Teaching Students with Emotional/Social Disabilities

Students with emotional and social disabilities present some of the most difficult challenges to an instructor. Like some disabilities, these impairments may be hidden or latent, with little or no effect on learning. Unlike students with other kinds of disabilities, emotional disabilities may manifest themselves in behavior ranging from indifference to disruptiveness. Such conduct may make it difficult to remember that students with emotional and social impairments have little control over their disabilities.

One of the most common psychological impairments among students is depression. The condition may be temporary – a response to inordinate pressures at school, on the job, at home, or in one's social life. Depression may be manifested as a pathological sense of hopelessness or helplessness which may provoke, in its extreme, threats or attempts at suicide. It may appear as apathy, disinterest, inattention, impaired concentrations, irritability, or as fatigue or other physical symptoms resulting from changes in eating, sleeping, or other living patterns.

Anxiety also is prevalent among students and may be the reaction to stress. A student need not be psychologically impaired to experience anxiety. Mild anxiety, in fact, may promote learning and improve functioning. Severe anxiety, however, may reduce concentration, distort perceptions, and weaken the learning process. Anxiety may manifest itself as withdrawal, constant talking, complaining, joking, crying, or extreme fear, sometimes to the point of panic. Bodily symptoms might include episodes of light-headedness or hyperventilation.

Students are susceptible to a myriad of other social and emotional disorders, including expressing inappropriate classroom behavior or inadequate performance on assignments. Some troubled students who are undergoing treatment take prescription medication to help control disturbing feelings, ideas, and behaviors. This medication might cause undesirable side effects, such as drowsiness or disorientation.

If the student's behavior begins to affect others, your course, or your instructions, consider the suggestions below:

• Discuss inappropriate behavior with the student privately and forthrightly, delineating the limits of acceptable conduct. It may be appropriate to have a witness to your conversation.

• In your discussions with the student, do not attempt to diagnose or treat the psychological disorder, but only the student's behavior in the course.

• If you sense that discussion would not be effective, or if the student approaches you for therapeutic help, refer the student to Disabled Student Services.

• If abusive or threatening behavior occurs, refer the matter to DSS.