

# EXTERNALIZING EMOTIONAL AND BEHAVIORAL DISORDERS

## Introduction

This topic covers the concepts and categories of externalizing emotional and behavioral disorders. It covers the key categories of externalizing EBD which include Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD). The CD is characterized by antisocial behaviors like hostility and property destruction, stemming from complex genetic, biological, and environmental factors. ODD involves defiance and anger, often linked to negative reinforcement and stress. Equally, the topic discusses the early identification and interventions for externalizing EBD such as cognitive-behavioral and family therapies. It finally describes the tailored management strategies emphasizing consistency, positive reinforcement, and improved parent-child dynamics.

## Audience

This topic is designed for: Academics, Early childhood educators, primary and secondary school teachers, School counselors and psychologists, Parents and guardians of children exhibiting externalizing EBDs, policymakers and special education professionals

## Length of the Topic

The topic is structured with a total of **8 hours of conceptualization** divided into sessions of:

- Overview of Externalizing EBD and Its Impact

- Conduct Disorder (CD): Identification and Intervention
- Oppositional Defiant Disorder (ODD): Diagnosis and Management
- Practical Strategies and Treatment Approaches

## **Topic Outcomes**

By the end of the topic, the audience will be able to:

- Identify the characteristics and behaviors associated with externalizing EBD, including Conduct Disorder and Oppositional Defiant Disorder.
- Explain the biological, environmental causes of externalizing EBD.
- Apply appropriate diagnostic criteria to recognize symptoms of externalizing EBD in various settings (home, school, community).
- Develop classroom and home-based strategies for managing children with externalizing EBD.
- Evaluate the effectiveness of various interventions, including cognitive-behavioral therapy, family therapy, and medication.
- Advocate for early intervention and support systems to reduce the long-term risks associated with externalizing EBD.

## **Technology Requirements**

The audience will need the following to engage effectively with the course materials:

- Device: A computer, tablet, or smartphone with internet access
- Relevant assistive technologies for audience with disabilities

# Externalizing Emotional and Behavioral Disorders

## (EBD) overview

This is characterized with acting out behaviors and aggressive/destructive behaviors which are observable as behaviors directed towards others. Aggressive emotional behaviors aim at inflicting pains to others. In the classroom the learner with aggressive behaviors frequently do the following

- Hit or fight
- Get out of their seats
- Talk out/screening as if something bad happened
- Disturb other peers
- Argue excessively/don't agree mistakes
- Ignores teachers
- Don't comply with directions whether they are given by teachers or whoever person
- Always complain
- Steal, tie and destruct properties whether own, school or peers'
- Don't complete assignment
- Withdrawal from friends and activities.
- Hurting oneself or talking about hurting oneself.
- Hyperactivity (short attention span, impulsiveness);
- Attempting **self**-injurious behavior (acting out, fighting);

- Withdrawal (not interacting socially with others, excessive fear or **anxiety**);
- Immaturity (inappropriate crying, temper tantrums, poor coping skills); and
- Being aggressive throughout
- Destructiveness and vandalism
- Verbal abuse towards adults or peers
- Physical attacks on others without any apparent reasons

**N.B.** Learners with emotional and behavioral disorders are always in continuous conflicts with individuals around them thus seldom/rarely to be accepted by others

**N.B.** If these antisocial behaviors occur in early childhood they are termed as best predictors of delinquency/criminal behaviors during adolescence (14-18). If these children enter adolescence with such emotional and behavioral disorders, there will be great possibility to drop school, being arrested, being victim of drug abuse, cause destructive behaviors in schools like school burning, get into quarrels with teachers and eventually die young.

## **Categories of Externalizing EBD**

### **A) Conduct Disorder**

These are aggressive behaviors which are associated with property destruction, threat, and serious violation. Conduct disorder is always exhibited in antisocial behaviors. Specifically, individuals with conduct disorders repeatedly violate rules, laws and rights of others or age-

appropriate social norms. They also react in a very hostile manner during interaction with peers. Behavior problems may range from physical fights and the deliberate wickedness to the people and animals.

### **Characteristics of conduct disorder**

- Many children with conduct disorder are irritable, have low self-esteem, and tend to throw frequent temper tantrums.
- Attempt temper tantrums
- Fighting
- Hyperactive and impulsive
- Some may abuse drugs and alcohol.
- Argumentative
- They break rules and by-laws
- Vandalism
- Kill insects and animals
- Are often unable to appreciate how their behavior can hurt others and generally have little guilt or remorse about hurting others.

### **Criteria for Diagnosis**

- There must be at least 3 behavior disorders at least for a year and one behavior must be evident for the last 6 months before diagnosis.
- Behavior must be demonstrated in a multiple environment like home, school or church
- Behavioral problem must be persistent

They attempt physical fight every here and then. They fight against animals, they often don't let an insect stay safe, they practice fighting even if they might not be fighting anyone. They attempt self-injuries, kicking the wall, the trees, kill insects. Their language is all about fighting. They engage in criminal acts like stealing, setting fires and hurting people. Getting treatment sooner rather than later makes this less likely.

Causes can be both biological and environmental for example “**observing what others do and eventually become the victims of such behavior**”.

For example, children who watch movies related to war, fighting, who witness violence from adults.

**N.B.** Symptoms of conduct disorder vary depending on the age of the child and whether the disorder is mild, moderate, or severe.

### **Possible Causes of Conduct Disorder**

The exact cause of conduct disorder is not known, but it is believed that a combination of biological, genetic, environmental, psychological, and social factors plays a role.

- **Biological:** Conduct disorder has been linked with defects or injuries in the regions of the brain involved in regulating behavior, impulse/desire control, and emotion. Conduct disorder symptoms may occur if nerve cell circuits along those regions of the brain do not work properly.

**Genetics:** Many children and teens with conduct disorder have close family members with personality disorders that influences mood and anxiety disorders. This suggests that a vulnerability to conduct disorder may be at least partially inherited.

- **Environmental:** Factors such as a dysfunctional family life, childhood abuse, traumatic experiences, a family history of substance abuse, and inconsistent discipline by parents may contribute to the development of conduct disorder.
- **Psychological:** Some experts believe that conduct disorders can reflect problems with moral awareness (notably, lack of guilt and regret and deficits in cognitive processing).
- **Social:** Low socioeconomic status appear to be risk factor for the development of conduct disorder.

### **Criteria to consider before diagnosis**

- There must be at least 3 relevant behavior disorders observed at least a year and 1 behavior must be evident for the last 6 months before diagnosis
- The behavior must be demonstrated in variety of environments (home, school, community)
- Behavior problem must be persistent /continuous

### **Treatment**

**Psychotherapy** (a type of counseling) is aimed at helping the child learn to express and control anger in more appropriate ways. Specific psychotherapy include;

- ✓ Cognitive-behavioral therapy; aiming to reshape the child's thinking (cognition) to improve problem solving skills, moral reasoning skills, anger management and impulse control.

- ✓ Family therapy; used to help in improving family interactions and communication among family members.
- ✓ Parent Management Training (PMT) teaches parents ways to positively alter their children's behavior in the home.

**Medication**, although there is no formally approved medication to treat conduct disorder, various drugs may be used (off label) to treat some of its distressing symptoms (impulsivity, aggression, dysregulated mood), as well as any other mental illnesses that may be present

## **B) Oppositional Defiant Disorder (ODD)**

ODD is a behavioral disorder that results in defiance and anger against authority. This is a type of EBD in which children fails to follow instructions. It's more common in boys than girls. Many children start to show symptoms of ODD between the age of 6 and 8 years. ODD also occurs in adults. The learners with this type of EBD are always oppositional upon the instructions set by the school management, classroom teacher, society, house rules ect. They usually go against the instructions given by seniors knowingly. They break them intentionally while knowing the consequences of breaking such instructions. If punished for breaking the rules they revenge upon the authorities either directly or indirectly. Repeated patterns of negative interactions with parents and other authority figures can lead to developing other EBDs especially CD.

### **Causes of ODD**



Combination of environmental, biological and psychological factors cause ODD for instance;

Environmental; ODD develops as a result of learned behavior

- Reflecting negative reinforcement methods some authority figures and parents use.
- Lack of positive attachment to a parent
- Significant stress or unpredictability in the home or daily life

Biological; some brain malformations and neurotransmitters

- Certain personality traits

### **Characteristics**

- Refuses to comply with adults' requests or rules
- Often angry and irritable
- Frequently losing their temper
- Being touchy or easily annoyed
- Deliberately annoying people
- Blaming others for their own mistakes or misbehaviors
- Being vindictive
- Identify themselves as rebellious
- Always questioning or actively disregarding rules
- defending themselves vehemently and not being open to feedback

## **Criteria for diagnosis**

A person must have a pattern of angry or irritable moods, argumentative or defiant behaviors, or vindictiveness lasting at least six months. During this time, they need to display at least four of the mentioned behaviors above.

## **Severity**

The DSM-5 also has a scale of severity. A diagnosis of ODD can be:

- Mild: Symptoms are confined to only one setting.
- Moderate: Some symptoms will be present in at least two settings.
- Severe: Symptoms will be present in three or more settings.

## **Treatment**

- 1. Cognitive Behavioral Therapy:** A psychologist will work with the child to improve:
  - anger management skills
  - communication skills
  - Impulse control
  - Problem-solving skills
- 2. Psychotherapeutic:** improving the relationship patterns between parents-children or teachers-learners.
- 3. Pharmacological:** There is no specifically approved medication for ODD. However, antipsychotic medication like Abilify (aripiprazole) and Risperdal (risperidone) are frequently prescribed

**N.B.** children diagnosed with ODD if not intervened earlier, will develop conduct disorder.

## **Managing ODD in Classroom**

- Know that behavior modification techniques that work on other students may not work on this student. You may have to ask the parent what is most effective.
- Have clear expectations and rules. Post classroom rules in a visible place.
- Know that any change in the classroom setting, including a fire drill or the order of lessons, can be upsetting to a child with ODD.
- Hold the child accountable for their actions.
- Try to establish trust with the student by communicating clearly and being consistent.

## **Managing ODD at Home**

- Increasing positive reinforcements and reducing negative reinforcements
- Using consistent punishment for bad behavior
- Using predictable and immediate parenting responses
- Modeling positive interactions in the household
- Reducing environmental or situational triggers (For example, if your child's disruptive behaviors seem to increase with a lack of sleep, make sure they get enough sleep.)

## Reference

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