Academic Success for Students with Emotional Disturbance

Shawna M. Heiser MS BCBA

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Helena MT

Montana Council for Exceptional Children 2019

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BEHAVIORS-THE BIG 5

Behaviors can be classified major categories

- ✓ ATTENTION-behavior that produces attention and other desired events (desired activities)
- ✓ SENSORY CONSEQUENCES-behavior that occurs because of its sensory consequences
- ✓ AVOID OR ESCAPE-behavior that allows the person to avoid or escape demands or other undesired activities
- ✓ POWER AND CONTROL-behavior engaged in to get power or control over the situation
- ✓ MEDICAL-behavior engaged in because of medical inconsistencies

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Functional Behavior

- Functional Behavior is the most important element to key in on when we are observing kiddos with needs. For example, what is the functional behavior in the following excerpts.
- https://www.bing.com/videos/search?q=functional+behavior+in+a+classroom&&view=detail&mid=584921550DC94375C15C584921550DC94375C15C&&FORM=VRDGAR
- https://www.youtube.com/watch?v=57IazNW-JPA

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Serious Emotional Disturbance

https://www.samhsa.gov/data/sites/default/files/NSDUH-DSM5ImpactChildSED-2016.pdf



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DSM 5 diagnostic criteria SED

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SED definition

Serious Emotional Disorder (SED) is the term utilized to describe children and adolescents whose emotional and mental disturbance severely limit their development and welfare over a significant period of time.

How a child is diagnosed: a child/adolescent must meet all of the following conditions: Serious Emotional Disorder (SED)

- 1. The child/adolescent is less than 18 years of age.
- 2. The child/adolescent must have a DSM (current manual) diagnosis, other than V codes, adjustment disorders, mental retardation or learning disabilities unless they co-occur with psychiatric diagnosis.
- 3. In the absence of treatment, the child/adolescent's degree of emotional and mental disturbance **consistently prevents** them from functioning in at least two of the following life domains: age appropriate self-care, family life, education, community living, personal hygiene, leisure time management, and peer relationships.

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Changes to the DSM 5 when compared to prior versions.

Posttraumatic Stress Disorder (PTSD) includes a new subtype for children younger than 6.

- This change is based on recent research detailing what PTSD looks like in young children.
- Adding the developmental subtype should help clinicians tailor treatment in a more age-appropriate and age-effective way.

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PTSD

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PTSD **Criterion A (one required):** The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

https://www.youtube.com/watch?v=8NkZO3_h7vI

https://www.youtube.com/watch?v=J3cbyoXgobI

1. Direct exposure
2. Witnessing the trauma
3. Learning that a relative or close friend was exposed to a trauma
4. Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

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Criterion B (one required): The traumatic event is persistently re-experienced, in the following way(s):
https://www.youtube.com/watch?v=jsxpW55ysk4

- 1.Intrusive thoughts
- 2. Nightmares
- 3. Flashbacks
- 4. Emotional distress after exposure to traumatic reminders
- 5. Physical reactivity after exposure to traumatic reminders

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Criterion C (one required) Avoidance of trauma-related stimuli after the trauma, in the following way(s):

1. Trauma-related thoughts or feelings
2. Trauma-related reminders

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Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

1. Inability to recall key features of the trauma
2. Overly negative thoughts and assumptions about oneself or the world
3. Exaggerated blame of self or others for causing the trauma
4. Negative affect Decreased interest in activities
5. Feeling isolated Difficulty experiencing positive affect

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Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

1. Irritability or aggression
2. Risky or destructive behavior
3. Hyper vigilance
4. Heightened startle reaction
5. Difficulty concentrating
6. Difficulty sleeping

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Criterion F (required): Symptoms last for more than 1 month.

Criterion G (required): Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness.

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Post Traumatic Stress Disorder

Two specifications:

Dissociative Specification. In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

- Depersonalization. Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
- Derealization. Experience of unreality, distance, or distortion (e.g., "things are not real").

Delayed Specification. Full diagnostic criteria are not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

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Teaching Children with PTSD

Points to remember:

- Children with PTSD often have persistent, frightening thoughts and are preoccupied with danger.
- Remember the student may reenact the traumatic event in repetitive play, retell it often, or use art to illustrate what happened.
- Remember their reactions often are compulsive and do not seem to reduce their level of anxiety.
- Help the student by giving them a way to “dump” their anxiety ridden thoughts and compulsions. Perhaps a pass to leave class and get rid of the thoughts.

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Medications for PTSD

- Medication to alleviate serious symptoms may be prescribed by a psychiatrist.
- Taking medicine can assist children in coping with school and other daily living activities while treatment continues.
- Support groups or group therapy can be useful in helping children learn that they are not the only ones who have PTSD.

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How to help all when PTSD is involved

A child's teacher and/or school counselor can play an important role in recognizing and facilitating a child’s recovery from a severe traumatic event.

1. School Concerns
2. Parental Concerns
3. Helping the Parents

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School Concerns

1. Provide a predictable, familiar, calm and consistent environment
2. Create an atmosphere in which the child feels safe to reenact or discuss a trauma give them a spot to dump any thoughts that are disturbing them. , or t –
3. Let him or her express their feelings without judgment yet do not pressure the child to do so
4. Be aware of trigger points if possible to have an idea of what may trigger the child's anxiety
5. If you suspect that the child is a danger to him or herself or others, seek help immediately

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Parental Support

- ❑After observing and recording the child's behaviors, share the information with the parent
- ❑Listen to the parent's ideas concerning the child and any exposure he or she may have had to a traumatic event
- ❑Help the parent consider the child's developmental level when discussing a traumatic event
- ❑State the importance of keeping a child's routine as normal as possible

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Parental Support

- Stress the importance of reassuring a child that his or her feelings are OK and typical
- Emphasize that the child needs to hear that he or she is not to blame for what happened
- Comment that distressed children often exhibit regressive behaviors such as those of a younger child, so being too critical of a child's immature actions could be detrimental to their healing
- Help the parents to understand how to let the student have some control over their environment
- Keep lines of communication open between the parent and school personnel

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Self Help for teachers working with difficult students

- ❑ Understand that you are only human. You will make mistakes.
- ❑ BREATHE big deep breaths when things are difficult help us calm.
- ❑ Acknowledge any improvement through a signal response or private conversation.
- ❑ Plan ahead, but be flexible and accept changes. One goal at a time 4-6 weeks to make a change. Plan that children may not show appreciation for your efforts. Share your time, ideas and materials with peers.
- ❑ Discuss concerns with a peer or mentor. Ask for help when you are overwhelmed.
- ❑ If you become discouraged, reflect and write down why you love to teach and reflect on your successes.

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Changes to the DSM 5 when compared to prior versions.

Disruptive Mood Dysregulation Disorder (DMDD) is a new diagnosis.

DMDD

https://www.youtube.com/watch?v=j9oTO6UheG4

- It is characterized by severe and recurrent temper outbursts that are grossly out of proportion to the situation in intensity or duration.
- The outbursts occur, on average, three or more times each week for a year or more.

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Changes to the DSM 5 when compared to prior versions.

Section III of DSM-5 lists conditions warranting more scientific research and clinical experience before they might be considered for inclusion in the main book as formal disorders.

Two conditions listed here are particularly relevant for children and adolescents; both are regarded as major problems and public health issues that need to be better understood.

1. First condition: Non-suicidal self-injury defines self-harm without the intention of suicide.
2. **Internet gaming disorder** deals with the compulsive preoccupation some people develop in playing online games, often to the exclusion of other needs and interests.

Forbes study:

https://www.ncbi.nlm.nih.gov/pubmed/29215151

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Oppositional Defiant Disorder

DSM-5 criteria for diagnosis of ODD show a pattern of behavior that:

Includes at least four symptoms from any of these categories 1. angry and irritable mood 2. argumentative 3. defiant behavior 4. vindictiveness

These symptoms:

- Occur with at least one individual who is not a sibling
- Cause significant problems at work, school or home
- Occur on its own, rather than as part of the course of another mental health problem, such as a substance use disorder, depression or bipolar disorder
- Lasts at least six months

http://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_OppositionalDefiantDisorder.pdf

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Oppositional Defiant Disorder

- Students goal is to resist being controlled
- Student frequently argues with adults
- Student loses temper often and easily
- Will become defiant with an audience defies requests and rules
- Sees direction as controlling
- Blames and is unwilling to accept blame
- Angry, resentful
- Spiteful or vindictive
- Positive reinforcement perceived as manipulation
- Stubborn, unwilling to compromise or give in
- Persistent testing of limits
- Often related to other mood disorders or disorders (ADHD/Anxiety)

ODD Cautions: Avoid...

- Responding emotionally
- Trying to convince
- Threatening
- Increasing consequences
- Having interactions in the presence of others
- Remaining in interaction too long

ODD Strategies

- Build relationships
- Simple directives, choices
- Predetermined consequences
- Listen
- Be brief and direct
- Private discussions - *AWAY FROM ANY AUDIENCE*
- Walk away
- Deflect blame
- Quiet reinforcement
- Allow for choice of consequence if possible

Responses to ODD students:

- "Let me know when you have made your decision."
- "Take some time to think about it."
- "It was your decision and you know the rules."
- "I know you will make a positive choice."

Break eye contact after each response

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Displaying ODD behaviors.

The children must display these behaviors more often than is typical for your child's peers.

- Note: For children younger than 5 years, the behavior must occur on most days for a period of at least six months. For individuals 5 years or older, the behavior must occur at least once a week for at least six months.

ODD can vary in severity:

- **Mild.** Symptoms occur only in one setting, such as only at home, school, work or with peers.
- **Moderate.** Some symptoms occur in at least two settings.
- **Severe.** Some symptoms occur in three or more settings.

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https://video.search.yahoo.com/search/video;_ylt=Awr9IMx.edZb4G0AbVxXNyoA;_ylu=X3oDMTB0NjZjZzZhBGNvbG8DZ3ExBHBvcwMxBHZ0aWQDBHNlYwNwaXZz?p=oppositional+defiant+disorder+in+students+videos&fr2=piv-web&fr=yset_chr_syc_oracle#id=1&vid=b73142753d1870a78f3884652c007162&action=view

- https://www.youtube.com/watch?v=08T_dbRgEfg

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ODD must have emotional and behavioral symptoms.

Angry and irritable mood:

- Often loses temper
- Is often touchy or easily annoyed by others
- Is often angry and resentful

Argumentative and defiant behavior:

- Often argues with adults or people in authority
- Often actively defies or refuses to comply with adults' requests or rules
- Often deliberately annoys people
- Often blames others for his or her mistakes or misbehavior

Vindictiveness:

- Is often spiteful or vindictive
- Has shown spiteful or vindictive behavior at least twice in the past six months

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Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure

(Old Fetal Alcohol Syndrome)

Each individual diagnosed with ND-PAE experiences a unique combination of day-to-day challenges that may include medical, behavioral, educational, and social problems.

https://www.youtube.com/watch?v=dTGWdcWjuZ8

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People with FASD may have difficulty in the following areas:

- Thinking and memory, where the child may have trouble planning or may forget material he or she has already learned.
- Behavior problems, such as severe tantrums, mood issues (for example, irritability), and difficulty shifting attention from one task to another.
- Trouble with day-to-day living, which can include problems with bathing, dressing for the weather, and playing with other children.

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FASD

- To be diagnosed with ND-PAE, the mother of the child must have consumed more than minimal levels of alcohol before the child's birth, which APA defines as more than 13 alcoholic drinks per month of pregnancy (that is, any 30-day period of pregnancy) or more than 2 alcoholic drinks in one sitting.

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Frontal Lobe Damage Visual

http://www.thinksciencemaurer.com/wp-content/uploads/2015/05/brains1.jpg

http://slideplayer.com/6300309/21/images/22/Long+Term+Risks+of+Alcohol.jpg

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Treatment for Emotional Difficulties

- Safe Space: Furnish a place for the child to regroup and release negative emotions in a safe spot area that all students may utilize at some point when needed.
- Remember to use the safe spot yourself as an instructor when feeling overwhelmed so the students see you will utilize the class calm down/safe spot too.

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Treatment for ODD and Fetal Alcohol/ Frontal Lobe Damage

- Ask the student “Would time in the safe spot be helpful?”
- Access to sensory items can also be extremely helpful if the student exhibits sensory needs.

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Social Interactions

- Provide closely supervised cooperative learning activities to assist the student in learning constructive ways to interact with peers.
- Have the student help with mentoring and "rule following" by assisting the teacher in teaching social skills and rules to others.

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Safety Plan

- Get a safety plan in case your class needs to exit the room in response to intense beahvior in the classroom.
- Consider having “walk about” folders to allow a smooth exit and transition for all the children.

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Google drive for progress

- Show the child that he or she is making progress.
- Google drive and excel.
- Ideas of reinforcers that work well for students with ODD/Frontal Lobe damage extra computer time, eating lunch with a friend, additional free time, helping a favorite teacher or doing a classroom task.

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Signal Responses

- Make a signal response to help acknowledge small steps toward improvement by privately signaling the student.
- Avoid expressing your feelings like, “I am so proud of you!” Instead say something like, **“This is A+ work.”**

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Consistency

- Meet with the parents and other adults who interact with the child to share in the plan.
- Consider how you want to get communication to and from school, I have the best luck with goggle drive asking the student to report his/her successes to his family.
- The school psychologist should work closely with our students with ODD to help the child develop anger management, anxiety regulation and social relationship skills.

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Don’t Fall for the Control Game

- Avoid using if then contingencies, arguing, lecturing, threatening or trying to over control a child with ODD/Frontal Lobe deficiency because he/she will most likely view your attitude and upset demeanor as rewarding rather than as punishment.
- Avoid raising your voice or exhibiting any emotion. A successful instructor of children with ODD/Frontal Lobe deficiency remains neutral often.

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Don’t Fall for the Control Game

- Restate what happens when a rule is broken. The rules should be posted and visual.
- Remember to displace blame to objects or the schedule. When possible concede control to an object such as a clock or the bell. You could say, “Be ready to go when the bell rings,” rather than, “I want you to get ready to go”
- Avoid all YOU NEED TO’S the worst directive we can give a student with ODD/Frontal Lobe disregulation this type of student is “YOU NEED TO” we will set this type student off every time with that statement.

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Stating the Positive How to say No with out saying “N” “O”

- Remember that any time you want to say no you instruct about what you are seeing that you may typically say no to and give the student/child or adolescent one shot at doing the correct behavior.
- Lets practice:

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Tips when working with students with ODD

Remember that behavior management techniques that work well with other students may be **ineffective** with a child with ODD.

- ❑ The child will frequently misbehave and annoy adults to get a reaction or have us be emotional.
- ❑ Use planned ignoring, extinction and private reinforcement
- ❑ Remember to: Have clear expectations and firm rules and boundaries.

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Helpful Statements/Questions: for students with ODD

- ❑ “Is what you are doing working?”
- ❑ “What would work better?”
- ❑ “I have all the confidence in the world that you can do this?”
- ❑ “How can I best help you through this misunderstanding?”
- ❑ “Tell me what you think the problem is that keeps you from being successful in school.”
- ❑ Listen to the child without interrupting.
- ❑ Have the student help us with his/her behavior plan. Decide together on a behavior plan and give him/her choices on the pieces of the plan he/she can have choices in certain consequences and reinforcers .

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Preferences what the student likes

- Discover what the child truly enjoys doing such as participating in a sport or hobby and discuss that with them.
- Use this information to teach through utilizing some of their favorite activities to teach through
- Identify skills or attributes that you can reinforce and make a list of them.

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Trusting Relationship

Trusting Relationship is very important: The student should believe we trust him/her and know he/she has some great skills and gifts.

- ❑ Work hard to establish trust with the student by being fair and consistent.
- ❑ Believe in the child`s ability to manage his/her behavior in an appropriate way and employ him/her to help you teach this skill to others with the teachers guidance.

How we feel better as instructors every night when we go home after instructing kiddos with ODD

- ❑ We understand that we are not the cause of the defiance, only an outlet for it-this helps us not take it personally.

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Behavioral Considerations

- State teacher directives in simple, straightforward language. Be as clear, immediate and consistent as possible.
- Focus on only a few (1-2) problem behaviors at a time.
- Decide what behavior you will ignore and what you will not accept.
- Communicate the consequences for those you cannot tolerate and remind the student that it is like that for every student you teach.

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Classroom Strategies:

- Post classroom rules and a daily schedule so that the child knows what to expect.
- Our kiddos with ODD thrive off of consistency so realize that any sort of change in the classroom routine may be upsetting to a child with ODD. Sub days will be difficult.
- Strategy to help have them announce and be part of the inconsistency or change it so they "own it"

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Simple Strategies

- Do not forget to use the highlighter and editing features to help students visualize important pieces of assignments.
- Activate speech to text on devices.

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Virtual Learning

- Use Face Time to engage in a student's regular class while they are in the resource room placement.
- Increases opportunities for peer involvement.
- Provides opportunity for social coaching without peer pressure.
- Creates a pressure-free learning environment.

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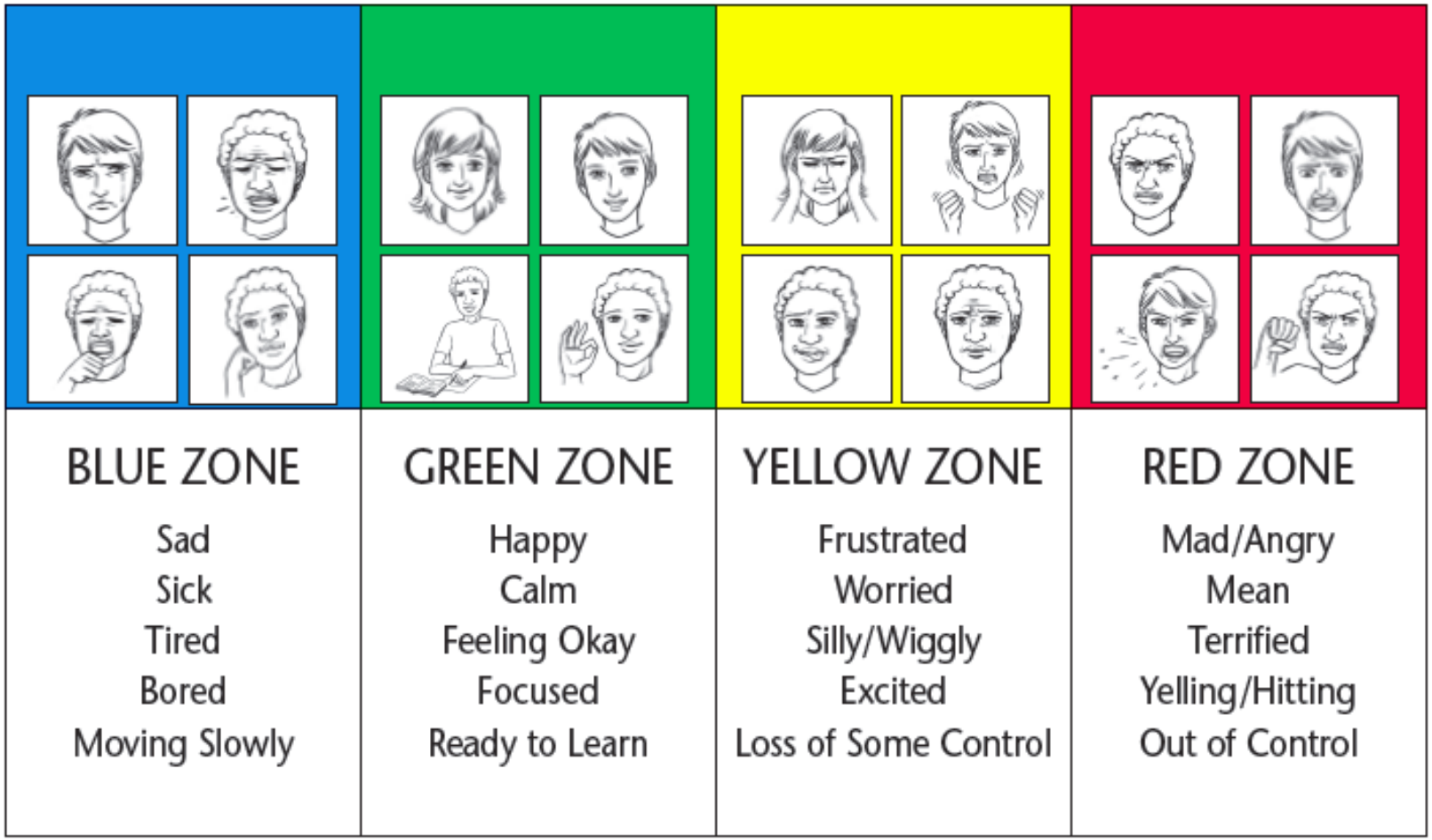
Proactive Teaching

- http://www.arcademicskillbuilders.com/games/meteor/meteor.html
- Instead of using computers for games etc, let the students utilize the technology to answer questions. Google maps for street maps/high interest topics.
- I commonly recommend giving students assignments that are found in the computer that they need grammar/spell check. The students love to correct things on the computer.
- Correcting screen shots of texts etc to convey correct meaning of language

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https://www.socialthinking.com/ zones of regulation link

The ZONES of Regulation®



BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
Sad	Happy	Frustrated	Mad/Angry
Sick	Calm	Worried	Mean
Tired	Feeling Okay	Silly/Wiggly	Terrified
Bored	Focused	Excited	Yelling/Hitting
Moving Slowly	Ready to Learn	Loss of Some Control	Out of Control

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Classroom Management Resources on the Web

Web resources

Arcademicskillbuilders.com

Ipad app zones of regulation 2 of them $3.99

Goodwill community foundation : http://www.gcflearnfree.org/

Starfall.com online reading and math resource. Check out starfall more too for more core standards.

http://www.behavioradvisor.com/

http://www.theteachersguide.com/ClassManagement.htm

*www.pbismaryland.org/Presentations/AndersonMontCo01122009/1%20**Classroom**%20**Management**%20**Checklist**.pdf*

https://www.pbis.org/

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Other significant resources.

www.zonesofregulation.com
www.5pointscale.com
www.socialthinking.com
www.executivefunctiontherapy.com (Sarah Ward)
www.rti4success.org
www.livesinthebalance.org (Ross Greene)
www.jillkuzma.wordpress.com
www.kimochis.com
www.thegraycenter.org
www.spdfoundation.net
www.braingym.org
http://www.nancyrappaport.com/downloads/Rappaport_Minahan_JF13.pdf
https://www.aane.org/topics/children-and-teens/social-skills-and-friendships/
www.autisminternetmodules.org
http://www.nancyrappaport.com/files/34pdk_94_4.pdf

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Resources

Payne, R. (1998). A Framework for Understanding Poverty. Baytown, TX: RFT Publishing Co.

Wrongplanet.net

Autismtalk.net episode 1
https://www.youtube.com/watch?v=sla6kHuwSSQ

Peers program Los Angeles
http://www.semel.ucla.edu/peers

ADHD resources
http://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

Teaching children with ADHD
http://www.helpguide.org/articles/add-adhd/teaching-students-with-adhd-attention-deficit-disorder.htm

Oppositional Defiance Disorder
http://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Oppositional_Defiant_Disorder_Resource_Center/Home.aspx

Teaching kids with oppositional defiance disorder
https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/odd/odd_resource_center_odd_guide.pdf

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References

- http://www.specialeducationguide.com/disability-profiles/emotional-disturbance/
- http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/SEDguide.pdf
- http://www.ncbi.nlm.nih.gov/pubmed/18645422

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