavior Analysis (FBA), the Behavior Intervention Plan (BIP) and Manifestation Determination. The IDEA (1997, 2004) addresses strategies for behavior, IEP team assessments, and professional development for teachers.

TEACHER EDUCATION PROGRAMS

Teaching children with EBD takes on a demanding, complex, and sometimes challenging role in education (Cheney and Barringer, 1995). As a result, IDEA (1990) included specific initiatives for children with EBD. As part of the initiatives, programs were developed to include culturally and ethnically diverse programs, promote parent advocacy and increase collaboration among local education agencies (LEA) (Cheney and Barringer, 1995).

The programs for children and youth with EBD, which is overseen by the U.S. Office of Special Education and

Rehabilitative Services (OSERS), established four goals for academic achievement for students with EBD: “(a) to provide and maintain an adequate number of qualified personnel, (b) to develop the capacity of school and community systems to meet the needs of changing populations, (c) to secure and expand the inclusion of students with disabilities in general education programs, and (d) to identify measures for and improve results of students with disabilities” (Cheney and Barringer, 1995: 177; U.S. Department of Education, 1994).

IMPLICATIONS FOR TEACHERS

With the prevalence of younger children diagnosed with mental health disorders, the focus of prevention and intervention in schools must be strongly considered. Prevention and early intervention in schools prevent behavioral challenges in classrooms from escalating into school suspension, expulsion, and students dropping out later throughout their school years. Menting et al. (2013) reported on the effectiveness of early intervention using parent training to modify disruptive behavior and prosocial child behavior. Menting et al. (2013) meta-analysis of research conferred a 15.5% improvement with behavior for children and parents who participated in the “Incredible Years” prevention program.

Lyon et al. (2009) focused on their research on the *Teacher-Child Interaction Training* (TCIT) to promote early social-emotional learning. The TCIT approach was adapted from Eyberg et al. (1981) *Parent-Child Interaction Therapy* (PCIT). The redesigned TCIT focused on increasing preschool teachers’ positive attention skills and discipline procedures to improve children’s psychosocial functioning and prevent mental health problems (Lyon et al., 2009). Another study that expanded on Eyber’s research was by Budd et al. (2016). Budd et al. (2016) showed significant improvement in a treatment program targeting parents of children with challenging behaviors using the *Teacher-Child Interaction Training* (TCIT).

Fabiano et al. (2010) researched another evidence-based behavior modification program for early adolescence children with behavior disorders, particularly, attention deficit hyperactivity disorders (ADHD). This study examined the use of a daily report card (DRC). The DRC lists a child’s target behaviors (e.g., interrupting, noncompliance, academic productivity, behavior in unstructured areas such as hallways and cafeteria) and includes specific criteria for meeting each behavioral goal e.g., interrupts three or fewer times during math instruction; completes seatwork within time provided (Fabiano et al., 2010). Teachers track the child’s progress and give immediate feedback on the DRC.

Espelage et al. (2015) explored the evidence-based prevention program, *Second Step*, that addresses impulsive and aggressive behavioral challenges. The *Second Step* prevention program “includes direct

instruction in risk and protective factors linked to aggression and violence, including empathy training, emotion regulation, communication skills, and problem-solving strategies” (Espelage et al., 2015). Espelage et al. (2015) reported the program was implemented in 3,616 middle schools and students showed a 42% decrease in physical aggressive behavior and a 20% decrease in bullying behaviors (Espelage et al., 2015).

Despite evidence-based practices many children today still struggle with mental health disorders and are faced with dismal futures in education and careers. As educators, it is our primary goal to have the highest expectations for this population of students and continue to use evidence-based resources, preventions, and early intervention approaches to allow our students to succeed in school, career, and life.

RECOMMENDATIONS FOR TEACHERS

Peer mediated intervention is a peer-to-peer social construct in which peers facilitate learning through social skills instruction and practice (Kaya et al., 2015). Instructional practices include self-reflection, academic assistance, and mentoring to improve the social dynamics of students with EBD. Peer-mediated interventions (PMIs) with students with EBD have been shown to be effective in increasing social and academic behaviors.

Kaya et al. (2015) indicate that PMI strategies promote “positive social interactions among peers, appropriate behaviors, on-task behaviors, active responding and cooperative statements, as well as decreased disruptive behaviors, negative peer interactions, conflict, out-of-seat behaviors and aggression”. Furthermore, increased positive social interactions reinforce school-wide conduct improvement benefitting students of all abilities, which extends to teachers and staff. School-wide conduct improvement is aligned with positive behavior support interventions.

ABBREVIATIONS

EBD, Emotional and behavioral disorder; **ED**, emotional disturbance; **IDEA**, Individuals with Disabilities Education Act; **IDEIA**, Individuals with Disabilities Education Improvement Act; **ADA**, Americans with Disabilities Act; **OSERS**, Office of Special Education Rehabilitative Services; **P.L.**, public law; **CMHC**, Community Mental Health Centers; **FAPE**, Free Appropriate Public Education; **LRE**, least restrictive environment; **SED**, serious emotional disturbance; **SM**, socially maladjusted; **ADHD**, attention deficit hyperactivity disorder; **FBA**, functionally behavior assessment; **BIP**, behavior intervention plan; **TCIT**, teacher-child interaction training; **PCIT**, parent-child interaction training; **DRC**, daily report card.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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