PHYSICAL EDUCATION

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Classification of Disability

Lecture - 51
Classification of Disability: Behavioral Disorders, Adjustment Problems, Emotional Problems, Personality Disorders.

INTRODUCTION

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime.

The conditions causing disability are classified by the medical community as:

- Inherited (genetically transmitted);
- Congenital, meaning caused by a mother's infection or other disease during pregnancy, embryonic or fetal developmental irregularities, or by injury during or soon after birth;
- Acquired, such as conditions caused by illness or injury;
- Of unknown origin.

On the basis of the above mentioned conditions disability can be classified into the following types:

- Physical Disability
- Sensory Disability
- Vision Impairment
- Hearing Impairment
- Olfactory and gustatory impairment
- Somatosensory Impairment
- Balance Disorder
- Intellectual Disability
- Mental/Emotional disabilities
- Pervasive developmental disorders
- Developmental Disability
- Nonvisible disabilities
- Behavioural Disorders
- Adjustment problems
- Personality disorders.

BEHAVIOURAL DISORDERS

Behaviour refers to the range of actions and mannerisms by individual, organisms, systems or artificial entities in conjunction with themselves or their environment, which may include the other systems or organisms around as well as the physical environment. It may as well be referred to as the product of the sum total of interaction between the being and/or other beings and the environment. Behaviour is an outcome of an individual's encounter with the individuals or environment that is present around him.

Meaning

Behavioural disorder is a functional disorder or abnormality better understood as any of the various forms of behaviour that are considered inappropriate by members of the social group to which the individual belongs. It may be any of a group of antisocial behaviour patterns occurring primarily in children and adolescents, such as over aggressiveness, over activity, destructiveness, cruelty, truancy, lying, disobedience, perverse sexual activity, criminality, and alcoholism and drug addiction.

Behavioural disorders also referred to as conduct disorder can be caused by conditions that may be inherited, congenital, development irregularities, acquired and/or of unknown origin. These behaviour s often also referred to as 'antisocial behaviour s' is the precursor to 'antisocial personality disorder', which cannot be diagnosed until the individual is 18 years old.

Predominant Group

Behavioural or Conduct disorder is a psychological disorder that is diagnosed in childhood or adolescence. If left untreated in childhood, these disorders can negatively affect a person's ability to hold a job and maintain relationships as well.

Causes

The origin or cause of Behavioural disorder is complicated by an intricate interplay of biological and environmental factors, identifying the mechanism of origin is crucial for obtaining accurate assessment and implementing effective treatment. These mechanisms serve as the fundamental building blocks on which evidence based treatments are developed.

The abnormal behaviour that is usually associated with this disorder can be traced back to biological, family and school-related factors. Several domains that have an implication in the development of behavioural disorder are:

1. **Cognitive factors** in terms of cognitive function, intelligence and cognitive deficits that are common amongst youths with behaviour disorders, particularly those with an early-onset and have intelligence quotient below average and severe deficits in verbal reasoning and executive function.
2. **Neurological factors** refers to the structural and functional brain difference, compared to normal controls, youth with early and adolescent onset of behavioural disorder display reduced responses in brain regions that are associated with antisocial behaviour . In addition, they also demonstrate less responsiveness during a stimulus-reinforcement and reward task. Lastly, youth with behaviour disorder display a reduction in grey matter volume in the amygdale, which may account for fear conditioning deficits. There is a reduction in the functioning of the autonomic nervous system as well. These reductions lead to an inability to regulate mood and impulsive behaviour s, weakened signals of anxiety and fear and decreased self esteem.
3. **Intra-individual factors** such as genetics may also be relevant. Having a sibling or a parent with behaviour disorder increases the risk furthermore.
4. **Family and Peer Influences** play an important role in the development as well as the maintenance of behaviour disorder. It may be associated with single parent status, parental divorce, large family size and young age of mothers. Family functioning and parent-child interactions also play a substantial role in childhood aggression and conduct disorder, with low levels of parental involvement, inadequate

supervision, and unpredictable discipline practices reinforcing youth's defiant behaviour s. Peer influences have also been related to the development of antisocial behaviour in youth, particularly peer rejection in childhood and association with deviant peers.

5. **Wider Contextual factors** such as neighbourhood safety and exposure to violence have been studied in conjunction with behavioural disorder.

Symptoms

Characteristics which identify an individual as having behaviour disorders are demonstrated in a variety of settings, with little consideration or understanding of social or cultural rules.

An individual or child with behavioural disorder may display the following academic characteristics:

- Disrupts classroom activities
- Impulsive
- Inattentive, distractible
- Preoccupied
- Does not follow or appear to care about classroom rules
- Poor concentration
- Resistance to change and transitions in routines
- Often speaks out with irrelevant information or without regard to turn taking rules
- Demonstrates aggressive behaviour
- Intimidates and bullies other students
- Regularly absent from school
- Consistently blames others for their dishonesty
- Low self esteem
- Difficulty working in groups
- Demonstrate self-injurious behaviour
- Cannot apply social rules related to other's personal space and belongings
- Often manipulative of situations

Educational Recommendations

If a student demonstrates behaviour s listed under the definition of 'Individuals with Disabilities Education Act' (discussed in detail under the section emotional problems) they may be considered to have a behavioural disorder. A psychologist or behaviour specialist is most likely to be able to provide an appropriate diagnosis for an individual, based on observations, check lists and behaviour documentation.

Teaching strategies for these students should be based on changing the behaviour itself. The system is often centered on discouraging the unwanted behaviour and rewarding/encouraging the desired behaviour .

- Specifically identify the behaviour which needs to be changed.
- Create a baseline of the observed behaviour .
- Closely examine the information in the baseline and evaluate what has been observed and documented.
- Develop short and long term goals for the student. In the plan create a reward system to be used. Such as: give student a check mark for every 15 minutes behaviour as appropriate. When the student receives 8 checks they may have 10 minutes of computer time.
- Re-evaluate the plan for effectiveness. Has the behaviour reduced occurrence in a variety of settings or not.
- Make modifications in the behaviour plan to reinforce the desired outcome.

A behaviour modification chart is a widely accepted tool to help a child visually understand the key behaviour expectations and track their progress.

ADJUSTMENT PROBLEMS

Adjustment refers to the behavioural process of balancing conflicting needs or needs against obstacles in the environment. In general, the adjustment process involves four parts:

1. A need or motive in the form of a strong persistent stimulus
2. The thwarting or non-fulfillment of this need
3. Varied activity, or exploratory behaviour accompanied by problem solving
4. Some response that removes or at least reduces the initiating stimulus and completes adjustment.

When there is an inability to make a normal adjustment to some need or stress in the environment it leads to adjustment disorder.

Meaning

An adjustment disorder or adjustment problem also referred to as exogenous, reactive, or situational depression is a disorder that occurs when an individual is unable to adjust to or cope with a particular stressor, like a major life event. Since people with this disorder normally have symptoms that depressed people do, such as general loss of interest, feelings of hopelessness and crying, this disorder is sometimes referred to as situational depression. Unlike major depression the disorder is caused by an outside stressor and generally resolves once the individual is able to adapt to the situation.

Predominant Group

Diagnosis of adjustment disorder is quite common; there is an estimated incidence of 5%–21% among psychiatric consultation services for adults. Adult women are diagnosed twice as often as are adult men. Among children and adolescents, girls and boys are equally likely to receive this diagnosis.

Causes

The stressors that cause adjustment disorders may be grossly traumatic or relatively minor, like loss of a girlfriend/boyfriend, a poor report card, or moving to a new neighborhood. It is thought that the more chronic or recurrent the stressor, the more likely it is to produce a disorder. The objective nature of the stressor is of secondary importance. Stressors' most crucial link to their pathogenic potential is their perception by the patient as stressful.

There are certain stressors that are more common in different age groups:
Adulthood:

- Marital conflict
- Financial conflict
- Health issues with Oneself/Partner or Dependent children
- Personal tragedy (Death/personal loss)
- Loss of job or unstable employment conditions (e.g. Corporate takeover/redundancy)

Adolescence and childhood:

- Family conflict/parental separation
- School problems/changing schools
- Sexuality issues
- Death/illness/trauma in the family

Symptoms

Common characteristics of adjustment disorder include mild depressive symptoms, anxiety symptoms, and traumatic stress symptoms or a combination of the three. There are nine types of adjustment disorders listed in the DSM-III-R (Diagnostic and Statistical Manual of Mental Disorders). According to the DSM-IV-TR(4^{th} ed.), there are six types of adjustment disorders, which are characterized by the following predominant symptoms: depressed mood, anxiety, mixed depression and anxiety, disturbance of conduct, mixed disturbance of emotions and conduct, and unspecified. However, the criteria for these symptoms are not specified in greater detail. Adjustment disorder may be acute or chronic, depending on whether it lasts more or less than six months. According to the DSM-IV-TR, if the adjustment disorder lasts less than 6 months, then it may be considered acute. If it lasts more than six months, it may be considered chronic. Moreover, the symptoms cannot last longer than six months after the stressor(s), or its consequences, have terminated.

Some emotional signs of adjustment disorder that are most commonly visible are:

- Sadness
- Hopelessness
- Lack of enjoyment
- Crying spells
- Nervousness
- Anxiety
- Worry
- Desperation
- Trouble sleeping
- Difficulty concentrating
- Feeling overwhelmed and thoughts of suicide

Some behavioural signs of adjustment disorders are:

- Fighting
- Reckless driving
- Ignoring important tasks such as bills or homework
- Seeking approval from others by any way possible (cheating/lying/escaping reality)
- Avoiding family or friends
- Performing poorly in school
- Skipping school
- Vandalizing property.

Suicidal behaviour is prominent among people with AD of all ages, and up to one-fifth of adolescent suicide victims may have an adjustment disorder.

Recommended Treatment

The recommended treatment for adjustment disorder is psychotherapy. The goal of psychotherapy is symptom relief and behaviour change. Anxiety may be presented as "a signal from the body" that something in the patient's life needs to change. Treatment allows the patient to put his or her distress or rage into words rather than into destructive actions. Individual therapy can help a person gain the support they need, identify abnormal responses and maximize the use of the individual's strengths. Counseling, psychotherapy, crisis intervention, family therapy, behavioural therapy and self-help group treatment are often used to encourage the verbalization of fears, anxiety, rage, helplessness, and hopelessness. Sometimes small doses of antidepressants and anxiolytics are used in addition to other forms of treatment.

In addition to professional help, parents and caregivers can help their children with their difficulty adjusting by:

- Offering encouragement to talk about his/her emotions
- offering support and understanding
- Reassuring the child that their reactions are normal
- Involving the child's teachers to check on their progress in school
- Letting the child make simple decisions at home, such as what to eat for dinner or what show to watch on TV
- Having the child engage in a hobby or activity they enjoy.

EMOTIONAL PROBLEMS

Emotion, a mental state that arises spontaneously rather than through conscious effort and also accompanied by physiological changes comprises feelings; they may be emotions of joy, sorrow and/or anger. Emotion may also be referred to as an affective state of consciousness in which joy, sorrow, fear, etc., is experienced, as distinguished from the cognitive and volitional states of consciousness. Children's temperaments vary and thus they differ in their ability to cope with stress and daily hassles. Some children are easygoing by nature and adjust easily to events and new situations, while there are other who are thrown off balance by new situations and changes in their lives.

Meaning

An emotional problem is associated to mental disorder or mental illness. Mental disorder or mental illness is a psychological, behavioural or emotional pattern generally associated with subjective distress or disability that occurs in an individual, and perceived by the majority of society as being outside of normal development or cultural expectations. The recognition and understanding of mental health conditions has changed over time and across cultures, and there are still variations in the definition, assessment, and classification of mental disorders, although standard guideline criteria are widely accepted.

Many terms are used to describe emotional, behavioural or mental disorders. Currently, students with such disorders are categorized as having an emotional disturbance, which is defined under the Individuals with Disabilities Education Act as follows: "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that 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 feelings under normal circumstances
- A general pervasive mood of unhappiness or depression

- A tendency to develop physical symptoms or fears associated with personal or school factors."

  A child may have one of the following variations of emotional problems:

  1. Internalizing Disorders: A child with internalizing disorder is said to be suffering from depression, and experiences loss of interest in activities including social activities, work and life. Young adults between the ages 19-32 can also suffer from anxiety, separation anxiety, fears and phobias (trusting people), obsessive-compulsive disorder, autism spectrum disorders and panic disorder.
  2. Externalizing Disorders: Words and phrases that are commonly associated with children who externalize are extrovert, under-controlled and acting out. This includes Attention Deficit Hyperactivity Disorder (ADHD) and also behavioural/conduct disorder. These children act out their emotions instead of holding them in, exhibiting behaviour s such as fighting, bullying, cursing and other forms of violence as well.

Predominant Group

Emotional problems are a broad category usually used in educational settings, to group a range of more specific perceived difficulties of children and adolescents. However, some of the research findings suggests a predominance of males, that far outweighs females with a ratio of 3:1 in community samples and perhaps twice as high in clinical samples (American Psychiatric Association, 1994; Lahey, Miller, Gordon and riley, 1999).

Causes

Emotional issues, or problems, are generally linked to traumatic life events, chronic stress or not having basic needs met, especially in childhood. Reactions, such as sadness, anxiety, insomnia and confusion, may be triggered by memories or associated smells, sounds or situations. Reactions may seem irrational or out of proportion to present events. Addictions, decision-making problems and an inability to form healthy relationships may stem from unresolved childhood issues. Emotional issues can be worked through and resolved, with or without professional help.

Symptoms

As defined by the IDEA (Individuals with Disabilities Education Act), emotional disturbance includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

An emotional and behavioural disorder is an emotional disability characterized by the following characteristics:

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

Educational Recommendations

Majority of the students with emotional problems sit undetected in general education classrooms. As teachers, what can we do to help such youngsters learn?

- **First, an awareness of and sensitive to warning signs of developing emotional problems:**

  Some students have internalized emotional problems, the child may become withdrawn or depressed and the teacher may not even be aware of the student's distress. While some students have externalized emotional problems, which the teacher is likely to know; in such cases the student puts emotions on display and may become disruptive or even antagonistic in class. It's important on the part of the teacher to be aware of the warning signs of both kinds of emotional problems.

- **Second, is the use of strategies to help students overcome their emotional barriers to learning:**

  The strategies that may be incorporated by the teacher are listed as under:

  1. Make learning relevant
  2. Help students establish positive peer relationships
  3. Teach behaviour management skills
  4. Identify and deal with depression
  5. Help students cope with stress
  6. Instill hope

PERSONALITY DISORDERS

Personality refers to characteristic traits, coping styles, and way of thinking and behaving or interacting in the social environment. These traits emerge during childhood and crystallize into established patterns by the end of adolescence or early

adulthood. These patterns are traits and behaviour that are unique to each and every individual.

Meaning

Personality Disorder has been defined as "an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment." In the book Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, 2000 (DSM- IV TR, APA, 2000)

Personality, defined psychologically, is the set of enduring behavioural and mental traits that distinguish human beings. Hence, personality disorders are defined by experiences and behaviour s that differ from societal norms and expectations. Those diagnosed with a personality disorder may experience difficulties in cognition, emotiveness, interpersonal functioning, or control of impulses. In general, personality disorders are diagnosed in 40–60 percent of psychiatric patients, making them the most frequent of all psychiatric diagnoses.

When personality traits are inflexible and maladaptive and causes significant functional impairment or subjective distress than they constitute personality disorder. This type of disorder affects almost all that a person is in contact with, be it his employment, his relationships and even where one lives. However, the distress may not be very personal as it is others who feel it.

Classification

There are two major systems of classification of personality disorders, the International Statistical Classification of Diseases and Related Health Problems (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM). Both the systems have deliberately merged their diagnoses to some extent, but some differences remain. For example, ICD-10 does not include narcissistic personality disorder as a distinct category, while DSM-5 does not include enduring personality change after catastrophic experience or after psychiatric illness. ICD-10 classifies the DSM-5 schizotypal personality disorder as a form of schizophrenia rather than as a personality disorder. There are accepted diagnostic issues and controversies with regard to distinguishing particular personality disorder categories from each other.

1) The International Statistical Classification of Diseases and Related Health Problems (ICD), World Health Organization:

   The ICD-10 section on mental and behavioural disorders includes categories of personality disorder and enduring personality changes. They are defined as ingrained patterns indicated by inflexible and disabling responses that significantly differ from how the average person in the culture perceives, thinks, and feels, particularly in relating to others.

The specific personality disorders are: paranoid, schizoid, dissocial, and emotionally unstable (borderline type and impulsive type), histrionic, anankastic, anxious (avoidant), and dependent.

There is also an 'Others' category involving conditions characterized as eccentric, haltlose (derived from German haltlose "drifting, aimless, irresponsible"), immature, narcissistic, passive-aggressive, or psychoneurotic. An additional category is for unspecified personality disorder, including character neurosis and pathological personality.

There is also a category for Mixed and other personality disorders, defined as conditions that are often troublesome but do not demonstrate the specific pattern of symptoms in the named disorders. Finally there is a category of Enduring personality changes, not attributable to brain damage and disease. This is for conditions that seem to arise in adults without a diagnosis of personality disorder, following catastrophic or prolonged stress or other psychiatric illness.

2) Diagnostic and Statistical Manual of Mental Disorders (DSM):

The Diagnostic and Statistical Manual of Mental Disorders (currently the DSM-5) lists ten personality disorders, grouped into three clusters. The DSM-5 also contains three diagnoses for personality patterns that do not match these ten disorders, but nevertheless exhibit characteristics of a personality disorder.

Cluster A (odd disorders):

These disorders are often associated with schizophrenia, one in particular being Schizotypal personality disorder. However, people with odd disorder have a greater grasp of reality as compared to that of individuals suffering from schizophrenia. In general, patients suffering from the disorder can be paranoid, have difficulty being understood by others as they have an odd or eccentric manner of speaking and a lack of close relationships. Though their perceptions may be unusual, it is important to distinguish them from delusions or hallucinations as people suffering from these would be diagnosed with a different disorder entirely. There is significant evidence that suggests that a small proportion of people with Type A personality disorder, specifically schizotypal personality disorder, have the potential to develop schizophrenia or another psychotic disorder. These disorders also have a higher risk to occur among individuals whose first-degree relatives have either schizophrenia or Cluster A personality disorder.

- **Paranoid personality disorder:** characterized by a pattern of irrational suspicion and mistrust of others, interpreting motivations as malevolent.

- **Schizoid personality disorder:** lack of interest and detachment from social relationships, apathy and restricted emotional expression.
- **Schizotypal personality disorder:** a pattern of extreme discomfort interacting socially and distorted cognitions and perceptions.

Cluster B (dramatic, emotional or erratic disorders):

- **Antisocial personality disorder:** a pervasive pattern of disregard for and violation of the rights of others, lack of empathy, bloated self-image, manipulative and impulsive behaviour .

- **Borderline personality disorder:** pervasive pattern of instability in relationships, self-image, identity, behaviour and affects often leading to self-harm and impulsivity.

- **Histrionic personality disorder:** pervasive pattern of attention-seeking behaviour and excessive emotions.

- **Narcissistic personality disorder:** a pervasive pattern of grandiosity, need for admiration, and a lack of empathy.

Cluster C (anxious or fearful disorders):

- **Avoidant personality disorder:** pervasive feelings of social inhibition and inadequacy, extreme sensitivity to negative evaluation.
- **Dependent personality disorder:** pervasive psychological need to be cared for by other people.
- **Obsessive-compulsive personality disorder (not the same as and quite different from obsessive-compulsive disorder):** characterized by rigid conformity to rules, perfectionism, and control to the point of satisfaction and exclusion of leisurely activities and friendships.

3) Additional classification factors:

It is possible to classify personality disorders using additional factors such as severity, impact on social functioning, and attribution.

Predominant Group

There are some sex differences in the frequency of personality disorders. They are shown in the following table:

SEX DIFFERENCES IN THE FREQUENCY OF PERSONALITY DISORDERS

TYPE OF PERSONALITY DISORDER		PREDOMINANT SEX
PARANIOD PERSONALITY DISORDER	:	MALE
SCHIZOID PERSONALITY DISORDER	:	MALE
SCHIZOTYPAL PERSONALITY DISORDER	:	MALE
ANTISOCIAL PERSONALITY DISORDER	:	MALE
BORDERLINE PERSONALITY DISORDER	:	FEMALE
HISTRIONIC PERSONALITY DISORDER	:	FEMALE
NARCISSISTIC PERSONALITY DISORDER	:	MALE
AVOIDANT PERSONALITY DISORDER	:	EQUAL
DEPENDENT PERSONALITY DISORDER	:	FEMALE
OBSESSIVE-COMPULSIVE PERSONALITY DISORDER	:	MALE

Educational Recommendations

The management and treatment of personality disorders can be a challenging and controversial area, for by definition the difficulties have been enduring and affect multiple areas of functioning. There are many different forms (modalities) of treatment used for personality disorders:

- Individual psychotherapy has been a mainstay of treatment. There are long-term and short-term (brief) forms.
- Family therapy, including couples therapy.
- Group therapy for personality dysfunction is probably the second most used.
- Psychological-education may be used as an addition.
- Self-help groups may provide resources for personality disorders.
- Psychiatric medications for treating symptoms of personality dysfunction or co-occurring conditions.

- Milieu therapy, a kind of group-based residential approach, has a history of use in treating personality disorders, including therapeutic communities.

There are different specific theories or schools of therapy within many of these modalities. They may, for example, emphasize psychodynamic techniques, or cognitive or behavioural techniques. In clinical practice, many therapists use an 'eclectic' approach, taking elements of different schools as and when they seem to fit to an individual client. There is also often a focus on common themes that seem to be beneficial regardless of techniques, including attributes of the therapist (e.g. trustworthiness, competence, caring), processes afforded to the client (e.g. ability to express and confide difficulties and emotions), and the match between the two (e.g. aiming for mutual respect, trust and boundaries).

CONCLUSION

Disability is not a disease in itself, it consists of such traits, factors or conditions that deviate an individual from his normal functioning. However they can be identified and rectified with the help of experts and the love, care and affection from family and peer group.