

Social Emotional Behaviour Disorders or SEBD

Although special provision for children who would today be described as having SEBD goes back as far as Victorian times (Visser and Cole, 2003), the terms EBD and SEBD are relatively new. These terms replace earlier labels which described children as 'maladjusted' or 'emotionally disturbed'. Making judgements about behaviour is a complex task, made all the more difficult when we lack firm standards or clear diagnostic criteria. In the case of SEBD/EBD there is no simple universally accepted definition and this poses serious dilemmas for teachers and for schools. The definitions that we have are primarily from Departments of Education and Government bodies. Examining the meaning and parameters of social, emotional, and behavioural difficulties (SEBD) is not simply an academic exercise; the definitions employed inform our understanding of what a student's behaviour means, shape responses and interventions, and often determine placements and access to additional support services. Historically, definitions in the USA and the UK have been driven by legal entitlements to services and administrative planning for school boards or districts. Based on severity, these legally derived definitions tended to be exclusionary rather than based on the individual needs of children and adolescents.

In the UK, the Department for Education offered a detailed definition of EBD as follows:

...Emotional and behavioural difficulties lie on the continuum between behaviour which challenges teachers but is within normal, albeit unacceptable, bounds and that which is indicative of serious mental illness. The distinction between normal but stressed behaviour, emotional and behavioural difficulties, and behaviour arising from mental illness is important because each needs to be treated differently.

Emotional and behavioural difficulties range from social maladaptation to abnormal emotional stress. They are persistent (if not necessarily permanent) and constitute learning difficulties. They may be multiple and may manifest themselves in many different forms and severities. They may become apparent through withdrawn, passive, aggressive or self-injurious tendencies; involve emotional factors and/or externalised disruptive behaviours; and general difficulties in forming 'normal' relationships. Social, psychological and sometimes biological factors, or commonly interactions between these three strands, are seen as causing pupils' EBD. These pupils' behaviours are claimed to be problematic across settings and personnel.

(Circular 9/94, DfE, 1994a)

According to this circular, determining whether a child has EBD depends on 'frequency, persistence, severity or abnormality and the cumulative effect of the behaviour in context' compared to 'normal' children. This comprehensive definition incorporated much of the

thinking of contemporary researchers and educators and reflected an emerging consensus that emotional and behavioural difficulties stem not simply from factors within the child, but from multiple and interacting influences including their environment (Visser and Cole, 2003).

The first Code of Practice in the UK (1994b) also identified ways in which EBD might become manifest:

- Age-inappropriate behaviour or that which seems otherwise socially inappropriate or strange;
- Behaviour which interferes with the learning of the pupil or their peers (e.g. persistent calling out in class, refusal to work, persistent annoyance of peers);
- Signs of emotional turbulence (e.g. unusual tearfulness, withdrawal from social situations);
- Difficulties in forming and maintaining positive relationships (e.g. isolation from peers, aggressiveness to peers and adults).

The 1994 Code of practice went on to emphasise that pupils with EBD:

...have learning difficulties; they may fail to meet expectations in school and in some but by no means all cases may also disrupt the education of others.

Emotional and behavioural difficulties may result, for example, from abuse or neglect; physical or mental illness; sensory or physical impairment; or psychological trauma. In some cases, emotional and behavioural difficulties may arise from or be exacerbated by circumstances within the school environment. They may also be associated with other learning difficulties...

Emotional and behavioural difficulties may become apparent in a wide variety of forms including withdrawn, depressive or suicidal attitudes; obsessional preoccupation with eating habits; school phobia; substance misuse; disruptive, anti-social and uncooperative behaviour; and frustration, anger and threat of or actual violence.

(DfE, 1994b).

The revised Code of Practice (DfES, 2001) has moved away from hard and fast categories of special educational need, and does not give a precise definition of EBD but advises that significant emotional or behavioural difficulties are indicated by:

...clear recorded examples of withdrawn or disruptive behaviour; a marked and persistent inability to concentrate; signs that the child experiences considerable frustration or distress in relation to their learning difficulties; difficulties in establishing and maintaining balanced relationships with their fellow pupils or with adults; and any other evidence of a significant delay in the development of life and social skills.

(DfES, 2001)

The literature demonstrates the difficulty in agreeing a definition of SEBD (McKeon, 2015).

Prevalence.

Estimates of the prevalence of SEBD vary according to whether a broad definition is used or the focus is on more serious SEBD incidents of challenging behaviour. It is estimated that between 10 and 20% of school age children in England and Wales experience SEBD to the extent that it interferes significantly with their social and educational development (PLSS, 2011).

Among school age children problems are most prevalent in adolescence though the greatest rates of increase are in the under 12's. Research further suggests that boys are more likely to be diagnosed with SEBD although the greatest numbers of increases are seen among girls (Cooper, 2001).

Prevalence of more serious SEBD/challenging behaviour

In terms of more serious forms of SEBD, the prevalence patterns are similar in different countries despite variations in definition.

- In the USA, Kauffman (2010) estimates that between 3% and 6% of American pupils have serious emotional or behavioural disorders.
- A Canadian study by Fortin and Bigras (1997) provides an estimate of about 4%.
- In England, Cole and others (2003) estimate the prevalence of serious SEBD at 4%-5%.

The vast majority of children identified as having SEBD are boys presenting with aggressive or anti-social behaviours. Cole and others (1998) established that there were ten to twelve times more boys than girls in English SEBD schools. Of all the categories of special educational need, SEBD/EBD has the highest percentage of boys (Green, Clopton and Pope, 1996).

Despite considerable variation in practices and standards, research studies reveal that children identified as EBD share a number of characteristics according to Visser and Cole (2003). These students displayed:

...pronounced behavioural difficulties, usually involving a degree of violence and aggression, often mixed inextricably with emotional and social difficulties that had interfered with educational progress. Experience of failure and rejection, usually mingled with unsettled home circumstances had commonly led to low self-esteem (certainly in relation to their educational potential) and damaged confidence. Traumatic life events involving loss and bereavement were not uncommon
(Visser and Cole, 2003)

Interestingly, the most common criterion in determining whether children are said to have SEBD/EBD is whether they are experienced as a source of serious challenge to school personnel and other significant adults (Galloway and Goodwin, 1987). This is a consistent finding borne out by subsequent research (e.g. Cooper 2001; McNamara and Moreton, 1994). They are seen as disrupting or detracting from the formal educational functions of the school (Cooper 2001). They are most frequently identified on the basis of their challenging behaviour. Harris and others (1996) stated that challenging behaviour is:

Behaviour, within the context of your school, which prevents participation in

appropriate educational activities; often isolates children from their peers; affects the learning and functioning of other pupils; drastically reduces their opportunities for involvement in ordinary community activities; makes excessive demands on teachers, staff and resources; places the child or others in physical danger; and makes the possibilities for future placement difficult
(Harris and others, 1996).

Not all students with SEBD/EBD are obvious candidates and it is not synonymous with disruptive behaviour (Bennathan, 2003). Students who internalise their difficulties and don't act out are less likely to come to our attention because, at least in the initial stages, they don't pose a risk to our teaching or student learning. For example, the perfectionistic young girl with anorexia may be the last to be identified as having SEBD. Long (2002) points out that for too long the emphasis has been on the behaviour that these children present with and not their underlying emotional difficulties and needs. This is the obvious focus because we can see and define the actual behaviour. The underlying emotional difficulties are harder to understand and assess in this population.

Outcomes

In the absence of effective interventions and supports, the outcomes for pupils with SEBD are poor. Learning difficulties often coexist with SEBD, and there is a reciprocal relationship between academic failure and behaviour problems (Trout and others, 2003). Compared to other students with special educational needs, students with SEBD have lower rates of school completion, lower reading scores, and are less likely to attend further education (Kauffman, 2010). As a result, students with EBD often experience a lifetime of problems in school and employment, and often become involved with the criminal justice system at an early age (Cheney and Bullis, 2004). The problems which stem from SEBD thus involve huge personal, social and economic costs to children, families, their schools, communities and society in general.

Developmental and psychiatric disorders

Psychiatric disorders are also associated with SEBD. A study by Cassidy and others (2001) examined the prevalence of psychiatric disorder in children attending a school for pupils with emotional and behavioural difficulties and found that 89% of the adolescents met established criteria for the diagnosis of a psychiatric disorder. The most common psychiatric difficulties that emerged were conduct disorder and ADHD, but emotional disorders were also prominent.

School performance

Children who experience school failure are at increased risk of developing antisocial behaviour and SEBD. Factors associated with school failure and higher risks of SEBD include:

- Cognitive deficits
- Specific learning difficulties
- Poor reading skills
- Limited vocabulary
- Difficulties following directions
- Poor social skills

(Christle, Jolviette and Nelson, 2007).

Lack of engagement in education, truancy, dropping out and low academic achievement are all consistently associated with behavioural difficulties and conduct problems (Bassarath 2001). In a famous study conducted on the Isle of Wight, deficits in academic skills were found to be correlated with increased risk of delinquent behaviour (Rutter, Tizzard and Whitmore, 1970). Lower cognitive ability may limit children's ability to resolve problems using verbal reasoning skills and the repeated experience of failure also leads to the attrition of self-esteem and disenchantment with school and learning. On the other hand, the experience of academic success operates as a protective factor against a whole range of problem behaviours.

Pathways to SEBD Causal Factors

While many children overcome individual risk factors, children who endure multiple risks are more likely to develop serious social, emotional, and behavioural problems (Garnezy, 1993; Friedman and Chase-Lansdale, 2002). Risk is not about a single life event or one risk factor; rather it is about a process which can result in increased vulnerability (Sameroff and others, 1993). Some risk factors are greater for a particular age or gender; for example separation experiences are more damaging for infants and younger children who do not yet have the ability to maintain relationships across time and space. On the other hand, the presence of strengths or protective factors can mitigate risks; the right combination of protective influences can outweigh the negative impact of exposure to multiple stressors leading to positive adjustment and outcomes (Werner and Smith, 1992).

At the level of the individual child, genetic factors and biological factors such as nutrition, illness, substance abuse and injuries in the prenatal and early years can compromise development and increase the risks of developing a wide range of problems, which can in turn lead to the development of SEBD (Wicks-Nelson and Israel, 2006).

In school aged children learning difficulties often coexist with challenging behaviour and SEBD, and there is a reciprocal relationship between academic failure and behaviour problems (Trout and others, 2003). The overlap between specific learning difficulties, language delay and SEBD means that early supports for academic and language problems are crucial; otherwise children may develop disruptive behaviour to avoid tasks they find difficult (Kauffman, 2010). When children start to present with behavioural, emotional, or social difficulties we should always check out the possibility of learning and language difficulties.

For many students who are vulnerable, some of their academic needs and behavioural difficulties in school can be traced back to weak English-language skills. It has been suggested that 75% of students identified as SEBD had significant language deficits, ten times higher than the rate in the general population (Benner and others, 2002). Children with expressive language disorders were rated as socially anxious and withdrawn by parents and teachers. This study found that children with unsuspected comprehension problems (receptive language disorders) were rated the most delinquent, the most depressed (by parents) and aggressive (by teachers), and had more severe challenging behaviour (Benner and others, 2002).

It is all too easy when looking at risk factors to overemphasise the personal characteristics associated with SEBD and overlook the whole constellation of environmental influences which interact with individual child factors.

The home is where the child learns how to express and regulate their emotions, how to get their needs met and how to relate to others. What is going on in the family currently and historically are much more relevant to the development of SEBD than innate characteristics according to Bennathan (2003). The quality of the parent-child relationship is critical and if it is neglectful, unresponsive, negative or disrupted, the risks of SEBD and delinquency are much greater (Luthar, 2003).

Family stress

Family poverty is one of the best predictors of conduct and behavioural problems and also of school failure (Scott and Nelson, 1999). Families under stress may find it difficult to provide psychologically for the needs of children. Factors which contribute to family instability (e.g. frequent moves of residence, multiple parental partners, and multiple negative life experiences) make a unique contribution to the development of aggressive and noncompliant behaviour in children according to Ackerman and others (1999).

Parental discipline styles

The family is the first place where the child experiences limits on their behaviour and certain parental discipline styles are associated with significant social, emotional, and behavioural problems in children and adolescents (Watson and Gross, 2000; Wicks-Nelson and Israel, 2006).

Cullinan (2006) provides the following illustrative examples:

- Children who show anxiety, depression and relationship problems tend to come from families with a domineering style of discipline.
- Inconsistent and unpredictable discipline practices, i.e. weak attempts to implement limits or a discrepancy between the styles of mother and father are often found in the families of children with aggression.
- Law-breaking behaviour is common among older youngsters whose parents don't monitor their whereabouts or sanction violations. The linkage is even stronger if the parents themselves are involved in anti-social behaviour.

Until relatively recently, attempts to understand the causes of problem behaviour and SEBD have been almost too heavily focussed on the role of individual and family difficulties, rather than on the influence of schools and teachers, which is considerable.

School Influences

Research clearly shows that factors within schools themselves contribute to pupil outcome (Cooper, Smith and Upton, 1994). Class size, school size, resources, rules, policies, teaching staff, other staff and school management all influence the learning environment, which in turn influence behaviour. School characteristics associated with serious behaviour problems and higher levels of SEBD include low school involvement, academic and social failure, lack of clarity and consistency in rules and policies, poor administrative support, and low tolerance for individual differences (Gottfredson, 1989).



A critical risk factor is school attendance; because staying in school is such a strong protective factor against later social and personal problems, schools that don't tackle truancy and early school dropout may be contributing to the escalation of problems (Cullinan, 2006).

Community influences

Children with social, emotional, and behavioural problems are more likely to live in communities with high levels of poverty, unemployment, substance abuse, crime, single parent or unstable families, poor nutrition and medical care and adult mental illness (Cullinan, 2006). Communities in which poverty and socio-economic disadvantage are endemic are at increased risk of violence and social alienation - influences which children are vulnerable to. Many communities lack the supports and networks which can prevent SEBD and promote students' strengths and abilities, such as after school clubs, sports and recreational facilities, and youth organisations.

However, poverty and disadvantage do not automatically lead to SEBD; there is a huge variation in rates of SEBD among similar communities (Cullinan, 2006). Those with lower rates of SEBD tend to have active community supports and strong local institutions (e.g. schools and churches) and leaders.

Identification and Screening

The multi-layered nature of social, emotional, and behavioural difficulties, with various different and complex combinations of causal factors, means that no one specific tell-tale sign can easily identify such difficulties. Identification is complicated by the fact that behavioural difficulties lie on what can be viewed as a continuum of behaviour.

Essential to identifying these students is a clear knowledge of the factors which may place children at higher risk of SEBD (such as language delay or learning difficulties), and an awareness of the need to be alert, not just to the more obvious externalising behaviours, but also to the children whose difficulties may be internalised.

The explicit association between language and communication difficulties, cognitive deficits, learning difficulties and the development of SEBD mean that cognitive screening devices have a real value in identifying at least some children at risk of SEBD. The stark overlap between learning difficulties and SEBD emphasises the crucial importance of taking a preventative approach to children identified as having any additional or special learning needs. Assessments should take place routinely as children change rapidly.

Interventions

Students with SEBD need a supportive and consistent relationship with a key adult in the school, more parental involvement and good home school links.

It is also important that the curriculum is matched to their needs and there is no hidden learning disability. Additional tutoring or mentoring to ensure they keep up can be helpful. Their individual learning needs may require extra learning support and differentiation to ensure access to the general curriculum. Utilising local resources such as after school clubs, homework clubs or breakfast clubs or summer camps can provide these students with some of the additional supports they need in the community. It is critical that a rapid response is put in



place for students at risk of SEBD to prevent their learning, behaviour and emotional adjustment deteriorating further.

Once these youngsters have been detected what is the next step? These students will require a comprehensive assessment which will include screening for learning difficulties and mental health difficulties. Functional behavioural assessments and individual behaviour plans will also form the basis of interventions (Kauffman, 2010). The learning and behavioural needs identified will require intensive direct instruction and support. Some students will be involved with juvenile justice services and restorative justice programmes because of their antisocial behaviour.

Schools and families typically require intensive input and support from outside agencies and professionals. Effective collaboration with and access to the services of outside agencies and community supports are critical to maintaining these youngster in school. Family involvement and strong home-school collaboration improve the outcomes for these youngsters.

Teaching needs to address the individual child's needs; build their skills and learning capacity and support their behaviour and emotional development. The reciprocal negative cycle of school failure, disenchantment and disruption must be interrupted at the earliest opportunity.

As well as differentiation and the provision of individualised learning support, students need help to build a positive self-image and increase their self-esteem. This is a prerequisite because negative experiences have often predominated; they may have experienced little but failure and negative comments-these experiences become internalised to form the youngster's view of himself. This means that there is little point making an effort in school or risking trying things out, because you're going to fail anyway. Being able to learn involves being able to take risks. If we don't feel safe, if trying is perceived as threatening, we will resist learning.

SEBD Summary

Children with SEBD can be crippled by fear of failure. They almost invariably have an extremely low opinion of themselves. Some attempt to mask this with bluster and boasting. They avoid situations where their lack of ability will be evident, so they are reluctant to begin tasks they feel they have no chance of completing successfully. And of course it is not unusual for a child with a learning problem to feel most vulnerable in a setting in which these difficulties are going to be exposed. Children with low self-esteem are likely to rely on coping behaviours that are self-defeating and represent a retreat from the problem. They get stuck on self-protection and spend a lot of their time trying to avoid humiliation, rejection and failure.

'Nothing succeeds like success.' This axiom is true for all of us but for children who experience failure daily in their lives. A child's self-esteem can be significantly bolstered by the positive attention, regular encouragement and achievement.

Guidelines for effective interventions for students with SEBD can be summarized as follows

- Simple instructions presented one at a time
- Set clear expectations



- Clear reinforcement for work on task and achieving small goals
- Focusing on success & making it safe to fail
- Provide opportunities to try again
- Grade work at right level so that student experiences success
- Record successes
- Building self-esteem and confidence by providing regular feedback and immediate reinforcement
- Build emotional literacy help identify emotions in situation as presented on screen.
- Build frustration tolerance with waiting and cues and reinforcement for waiting
- Create positive emotion through positive experience
- Limit distractions make it easy to win a level
- Limit strong emotional content or aggression in tasks
- Allow an easy level if they want to go back
- Reminders to stay focused and on task
- Reminders of the goal and achievements to date.

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