In this workshop, we will learn about...

- Understanding Behavior
- Behaviors that may reflect mental health needs
- Alternatives to punishment
- Effective interventions at school
- Sustaining appropriate behaviors

Basic Assumptions

- Behavior has meaning
- Behavior is an attempt to communicate
  We need to understanding the meaning of behavior in order to respond effectively
- Relationships are key for managing a child's behavior
Basic Assumptions

• How someone views behavior also determines what the person wants to do about it
• Different ideas about what causes behavior problems may lead to different kinds of interventions
• Personal experience and training impact ideas about how to manage or change behavior

Basic Assumptions

Not everything is what it seems

We cannot assume that the function of the behavior is what we are seeing.

Challenging Behavior

"Children do well if they can. If they can’t, we need to figure out why, so we can help them.”

Ross Greene, The Explosive Child

Every challenging behavior can be thought of as a child’s solution to a problem and a form of communication.
Traditional model of changing behavior: Punishment

- Short term solution
- Makes children angry, resentful, and defiant
- Can lead to more aggressive behavior
- Teaches children that it's acceptable to use power
- to control people
- Frightens, embarrasses and humiliates children
- Damages self-esteem and self-concept
- Doesn’t teach appropriate behavior
- Undermines the relationship between child and adult

A new model for changing behavior: Guidance and Instruction

- Long-term solution
- Builds self-esteem
- Adult shares power
- Teaches appropriate behavior
- Separates child from the behavior

Changing Challenging Behavior

- Instead of using it as an opportunity to punish, view it as an opportunity to teach a child a skill that they will need for the rest of their life
- Focus on what children do right, rather than on what they do wrong
Facts about Behavior

Brain Development

• Brain operates on a “use it or lose it” principle
• Only those connections and pathways that are activated frequently are retained
• We continue to do what works for us- despite the consequence

Facts About Behavior

Communication

• All behavior is a form of communication
• There is always a reason for the challenging behavior
  – What is the child trying to tell us by this behavior?
• Adults can learn to understand and interpret the behavior

Changing Challenging Behaviors

Changing behavior does not mean changing the child; it means creating a new environment that supports the behavior you want to achieve

• Includes the child, the parents and other siblings
• The child, the teacher, and others children in the classroom
• Both
Changing Challenging Behaviors

• When confronted with a challenging behavior, we tend to conclude that the child either can't or won't.
• If we assume "won't", the strategy of choice is to punish.
• Until proven otherwise, assume "can't" and develop strategies using skill-building interventions.

Changing Challenging Behaviors

*Any behavior that persists is working for the child.*

Acknowledging the power of the behavior

Teach the child a socially acceptable way to get needs met.

Changing Challenging Behaviors

Kids do well if they can
• Think of behavior as a lack of skills
• Is the child having difficulty in:
  – Executive skills
  – Language skills
  – Black and white thinking
  – Social skills
  – Mental health needs

The explanation guides the intervention.
What Skills are Needed to Manage Behavior?

- Ability to control impulses/behavior
- Ability to understand others and express oneself
- Ability to problem solve
- Social skills and the ability to take another’s perspective
- Ability to identify and appropriately express emotion
- Ability to regulate emotions

When is a Behavior ‘Challenging?’

May depend on the adult’s expectations for behavior
- Need to be aware of appropriate developmental expectations and the range of normal
- We all have different tolerance levels for different behaviors – temperament and “fit” (adults’ need for self-awareness)

Expectations that Encourage Appropriate Behavior

- Developmentally appropriate
- Clear and Consistent
- Appropriate for the child’s temperament
Remember…..

• We must first know what need the behavior is meeting
• We must ask “why” is the behavior happening
• We must be aware of an identified diagnosis
• We should consider if it is a manifestation of a mental health need

Behaviors that may reflect mental health needs

Attention Deficit Hyperactivity Disorder
• Trouble taking turns in games or activities
• Fidgety and difficulty staying seated
• Interrupts others
• Difficulty listening
• Trouble finishing work or staying on task
• Accident-prone
• Clumsy or reckless

Behaviors that may reflect mental health needs

Depression
• Excessive tardiness
• Sleeping in class
• Refusal to participate
• Failing grades
• Isolating, quiet
• Not turning in homework
• Frequent absences
• Changes in eating and sleeping habits
### Behaviors that may reflect mental health needs

#### Bipolar Disorder
- Rapidly changing moods
- Active much of the night, insomnia
- Easily angered, uncontrollable temper tantrums
- Annoys others
- Hyperactivity, agitation and distractibility
- Engages in risky behavior
- Depression, delusions

#### Anxiety
- Difficulty with getting along with peers (awkward)
- Avoids new experiences
- Quick to anger
- Negative comments about self
- Reluctant to participate
- Gives up easily
- Appears unmotivated
- Easily frustrated/shuts down

#### Obsessive-Compulsive Disorder
- Falling grades
- Repeated erasing
- School avoidance
- Unproductive tracing
- Anxiety or depressed mood
- Frequent trips to the bathroom
- Poor concentration
- Common obsessions: contamination, orderliness, doubt, loss, sex, religion
- Common compulsions: hoarding, cleaning, touching
### Behaviors that may reflect a mental health need

**Oppositional Defiant Disorder**
- Easily loses temper
- Argues with adults (peers) over most everything
- Refuses to follow rules or requests, noncompliance
- Deliberately annoys others
- Always seems resentful and angry, verbally abusive
- Blames others for his behavior
- Constantly tests limits, skips school
- Lies, steals, destroys property

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**Fetal Alcohol Syndrome/Effects**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Early Childhood</th>
<th>Adolescent</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>poor sleeping/eating habits</td>
<td>poor social skills</td>
</tr>
<tr>
<td></td>
<td>rage</td>
<td>poor judgment</td>
</tr>
<tr>
<td></td>
<td>lack of stranger anxiety</td>
<td>isolated, depressed</td>
</tr>
<tr>
<td>Elementary:</td>
<td>blames others for problems</td>
<td>doesn’t learn from mistakes</td>
</tr>
<tr>
<td></td>
<td>impulsive and easily enraged</td>
<td>naïve, a follower</td>
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<tr>
<td></td>
<td>high need for stimulation</td>
<td></td>
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</tbody>
</table>

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**PDD and Autism Spectrum Disorders**
- Avoids eye contact
- Self injury
- Sensitive or over reactive to touch
- Repeats same phrases over and over
- Repetitive nonproductive movement
- Touches everything
- Extreme resistance to interruption of movements
Behaviors that may reflect a mental health need

**Post-Traumatic Stress Disorder**
- Difficulty concentrating
- Easily startled
- Depression and overwhelmingly sad or hopeless
- Headaches, stomachaches, dizziness
- Irritability
- Anger and hostility

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Behaviors that may reflect a mental health need

**Reactive Attachment Disorder (RAD)**
- Stealing, lying
- Poor eye contact
- Destructive to self and others
- Blaming others for his behavior
- Lack of impulse control
- Toileting issues
- Bossy and controlling
- Clingy and inappropriately demanding

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Strategies that may help

**Attention Deficit Hyperactivity Disorder**

**At School:**
- Get a Functional Behavioral Assessment
- Provide a consistent structure
- Allow student movement, fidgets
- Create a secret signal to help child refocus
- Allow child options to testing (place, time, writing in test booklet)

**At Home:**
- Make a list of expectations (behaviors, chores, etc.)
- Reward positive behavior (5 positives to 1 negative)
Strategies that may help

**Depression**

**At school:**
- Reduce stress by reducing classroom pressure (break assignments into smaller sections, extend timelines)
- Remind students regularly of their accomplishments
- Offer help in “catching up”, especially after a prolonged absence

**At Home:**
- Plan activities to keep your child “in the mix”
- Set up a schedule for them to follow that includes contributions to the family (setting the table, cooking a meal, grocery shopping, etc.)

**Bipolar Disorder**

**At school:**
- Track energy level of student and accommodate assignments accordingly
- Allow a “go-to” place for the student for privacy and to gain self-control
- Find alternative support when energy level is low (peer note taker, book on tape, etc.)

**At Home:**
- Provide a consistent schedule for expectations but be flexible when energy level is low
- Reinforce accomplishments consistently and often

**Anxiety**

**At school:**
- Set up schedule and expectations for assignments so student knows what to expect
- Have flexible deadlines if student is struggling
- Reduce homework or school work load when needed
- Positively reinforce the student for attempting to meet deadlines

**At Home:**
- Offer empathy for overwhelming feelings, but help them come up with a strategy to manage them
- Set up “safe” encounters
Some strategies that may help

**Obsessive-Compulsive Disorder**

At school:
- Redirect rather than consequence the “behavior”
- Give full credit for late work
- Allow options to completing work, tests (oral reports, etc)
- Teach student his “triggers” and strategies to manage them

At home:
- Have consistent expectations (homework time, bedtime, etc)
- Rewards all attempts at meeting those expectations
- Offers support to meet expectations
- Don’t consequence repetitive behavior-offer another strategy

**Oppositional Defiant Disorder**

At school:
- Avoid power struggles-choose your battles carefully
- Ignore “minor” misbehaviors
- Praise student when they are positive, supportive to others
- Provide consistent structure and clear consequences

At home:
- Avoid power struggles-choose your battles carefully
- Minimize “free time”
- Be planful about changes in schedule, transitions, etc.
- Give 2 choices when decisions are needed

**Fetal Alcohol Syndrome/Effect**

At school:
- Model the behavior you want to see
- Be consistent, use a lot of repetition, be specific
- Immediately reinforce what you want to see
- Immediately discipline- but be careful about how

At home:
- Post visuals (schedules, preferred behaviors, etc)
- Positively reinforce all desired behaviors immediately
- Be specific and keep instructions “short”
- Set up opportunities for contributions to family
Some strategies that may help

**PDD and Autism Spectrum Disorders**

**At school:**
- Create a consistent classroom schedule using visuals to "remind"
- Practice social skills through role play, social stories, etc.
- Create an environment that has minimal visual and auditory distractions
- Offer a "special" place for sensory input, time away, etc.

**At home:**
- Give your child something to do everyday that they are good at and immediately reinforce it
- Keep to a schedule as much as possible

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Some strategies that may help

**Post Traumatic Stress Disorder**

**At school:**
- Keep a routine that is consistent and predictable
- Offer a private place for the child to access when upset
- Offer large motor activities during the day to help relieve stress
- Create an environment that is equally active and quiet

**At home:**
- Make yourself available to LISTEN
- Don't try to persuade child they are not feeling that anxious or worried- empathize
- Offer ways to help the child relieve their anxiety

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Some strategies that may help

**Reactive Attachment Disorder**

**At school:**
- Model the behavior you want to see, and talk about why you are doing what you are doing
- Greet the child with the same positive and caring expression every day (Good to see you!, etc)
- Avoid power struggles. Be matter of fact about a behavior.

**At home:**
- Use positive behavior supports like reinforcement when doing the desired behaviors
- Keep calm and consistent, even when child is stressed out
- Allow downtime, have predictable structure
Educational supports for a child with challenging behavior

• School-wide Positive Behavior Interventions and Supports
• Mandated education laws
  - Child Find
  - 504 Plan
  - Special Education

All children have the right to learn

Positive Behavior Supports

Based on the assumption that children’s behavior can be changed by:
- teaching and reinforcing the expected behaviors
- recognizing and rewarding those behaviors when they occur, and
- enforcing meaning consequences when violations of the expected behaviors occur

Positive Behavioral Supports

Positive behavioral interventions are planned interventions that take place:
~ before the onset of problem behaviors
~ before escalation of those behaviors, or
~ to prevent the behaviors from re-occurring
School-wide Positive Behavior Interventions and Supports (SW-PBIS)

What is it?
A school-wide or district wide discipline concept
Systems of interventions that define, teach and support appropriate behaviors
Creates positive school environments so that all children feel safe and can learn
Assume behavior can be taught—just like math or reading.

What is different in a PBIS School?

<table>
<thead>
<tr>
<th>Before PBIS</th>
<th>With PBIS</th>
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<tbody>
<tr>
<td>Discipline strategies vary across classrooms</td>
<td>Discipline is systematic and school wide</td>
</tr>
<tr>
<td>School safety is based on reacting to behavior problems</td>
<td>School safety is based on preventions of behavior problems</td>
</tr>
<tr>
<td>Administrators react to student problems</td>
<td>Teachers anticipate and plan for student problems</td>
</tr>
<tr>
<td>Academic skills are taught; behavior is controlled</td>
<td>Academic and behavior skills are taught</td>
</tr>
</tbody>
</table>

Teaching behaviors using PBIS

Develop simple, broad rules

- Example: Be Responsible, Be Respectful, Have Pide

- Describe what these mean:
  - State the expectation
  - Provide examples
  - Provide non-examples
  - Re-teach, re-teach, re-teach

- State what you want to see (positive), not what you do not want to see (negative)

- Reward the behavior when it occurs
### Child Find

The State must follow effective policies and procedures must be in place to ensure that all children with disabilities, including children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located and evaluated. (300.125)

### Section 504

- Protects the rights of individuals with disabilities in programs and activities that receive federal funds
- Is available to qualified persons with disabilities who have a physical or mental impairment that substantially limits a major life activity, has a record of such impairment or is regarded as having such an impairment
- Includes evaluation

### 504 Plan

- Spells out the modifications and accommodations that will be needed for the student to have an opportunity to perform at the same level as their peers
- Can include such things as extra processing time, “back pocket” pass to use when anxious, an extra set of textbooks, teacher notes, extra time on quizzes and tests, a behavior reinforcement plan
504 Plan Example

- Josh is a student who has been diagnosed with ADHD and Anxiety Disorder
  - Josh will have extra time to take tests and quizzes
  - Josh will be given a separate place to take tests and quizzes
  - Josh will be allowed the use of fidgets
  - Josh will sit in a seat toward the front and have easy access to the door
  - Josh will have a "back pocket pass" he can use to go to the counselor's or nurse's office when feeling overwhelmed
  - Josh can have a water bottle with him in class (or access to a water fountain when he identifies the need with a cue card)

Special Education

- Protects the rights of individuals with disabilities in school programs that take federal funding
- Requires a determination of eligibility including evaluation that shows the child has one or more of the disabilities listed in IDEA and is in need of special education and related services
- The requirements for FAPE under IDEA are more detailed than under Section 504

IEP Development

- The IEP serves as a document for change
- The IEP is about individualized instruction
- The IEP is meant to focus on strengths
- The IEP must provide positive support, accommodations and strategies
- The IEP must look at related services to support the special education services
The IEP as a document for change

- Have current and accurate evaluation
  - Comprehensive evaluation/re-evaluation
  - Functional Behavior Assessment
  - Consideration of outside evaluation

Know what your rights are for Independent Educational Evaluation (IEE)

The IEP and individualized instruction

Present level of academic achievement and functional performance

1. Strength Based
   Josh is a bright student who enjoys drawing and participating in sports. He gets along well with adults.

2. Identify Needs
   Josh may refuse to do work by putting his head down or complaining of a headache or stomach ache. He has difficulty focusing for more than 15 minutes. He may be short tempered with his peers when asked to participate in group activities, and often refuses to join in. He has trouble sustaining friendships.

3. Identify Diagnosis
   Josh has been diagnosed with Anxiety Disorder, ODD and ADHD. He is easily fatigued, has difficulty concentrating, suffers from sleep disturbance and often seems irritable.

4. Identify Supports and services
   Josh needs to be given the opportunity to re-engage either by teacher redirection or by using a relaxation activity. He needs help making choices to help him stay on track and not fall behind. Josh also needs strategies to use when feeling frustrated, anxious or upset.
The IEP and strengths

Goal Development

- Must be strength based and instructional
- Should be a broad generalized statement about what is to be learned in a 12-month period of time
- Can address affect (feels, emotions, attitudes and relationships)
- Should reflect collaborative outcomes when there is more than one service provider (social worker, nurse, special ed teacher, etc)

Objectives Development

- Short term benchmarks
- Instructional
- Measurable

Goals and Objectives that meet mental health needs

Anxiety related Behavior
Josh will learn strategies to decrease his anxiety from shutting down and refusing to do work 50% of the time to no more than 25% of the time.
Obj 1: Josh will identify when he is feeling anxious 4 out of 5 times
Obj 2: Josh will learn strategies to use when feeling anxious and practice using them in a small group setting and using role play 5 out of 6 times
Obj 3: Josh will use his strategies to decrease his anxiety in the classroom setting as measured by the teacher 4 out of 5 times.
Goals and objectives that meet mental health needs

**Anger Management**
- Josh will **increase** the use of appropriate anger management strategies when confronted with an upsetting situation from being verbally inappropriate 50% of the time to being verbally appropriate 90% of the time.
- Obj 1: Josh will **learn** to recognize when he is feeling angry or frustrated 4 out of 5 times.
- Obj 2: Josh will **develop** an anger management strategy booklet which will identify 3 different choices he can make when feeling angry.
- Obj 3: Josh will **use** his anger management strategy booklet in classroom situations as a guide 4 out of 5 times as measured by classroom teacher.

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**Organization**
- Josh will **learn** strategies to use to organize his time and homework assignments from currently not handing in homework 50% of the time, to completing and handing in homework 80% of the time.
- Obj 1: Josh will **work** with staff to develop a plan to track his assignments.
- Obj 2: Josh will **use** his plan with his current classes successfully 4 out of 5 times.
- Obj 3: Josh will **work out** a plan with staff to track the amount of time he needs to complete assignments, and develop a plan to complete those assignments, identifying supports and other strategies he can use to help him keep on track.
- Obj 4: Josh will **complete** his homework successfully 80% of the time.

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The IEP and positive support

**Develop a Positive Behavior Intervention Plan**
- A plan that supports the child, the IEP goals and any related services.
- Is proactive, not reactive.
- Implements and supports replacement behaviors.
- Engages the child.
- Based on a Functional Behavior Assessment.
- Is not a crisis plan.
Josh’s Positive Behavior Intervention Plan

- 2 structured breaks during the day
- Modified schedule
- Back-pocket pass to allow for a quick break when overwhelmed
- Use of “fidgets” to help him calm down
- Extra time to complete assignments
- Separate place to take quizzes or tests
- Validate his feelings
- Provide teacher notes when Josh leaves the room to manage his anxiety

Josh’s Crisis Intervention Plan

A plan to handle the behavior once it has occurred
- Josh can go to the case manager’s office to be alone
- Josh will not be confronted once in the office, and will be left alone until he is ready to talk
- Josh will earn incentives for using his “safe place”
- Josh will be offered the chance to call home
- Staff will call home if Josh continues to escalate and refuses to move or use his safe place, or is being unsafe towards himself or others
- Josh will have use of sensory items in his safe place

The IEP and Related Services

Consideration of Related Services
“Developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education”
IDEA 300.34

This can include school health services, social work services in school, parent counseling and training
Josh’s Related Services

- Direct time with a student support person to work on skills related to his goals
- Small group environment to practice skills as they develop
- Skills training and support as he learns to manage his anger
- Curb to curb transportation on a Special Ed bus
- Alternate lunch with a social worker or EBD teacher in resource room when he identifies being anxious, upset or frustrated

Final Thoughts on the IEP

- Understand that the IEP is a fluid document
- Remember that children can change behavior through instruction
- Insist on measurable instruction
- Be certain that the data you are using to write the IEP is accurate
- Focus on positive reinforcement

Sustaining Appropriate Behavior

- We continue to do what works
- Punishment alone does not change behavior
- Parents and school staff must be on the same page to reinforce behavior change
- Reinforce the desired behavior consistently (5:1)

Remember:
Changing behavior requires teaching and positive reinforcement
What All Children Need to Know

- I am cared about unconditionally, even if my behavior is unacceptable
- The world is a safe place and I can count on an adult to help me when I need it
- My feelings are okay even if the way I express them is not
- It’s okay to make mistakes and adults will help me fix them
- My caregivers are able to tolerate and contain my feelings even when I can’t

Questions?

Thank you for coming!