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# **Characteristics of Children's Behavior Disorders**

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*For Tim and Missy*

# Preface

This book is intended primarily as a text for an introductory course in special education for emotionally disturbed children. Because behavior disorders are commonly observed in the children who populate special education classes and schools regardless of their designated category, the book should be of value in other special education areas as well, particularly the areas of learning disabilities and mental retardation. Students in developmental, abnormal, educational, or school psychology may also find the book to be useful reading.

The organization of this book differs noticeably from that of most earlier texts. The emphasis is on clear description of disordered behavior, research of factors implicated in its development, and assessment of methods for its amelioration. Although there are no chapters devoted to “diagnostic” categories, such as *normal*, *psychoneurotic*, *juvenile delinquent*, and *autistic*, there are chapters dealing with the contributions of family, school, and biological status to disordered behavior and chapters focusing on specific types of disordered behavior, such as aggression, hyperactivity, and distractibility. The titles and the organization of these chapters reflect my belief that children’s behaviors can be more easily and productively classified than children themselves. Discussion of traditional categories is thus subsumed under the more generic behavior disorders that cut across diagnostic classifications.

The book is organized in four major sections. Part One is an introduction to some of the major concepts and historical antecedents of contemporary special education for disturbed children. The first chapter begins with anecdotes selected to orient the reader to the characteristics of emotionally disturbed children and the emotions they disturb in others. Definition, classification, diagnosis, and prevalence of behavior disorders are then presented from a conceptual problem-solving approach rather than as an exercise in memory of facts and figures. Chapter 2 is a brief account of how the field grew out of the disciplines of psychology, psychiatry, and public education. In Part Two the origins of disordered behavior are discussed. Research regarding the role of the family, biophysical factors, and the school is reviewed and implications of the research for special educators are summarized. The four chapters comprising Part Three deal with salient types of disordered behavior. For each type of behavior there is discussion of definition, measurement, etiology, and methods of control. I have attempted to maintain an empirical, research-based perspective in each chapter and to emphasize issues germane to special education. Part Four, containing only the last chapter, represents my attempt to synthesize the preceding material and formulate a rationale for educational intervention.

Several additional comments are required to clarify my intent in this volume. First, developmental processes are an important concern. I have tried to integrate relevant parts of the vast and scattered literature on child development and relate the findings to

children's behavior disorders. My intention in struggling with this task was not only to outline what we know about how and why disordered behavior develops, but also to suggest how children's behavioral development can be changed for the better. Second, in trying to give attention primarily to research and theory that are grounded in replicable experimental data, I have shown an easily perceptible bias toward a behavioral viewpoint. I believe that when one examines the literature with the intention of being swayed by empirical evidence rather than by devotion to humanistic ideology alone — as I believe one must if truly humane treatment of children is to become a reality — then a behavioral bias is understandable. Third, this book is not, and was not intended to be, comprehensive in its treatment of the subject. An introductory book must by necessity leave much unsaid and many loose ends which need to be tied up. Unquestionably, the easiest thing about writing this book was to let it fall short of saying it all and to hope that its readers will pursue what is said by those whose work is cited in the references. Finally, this is not a "how-to-do-it" methods book. Although examples of how disordered behavior can be controlled are found in several chapters, the book is meant only to introduce students to the field and to provide background.

# Acknowledgments

I wish to acknowledge the assistance of several individuals in completing this book. I am grateful to my colleagues, Dan Hallahan, Norrie Haring, Mike Nelson, Dick Shores, and Sara Tarver, who read all or part of the manuscript and provided many helpful comments and suggestions. Several students reviewed portions of the manuscript for me and deserve my thanks: Ahmad Baker, Ed Gibbs, Joan Railey, and Rebecca Rollins. Linda Wilberger amazed and delighted me with her speed and competence in typing the manuscript. I am indebted to Tom Hutchinson for his confidence in my work and to Jan Hall for her editorial expertise. Finally, my wife, Myrna, and my children, Tim and Melissa, were supportive and understanding throughout my many months of toil.

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# Prologue

I could tell stories. An outsider wouldn't believe the number of conflicting opinions the different doctors gave us and the backbiting judgments they made of each other, but we did. We believed them all, the good and the bad. And disbelieved as well (we had no choice) and had no choice but to search for others, like wandering supplicants.

"It's organic."

"It's functional."

"It's largely organic with functional complications now."

"He isn't deaf but may not be able to hear."

"At least he's alive."

"The prognosis is good."

"For what?"

"The prognosis is bad."

"It would not be possible to offer a prognosis at this time."

Not one of them ever had the candor, the courage, the common sense, the character to say:

"Jesus — I really don't know."

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Prologue from Joseph Heller's *Something Happened*, pp. 532-533. Copyrighted 1974 by Alfred A. Knopf. Reprinted by permission.

It began with:

“You’re making too much of it.”

And moved to:

“He will never speak.”

“He probably will not surpass a mental age of five, if he attains that. His coordination and muscular control will never be good. It will require tremendous patience.”

We hate them all, the ones who were wrong and the ones who were right. After awhile, that made no difference. The cause didn’t matter. The prognosis was absolute. The cause did matter. It was organic (ceramic. The transistors are there). It just doesn’t work the way others do. (A radio will not work like a television set.) There was no malfunction. It worked the way it was built to (worked, perfectly, if looked at their way). The architecture’s finished. The circuits can’t be changed. Nothing is broken; there’s nothing they can find to be fixed.

“Why can’t they do it with surgery?” my wife’s asked me.

“They wouldn’t know where to cut and stitch.”

He’s a simulacrum.

“If only we hadn’t had him,” my wife used to lament. “He’d be so much better off if he’d never been born.”

“Let’s kill the kid,” I used to joke jauntily when I thought he was just innately fractious (I used to carry color snapshots of all three of my children in my wallet. Now I carry none), before I began to guess there might be something drastically wrong.

I don’t say that anymore.

(Poor damaged little tyke. No one’s on your side.)

He is a product of my imagination. I swear to Christ I imagined him into existence.

We do feel guilty. We do blame ourselves. We’re sorry we have him. We’re sorry people know we do. We feel we have plenty to be ashamed of. We have him.

My head is a cauldron.

# **Part One**



## **The Problem and Its History**



# Definition, Classification, Diagnosis, and Prevalence

# 1

This book is about children who arouse negative feelings and induce negative behaviors in others. These children are not typically popular among or leaders of their classmates and playmates. They usually experience both social and academic failure at school. Most of the adults in their environment would choose to avoid them if they could. Their behavior is so persistently irritating to authority figures that they seem to invite punishment or rebuke. Even in their own eyes these children are usually failures, obtaining little gratification from life and chronically falling short of their own aspirations. They are handicapped children — not limited by diseased or crippled bodies but by behaviors that are discordant with their social and interpersonal contexts.

Some of the behaviors that handicap children are recognized as abnormal in nearly every cultural group and social stratum. Muteness at age 10, self-injurious behavior, and eating of feces, for example, are seldom considered culture-specific or socially determined problems. Such disorders are most likely to be viewed as discrepancies from universally applicable psychological or biological developmental norms. On the other hand, many behaviors handicap children because they violate standards peculiar to their culture or the social institutions in their environment. Academic achievement, types of aggression, moral behavior, sexual responses, language patterns, and so on will be judged as normal or disordered depending on the prevailing attitudes in the child's ethnic and religious group, family, and school. For example, failure to read, hitting other

children, taking the belongings of others, masturbating, and swearing are evaluated according to the standards of the child's community. Thus, a given behavior may be considered disordered in one situation or context and not in another simply because of differences in the behavior that is expected by the people the child lives with. The majority of children's behavior disorders with which this book is concerned are defined by such sociocultural expectations.

It is important to recognize the fact that many behavior disorders are situation-specific for reasons other than social norms. Social contexts and social interactions, through the ubiquitous learning processes of modeling, reinforcement, extinction, and punishment, produce and maintain human behavior. Adults and other children in the youngster's environment, then, may inadvertently arrange conditions that develop and support his undesirable or inappropriate responses. Ironically, it may be these very adults who then initiate action to have the child labeled *disturbed* or his behavior labeled *disordered*. Were these adults to change their own behavior in relation to the child's, or were the child to be placed in a different environment, he would behave quite differently. The locus of the problem in these cases may be as much in the child's caretakers or peers as in the child himself — the child may be as "disturbing" as he is "disturbed." Children's behavior influences the actions of their parents and teachers and others who interact with them. Children "teach" their parents and teachers how to behave toward them as surely as they are taught by these adults (see Graubard, Rosenberg, & Miller, 1971; Patterson, 1971; Rosenberg & Graubard, 1975). Teaching and learning are mutually interactive processes in which teacher and learner frequently and often subtly exchange roles. When a child is having difficulty with his teacher, parents, or peers, it is as important to consider their responses to his behavior as it is to evaluate his reactions to their behavior. It is not surprising, therefore, that an ecological perspective, which posits a complex interaction of the disturbed child with many environmental factors, is gaining popularity.

The specific behaviors of children that can induce negative feelings and reactions in others are as varied as any human characteristic. As will be discussed further, children's disordered behavior may be described according to two primary dimensions: aggressive acting out, and immature withdrawal. Behavioral excesses and deficiencies along these dimensions — too much or too little of behaviors that would be considered normal in an appropriate quantity — are the essential characteristics of "disturbed" children. The following vignettes illustrate the variety of behavioral excesses and deficiencies that can plague children and those who surround them. Most of the examples are of excessive aggressive, acting-out behavior, the most salient behavioral difficulty of behavior disordered children and a poor augury for children's later development, especially when accompanied by academic failure. Patterns of withdrawal are illustrated by the last three examples. The last two of these present particularly poignant pictures of the meaning of rejection and failure to children. These child's-eye descriptions of behavioral deficiencies bring into sharp focus the fact that the disorder is not resident simply or exclusively in the child.

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Henry's incessant talking and loud outbursts made it almost impossible for the teacher to carry out her routine. His misbehavior was all the more salient as the class was in general well behaved. Some of Henry's deviant behaviors were smearing and spraying paint on desks and floors, unraveling rolls of tape, destroying a pegboard with a hammer, chipping away at the sidewalk outside the classroom with a screwdriver and hammer, throwing temper tantrums during which he turned over desks and chairs, not returning to the classroom after recess, sometimes from morning recess not until lunch-time. This caused considerable consternation among school personnel since they are responsible for students' well-being throughout the school day. When asked what Henry liked to do, the teacher included "swearing" and "tipping over his chair." When we came upon the scene, Henry's mother was about to take him to a child psychiatrist, and school administrators were considering a plan to place him on a half-day schedule or possibly even to remove him from the public school and place him in a special class for emotionally handicapped children. (Kubany, Weiss, & Sloggett, 1971, p.174)

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I remember Joey, one of our first students, and the destruction resulting from his acts of aggression and hostility. There were days when everything within his reach was either thrown, torn, or smashed. Even with one teacher assigned exclusively to him, he created chaos. Here is a typical school day as described in excerpts from the teacher's anecdotal records:

Joey threw a tray with snacks on the floor ... spilt the orange juice ... upset two jars of paint ... threw a pail at the window and broke a pane ... swept food and dishes off the dining room table ... kicked his heels through a wall ... (Fenichel, 1974, p. 64)

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N.B., aged 16, was described to me by his father, who came to consult me, in regard to his management, as a boy of singularly unruly and untractable character, selfish, wayward, violent without ground or motive, and liable under the paroxysm of his moodiness to do personal mischief to others; not, however, of a physically bold character. He is of a fair understanding, and exhibits considerable acuteness in sophistical apologies for his wayward conduct. He has made little progress in any kind of study. His fancy is vivid, supplying him profusely with sarcastic imagery. He has been subjected at different times, and equally without effect, to a firmly mild and to a rigid discipline. In the course of these measures, solitary confinement has been tried; but to this he was impassive. It produced no effect.

He was last in a very good seminary in a town in \_\_\_\_\_, where he drew a knife upon one of the officers of the establishment, while admonishing him; and produced a deep feeling of aversion in the minds of his companions, by the undisguised pleasure which he showed at some bloodshed which took place in this town during the disturbance of 18\_\_\_\_.

He has not appeared to be sensually disposed, and he is careful of property. His bodily health is good, and he has never had any cerebral affection. This boy was further described to me as progressively becoming worse in his conduct, and more savagely violent to his relatives. Still I easily discovered that he was unfavourably situated; for his relations appeared to be at once irritable and affectionate; and the total failure of various plans of education was throwing him entirely upon their hands.

As an instance of the miserable pleasure which he took in exciting disgust and pain, I was told, that when 13 years old, he stripped himself naked and exposed himself to his sisters. (Mayo, 1839, pp. 68-69)

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Rodney's personal care habits were atrocious. He seemed to attract dirt, grease, and filth. His vocabulary was also foul, and he was generally just plain obnoxious. Not always, though — for he could be very likeable. However, most of the time he found ways of making people want to get away from him as fast as possible and stay away for as long as possible. It is hard to imagine a more repulsive twelve year old, and it is no wonder that he found his way into the psychiatric hospital where I was teaching.

In school, the work Rodney handed in reflected his personality. He picked his nose until it bled and wiped the blood and mucus on the papers. He picked his ears and wiped the wax on his papers. He picked his acne and wiped the blood and pus on his papers. He spit on his papers and smeared the saliva over his answers to try to erase them. When he did use an eraser, he made holes. He wrote answers at the wrong place and then circled them and drew arrows, often to another wrong place. He wrote four-lettered words and drew lewd pictures and swastikas on his papers. He punched holes in his papers, tore them, wadded them, taped them together, ripped them apart again, and retaped them. All the while, he muttered curses — he couldn't do the damned work because it was too babyish or too hard or too stupid or too crazy and "what kind of a stupid goddamned bastard was I to give him such crap?"

Rodney made himself the bane of everyone's existence. He teased and bullied smaller children unmercifully. He baited teachers and threatened other adults. Cleanliness and pleasantness seemed completely foreign to him. He referred to his former teacher most often as "f— stick."

My first confrontation with Rodney was the first minute of the first day I tried to teach him. He sauntered into the classroom, took one look at me, and said, "If you're going to be in here, then I'm getting the hell out!" In an instant, he was out the door, around the corner, up two flights of stairs, and out of the building. It did not take me long to realize that I had to go after him and bring him back, even if it meant dragging him. I caught up with him about twenty feet outside the building. I fully expected that we would have a physical struggle and I would end up dragging him back to the classroom. Instead, when I reached out to grab him, he stopped, looked at me for a moment, and said, "Well, hell! I guess I might as well go back." He got back to the classroom before I did and never tried to run again.