

Getting it Right: Mental Health and Special Education



Y18-19 C2

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PACER Center's Children's Mental Health and Emotional or Behavioral Disorders Project www.pacer.org/cmh



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What we will cover...

- Behaviors and barriers to educational progress
- Proactive, positive, and productive supports at school
- Examples of supporting students with an Individualized Education Program (IEP)



Behaviors and Barriers to Educational Progress

What We Know

- **1 in 6 children** aged 2-8 has a diagnosed mental, behavioral, or developmental disorder
- Nearly **1 in 5 youths** aged 13-18 live with a mental health condition
- **Half** of all people diagnosed with a mental health disorder experience symptoms before age 14, and **75%** by age 24
- The most common mental health diagnosis are:
 - Anxiety
 - ADHD
 - Depression
 - PTSD

CDC: <http://www.cdc.gov/child/menmhb/index.html>
NAMI: <http://www.nami.org/statistics/learn-more/Mental-Health-Statistics/childrens-childrensmhfigs.pdf>
Child Mind Institute:
<http://childmind.org/news/2015/09/20150901-childrens-mental-health-check/>
<http://www.nimh.nih.gov/2015/09/13/mental-health-check/>

Behaviors that May Reflect Unmet Mental Health Needs

Anxiety Disorders

- 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
- School avoidance

Common anxiety disorders:

- Generalized anxiety disorder
- Phobias
- Obsessive-compulsive disorder (OCD)
- Panic disorder
- Separation anxiety disorder
- Social anxiety disorder

Depression

- Excessive tardiness
- Sleeping in class
- Refusal to participate
- Failing grades
- Isolating, quiet
- Not turning in homework
- Frequent absences
- Irritability
- Changes in eating and sleeping habits

Common depressive disorders:

- Major depressive disorder
- Persistent depressive disorder
- Seasonal affective disorder (SAD)
- Disruptive mood dysregulation disorder (DMDD)

Attention Deficit Hyperactivity Disorder

- Trouble taking turns in games or activities
- Fidgety and difficulty staying seated
- Interrupts others
- Difficulty listening
- Trouble finishing or starting work
- Difficulty staying on task
- Accident-prone
- Clumsy or reckless
- Forgetful

Types of ADHD:

- Inattentive type
- Hyper-impulsive type
- Combined type

Post-Traumatic Stress Disorder

- Difficulty concentrating
- Easily startled
- Depression and overwhelmingly sad or hopeless
- Headaches, stomachaches, dizziness
- Irritability
- Anger and hostility
- Hyper-vigilance
- Seeking attention or clinging to others

Common events leading to PTSD:

- Experiencing or witnessing abuse
- Neglect
- Natural disasters
- Fire
- Car accidents

Examples of behavior skills that are expected in school

- | | |
|-----------------------------|--|
| – Following directions | – Starting a conversation |
| – Remaining in his/her seat | – Sharing or taking turns |
| – Waiting turn | – Expressing emotions |
| – Being quiet | – Making/keeping friends |
| – Staying in the classroom | – Tolerating certain spaces, sounds, experiences |
| – Keeping hands to self | – Accepting no |
| – Ending a preferred task | – Paying attention |
| – Turning in completed work | |

What's happening at school?



- Missed instruction?
- Impacted school performance?
- Difficulty following school discipline policy?
- Suspensions or dismissal from class/school?
- Conflict/challenges with other students and/or staff?
- Truancy or other possible court involvement?

School Supports: Proactive, Positive, and Productive

Meeting Needs

- Three P's:
 - Proactive
 - Positive
 - Productive
- Two-pronged approach
 - Teach skills / strategies
 - Support while skills are being developed



Examples of Positive, Proactive, Productive Supports

Anxiety Disorders

- Seating in the classroom
- Cue or signal to student to make sure you have their attention
- Options for class presentations, group work
- Not calling on them unexpectedly to participate
- Extended time on tests, quizzes
- Testing in an alternative location
- Offer word banks, equation sheets or other visual supports
- Identifying a “safe” person
- Prepare ahead of time for changes in schedule, substitutes

Depression

- Use of a recorder or providing a scribe or copy of notes from class lectures
- Test and quiz taking in a separate room
- Reformatting the test or quiz (written, oral or computerized)
- Extended time or reduced homework or class assignments
- Breaking up large projects into smaller sections/turning in when completed
- Pairing student with a mentor
- Trusted person to connect with

Attention Deficit Hyperactivity Disorder

- Special seating arrangements (place, near a good role model)
- Extra time to complete work
- Breaking assignments into manageable chunks
- Giving written instructions with oral instructions
- Create a secret signal or silent cue to help the student stay on task
- Using positive reinforcement randomly when preferred behavior occurs
- Allowing for movement, fidgets or breaks to help the child stay focused

Post-Traumatic Stress Disorder

- Designate a special person and place the child can go to for safety
- Offer options for work completion- extended time, separate place to do the work
- Cue student to use coping strategies (deep breathing, listening to music, etc)
- Plan for transitions and changes ahead of time
- Praise publicly but criticize privately
- Set up consistent routines and expectations
- Make yourself or find someone available to LISTEN
- Don't try to persuade child they are not feeling that anxious or worried- empathize

Examples of supporting students with an Individualized Education Program (IEP)

How a Functional Behavioral Assessment (FBA) Identifies Needs

- ✓ Specifically, what behaviors are impeding learning?
- ✓ In what context is the behavior more or less likely to occur?
 - ❖ Structured vs. unstructured
 - ❖ Working in peer groups
 - ❖ Certain subjects or academic tasks
 - ❖ Re-direction from staff
 - ❖ Change in schedule/routine
 - ❖ Others?
- ✓ What does the child “get” from using the behavior?
- ✓ How have teachers/administrators responded to behavior?
- ✓ What responses de-escalate the child? What responses escalate them?
- ✓ Are there cultural explanations for the behavior?

What is the purpose (function)
of the behavior?

Positive Behavior Support Plan

Based on the assumption that children's behavior can be changed by:

- **teaching and reinforcing** expected behavior
- **recognizing and rewarding** those behaviors when they occur
- **enforcing meaningful consequences** when violations of the expected behavior occur

Includes:

- **Environmental changes** to reduce/eliminate inappropriate behaviors
- **Skills training** to increase frequency of appropriate behaviors
- **Strategies for teaching** new skills or replacement behaviors
- **Supports in various settings** to use appropriate behavior

Example

Positive Behavior Support Plan

When given a direction to transition from a preferred to a nonpreferred task, Mason will ignore, say "no", and/or pound his fists on the desks or a wall. If pushed to participate in the nonpreferred task, Mason may react with yelling, name calling, hiding under furniture, or throwing objects.

- When Mason is upset and using behaviors that are not appropriate for school, it is critical that adults who intervene use a calm voice and relaxed body language
- Help Mason find the relevance in a given task and provide differentiated or alternative tasks/assignments rather than a single demand or expectation
- Mason will be taught strategies for managing his frustration and prompted by staff to use those strategies when he is showing signs that behaviors may escalate
- Give Mason the opportunity to explain and have his perspective validated, listen to the perspective of others, and reach a mutual compromise
- Use positive phrasing. For example: "If you complete your math, we can play a game at recess" instead of "If you don't finish your math, you will have to stay in from recess"

Individualized Instruction: IEP Goals and Objectives

- IEP goals are strength based
- IEP goals are SMART:
 - Specific - to the skill being taught
 - Measurable- to help track progress
 - Attainable- within reach
 - Relevant- individualized to meet the unique needs
 - Time-limited- has a beginning and an end
- Objectives are the instructional steps that help the child progress towards meeting the goal



IEP goal example

Gina will increase her ability to identify, express and manage her anxiety from her current level of being verbally disrespectful and not following directions 4 out of 5 times, to being able to identify what she needs and use a strategy to follow instructions and get her work done 4 out of 5 trials as measured by structured observation.



Objectives examples

Obj. 1. Gina will be given instruction and work with staff on identifying her signs of anxiety and keep a list of 3 to 5 triggers to review and update as checked by staff.

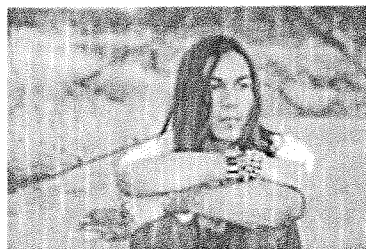
Obj 2. With support from staff, Gina will find at least 2 ways to appropriately express when she is becoming anxious, and practice using them in a small group setting 4/5 times as observed by staff.

Obj 3. Gina will be taught at least 3 strategies for managing her anxiety and use them in the classroom with prompts/cues from staff 4/5 times as observed by staff.

Obj.4. Gina will use her new strategies and skills in the classroom without prompts 4/5 times as observed by staff.

IEP goal example

Tim will increase his ability to remain on task and work independently by learning how to identify, express and manage his symptoms related to his depression from a current level of getting angry and being disruptive during classroom activities 60% of the time to staying on task and participating in classroom activities 80% of the time as measured by staff.



Objectives example

Obj. 1. Tim will work with staff to identify his emotional state and learn language and cues he can use to alert staff that he is experiencing distress in a small group setting 4/5 times.

Obj.2. Tim will learn 3-5 strategies he can use in school to help him manage his emotions (anger, disruptive behavior) and practice them in a small group setting successfully 4/5 times.

Obj 3. Tim will successfully use his new language, cues, and strategies in the classroom setting 4/5 times.

ADHD

IEP goal example

Luke will increase his ability to pay attention in the classroom setting and organize and hand in his work successfully from a current level of being distracted and not completing his work 40% of the time to paying attention and completing his work 80% of the time.



IMAGE
<https://www.webmd.com/add-adhd/childhood-adhd/ss/slideshow-adhd-treatment-not-drugs>

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ADHD

Objectives examples

Obj 1. Luke will work with staff to learn 3-5 strategies that he can use in the classroom setting to help him stay focused and practice them in a small group setting successfully 4 out of 5 times as measured by data and observations.

Obj 2. Luke will use his focus strategies in the classroom setting successfully 4 out of 5 times as measured by data and observations.

Obj 3. Luke will learn 2 different organizational strategies, pick one to use, and practice using it successfully with teacher support 3 out of 4 times as measured by data and observations.

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IEP goal example



Rachel will increase her use of positive coping strategies to handle stressful situations or work demands from her current behavior of showing anxious, withdrawn or resistant behavior 75% of the time, to less than 25% of the time as measured by observations and documentation.

Objectives examples

Obj.1. Rachel will identify warning signs, triggers, or situations that could provoke her fear, and keep an ongoing dialogue and list during sessions with school support staff.

Obj.2. Rachel will learn positive self-talk and coping strategies to handle stressful situations or work demands in a small group setting, and practice them successfully 4 out of 5 times as measured by data and observations.

Obj 3. When Rachel becomes upset, frustrated or angry, she will respond to prompting by staff to use a coping strategy or positive self-talk to aid in regulating her emotional state 75% of the time as measured by data and observations.

Related Services

Anxiety- meeting regularly with a school social worker or school counselor, riding a smaller special education bus with less students on it, support for extra-curricular activities

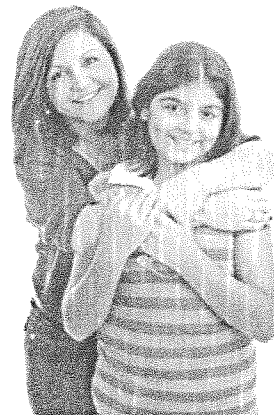
Depression- meeting regularly with a school social worker or school counselor, health services, parent counseling and training

ADHD- assistive technology, health services, special transportation

PTSD- meeting regularly with a school social worker or school counselor, assistive technology, health services, parent counseling, special transportation

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



Thank you!

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