

Observable Emotionally Driven Behavior in Children and Youth That Requires a Continuum of Care

by Diana Browning Wright, M.S., L.E.P.

Students' behavior that is suggestive of either mental health or social/emotional development problems requiring attention in school fall in two categories: externalizing and internalizing behaviors. Modern thinking suggests that these problems need to be addressed through a multi-tiered system or continuum of both behavioral and emotional supports, from what every teacher can do in the classroom to prevent problems from moving to disorders (Tier I), through what schools can do in default interventions (Tier II) through what can be provided on an individual basis in schools when problems have been treatment resistant and disorder is present (Tier III). At Tier III for emotionally driven behaviors, either existing district staff (counselors, nurses, school psychologists, social workers, clinical psychologists, MFTs) or inclusion of outside therapists privately hired by families, or outsourced with school district funding can be used to address the student's needs. Evidence based interventions that are 70-90% successful when implemented with fidelity exist, and are composed of specific small group and individual Cognitive Behavioral Therapy, Family Wrap Around Services, Dialectical Behavior Therapy and other evidence based treatment for emotionally driven behavior. Even for students with what had been viewed as intractable problems can in fact improve or eliminated their problems.

When a student is treatment resistant to behavioral approaches that reinforce desirable behavior, ranging from school wide and class wide Positive Behaviors Supports (Tier I), to individual contracts, mentoring and other evidence based default interventions (Tier II) to Behavior Intervention Plans (Tier III), the behavior can be viewed as not "socially mediated," in other words, behavior that occurs to achieve a desired result in the environment. Behavior Analysis is an important tool, but not the sole tool, to address problems. Automatic reinforcement coming from within can be the root cause of emotion-based problems and when behavioral approaches fail the school team will wish to consider this. Evidence based, emotional supports, interventions and direct treatment from specialized staff may need to be provided to address the problem. Even externalizing behaviors, most commonly treated with behavioral approaches, may need emotional treatment when trauma, depression, anxiety and other challenges to development have occurred in the past, or are currently occurring. Our more complex students will require a specialized content, methodology and instructional strategies in restrictive settings that emphasize stringent behavioral and emotional learning curriculum, as well as specialized emotional supports.

EXTERNALIZING BEHAVIORS

Externalizing behaviors are overt behaviors that are disruptive, distracting, and/or harmful to others. Students who exhibit externalizing behaviors are often well known by educators because they are most often 1) disruptive to the classroom learning environment, 2) verbally and/or physically aggressive toward others, 3) defiant towards adult authority, and/or 4) frequent and intense rule violators.

Observable Behaviors: Externalizing	Observable Behaviors: Not Externalizing
<ul style="list-style-type: none"> • Calling other students bad names • Taking other students' belongings without asking • Arguing or refusing to comply with adult requests or directions • Disturbing others while they are working • Punching or kicking others • Blurting out answers • Bullying others • Arguing 	<ul style="list-style-type: none"> • Saying nice things to others or nothing at all • Asking the person to borrow their belonging before using it • Follow directions the first time • Working quietly while others finish their work • Keeping hands and feet to self • Raising hand and waiting quietly • Respecting others • Being agreeable

INTERNALIZING BEHAVIORS

Internalizing behaviors represent inner-directed emotional problems that result in behavioral problems because internal distress or discomfort to the individual manifests as problem behaviors following faulty thinking and feeling culminating in a maladaptive behavioral response. Unlike students with externalizing behaviors, students with internalizing behaviors often go unnoticed by educators because they can be docile, quiet, and not as overtly challenging to authority. The visible signs of a student with internalizing behaviors fall in five core categories: 1) withdrawal from social interactions, 2) seems tense or nervous when at school, 3) complains about being sick or hurt yet no medical reason supporting the complaint, 4) seems sad or unhappy, and 5) negative self-talk.

Observable Behaviors: Internalizing	Observable Behaviors: Not Internalizing
<ul style="list-style-type: none"> • Shy • Spends time alone • Seems nervous, fearful, or anxious • Appears sad or unhappy • Talks negatively about self • Disinterested in school • Has pessimistic view about future • Cries at inappropriate times • Easily frustrated and shuts down 	<ul style="list-style-type: none"> • Interacts with others • Spends free time with peers • Seems calm and relaxed • Has a positive attitude • Says nice things about self and others • Highly motivated in school • Has an optimistic view of future • Exhibits normal responses • Perseveres through difficult assignment

Commonalities Across Emotional Disabilities or Problems, both Internalizing and Externalizing

1. **Cognitive responses**
 - Irrational beliefs
 - Faulty automatic thoughts
 - Poor perspective taking
2. **Emotional responses**
 - Fear/anxiety, depression, anger, emotional dysregulation
3. **Behavioral responses**
 - Avoidance behaviors
 - Oppositional behaviors
 - Aggressive behaviors
 - Poor coping strategies
4. **Somatic responses**
 - Accelerated heart rate
 - Flushed face
 - Shortness of breath
 - Physical complaints without a medical explanation

What is Felt When Externalizing and Internalizing Problems Are Present:

- Physical sensations: e.g., rapid heart rate, short of breath, cold sweaty hands, blushed face, butterflies
- Thoughts/Beliefs: faulty interpretation and meaning making of situation
- Feelings: sad, angry, upset, depressed, worried

Behaviors That Result From What s Felt:

- Escape/Avoidance Behaviors: attempt to remove contact with provocative stimulus
- Oppositional Behaviors: when forced to have contact with provocative stimulus
- Somatic complaints: headaches, stomachaches, muscle tension
- Physiological arousal: racing heart, sweating palms, teeth chattering, dizziness, flushed face, trembling hands

What is Thought by Anxious or Depressed Youth:

- Thinking Errors, faulty automatic negative thoughts
- Thoughts that do not appropriately match the context
- Anxious student - "If I leave the house, something bad will happen to my family."
- Depressed student - "Nobody ever wants to be with me."

Warning: The World Health Organization has reported that four of the ten leading causes of disability in the US and other developed countries are mental disorders. They also predict that by 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.

Thoughts and verbalizations of depressed youth:

- General Pessimism: focusing on negative detail and selectively attend to it, so that ultimately the student's interpretation of everything that's happening becomes distorted; focusing on the negatives and ignore the positives and bigger picture
- Black and white thinking: Viewing things in polar opposites with no shades of grey (e.g., good or bad, safe or dangerous, clean or dirty)
- Negative self labeling: a global negative thought about oneself (e.g., I'm a failure.)
- Overgeneralization: Making global conclusions based on a single event: using words like "always" or "never" when the student describes it or thinks about it
- Discounting the Positive: disqualify positive events and assume that they don't count. If you accomplish something you could be proud of, you tell yourself that it wasn't that important, or that anyone could have done it
- Believing you know others have a negative view of you: automatically assume that others are having negative thoughts about you without having any evidence for it
- Negative Predicting: predict that things will turn out terribly before they even start and without having any evidence for this prediction
- Emotional Reasoning: assume that your feelings reflect the way things really are; think something must be true because you feel it so strongly and you ignore evidence to the contrary
- "Should" and "Must" Statements: expect that things should be the way you want them to be. If they are not, you feel guilty. "I shouldn't have made so many mistakes."
- Personalization: believe that others are reacting to you, without considering more likely explanations for their behavior
- Unfair Comparisons: hold unrealistically high standards and focus primarily on the few people who meet those standards; always finding yourself inferior in comparison