Critical areas and intervention strategies on emotional and behavioral disabilities amongst primary school going children in Kakamega County Kenya

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Emotional and behavioral disabilities is a condition in which behavior or emotional responses of an individual are so different from generally accepted norms that they adversely affect the child’s performance. The term EBD is broad, often used to group range of difficulties such as behavior which interfere with child’s own learning or learning of their peers (Clavina and Radionova 2016). According to ACSM (2014), it is a specific diagnosis where a child displays persistent and severe behaviors and at times referred to as “Social, Emotional and Behavioral Difficulties” (SEBD). In general Children with Emotional and Behavioral Difficulties (EBD) are characterized by: Disruptive, anti-social and aggressive behavior, Poor peer and family relationships, Hyperactivity, attention and concentration problems. This paper reviews on status, causes and critical areas for intervention. This paper used desktop research methodology to gather up to date information on descriptions, causes characteristics and impact of emotional and behavioral disability (EBD) on learning abilities of the children. The paper highlight intervention strategies which may be used to mitigate against this condition in an inclusive setting within the area of disability studies.

Key words: Emotional and behavioral disabilities, children, anxiety disorders, hyperactivity, inclusive setting.

INTRODUCTION

The recent report on/ about Children and Young People With Disabilities (UNICEF, 2013) estimates at least 15% of the world’s population (more than one billion people) having a disability, and 80% of these individuals live in developing countries such as Kenya; of these, 90% do not have access to education, making the largest, most marginalized minority in the world. These startling statistics paints a bleak picture for children with disabilities in this global context; where factors such as persistent stigma, negative attitudes, and an underlying belief that children with disabilities cannot learn have short- and long-term consequences. As a result, early in life, young children with disabilities are often isolated within their homes and communities and are surrounded by a society that holds low expectations about their capacity to learn. If there is any area of development that is universally salient in demonstrating the capacity of children to learn, it is the area of motor development. Regardless of culture or country of origin, parents can see signs of early motor development, such as when their young child rotates his or
her head to follow the movements of a caregiver, reaches over, reaches for objects, and crawls. These are benchmarks of early motor behavior signals to parents that their child is developing in a typical and timely fashion; consequently, parent expectations are met. However, when the child has a physical disability or developmental disability, emotional and behavioral Disorder? (EBD), delayed motor development can be one of the first signs that the child is not “typically developing,” which leads to concerns and, perhaps, changes in expectations of what the child can and cannot do.

The learning of a child with special needs is hindered by certain learning difficulties occasioned by their handicap, disability or exceptional ability. Emotional and behavioral disabilities are conditions exhibiting a specific pattern of behavior over a long period of time which adversely affect educational performance. Children with emotional and behavioral difficulties tend to deviate from appropriate behavior and this significantly interferes with learning and development. This document will discuss the intervention strategies on emotional and behavioral disabilities.

**Children with Emotional and Behavioral Difficulties**

“EBD” stands for Emotional and Behavioral Disorder (also referred to as emotional and behavioral difficulties). It is a condition in which behavior or emotional responses of an individual is so different from generally accepted norms that they adversely affect the child’s performance. The term EBD is a broad term often used to group range of difficulties such as behavior which interfere with child’s own learning or learning of their peers (Clavina and Radionova, 2016). According to ACSM (2014), it is a specific diagnosis where a child displays persistent and severe behaviors and at times referred to as “Social, Emotional and Behavioral Difficulties” (SEBD). In general these children are characterized by: Disruptive, anti-social and aggressive behavior, Poor peer and family relationships, Hyperactivity, attention and concentration problems. Conversely, a number of research studies observes that an emotional and behavioral disorder is an emotional disability characterized by the following: Can these four points be in a paragraph rather than being listed as below?

1. An inability to build or maintain satisfactory interpersonal relationships with peers and/or teachers. For preschool-age children, this would include other care providers.
2. An inability to learn which cannot be adequately explained by intellectual, sensory or health factors.
3. Consistent or chronic inappropriate type of behavior or feelings under normal conditions.
4. Displayed pervasive mood of unhappiness or depression.
5. Displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.

A child with Emotional and Behavioral Disorder is one who exhibits one or more of the above emotionally based characteristics of sufficient duration, frequency and intensity that it/they interfere(s) significantly with educational performance to the degree that provision of special educational services is necessary. For preschool-age children, these characteristics may appear within the preschool environment or in another setting documented through an extended assessment period. The student's difficulty is emotionally based and cannot be adequately explained by intellectual, cultural, sensory or general health factors.

**Types of Emotional and Behavioral Difficulties**

A child with Emotional and Behavioral Difficulties will usually have their behavior categorized into recognizable disorders, such as one of the following: - What is the source of this information?

**Adjustment Disorders**

A child suffering from an Adjustment Disorder may have witnessed a stressful event or had a big change in their normal lifestyle. This could then have an adverse reaction on their Behavior and the child may become prone to truancy, vandalism, or fighting.

**Anxiety Disorders**

A child suffering from an Anxiety Disorder may be prone to frequent panic attacks. Here the child may complain of physical symptoms such as headaches or stomach aches. The child may also display inappropriate emotional responses, such as outbursts of laughter or crying out of context.

**Obsessive-Compulsive Disorder ('OCD').**

A child suffering from Emotional and Behavioral Disorder (EBD) may also have an Obsessive Compulsive Disorder (OCD). Here the child can display recurrent and persistent obsessions or compulsions. Behaviors may include repetitive hand washing, praying, counting, and repeating words silently.

Research has consistently demonstrated that problems associated with emotional and behavioral difficulties includes: violence, aggression and anti-social behaviors, and that many emotional and behavioral difficulties of Children exist on a continuum; thus exerting significant costs on Children themselves, the people who care them and society at large in which they live (O’Connell et al., 2009). According to Woods (2016), due to the potential emotional disturbance; Children with Emotional and behavioral difficulties may refuse or unsuccessfully be able
Children with emotional and behavioral difficulties are described as those who are withdrawn, isolated, disruptive, hyperactive and lacking concentration. They include those with immature social skills and those who present challenging behaviors arising from other complex special needs (Child, 2011). Bruya (2010) observed that children with emotional and behavioral challenges exhibit both the externalizing and internalizing behavior. He emphasized that externalizing behavior is expressed outwardly and it is manifested as a high level of hyper activity exhibited at inappropriate times and it cannot be stopped upon command. He observed that externalizing behavior manifests aggression that is portrayed towards objects, self or others, any use of punishment to stop the aggressive behavior increases it. Anderson (2000) observed that internalizing behavior is expressed in a more socially withdrawn manner, which includes depression that is manifested in the form of guilty feelings, self-blame rejection, low self-esteem and anxiety. They show a low level of interaction and they are unwilling to put any effort in education. The internal feelings of children with emotional and behavioral challenges may not be easy to interpret. Kirk (2012) pointed out that those children with emotional and behavioral difficulties display infirmities like Schizophrenia which manifests itself in illusion and serious challenges with schoolwork. Paranoia manifests itself in delusions, suspicions, unwanted jealousy and an exaggerated sense of self worthy which pauses a challenge to learning ability. Cohen (1998) postulated that children with emotional and behavioral disability manifest Autism which refers to language and behavioral disorders associated with brain damage. Most of them withdraw, they have little or no language at all eventually learning process becomes a challenge.

Children with emotional and behavior challenges show limited ability to learn despite having no intellectual, sensory or health problems (Macleod, 2009). Kalat (2005) postulated that children with emotional and behavioral disorders are unable to maintain satisfactory relationship with peers and teachers. In addition they experience mood swings, they get into fights, dominate others and manifest temper tantrums. Child (2011) documented that children with emotional and behavioral problems show social delinquency marked by truancy, gang membership, theft and feelings of pride about belonging to a delinquent group. Myers (2002) observed that the children with emotional and behavioral difficulties are tense and anxious due to frustration so they become disruptive, withdrawn in class, and prone to accidents. Child (2009) explained that children with emotional and behavioral difficulties experience excessive day dreaming, sleeplessness nightmares, nail biting, rocking, bedwetting and symptoms of allergies are in evidence.

Emotional and behavioral difficulties are caused by some of the following factors: prenatal factors, such as fetal alcoholic syndrome which reflect in facial deformities and mental retardation, poor interpersonal family relationships, inappropriate socialization, inadequate nurture and lack of proper support to the growing child (Anderson, 2000). Center for Effective Collaboration and Practice, American Institute of Research (2000) as cited by Eysenck (2001) found out that biological factors are associated with emotional and behavioral problems. The center linked genetic influence and nutritional deficit to depression and schizophrenia. Kirk (2012) observed that physical illness, injuries and some neurological conditions lead to emotional and behavioral difficulties. Goldstein (2008) argued that family factors like disruption caused by death, and divorce may cause emotional and behavioral challenges to the children. He explained that Physical abuse, child neglect, sexual abuse and emotional maltreatment have all been associated with troubling behavior in children. Batshow (2009) noted that children with emotional and behavioral difficulties suffer rejection, disinterest in learning and tend to underachieve in school. He emphasized that Children are often exposed to stressors within their communities, to crime and violence, which is linked to emotional and behavioral disorders.

Further, the National Research Council and Institute of Medicine of the National Academies(NRCIMNA) working group (2009) observed that one factor which lurks in the background of emotional and behavioral Disorders(EBD) is poverty. Specifically, poverty in both developing and some developed countries entails a wide range of material hardships such as; overcrowding, frequent movements (which often means changes of School), poor Schools, limited health care, unsafe and stressful environments and more often than not lack of adequate Food. A Research Study by Woods (2016) support of these facts and further contends that all the aforementioned factors impair cognitive, emotional and behavioral development of children. It has been postulated by Solicitors (2016) in Special Educational needs that there is overwhelming research evidence showing that changes in social policy that reduce exposure to these risks are at least as important for preventing EBD in young people as other preventive interventions. It is therefore persuasive to think that the future of mental health of any nation depends crucially on how collectively the costly legacy of poverty is dealt with. This can be made a reality with concerted efforts globally through the realization of social development goals (SDGs) agenda which is being implemented worldwide. This global framework has given disability issues a new impetus by world leaders towards achievement of equalization and access to basic services by children with disabilities including emotional and behavioral disorders (EBD), and
other disadvantaged groups.

**METHODOLOGY**

The research was carried out in Kenya primary schools in western Kenya. The following methods were used to collect data in the field.

**Library research**

This was conducted in the following centers and libraries in Masinde Muliro university;

- Kenya institute of special education (KISE)
- Ford foundation
- Ministry of education science and technology.
- National council of churches of Kenya department of persons with disabilities (NCCCK-DPH)
- United nation children’s fund (UNICEF)
- Kenya national library
- Internet
- Special schools and units in integrated schools.

This research was carried out by one principal researcher and two research assistants. The researchers were recruited on the basis of gender, experience and their general awareness of disabilities issues.

2. **Field observation** also formed a key aspect of research methodology. Researcher easily noted unfriendly environment in schools and behavior of children with EBD and lack of motivation for teachers handling these children.

3. **Interviews**—general interview were conducted, the target group included teachers in special schools and parents of children with EBD to give their opinions of causes of EBD and behavioral characteristics and intervention measures used at school level.

**Intervention Measures**

According to Smith (2013), for a child to be regarded as emotionally disturbed, the behavior must be present for a long time, be severe and seriously affect the child’s performance in school and those who interact with him/her. Cowen (2005) explained that the teacher can assist children with emotional and behavioral disorders by establishing close cooperation between school and the home to establish the possible causes and the prevention of the problem. Zaiser (2005) stated that adapting teaching to the child’s level helps understand the developmental characteristics of children and how they can be utilized to ensure successful achievement of educational objectives. Batshow (2009) emphasizes on the use humor which creates a cordial relationship and maintains a conducive environment which facilitates learning and healthy relationship in class. Smith (2013) described the provision of guidance and counseling to learners with emotional and behavioral disorders in order to maintain discipline and safe classroom environment. Ashby (2000) proposed that appealing directly to the child’s sense of cooperation, fair play or kindness enhance a close working relationship with learners with emotional and behavioral challenges.

Mwangi (2009) pointed out that the teacher should help the child to recognize and understand his/her emotional and behavioral disorder. While acknowledging their emotions and behavioral disorders, it is however, important to set limits on aggressive or inappropriate behaviors. Batshow (2002) documented that children learn emotional and behavioral expressions from others like the parents, teachers and elder siblings who act as their role models. Gilbert (2011) emphasized that Children who are difficult to contain in class should be referred to specialists for further management. Initiation of self-contained special education classroom with special educator and learning resources to provide intensive academic, behavioral support and supervision should be enhanced Logan, 2004). Roediger (2002) proposed that children with emotional and behavioral difficulties should receive instruction at home as organized by the school. He proposed the initiation of Nonresidential Programs that provide a full day educational program for children within a setting that is separate from the regular school whose aim is not only academic but also for the promotion of physical and mental health.

**Critical Areas in the Interventions for Emotional and Behavior Difficulties in Children**

Critical area in the intervention process which has been documented through research is sport participation intervention through peer assisted learning (Bukhala 2012, Delsiege 2015, Clavina and Block 2009). It has also been proven as a cost-effective measure of helping these children deal with emotional and social behaviors deficits affecting them. It has been suggested by Gosh and Datta (2012) that participation in sports activities has resulted in a positive influence on the functional wellbeing of children with Intellectual disabilities. Regular exercises also improve flexibility, posture, range of motion, emotional control, social awareness, and peer relations (Vogt et al., 2012; Valcova, 2015). As children spend more time in positive social exchanges with peers, they may develop a greater sense of efficacy in their ability to tolerate others (Gosh and Datta, 2012). Further they observe that sport is an agent of socialization since it is well suited to helping children with emotional and behavioral disabilities acquire social skills they may be lacking and that by bringing them together sport contributes to normalization.

Research studies on socialization of children with emotional and behavioral disabilities support the influence of peer in the development of social skills (Townsend and Hassal 2014; Lipold 2012; Klavina and Block et al., 2011; Brooks 2013; Everhart et al., 2012; Lopez, 2016; Klavina and Radionova, 2016). Researchers recommend that...
physical Activity programs for Children with emotional and behavioral disability should provide avenues for optimal participation and reduce societal barriers by involving children with disability alongside their typically developing peers thus encouraging unified sports (Klavina and Radionova 2016). Guided Sport programmes in Adapted Physical Activities (APA) and sport may help children with disability develop a sense of efficacy and acquire social skills they may be deficient in if they are involved early enough in social exchanges with peers (Block et al., 2011; Valcova 2011). Additionally, researchers in United States of America and Canada have documented additional beneficial effects of sport socialization in Adapted Physical Activities and Sport such as: improving functional wellbeing of these children emotional control, social awareness and peer relations (Valcova 2014; Gosh and Datta 2012).

A study by Lopez (2016) investigated on the use of Physical Education buddies and communication impact on conversation starters. Results reported significant improvement in conversation starters with peers without Intellectual disability. Bukhala (2012) investigated on peer tutoring program on social psycho-motor and physical fitness of youth with and without intellectual disabilities in Nairobi. The study involved cueing, prompting, reinforcement, observation and individualized education program. Results demonstrated significant improvements in motor activities and psycho-social parameters. On the other hand, Klavina and Radionova (2016) investigated effect of peer tutoring in Global Partnership Education (GPE). When peer mediated conditions were implemented interactions between target students and trained peer tutors increased whereas during teacher directed conditions interactions with peers were minimal.

The concept of adaptation is important in the intervention process in sports for children with emotional and behavioral disability as it ensures that activities taught are adapted to meet the special needs of these children. These are guided by fundamental principles, individualization, self-determination, program effectiveness, critical thinking and multi factor complexity (Reid et al., 2012).

Research has proven that when activities are adapted to children’s capacities and abilities they learn motor skills and improve on their social skill acquisition (Favazza et al., 2016). Research studies on children with Intellectual disability report that they exhibit different behavioral characteristics and that they may require different program adaptations to suit their individual needs and capabilities (Delsiege 2015).

Schneider (2010) identified various critical areas in attempt to bring intervention to children with emotional and behavioral difficulties. He pointed out that learners with emotional and behavioral difficulties may not benefit from the regular curriculum because it has overloaded content which may discourage them. He observed that time allocated for curriculum implementation may be inadequate to learners with emotional and behavioral difficulties and therefore there is need for special curriculum that meets their needs. In addition, the curriculum evaluation focuses mainly on academic and may not favor learners with emotional and behavioral disability. Sternberg (2009) explained that inadequate and unsuitable facilities for learners with emotional and behavioral difficulties is critical in learning process for learners with emotional and behavior. Inadequate trained teachers in this area may require urgent servicing and training to cope up.

Myers (2009) indicated that over enrolment in many schools may hinder achievements in class because learners with special needs require individualized programs. He emphasized that delayed identification and intervention measures to assist the learner with emotional and behavioral difficulties contribute to low achievements in class. Kalat (2005) discussed negative attitudes towards learners with emotional and behavioral difficulties. For instance, the unwilling families may not spend resources on the disadvantaged learners. An integrated approach need to be encouraged as it fosters a partnership between society, classroom teacher and the children with emotional and behavioral challenges. Any intervention measure therefore, should be aimed at, facilitating children’s’ wellbeing and performance at school. Children with EBD need to be in environments which allow them to interact comfortably. They will often feel more comfortable in smaller groups with familiar peers, where extra support can be offered. Children will benefit from having structured and routine educational instructions. This can assist them in reaching their full academic potential (Douglas 2016). In line with UNICEF education for ALL (2015 revised), inclusive education, Individualized Educational Plan and Least Restrictive Environments need to be considered as viable intervention measures on children with EBD management.

**Conclusion**

Child with EBD face a myriad of challenges at family, school and community levels since the condition is normally confused with truancy and other misdemeanors. Majority of these children suffer psychological torture and cultural discrimination e.g. rejection by their peer and siblings and battering by parents and teacher. Parents more often do not seek professional help since they feel it is an embarrassment to the family. If such cases are publicized most children end up in rehabilitation centers and borstal institutions for petty offenders.

Poverty and disability are intertwined. Most of PWD come from poor families. The parents are not able to provide food to the family and therefore cannot afford to pay school fees for EBD and able bodied children. Emotional and behavioral difficulties is a condition that is rooted in social cultural values of African communities and can only be addressed if interventionist program is
launched whose aim will be to educate the general society to include EBD in mainstreaming social institutions and training institutions. The program should be able to change the attitude of society so that children with EBD are seen as people with same right and dignity as other typically developing children.

The analysis indicates that children with EBD face violation of their rights in all aspects. The department of disabilities in the National Council of Churches of Kenya (NCCK 2009) has clearly summarized the key challenges faced by EBD. They include being taken advantage of not only by teachers and peers but also their parents and siblings. But worse still is the fact that they are victims of ridicule, humiliation and betrayal by their close friends, they are given inferior roles and opportunities for self-development.

Recommendations

1. Extensive awareness raising campaign should be initiated to sensitive parents that children with emotional and behavioral disabilities are legally their children and they should be responsible in educating them and providing services for them.
2. Ministry of education science and technology should design a curriculum for EBD which should be practically oriented with emphasis of vocational skills.
3. Poverty eradication programs should target parents of children with EBD to enable them to provide basic needs of their children.
4. The government and National Council for Persons With Disabilities(NCPWD) in Kenya should initiate a two-year advocacy and awareness raising campaign on factors that contribute to EBD and where they can get help for their children. The target group should include parents, caregivers, teachers, social workers, religious leaders and education officers.
5. School administration ought to look for strategies of curbing physical and psychosocial violence and discrimination against EBD.
6. Legal services to be provided to cater for children with EBD when parents abandon them and fail to provide for them.
7. Alternative measures of dealing with behavioral characteristics be explored and adopted by families and institutions.

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