Depression & Anxiety
Major Types of Emotional and Behavioral Disorders • 25

- Often deliberately annoys people
- Often blames others for his or her mistakes or misbehavior
- Is often touchy or easily annoyed by others
- Is often angry and resentful
- Is often spiteful and vindictive

Juvenile Delinquency

The term juvenile delinquent is a legal one; however, it has also been applied to youth who are troublesome. Twenty percent of students who have EBD have been arrested. This percentage increases to 35% after they leave school (Wagner et al., 1991). In most states, juvenile delinquents are those youth under the age of 18 who have been found guilty of an illegal act by a court. Crimes may include acts for which adults would not be arrested, such as truancy, running away from home, and incorrigibility. A socialized delinquent is a child or youth who, for all intents and purposes, is normal yet highly influenced by peers. A common trait of a socialized delinquent is membership in a youth gang or club. Other delinquents have few or no friends. They may seem irritable, aggressive, defiant, quarrelsome, and unmotivated by praise or punishment.

Some delinquents tend to be extremely unhappy. In contrast to the youth with ODD, these children and youth experience genuine remorse and anxiety over their behaviors. Many of them are withdrawn and seem shy. Although these delinquents generally do not repeat their acts, their disorders can be very serious. For these children and adolescents, the delinquency seems to be a secondary problem that has resulted from their emotional problems.

Some young people who have learning disabilities may exhibit delinquent behaviors if their frustrations with their disabilities are not dealt with at home or at school. There are many theories of delinquency, ranging from the sociological to the behavioral to the psychological. Again, causation should not be the major concern. Rather, both educators and parents should focus on remediation.

INTERNALIZING BEHAVIORS

Depression

Problems of depression and suicide have been increasingly evident among North American children and youth over the past several decades. Many of the factors related to such problems are evident in exceptional children, which sometimes go unnoticed by both parents and school professionals. (Guazeloe, 1991, p. 1)
Historically, it was believed that children couldn't be depressed because of the notion that there simply wasn't anything that could depress an 8-year-old. However, depression is evident in some children and youth in our schools. In children and adolescents, an episode of depression lasts on average from 7 to 9 months (Birmaher, Ryan, Williamson, Brent, & Kaufman, 1996) and may have many clinical features similar to those in adults. It is one of the most difficult forms of emotional disturbance or behavioral disorder to diagnose. Its cause may be biological or psychological.

In a large, general education classroom setting, depressed students can easily be overlooked. Teachers have difficulty enough teaching those students who are not attending to their schoolwork. These students are usually easy to identify because of behaviors that disturb the teacher or fellow students. Depressed children, in contrast, are rarely disturbing to others. They are sometimes categorized as being turned off by school rather than as being emotionally disturbed.

Identifying depressed children and youth usually requires understanding their histories. Is their current behavior markedly different from their previous behavior? Behavior changes can serve as warning signals of depression. Many times, such behavior changes are coupled with general feelings of sadness. Contrary to popular belief, an exhibition of sadness does not always accompany depression. Unexplained—and many times, significant—behavior changes that may signify depression include the following:

- Crying
- Withdrawing from friends
- Disinterest in school
- Physical complaints
- Change in sleeping habits (too much or too little sleep)
- Change in eating habits (too much or too little)
- Lack of bladder control
- Reduced physical activity
- Apathy
- Drug or alcohol abuse
- Delinquency
- Suicidal ideation (verbal or written statements)

Children and youth face problems that they perceive to be as catastrophic as any an adult may face. In fact, some people believe that depression may be learned. Children may be modeling the reactions, as they perceive them, that their parents exhibit as a result of unfortunate events. Others believe that depression is biological and is not a learned emotion. Traumatic events that may trigger depression in children include the following:
• Death of a significant other (parent, sibling)
• Divorce of parents
• Family stresses (money, relationship problems)

It would be incorrect to suggest that these events alone cause depression. People have their own way of perceiving events. The depressed child looks at events in a much more negative, helpless, and perhaps hopeless manner than others. It is incumbent on the educator to pay as careful attention to this "lack of behaviors" in a child as they would to a child who is disturbing others.

**Anxiety Disorders**

*Anxiety* is a “painful uneasiness of mind usually over an impending or anticipated ill, a fearful concern” (Mish et al., 1994). It is a very normal response to threatening events. Individuals suffering from an anxiety disorder may perceive events as very threatening, even though they might prove to be nonthreatening or at the most, unpleasant. In fact, individuals who have this disorder may be in a general anxious state not linked to a specific source (Barlow, 1988). It is among the most common EBD disorders (Costello et al., 1996). Anxious people tend to work themselves into such a state that they are unable to achieve at their level of competence. For example,

Sue is a good student, yet she frets so much. She worries about everything. She worries about school, about having friends, about how she looks. You name it, she worries about it. Even when things work out for her, she goes on to worry about the next thing. She is impossible to be around during these times.

Sue has an anxiety disorder. She worries excessively over a wide range of areas, including academics and social acceptance. It is not unusual for people such as Sue to experience severe anxiety (or be anxious) about such things as

• Possible injuries or illnesses
• The ability to live up to the expectations of others
• Taking field trips with a school group
• Talking to others

Each of these examples may give rise to concern or mild anxiety in most people, but they usually are able to complete their tasks despite their concern. The anxious individual, in contrast, is overly concerned and may not be able to attempt or complete a task.
Young children may also experience anxiety. A parent reported that her child “becomes hysterical when I leave him in kindergarten, or even if I leave him at a friend’s house when I do a short errand.” This is a problem that is sometimes called separation anxiety. Separation anxiety refers to a specific type of fear, namely, the fear that a loved one or significant other will not return. Such anxiety is intense, sometimes approaching panic. Some children may develop problems going to sleep, and when they do, they might have nightmares. Young adolescents may also have separation anxiety, and in some cases, the condition can last through adulthood (U.S. Department of Health and Human Services, 1996).

Once again, it is difficult to be sure of a particular diagnosis, especially because it is difficult to gather concrete information about the level of severity and psychology issues underlying such behavior. If parents or others are concerned about children who seem to experience the emotions and behaviors described in this chapter, a complete evaluation may be in order.

The term phobia is rarely used in educational circles and is more often discussed by psychologists or psychiatrists. Phobias are intense fears of specific objects or events that pose little or no threat to the individual. A school phobia (sometimes called social anxiety disorder) is a refusal to attend school because the child is unusually afraid of the school and the school environment. They may be very afraid of being embarrassed in social situations. They may avoid participating on any level when other people are present (Black, Leonard, & Rapoport, 1997). This differs from separation anxiety, where the child is afraid to go anywhere if it means being apart from the parents.

People, and especially children, are afraid of all sorts of things, for example, darkness and animals. It is only when this fear is so overwhelming that it becomes debilitating and significantly interferes with the child’s functioning that it is considered a phobia. If Jenny was afraid to go to sleep, to leave the house, or participate in various activities because of fear of a neighbor’s dog, she would have a phobia (or be phobic) about the dog.

**Substance Abuse**

If children or youth are experiencing such feelings as anxiety or depression and do not receive proper attention by those around them, other problems can arise. By definition, those who exhibit behaviors that are indicative of depression are rarely disturbing. If, however, a significant change in behavior occurs, even one that does not bother others, parents and teachers should try to determine the cause and help the individual. Alcohol and drug abuse often is the result of emotional problems such as depression. In fact, in a national study, it was found that the majority of