

The external contingencies and development processes of students with emotional disabilities

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This paper examines the external contingencies that students with emotional disabilities (ED) experience throughout childhood and adolescence. It presents an in-depth assessment of the impact of external dynamics on the emotional development of students with ED, and considers the school, home, and community support systems. The paper assesses school implementation and the ability to influence the regulation process, along with a review of strategy that assists schools and parents in assessing interventions.

Key Words: emotional disabilities, psychopathology, emotional intelligence(IE), behaviours

The problem

Students with emotional disabilities (ED) are misunderstood and are, therefore, not properly placed in the most conducive classrooms. The external environment is predominantly a lost variable as far as placing students with ED in classrooms is concerned. Schools have support issues due to the inappropriate placement of students with ED. There is intolerance of this group, resulting in a lack of research and experiment theory and practices. School members thus lack information as far as best practices are concerned.

Early detection of an ED is vital for successful school outcomes. Early clinical and/or school-based interventions are more suited to provide a plan of action, and to remediate any disturbances. Schoolteachers' roles are important, as they have a profound effect on the child's emotional context and student achievement.

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Introduction

Students with ED in the United States of America present teachers with a wide range of responsive impairments that impact on their achievement in schools. Teachers are inclined to refer students with ED to special education administration for case study analyses. Students with ED must meet certain requirements in order to become eligible for special education services. The Individuals with Disabilities Education Act (2004) provides schools with a definition of an ED, including a list of criteria. These criteria provide school personnel with a clear delineation, adjudicating the decision to provide special education services. An ED is a condition that exhibits one or more of the following characteristics over a long period of time and to a discernible degree. It adversely affects a child's educational performance.

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behaviour or feeling under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal and school problems (IDEA, 2004).

Some students with ED are diagnosed with mental illnesses such as anxiety, bipolar, conduct, eating, obsessive-compulsive, and psychotic disorders. There is a wide range of behavioural impediments that are not limited to withdrawal, introvert temperaments, displacement, depression, and manic episodes.

The author aims to provide a better understanding of the emotional development of students with ED, of the criteria for better placement opportunities, and of the importance of external contingencies for students with ED.

Placement and home support systems

An ED could impede a student's learning process. Schools begin to remedy EDs by identifying specific emotional disturbances. Students who reveal equally subversive acts of behaviour tend to be assigned to one setting or classroom. Difficult placement options for students with ED result in maladjustment behaviours that restrain social learning opportunities in classrooms (Poysa, 2011).

Public school administrators evaluate learning environments and, if deemed appropriate, they consequently place students in inclusive settings. Issues and questions arise for all members linked to the student, when a student with ED returns to a self-contained classroom. In self-contained classrooms, students with ED are grouped together with other students with social aptitude problems; this tends to have more adverse implications for teachers and students (Hibel & Jasper, 2012).

Social aptitude is a factor that prevents students with ED from fully grasping learning objectives. Alternatively, demonstrating a positive social aptitude produces successful academic outcomes. Social aptitude is defined as the inherent ability or awareness of the external environment, *i.e.* people and their context. Social aptitude includes the multiplicity of social skills that enhance a person's social efficacy (Adams, 2013). The acquisition of social aptitude by students with ED is limited, due to their inability to form sustainable and workable relationships.

A socially competent person is capable of initiating and maintaining positive social interactions, developing friendships, establishing collaborative networks, and coping effectively with his/her social environments (Rutherford, Mathur & Quinn, 1998). A healthy social environment includes students with ED co-existing with their socially competent peers.

Several factors play a role when deciding why a child presents with ED. Barbarin (2002) identifies five dynamics that impair a child's operative performance, namely

- childhood history of early deprivation and trauma;
- family instability/conflict;
- involvement in the child welfare system;
- neighbourhood danger/limited resources, and
- inconsistent school and home environments.

Children are at risk of poor emotional development, due to the external contexts that will influence their outcomes. Conversely, the child can positively or negatively enhance his/her external environment. The external context is developed by the child's activity within his/her circumstances. More specifically, the child could be a stimulus within the constructs of the external environment.

Effective intervention plans must apply a psychopathology embedded in ascertaining the role the child undertakes with his/her environment. The child's perception of his/her experiences and surroundings influences the depth and breadth of ED. For example, a child can experience family instability and still function at a normal emotional level, partake in child-welfare systems, and find ways to neutralize the effects.

The home and school external experiences throughout childhood influence the child's intensity and variability of emotions. The emotional dynamics of the child will result in heightened levels of emotional-behavioural variability under inconsistent home and classroom interventions and/or clinical treatment (Bohanon, Flannery, Malloy & Fenning, 2009). This can cause poor academic performance, resulting in the child being left behind and in eliciting potential discussions of changes in placement into more restrictive classroom environments.

The change in placement can result in a major psychological and cognitive reinterpretation of the child's external and internal reality (Poysa, 2011). Some

students with ED do not process change very well, and setbacks can be detrimental to the child's cognitive and psychological maturation (Jones & Hensley, 2012). The consistency between the child's external rehabilitation, home, and school environments develops healthy forms of psychopathology. However, without this consistency in the child's external environments, the functional continuity that is assumed to manifest in negative forms leads to EDs (Duchnowski & Kutash, 2011).

The developing inconsistency deregulates normal neurological processing and conditioning (Radohl, 2011). External social emotional experiences, which are factors in the child's developmental psychopathology, impact on the child's normal inherent maturation. Children who experience externalizing psychosomatic problems display more anger and those who experience internalizing psychosomatic problems show more fear (Wright, Day & Howells, 2009). Accordingly, children who demonstrate fear are thought to be more likely to acquire anxiety-related disorders; children who are often sad and demonstrate hardly any happiness will manifest depressive symptoms, and children who are easily angered will display behaviour disorders (Muris & Ollendick, 2005).

External environment and context

Schools are refocusing instructional implementation away from teacher-centered learning. Teacher-centered learning environments have been proven to be ineffective for the majority of students. Schools are, therefore, examining conducive learning environments. In the current paradigm, schools believe that Kindergarten-Twelve (K-12) students perform better in classroom environments where teachers implement student-centered learning (Miller, 2013).

The evidence contradicts this assumption for students within the ED group. In addition, students with ED must first demonstrate and maintain positive social interactions. A significant proportion of adolescents who exhibit aggressive, antisocial, or delinquent behaviour often have not had the opportunity to learn the basic social skills that promote effective participation in social situations (Gaffney & McFall, 1981; Short & Simeonsson, 1986).

Students within the ED subgroup seem to thrive in direct, structured learning environments. High school teachers from a high-performing magnet school in Illinois, United States of America, support the notion of direct instructional strategies for students with ED because of the organisation and system-building skills derived from direct teaching methods. Magnet schools are public schools offering special instruction and programmes not available elsewhere, that are designed to attract a more diverse student body from throughout a school district.

Students with ED are masters of misbehaviour and task avoidance. When identified with an ED, students tend to physiologically internalize disobedient and insubordinate manifestations. The internalization produces an inner stigma to persuade one's self

to engage in inappropriate behaviours. Behaviours are internalized esoterically, resulting in students being recognized as problem learners in classrooms. The stigma is further thought to be true when EDs dictate the classification of students in one classroom.

Students with ED peripherally as well as internally evaluate classroom dynamics. The placement option to educate students with ED in one classroom has its drawbacks. The range of emotions (e.g., emotional and behavioural) in a classroom results in high fluctuating adaptations, even in low behavioural and emotional prevalent classroom environments. This leads to the exposure of students with similar EDs in one classroom, thus prohibiting self-adjustment and self-adaptation (Mattison, 2011).

The fluctuation of misbehaviour is a result of the learner's inability to self-regulate. Self-discipline is also a result of the student's beliefs and reasoning. The students must evaluate abstract circumstances in order to reshape their understanding of reality and produce concrete phenomena (Gendron, Lindquist, Barsalou & Barrett, 2012). The classroom dynamics are exacerbated by the context of each student's individual tendencies or behaviours (Causton-Theoharis, Theoharis, Orsati & Cosier, 2011). The emotional prominence of each student either adds to or subtracts from the classroom's chemistry.

Prominent classroom environments consist of students who prosper from the emotional functioning of their peers. The emotional display of instability impedes classroom locale, thus affecting the learner's emotional decision-making (Barrett, 2011). The close nature of the experience of negative behaviours is a stimulus that controls decisive functioning. Normal emotional functioning denotes that students can perceive negative and positive experiences, and make judgements as to whether negative experiences converge within emotional functioning (Valiente, Swanson & Eisenberg, 2012). Nonetheless, the negative experience remains with the student and could manifest within the child at any time.

The biological and psychological conditions of the classroom influence student characteristics (Harvey, Bimler, Evans, Kirkland & Pechtel, 2012). The main influences affect students with EDs' decision-making skills to internally suppress emotional urges (Meirovich, 2012). In addition, emotional behaviours that develop from the main influences over time need refining and/or cleansing in order to produce healthy emotional constancy.

The brain's infrastructure evolves while conditioning emotional experiences. As more conditions impede the psychological constructs, a pattern of physiological erosion develops which affects the body's stimulus for emotional stability (Herrington, Heller, Mohanty, Banich, Webb & Miller, 2010). The teachers are challenged when students inappropriately express their feelings in the presence of other students.

This affective interaction could not only serve as therapy, but also precipitate short-term, unwarranted emotional behaviours (Spergel, 2010).

Over time, the visualization and experiences of adverse engagements change students with EDs' emotional dispositions, persuades inner associations, and cultivates beliefs. The epistemic virtues learned in unhealthy classroom environments metastasize into a lack of emotional competence (Whiting, 2012). In classroom environments, in the presence of their peers, decision-making stimulates and initiates thoughts conditioned to act without self-control. Students with ED thrive in low-stress, well-managed classroom environments, with learners controlling their behaviours and emotions (Black, 2011).

The student's emotional well-being is in question when taught in a volatile environment. This results in maladjustment therapeutic conditioning, causing susceptibility to increasing EDs. The child's classroom environment has profound consequences synonymous with his/her home experiences. The child's classroom dynamics impact on his/her capacity for emotional and social mobility and flexibility. The child's classroom environment shapes emotional intelligence while moulding the logical thought processes for effective academic outcomes. In an ineffective climate, the morphogenesis process for each child alters the ability to normally condition the elements of neuroplasticity (Choudhury & McKinney, 2013).

The brain involuntarily internalizes both regulated and misguided emotions. As a result, the external dynamics, whether they are from the teacher's presence or from the child's peers, impact on emotional control. A teacher's control of his/her classroom thus provides a regulated cycle of emotions that adjusts and readjusts emotional intelligence.

Emotional intelligence

The teacher's presence depicts a perception of emotional fortitude. Students highly embrace a teacher's enthusiasm in delivering instruction and managing the classroom (Garner, 2013). The teacher's emotional contentment has a profound impact on emotional competence.

Teachers who recognize the transference outcomes that impact on the emotional development of students with ED can identify and modify instruction and management models (Coplan, Hughes, Bosacki & Rose-Krasner, 2011). As a result, teachers can provide services that address issues, potentially mediate, and/or improve emotional abstraction (Aviles, Anderson & Davila, 2006). The teacher's ability to provide a stable classroom environment has long-lasting benefits throughout a child's life experiences.

Adolescent students' maturation piques in their early years of development (Mitchell & Hauser-Cram, 2009). Over time, students absorb experiences that

promote a social culture of perceptions and opinions. Students' emotional desires are a condition implanted in the ontogenesis cycle (Saarni, 2010). Vast levels of prior developed experiences contribute to their perceptions. Emotions are cultivated from prior occurrences in the classroom and outside the school environment (Camras, 2011). External contingencies such as parents, teachers, friends, and students influence behavioural and cognitive operative processes.

The researcher claims the importance of a larger context, in which multiple environments such as home, community, and school influence the adolescent's emotional development. The emotional aptitude of students with ED will diverge, contingent on the support they receive from adults in their lives (Boyer, 2013). Not all students with ED experience neglect from caregivers, as their EDs derive from other contextual and development forces such as psychosocial, behavioural, humanistic, and multicultural (Hays, 2009). Some students with ED develop a lack of perceptive acquisition from what they see, and lack the evaluation skills to self-determine a sound implication.

Adolescent students' neural development is continuous and cannot fully acquire conducive emotional development, unless their contextual milieu is complete. The context espouses epideictic relationships between the nurturing individual and his/her intrinsic/extrinsic experimental milieu (Troster, Buzzella, Bennett & Ehrenreich, 2009). The development process for students is consequential, in which the parameters for their inner psychological acquisition result in a humanistic adaptation (Matthews, Ziedner & Roberts, 2012). The emotional regulation process necessitates external support.

The teacher's impact enriches or deprives the development of emotional intelligence (EI). EI is a limitation factor for students with ED. Therefore, the teacher's reliable leadership and stability are essential in classrooms (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011). Students' emotional characteristics evolve within classroom environments. This can lead to the development of positive or negative emotional characteristics, depending on the classroom's range of behaviours.

The process of acquiring an age-appropriate level of EI disrupts a classroom of students, thus producing a high variability of emotions. This implication affects the condition for sustaining a set of emotional aptitudes, competencies, and skills to decide and display sound pre-planned interactions (Zeidner, Roberts & Matthews, 2009).

The teacher's decision has a profound effect when s/he perceives emotions, acts unnervingly towards others and demonstrates a lack of emotional control. The teacher takes on challenges to rectify negative interactions, but the dissolution cannot successfully produce this immediately; thus, the students process emotional dissociation while undergoing maintenance (Bakker & Moulding, 2012).

Over time, experiences impact on EI. Sustainable EI occurs when adolescents combine previously internalized interactions and manage the world's realities with self-determination. To obtain a prominent level of EI, students understand their self-worth in both society and the world. Adolescents conceptualize their position in reality and their ability to self-regulate internal physiological activity. This weighs heavily on their external control and awareness of their reality (Martin & Dowson, 2009). Students' displacement in their reality unconsciously disassociates impulses that genuinely produce EI. Some students do not consciously understand this capacity without a regulated cycle of events throughout the years of development.

Psychopathology leading to the incidence of disability

In order to examine adolescent learners' EDs, teachers must demonstrate a high understanding of students' processes in which pathways in their lives dictated their current emotional problems. Researchers have claimed that the psychopathology of students with ED insists that a high awareness of multifinality and equifinality must be understood to conclude subsequent instructional and behavioural management design processes. Multifinality consists of a point in life where a foundation is begun in which students impart a sequence of experiences that take on greater meaning for them (Kruglanski, Kopetz, Belanger, Chun, Orehek & Fishbach, 2013).

Each student's psychological character precludes a starting process of events that influences emotional regulation. Individuals may share a common starting point, but they will not all exhibit the same developmental outcomes (Cicchetti & Rogosch, 2002). For example, students who have been susceptible to abusive caregivers may demonstrate behaviour disorders, while others may exhibit other (evasive) behavioural disorders such as passive aggressiveness, deviancy, and obsessive-compulsive traits. The developmental outcome is contingent upon the exposure of the caregiver's variables/factors along with internal conceptions in the student's immediate and current state of affect (Nolen-Hieksema & Watkins, 2011).

Equifinality supports the opposite distinction from multifinality, in which children can have different starting points, yet exhibit common outcomes (Cicchetti & Rogosch, 2002). For instance, several adolescent students may share a similar illness such as mood disorders; however, the genesis that engineered the mood disorders will differ among the adolescent students. Some students may have a genetic predisposition to a disorder, while others may be struggling with social factors or unhealthy family environments.

Teachers must be aware of these factors and be informed of their students' developmental psychopathology when creating a context that will benefit all students. Teachers should not assume that all students have similar pathways to their diagnoses. Children who exhibit depression indicators may have had multi-symptomatic experiences throughout their psychopathological development (Shahar, 2012). The universal 'one-size-fits-all' approach by teachers is not effective

when diagnosing each student's emotional and learning competence. Teachers must explore each student's unique emotional needs, and understand their versatility in diagnoses, such as exposure to several causes that have contributed to the learner's ED.

Developmental psychopathology provides a theoretical framework that promotes understanding of development as a dynamic relationship between a child's context and his/her skills/abilities (Thornberry, Ireland & Smith, 2001). The cognitive level of understanding for learners is dependent on the scope and sequence of the context, as well as on the maturation capacities of other key members within the child's context. The dynamic relationship between the context and a child's abilities determines the child's level of EI. Learners educated in emotionally component classrooms adapt metaphysically in order to sustain, manage, and negotiate their environments.

Special education teachers are responsible for assisting students in obtaining a maximum degree of independence. The developmental psychopathology approach blends theory in which the classroom context may support and enable adolescent development. Moreover, a climate conducive to emotional self-control may develop and stabilize a student's emotional efficacy (Sungwon, Kluemper & Sauley, 2013). The results produce effective, long-term maintenance of emotional interdependence: an outcome that will neutralize external disassociations for optimal development in a student's adolescent years.

The developmental process matures or negates within a context of external stimuli. Adulthood personality depends on the range of external stimuli that are conceptually internalized throughout the child's development (Welker, 2013). In an effort to examine students' emotional aptitude, teachers must recognize each child's strengths as well as his/her limitations. Students are able to connect metaphysically and cognitively with their teachers, producing a rapport for higher EI and learning outcomes (Culham & Bai, 2011).

The student's external surroundings and the depth and breadth of these factors influence his/her emotional capacity for healthy interactions (Kiyonaga & Egner, 2013). These influences are transmitted by means of inductive and deductive processes. Negative or positive conditions drive thought processes stored in the brain. On the contrary, some students possess the ability to negotiate and perceive negative emotional stimuli that do not have a negative impact on their emotional health (Manos, 2012). However, for some students, exposure to unhealthy conditions negatively impacts on their emotional health. Individuals may be susceptible to conform to external conditions, and demonstrate elicited experiences.

Early intervention and support systems

Early intervention can have a positive impact on a child's health. The identification of an ED is a difficult process, as an individual's symptoms are often concealed or unnoticeable (Myers & Myers, 2011).

The individual's predisposition is a factor in an emotional episode. Early intervention can control EDs at an improved rate. With early intervention, school personnel can identify the antecedents or triggers and devise a modification plan to meet each student's emotional needs (Hammond & Ingalls, 2009).

At early onset, the learner must be educated in a highly structured environment, so that s/he can learn in subsequent years how to synthesize and evaluate his/her emotions. A classroom environment focused on structure and a consistent pace can develop a framework for psychotherapy. An ED can be treated when diagnosed at an early age. The child's emotional condition might, over time, have impacted on the his/her abilities to function academically. For some children, this precedes a secondary condition (Therrien, Taylor, Watt & Kaldenburg, 2013).

Schools have the responsibility to act on any staff member's or parents' concerns or impressions that suggest that their child or student experiences difficulty in school. Substantial information about the child's problems will help school officials decide on the next steps. Any information such as observations at home, in the community, or at school is imperative. Medical diagnoses by a licensed physician contribute to a reliable precondition for the type of services and design for intervention (Liu, Ortiz, Wilkinson, Robertson & Kushner, 2008). Before a decision is made on the intervention services from the school, a written referral must initiate this process, describing the actions exhibited by the student. Referrals are forwarded to the Child Study Team (CST).

Children identified with an ED must be given a Free Appropriate Public Education (FAPE). The Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA)¹ guarantee FAPE, an educational entitlement for all children with disabilities in the United States of America (Zirkel, 2013).

Children with severe emotional disorders might need additional services besides their current school programming options. Special education staff will need to obtain information such as the description of the impact of therapeutic strategies from service providers, so that they can provide consistency at school. For success in school, multiple service providers, including physicians, psychological counsellors and, most importantly, school-specific staff must treat students with severe ED as a group effort (Carran & Kellner, 2009). Each identified ED must be taken seriously for a change in behaviour to occur.

Endnote

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).

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