

Females with Emotional/Behavioral Disorders and Delinquency

by

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Abstract

Understanding individuals who exhibit delinquent behaviors requires a comprehensive examination of individual differences. When disability is considered as a part of the evaluation process, it can reveal hidden factors that influence the displays of juvenile delinquency. This literary review examines the existing literature that surrounds females with emotional and behavioral disorders and delinquencies. In addition, it will discuss six concepts inherent to the understanding such topic, which includes: (a) emotional disturbance, (b) comorbidity, (c) causes and effects of emotional disturbance, (d) characteristics of females with emotional and behavioral disorders, (e) characteristics of female juvenile offenders as well as (f) risk and protective factors of female delinquency.

Females with Emotional/Behavioral Disorders and Delinquency

Emotional Disturbance (ED) is a disability category recognized under the federal law and regulations across the United States (Kauffman & Landrum, 2009; Kauffman & Badar, 2013, Cullinan, Osborne, & Epstein, 2004). Due to the spectrum of symptoms that individuals with this disability exhibit, a consensus among professionals in defining ED is elusive (Kauffman & Landrum, 2009; Cullinan, Osborne, & Epstein, 2004; Forness & Knitzer, 1992). In addition, the combinations of terminologies in defining this particular population may be as complex as the children and youth to whom labels are applied (Kauffman & Landrum, 2009). Specifically, 'behavioral disorders' is a preferred terminology used by practitioners in the field of special education under the notion that the label of 'behavioral disorders' appears to be less stigmatizing than does that of 'emotionally disturbed' (Kauffman & Landrum, 2009; Kauffman & Badar, 2013). In the late 1980s, the term emotional or behavioral disorders was adopted by the National Mental Health and Special Education Coalition (NMHSEC) over other possible labels simply to indicate that the children or youth to whom it refers may exhibit disorders of emotions or behavior, or both (Forness, 1988; Forness & Knitzer, 1992; Kauffman & Landrum, 2009).

In general, the federal definition of ED has made limited modification since the inception of its original definition in the Individuals with Disabilities Education Act (IDEA). Thus, in comparison to other disability categories, limited research have been completed describing the characteristics and stigma of ED among individuals identified and served under this category of disability, including variations by gender, age or grade level, race or ethnic status, and other variables (Cullinan, Osborne, & Epstein, 2004; Kauffman & Badar, 2013). While, ongoing research on mental disorders and other clinically significant

patterns of emotional and behavioral mal-adaptation of children and adolescents continues, however, research applies directly to the characteristics of ED to females' delinquent behaviors remain limited (Cullinan, 2002; Cullinan, Osborne, & Epstein, 2004).

Symptoms

Emotional Disturbance (ED) is defined in the Individuals with Disabilities Education Act (IDEA) as: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors, (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, (c) inappropriate types of behavior or feelings under normal circumstances, (d) a general pervasive mood of unhappiness or depression, and (e) a tendency to develop physical symptoms or fears associated with personal or school problems (U.S. Department of Education, 2014). According to the IDEA definition, an individual exhibiting at least one of the five characteristics (A-E) may qualify for the ED category of disability (U.S. Department of Education, 2014).

Based on the federal definition of emotional disturbance, which characterizes an array of behaviors, emotions, and cognition challenges, individuals with emotional disturbance may exhibit difficulties surrounding social, personal, and educational issues (Cullinan & Kauffman, 2005). Furthermore, the ambiguity of its federal definition continues to exist and its controversies remain as an integral and significant topic of continuous debate across professions (Forness & Kavale, 2000; Forness & Knitzer, 1992; Kauffman & Landrum, 2009; Nelson, Rutherford, Center, & Walker, 1991). However, Cullinan and Kauffman (2005) firmly reported that these criticisms have been presented and debated primarily on logical rather than empirical grounds and indicated that there are a handful of studies that have measured the definition's main constructs or evaluated how the definition influences identification, interventions, or other effects of its implementation (Cullinan & Kauffman, 2005).

Furthermore, Forness and Kavale (2000) urge that the possibilities of misinterpretation, stigma, and lack of consensus about the nature of emotional disturbance hinders the process of accurately identifying individuals with this disorder. Specifically, the proposed IDEA definition of emotional disturbance does not align with the definition that mental health professionals and practitioners are accustomed (Cullinan & Kauffman, 2005). The proposed definition of emotional disturbance (emotional or behavioral disorder) includes the following: (a) characteristics including behavioral or emotional responses in school programs that differ from appropriate age, cultural, or ethnic norms that the responses adversely affect educational performance, including academic, social, vocational, or personal skills, (b) more than a temporary, expected response to stressful events in the environment, (c) consistent exhibitions in two different settings, at least one of which is school related, (d) unresponsive to direct intervention applied in general education, or the condition of a child such that general education interventions would be insufficient, (e) a disability that coexists with other disabilities, and (f) schizophrenic disorder, affective disorder, anxiety disorder, or another sustained disorder of conduct or adjustment, affecting a child if the disorder affects educational performance (Forness & Kavale, 2000).

Literatures have indicated a significant difference between the two definitions in that the IDEA definition excludes individuals with social maladjustment, a term that generally reference individuals whose behavior conflicts with society in general but is an adaptive, often peer approved response to their environment (Turnbull, Turnbull, Shank, & Smith, 2004; U.S. Department of Education, 2014). In addition, Cosenbader and Buntaine (1999) suggested that IDEA implies such individuals choose to break societal rules but that individuals with IDEA's definition of emotional and behavioral disorders violate rules as a direct ramification of their disability. Specifically, IDEA regards individuals with emotional or behavioral disorders as victims of their impairments but considers individuals who are antisocial or socially maladjusted as blameworthy and worthy to be controlled, contained, or punished (Turnbull et al., 2004). Forness and Kavale (2000) expressed that as an effect of the indefinite description of social maladjustment, individuals may be masking

depression or other behavioral disorders behind their social maladjustment. Further, Nelson and colleagues (1991) suggested that due to the exclusion of individuals who are socially maladjusted, many of these individuals, who are most in need of services and interventions, do not receive needed special or mental health services.

Individuals with emotional and behavioral disorders have identifiable behavioral patterns that generally fall into one or both of two categories: (a) externalizing or (b) internalizing (Achenbach & Edelbrock, 1981; Gresham, Lane, MacMillan, & Bocian, 1999). Specifically, externalizing behaviors are defined as persistent aggressive, acting-out, and noncompliant behaviors that often characterize conduct and oppositional defiant disorder (Walker, Ramsey, & Gresham, 2004). In addition, individuals with externalizing behaviors are more likely to exhibit behavioral events such as setting fires, assaults, or cruelty to others (Gresham, Lane, MacMillan, & Bocian, 1999). Whereas, internalizing behaviors consist of: (a) withdrawal, (b) depression, (c) anxiety, (d) poor social skills, and (e) obsessive compulsive behaviors (Gresham et al., 1999).

In particular, youths with emotional disturbance have a tendency to become socially withdrawn, but display aggression toward others (Kauffman & Landrum, 2009). Additionally, findings have indicated that youth with emotional disturbance experience: (a) academic failure, (b) social rejection, (c) alienation, and (d) social misfits (Poulin & Boivin, 1999; Xie, Cairns, & Cairns, 1999). Importantly, professions who are trained to work with this specific population must understand that emotional and behavioral problems of all types are interrelated, and seldom does an individual portrays challenges of only one type (Tankersley & Landrum, 1997).

Comorbidity

Comorbidity is a term commonly described as the co-occurrence of disorders (Kauffman & Landrum, 2009; Lynam, 1996). Also, comorbidity is used to refer to individuals labeled emotionally disturbed as they commonly carry multiple diagnostic labels (Forness, Kavale, & Lopez, 1993). Kauffman and Landrum (2009) expressed that the comorbidity classification may be more common than we realized. Further, they indicted that an individual who exhibits conduct disorder may also exhibit symptoms of depression or an individual who displays externalizing and internalizing behaviors may be due to the multiple classification of disorders (Kauffman & Landrum, 2009).

Researchers have indicated that children and youth exhibit more than one type of problem or disorder (Forness, Kavale, & Lopez, 1993; Nottelman & Jensen, 1995; Tankersley & Landrum, 1997; Wicks-Nelson & Israel, 2000). In addition, findings have indicated comorbidity patterns that place individuals at risk of school failure and later incarceration (Gresham, McMillan, Bocain, & Ward, 1998; Lynam, 1996; Farmer, 2013). Other empirical evidence has indicated that comorbidity of mental disorders among children and adolescents is not a rare phenomenon (Cullinan, Osborne, & Epstein, 2004). However, researchers have expressed that it is difficult to secure an accurate estimation of the comorbidity phenomenon (Anderson, Williams, McGee, & Silva, 1987; Bird, Gould, & Stagezza, 1993; Kashani, Orvaschel, Rosenberg, & Reid, 1989). Further, Bussing and colleagues (1998) have indicated that in comparison to children with one identified mental disorders, those with comorbid disorders have a higher risk for poor outcomes, such as debilitating mental health, arrests, and substance abuse.

In particular to individuals with emotional or behavioral disorders, literatures have suggested that more than fifty percent of individuals that have emotional disturbance also exhibit symptoms of learning disabilities (Glassberg, Hooper, & Mattison, 1999). In addition, Jolivette (2000) indicated that individuals who experience failure in one area, such as academic, also tend to experience failure in other areas, such as social behaviors. Further, Benner, Nelson and Epstein (2002) described that seventy-one percent of individuals with emotional disturbance also have expressive and/or receptive language disorders. However, other researchers such as Nolan and colleagues have found there is a strong relationship between individuals with attention deficit hyperactivity disorder (ADHD) and individuals

with oppositional defiant disorder and conduct disorders (1999).

Causes

Researchers have indicated different theories in determining the cause of emotional and behavioral disorders (Sternberg & Grigorenko, 1999). For example, factors such as genetics and its influences on behavioral characteristics have been examined (Bassarath, 2001). Specifically, these characteristics include: (a) anxiety disorders, (b) depression, (c) schizophrenia, (d) oppositional defiant disorder, and (e) conduct disorder (Bassarath, 2001).

In addition, researchers have explored external factors such as environmental influences on behavioral characteristics and found that families who live in poverty are at risk of developing symptoms of emotional and behavioral disorders (Fujiura & Yamaki, 2000; Newton, Litronik, & Iansverk, 2000). Specifically, in 2000, Fujiura and Yamaki conducted a longitudinal study of individuals with disabilities and found that thirty-eight percent of the youth with emotional or behavioral disorders came from households with an annual income of under \$12,000 and thirty-two percent came from households with an income between \$12,000 to \$24,000. Specifically, Fujiura and Yamaki reported that forty-four percent of the participants were from single parent households, and a strong relationship was found between low income and single parent status.

Further, Walker, Ramsey and Gresham (2004) found that individuals who experience peer rejection and aggression may be more likely to develop symptoms of conduct disorder. In addition, a national survey revealed that 556 teachers of students with emotional and behavioral disorders reported an approximately thirty-eight percent of their students had been abused physically or sexually, forty-one percent have been neglected, and fifty-one percent have been emotionally abused, and others have been reported of maltreatment (Oseroff, Oseroff, Westling, & Gessner, 1999).

Effects on Youth

Studies on the effects of emotional and behavioral disorders on youth have indicated that, compared to their peers without emotional and behavioral disorders, they have poorer social skills, lower academic achievement, and higher incidences of psychiatric conditions such as conduct disorders (Bachman, Johnston, O'Malley, & Schulenberg, 1996; Clark & Davis, 2000). In addition, researchers have found that characteristics of emotional and behavioral disorders influences the rates of high school graduation, postsecondary activities, employment opportunities, financial independence and interpersonal relationships (Davis & Vander Stoep, 1997).

Further, Kauffman and Landrum (2009) observed that a high rate of incarcerated delinquents fall into the IDEA category of emotionally disturbed. Researchers found that delinquent behavior may be said to reflect socially maladjustment rather than emotionally disturbance, and juvenile delinquents are therefore often excluded under IDEA unless the individuals exhibits characteristics of intellectual disabilities, learning disabilities, physical or sensory impairments, or mental illness as determined by mental health professionals (Leone, Rutherford, & Nelson, 1991; McIntyre, 1993).

Additionally, it has been found that learning disabilities are the most prevalent disabling condition amongst delinquents with disabilities (Cullinan, Osborne, & Epstein, 2004; Forness & Kavale, 2001; Siegel & Senna, 1994; Zabell & Nigro, 1999). This finding is consistent with the empirical evidence that illustrates the high prevalence of comorbidity of emotional and behavioral disorders amongst individuals with learning disabilities (Glassberg, Hooper, & Mattison, 1999). Specifically, studies indicated females who manifest multiple combinations of emotional and behavioral disorders, comorbidity or co-occurrence, tend to have poorer outcomes than those with a single disorder (Forness & Kavale, 2001). Further, other studies found that some form of comorbidity was shown by 32.6 percent of female with emotional disturbances; inability to learn was exhibited by 10.6 percent; relational problems by 22.5 percent; inappropriate behavior by 12.4 percent; unhappiness or depression by 20.6 percent; physical symptoms or fears by 22.5 percent

(Cullinan et al., 2004; Cullinan, Osborne, & Epstein, 2004; Forness & Kavale, 2001).

Characteristics of Females with Emotional/Behavioral Disorders

Empirical findings documented a spectrum of diagnosed mental disorders and other clinically significant patterns of emotional and behavioral maladaptation of children and adolescents, including characteristics similar to emotional disturbance (Cullinan, 2002). Specifically, studies have found linkage to problems of social interaction and friendship (LaGreca & Prinstein, 1999), aggression and oppositional behavior (McMahon & Wells, 1998; Quay, 1999), depression (Kazdin & Marciano, 1998; Stark, Bronik, Wong, et al., 2000), and anxiety (Barrios & O'Dell, 1998; Rabian & Silverman, 2000).

Furthermore, studies found that female adolescents with emotional disturbance exceeded peers without disabilities on exhibiting characteristics of conduct disorders, such as: (a) aggression, (b) defiance, and (c) destructiveness (Epstein, Cullinan, & Rosemier, 1983; Cullinan, Schultz, Epstein, & Luebke, 1984). Additionally, other findings have examined emotional and behavior problems among adolescents with and without emotional disturbance found that, regardless of gender, individuals with emotional disturbance indicated a higher chance of exhibiting inappropriate behavior such as: (a) disruptiveness, (b) fighting, (c) disobedience, and (d) destructiveness than peers without emotional disturbance (Cullinan et al., 1984; Kauffman & Landrum, 2009).

An additional study that investigated depression symptoms amongst adolescents found that adolescents with behavior disabilities were more depressed than peers without disabilities (Newcomer, Barenbaum, & Pearson, 1995). Further, researchers found that adolescents with emotional disturbance indicated a higher percentage of suicidal ideation and suicidal attempts than peers without disabilities (Miller, 1994). In addition, Miller (1994) found that among the adolescents with emotional disturbance in his study, females reported more suicidal ideation and attempts than did males.

Another interesting study by Cullinan and Colleagues (2004) explored the characteristics of emotional disturbance among females. There were 689 females who participated in the study and 218 of them were identified as meeting the federal criteria of emotional disturbance. A rare component of this study was that it addressed the five components of the federal definition of emotional disturbance as well as a sixth subscale, (social maladjustment), which assesses antisocial behavior while the participant is not in school (Cullinan et al., 2004). Also, a seventh subscale (overall competence), which assesses competencies, supportive assets, and other strengths related to the concepts of risk and resilience (Masten & Coatsworth, 1998), was included. Further, it was found that females with emotional disturbance displayed more maladaptive symptoms than females without emotional disturbance. Also, females with emotional disturbance exhibited more difficulties on socially maladjusted and overall competence than peers without emotional disturbance (Cullinan et al., 2004; McFadyen-Ketchum & Dodge, 1998).

Characteristics of Female Juvenile Offenders

Similar to the difficulties in determining the prevalence of emotional and behavioral disorders, the prevalence of female delinquent behavior can also be a challenge. Current social and political attitudes combined with gender bias in the juvenile justice system (Hartwig & Meyer, 2003) have created the illusion that adolescent females are at lower risk than males for delinquency (Pepi, 1997). Moreover, Lerner (1998) emphasized that adolescent development is not merely a function of the addition of biological, psychological, and sociological makeup, but rather an integration of multiple levels of characteristics and interactions with dynamic relations between the adolescent and these environmental influences.

Furthermore, researchers have examined the emergence of antisocial behaviors for females. Traditionally, females were considered to rarely participate in aggressive, delinquent, and antisocial acts that studies of their antisocial behavior were appeared unnecessary (Kavanaugh & Hops, 1994; McGee & Feehan, 1991; Tremblay, 1991).

Further, although females constitute a minority of detained and adjudicated juvenile delinquents (Snyder & Sickmund, 1999), rates of delinquency among females are found to be increasing at a rapid rate (Loper & Cornell, 1996; Mann, 1996; Molitor, 1996; Siegel & Senna, 2000).

Specifically, statistics from the National Center for Juvenile Justice, found that juvenile offenses by females increased during the decades of the 1990s at least four times than those of male juvenile offenders. Also, the overall female delinquency caseload grew at an average rate of at least four percent per year between 1985 and 2006, compared to males (Department of Juvenile Justice, 2007; Puzzanhera, Stahl, Finnegan, Tierney, & Snyder, 2004). While the arrest rates for juvenile crime diminished between 1994 and 1999, arrest rates for females continued to climb in all major offense categories (Department of Juvenile Justice, 2007; Puzzanhera et al., 2004).

Historically, it was indicated that arrest rates for violent crimes increased proportionately more for females, with an arrest rate of 85 percent higher for females in 1997 than 1987 (Bilchik, 2000). Further, between 1988 and 1997, the number of arrests of male delinquents increased about 28 percent, whereas the number of arrests of female delinquents increased about 60 percent (Chesney-Lind & Shelden, 1998). During 1995, female juvenile offenders represented 26 percent of all juvenile offenses; and while status offenses remain the predominant charge for this population, there has been a dramatic increase of female participation in violent offenses (Chesney-Lind & Shelden, 1998). Additionally, between the years 1981 and 1985, the increase in female juvenile violent offending was 129 percent more than double the increase of male juvenile violent offenses (Chesney-Lind & Shelden, 1998).

Mullis and colleagues (2004) indicated that there is an increasing rate of females participation in crime and are doing so at a young age. Further, they added that when youth offenses start in early adolescence, offenses persist and worsen over time (Mullis, Cornille, Mullis et al., 2004). Also, researchers observed that female delinquency a generation ago was primarily running away and sexual misconduct (Mullis et al., 2004). Today a greater number of females are involved in activities such as: (a) armed robbery, (b) gang activity, (c) drug trafficking, (d) burglary, (e) weapons possession, (f) aggravated assault, and (g) prostitution (Siegel & Senna, 2000). Further, in comparison to male offenders, the types of crimes most associated with females continue to be considered less violent and less serious (Acoca, 1999). In addition, Acoca (1999) described that once female delinquents are placed on probation for minor offenses, subsequent charges in violation of probation increase the chances that these girls will become more involved in the juvenile justice system.

Furthermore, research describes the young female offender as: (a) between 14 to 16 years old, (b) living in poverty and in a high crime environment, (c) belonging to an ethnic group, (d) poor academic background, (e) high rate of drop out, (f) being a victim of abuse or exploitation, (g) abuser of drugs and/or alcohol, (h) medical and mental health conditions, (i) feeling life is oppressive, and (j) lacking hope for the future (Barnow, Schuckit, Lucht et al., 2002).

Risk Factors of Female Delinquency

Risk factors across contexts for antisocial behavior among female adolescents have been identified in the literature. Research on the etiology of female delinquency is limited, with explanations including theories of social maladjustment and developmental delays (Mullis et al., 2004). However, findings support that adolescent females experience more mental illness than do non-delinquent adolescent female and delinquent males (Prescott, 1998; Steinberg & Avenevoli, 2000), attempt suicide more frequently (Chesney-Lind & Shelden, 1998), and engage in early sexual experimentation (Acoca, 1999). Further, research suggested a high rate of sexual abuse history among female delinquents (Funk, 1999; McCabe, Lansing, Garland et al., 2002). Also, it was reported that female offender youth were more likely than male offender youth to have physical and sexual abuse histories (Dembo, Williams, Schmeidler, 1993).

Additionally, Fejes-Mendoza and colleagues (1995) found that dependency behaviors, such as lack of problem-solving skills and avoidance of challenges, impede adolescent females in their process of developing healthy psychological and emotional functioning. Also, researchers indicated that sexual and physical abuse is known to significantly contribute to youth's involvement in drug use and other delinquency behavior (Dembo et al., 1993; Siegel & Senna, 2000). Specifically, Siegel and Senna (2000) emphasized that sexually abused adolescent females have serious problems with: (a) self-image, (b) sexual attitudes, (c) family relations, (d) vocational and educational goals, and (e) mastering their environment, all of which contribute to an increased risk of delinquent behavior.

Moreover, literatures have indicated five risk factors, which includes: (a) individual, (b) family, (c) peer, (d) school, and (e) community. Specifically, *individual characteristics* includes: (a) impaired cognitive functioning and low academic achievement (Siegel & Senna, 2000); (b) low level of language skills (Sanger, Hux, & Belau, 1997); (c) poor peer relationships (Katz, 2000); (d) onset of menarche (Lenssen, Doreleijers, & Dijk, 2000); (e) early sexual experiences (Lenssen et al., 2000); (f) mental illness (Acoca, 1999); (g) low self-concept (Chesney-Lind & Shelden, 1998); (h) victimization (Acoca & Dedel, 1998); and (i) race/ethnicity (Siegel & Senna, 2000).

Family characteristics consisted of: (a) parental disengagement and inattention in relation to their daughters (Acoca, 1999); (b) parental abuse (Katz, 2000); (c) emotional family conflicts (Barnow et al., 2002); (d) patterns of arrest and incarceration and family fragmentation (Acoca, 1999); (e) poverty (Loeber & Farrington, 1998); (f) family structure (Rantakallio, Myhrman, & Koironen, 1995); and (g) household education (Siegel & Senna, 2000). Further, *peer characteristics* included: (a) peer influences (Dishion, Capaldi, & Yoerger, 1999); (b) intimate relations with peers (Siegel & Senna, 2000); (c) gang involvement (Esbensen, Deschenes, & Winfree, 1999); (d) sexual harassment and peer rivalries (Acoca, 1999); and (e) impulsivity and anger (Colder & Stice, 1998).

School characteristics included: (a) poor school performance and mixed gender schools (Ladd & Buress, 2000); (b) school attachment (Somers & Gizzi, 2001); (c) early signs of disruptive behavior in school (Ladd & Buress, 2000); and (d) high absenteeism (Rumberger & Larson, 1998). Lastly, *community characteristics* included: (a) urban versus rural residence (Archwamety & Katsiyannis, 1998); (b) early age at first arrest of female youth (Kjelsberg, 1999); (c) distressed neighborhood (Katz, 2000); and (d) lack of social support in community (Siegel & Senna, 2000).

Programs and Resources: Protective Factors

Mullis and colleagues (2004) identified protective factors that refer to individual or environmental characteristics that reduce the possibility of female juvenile offenses, while resilience refers to thriving in spite of significant challenges faced by the youth. Also, these factors work to ameliorate, counteract, or preclude the ill effects predicted by risks (Hawkins, Catalano, & Miller, 1992; Ladd & Burgess, 2000).

Furthermore, the characteristics of protective factors have been identified in the literature. These include: (a) an ability to gain positive attention (Werner, 1994); (b) stable caregiver (Herrenkohl, Herrenkohl, & Egolf, 1994); (c) a quality relationship with at least one caregiver (Werner, 1994) or available social network (Scales, Benson, & Leffert, 2000); (d) confidence and optimism (Brooks, 1994); (e) a sense of self-esteem (Chapman & Mullis, 1999); and (f) stimulating environments, emotional support, structure, and safety (Smetana & Daddis, 2002). Finally, Walker and Sylvester (1991) emphasized that the most promising intervention programs are those that include a strong family intervention component and directive intervention procedures that are simultaneously applied to the needs of the individuals.

Conclusion

In conclusion, research has shown that female juvenile with emotional and behavioral disorders report symptoms of comorbid disorders such as: (a) conduct disorders,

(b) depression, and (c) learning disabilities. Further, cases of suicidal attempts or ideations and depression were reported to be higher than female juvenile without emotional disturbance. As scholars pursue for understanding the characteristics or pattern of female juvenile with emotional and behavioral disorders, the complexities of this disorder must be considered as well as the other elements this literature review has discussed.

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About the Author

Mickie Wong-Lo, Ph.D. is an Assistant Professor of Special Education and the Undergraduate Program Director at Northeastern Illinois University. Dr. Wong-Lo completed her doctoral studies in Special Education with a specialization on Emotional/Behavioral Disorders and Juvenile Delinquency at the University of North Texas. Prior to entering the field of higher education, she worked as a training coordinator and behavior consultant for private and public education facilities in Texas for over ten years. She currently serves on the Board of Directors for the Council for Exceptional Children, consulting editor for the *Journal of Preventing School Failure* and reviewing editor for the *Journal of Gang Research*. As an advocate for safe schools and mental health, she often speaks nationally and internationally on issues relating to school violence/aggression and bullying/cyberbullying.

This card discusses three behavioral disorders that commonly occur in childhood: separation anxiety disorder, selective mutism, and reactive attachment disorder. Reactive attachment disorder is the result of child neglect, whereas the other two disorders do not have a clearly defined etiology. One important diagnostic requirement for both separation anxiety and selective mutism is that the disorders must significantly impair academic and/or social life. Treatment of separation anxiety and selective mutism is focused on behavioral therapy, although drugs such as SSRIs may also be used in severe cases. High EI females also presented higher levels of Machiavellian tactics and delinquency; both in literal delinquent behaviours and in relationships, such as social exclusion or coercion. Dr Bacon said: "The results suggest that high EI may enable manipulative relational behaviours in some females, which in turn support delinquency aimed at fulfilment of social or material goals." Sex differences in the relationship between sensation seeking, trait emotional intelligence and delinquent behaviour, *The Journal of Forensic Psychiatry & Psychology* (2014). DOI: 10.1080/14789949.2014.943796. Alison M. Bacon et al. Manipulative relational behaviour and delinquency: sex differences and links with emotional intelligence, *The Journal of Forensic Psychiatry & Psychology* (2016). Nowadays, emotional and behavioral disorders are becoming more and more popular. They can affect a person's ability to control the emotions as well as to pay attention to in school in children. Their signs often appeared when we are small. There are some main types of emotional and behavioral disorders including conduct disorders with its diagnosis based on antisocial, inner life, motives, disabilities; emotional disturbances with eating disorders, excessive stress reactions, depression, and some others; personality disorders; anxiety disorders like generalized anxiety disorder, posttraumatic stress disorder, panic disorder, phobias disorder, obsessive-compulsive disorder; ADHD. I. Causes Of Emotional And Behavioral Disorders.