High-Incidence Exceptionalities

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An Introduction to Behaviour Exceptionalities

- Students can experience, social/emotional, or mental health problems that range from mild to serious.

- Students who require behavioural support are students whose behaviours reflect dysfunctional interactions between the student and one or more elements of the environment, including classroom, school, family, peers, and community.

Behaviour Exceptionalities

- Students who require moderate behaviour support demonstrate:
  - Behaviours such as aggression (of a physical, emotional, or sexual nature) and/or hyperactivity
  - Behaviours related to social problems such as delinquency, substance abuse, child abuse or neglect

Behaviour Exceptionalities

- To be identified in the category Moderate Behaviour Support students must also meet the following criteria:
  - the frequency or severity of the behaviours or negative internalized states have a very disruptive effect on the classroom learning environment, social relations or personal adjustments and
  - they demonstrate the behaviour(s) or conditions over an extended period of time, in more than one setting and with more than one person (teachers, peers); and
  - they have not responded so support provided though normal school discipline and classroom management strategies

- *Only students who are characterized as having intensive behaviour interventions or a serious mental illness are categorized as level 3 and receive $8,000 in funding (H)

ADD vs. ADHD

- **ADD vs. ADHD**
  - **ADD is the old term, and now is referred to ADHD**
  - **There are three types**
    - primarily inattentive
    - primarily hyperactive/impulsive
    - combined type

The Three Types

- **ADHD Inattentive** is a term frequently used to describe individuals that have **a**ttention **d**eficit **h**yperactivity **d**isorder **without** the hyperactive and impulsive behaviors.
- **ADHD Hyperactive/Impulsive**, is an attention deficit hyperactivity disorder that encompasses hyperactive, impulsive behaviors.
- **ADHD Combined** describes people who are hyperactive, impulsive and inattentive.

- **Note to avoid confusion when out in the field:** *The terms are often used interchangeably for both those who do and those who do not have symptoms of hyperactivity and impulsiveness. Most times when you hear ADD they are referring to ADHD Inattentive*

Symptoms of ADHD (*What your student may look like*)

- **If Hyperactive/Impulsive**
  - Primarily related to hyperactivity and impulsivity. Individual does not display significant attention problems.
  - May appear restless, fidgety, and impulsive.
  - They “act before thinking” and often “speak before thinking” by blurting out and interrupting others.
  - Play and interact loudly
  - They have difficulty staying in their seat, talk excessively, and have trouble waiting turns.

Symptoms of ADHD (*What your student may look like*)

- These students may have trouble paying attention.
- Become easily distracted, have difficulty finishing tasks, may appear forgetful and careless.
- Have difficulty following directions, may frequently lose things, and often appear disorganized.

ADHD diagnosis includes symptoms of:

- Inattention
- Implusiveness and hyperactivity
- How much do these symptoms affect the daily functioning?
- Frequency, duration, intensity and appropriateness.

Diagnosing:

- Research says: functional behaviour assessments can help to identify causal relationships between observed problem behaviours and immediate environments. (Lane, Falk & Wehby as cited in Edmonds and Martsch-Litt, 2008).
- There is ongoing dispute whether ADHD is neurological, biological or environmental. Up until 2002, America did not have standardized diagnostic processes for diagnosing ADHD (Edmonds and Martsch-Litt., 2008).
- There is little empirical evidence surrounding diagnostic testing in Canada (2008).

WHO does diagnosis?

- Physicians and a variety of other professionals can assess and diagnose ADHD in Canada if their professional association considers it part of their standards of practice
- Other titles (pediatricians, physicians, psychiatrists : registered psychologists with ADHD training, clinical psychologists, qualified psychologists, registered psychologists, psychological associates, chartered psychologists, school psychologists, associates with master’s degrees)

WHAT does this mean?

- ADHD diagnosis is open to interpretation by medical professionals.
- Children with ADHD may not receive necessary support. Children are at risk of being misdiagnosed because assessment is not formalized (2008).
- Assessment criteria and guidelines are inconsistent – Children without a diagnosis may be subject to more discipline in the classroom. Without training, ADHD behaviour could be misperceived. Child could be more at risk of discipline. With a diagnosis, teacher can be more aware of modifications and adaptations that can be made (2008).

Implications due to lack of structure surrounding diagnosis:

- Many are skeptical of diagnosis and therefore, treatment is often in debate.
- Because of lack of structure in assessment, individuals are at risk of receiving inappropriate treatment.
- Students, teachers and families are poorly supported.
- Students with ADHD need specialized assessment and interventions.

In the end:

- Assessment needs to be structured, formal and more rigorous
- When diagnosing, suggested assessment includes 2 recommendations (Edmonds and Martsch-Litt, 2008):

First Recommendation:

- Medical exams (physicians)
- Clinical observations (psychologists)
- School/classroom functioning (educators)
- Social/community functioning (parents)
- Formal Behaviour Assessments (educators)

Second Recommendation:

- All educators receive specialized training in ADHD theory, assessment criteria and guidelines, and interventions.

Treatment

- Medications
  - Stimulants
  - 70% to 95 % respond positively
  - Side effects include increased jitteriness, and decreased appetite
- Non Stimulant (Atomoxetine)
- Used only if stimulant treatment unsuccessful
- Antidepressants
- prevent the nerves from taking up the chemicals such as dopamine and norepinephrine

- Behavioural Therapy
  - Giving effective praise for efforts
  - Ignoring outbursts that demand attention
  - Listen and respond to children's needs
  - Rewarding positive behaviour
  - Using appropriate discipline for inappropriate behaviour
  - Social skills training

Adaptations

- Reduce assignment length
- Allow the use of a computer
- Seating arrangement
- “Study Buddy”
- More movement
- Give instructions out loud and in writing
- Work with parents

Anxiety/Depression Disorders

- 1) Anxiety
  - Phobias
  - Panic Disorder
  - Generalized Anxiety Disorder
  - Obsessive-Compulsive Disorder (OCD)
  - Posttraumatic Stress Disorder
- 2) Depression
  - Major Depression
  - Dysthymia
  - Bipolar

Anxiety

- Phobias:
  - Fear and avoidance of objects or situations that do not present any real danger.
- Panic Disorder:
  - Recurrent panic attacks involving a sudden onset of physiological symptoms such as dizziness, rapid heart rate and trembling accompanied by terror and feelings of impending doom.
- Generalized Anxiety Disorder:
  - Persistent, uncontrollable worry, often about minor things.
- Obsessive-Compulsive Disorder:
  - Uncontrollable thoughts, impulses, or images (obsessions) and repetitive behaviours or mental acts (compulsions.)
- Posttraumatic Stress Disorder:
  - Aftermath of a traumatic experience in which the person experiences increased excitement, avoidance of stimuli associated with the event, and anxiety caused by recalling the event.

Common Childhood Anxieties

- Separation Anxiety
- School Phobia
- Social Phobia

Separation Anxiety

- Unrealistic and persistent worries about harm to major attachment figures
- Fears of abandonment
- Need to stay in close proximity to an attachment figure, avoidance of being alone
- Nightmares with separation themes
- Physical complaints in anticipation of being separated from attachment figures
- A natural reaction in very young children (peaks at 18mo), but when it continues in older children, it may be indicative of a more serious issue.

School Phobia

- Related to separation anxiety
- Two types:
  - 1) Fear that while separated to attend school, harm will come to the parent or to themselves.
  - 2) True phobia of school (can be associated with academic failure of discomfort with peers).

Social Phobia

- More than just shyness
- Avoidance of strangers
- Avoidance of playgrounds and neighbourhood children/games
- May include selective mutism (refusal to speak in unfamiliar social circumstances)
- Adolescents' focus on others' opinions can intensify the symptoms
- Stressors can include: reading aloud, writing on the board, performing in front of others

Classroom Support

- Recognition of anxiety triggers (limited or gradually increasing exposure)
- - Modelling by adults or peers
- - Offering rewards for successful efforts
- - Direct teaching of social skills and peer interaction techniques
- - Promoting positive self-talk
- - Providing opportunities for positive experiences
- - Maintaining structure and predictability in expectations and routine activities
- - Relaxation training

Depression

- Inability to experience pleasure
- Fatigue
- Concentration problems
- Fewer and less satisfying interactions with/rejection from peers
- Suicidal ideation
- Recurrent

- Higher rates of suicide attempts and guilt among children and adolescents
- Childhood depression associated with additional features such as irritability and aggression (“masked depression”)
- <1% preschoolers, 2-3% school-aged children, 4-12% adolescents
- More common in boys in early years, girls in adolescence (7-13%)
- Common in children with conduct disorder and attention-deficit/hyperactivity disorder - - Often overlooked because it is less related to classroom management than other behaviour problems
- can manifest itself as mania which can be a precursor to psychotic breaks

Classroom Support

- Instruction/modelling social skills and social problem-solving in stressful situations
- Focus on and acknowledge student strengths
- Self-esteem building activities
- Create a welcoming, positive classroom environment

Signals of Suicide

- Preparation for death (discussions of leaving or giving away possessions)
- Making jokes, poems, drawings, or references to suicide
- Having a morbid fantasy or death plan
- Don’t dismiss possible signs of suicidal thoughts.

Psychotic Behaviour Disorders

- Psychotic behaviour disorders are a group of serious illnesses that affect the mind. These illnesses alter a person's ability to:
  - Think clearly
  - Make good judgements
  - Respond emotionally
  - Communicate effectively
  - Understand reality
  - Behave appropriately
- When symptoms are severe, people with psychotic disorders have difficulty staying in touch with reality and often are unable to meet the ordinary demands of daily life. However, even the most severe psychotic disorders usually are treatable.

Bipolar & Schizophrenia

- 1) Bipolar:
- Bipolar disorder is characterized by opposing moods which accompany the illness. People with bipolar disorder experience great highs (manic stage) and great lows (depressive stage). Bipolar illness often begins with a depression in adolescence or early adulthood, although the first manic episode may not occur until several years later. Bipolar disorder affects 1% of the population.

- 2) Schizophrenia:
- Schizophrenia is a chronic, severe, and disabling brain disorder that has been recognized throughout recorded history.

Bipolar
Case Study: Vanessa, Age 14

- Vanessa feels as though something has been wrong with her all of her life. As a baby, she cried a lot. Her crying was more like screaming. She hardly slept at all. As a toddler, Vanessa had terrible temper tantrums. She banged her head against the wall and threw things.
- Vanessa always seemed to have a dark side. In kindergarten, she drew pictures with black, swirling lines. Her first poem at age 8 was entitled “Why Are You So Sad?” As Vanessa grew older, her angry outbursts continued. By the time she was 12, she felt angry all the time. She flew into a rage for no reason. She broke things. She told her mother that she hated her.
- Vanessa feels miserable inside. “Why do I act and feel so awful?” she cries. “Why can’t I be like everyone else?”

Behaviours reported by parents in children diagnosed with bipolar disorder *may* include:

- an expansive or irritable mood
- extreme sadness or lack of interest in play
- rapidly changing moods lasting a few hours to a few days
- explosive, lengthy, and often destructive rages
- separation anxiety
- defiance of authority
- hyperactivity, agitation, and distractibility
- sleeping little or, alternatively, sleeping too much
- bed wetting and night terrors
- strong and frequent cravings, often for carbohydrates and sweets
- excessive involvement in multiple projects and activities
- impaired judgment, impulsivity, racing thoughts, and pressure to keep talking
- dare-devil behaviours (such as jumping out of moving cars or off roofs)
- inappropriate or precocious sexual behaviour
- delusions and hallucinations
- grandiose belief in own abilities that defy the laws of logic (ability to fly, for example)

Bipolar

- Some behaviours that should raise a red flag:
  - destructive rages that continue past the age of four
  - talk of wanting to die or kill themselves
  - Extreme or out of character behaviour with disregard to consequences

Symptoms of bipolar disorder may resemble symptoms of other illnesses and conditions:

- Being easily distracted, impulsive, and overly active are symptoms of attention deficit hyperactivity disorder (ADHD)
- Acting violent and aggressive is a symptom of conduct disorder
- Hallucinations and delusions are symptoms of schizophrenia

Schizophrenia
Case Study: John Smith

- A 14-year-old teenager suffers from schizophrenia and was diagnosed at 12. His first symptoms were auditory hallucinations and eventually he experienced what he describes as "severe paranoia." Initially, not knowing what to do, Hill kept his symptoms a secret, but eventually broke down and told his mother. Fortunately, she was able to get him the help he needed.

Behaviours reported by parents in children diagnosed with schizophrenia *may* include:

- Trouble distinguishing dreams from reality
- Confusing T.V. or movies with reality
- Seeing things and hearing voices that are not real
- Confused thinking
- Paranoia
- Extreme moodiness
- Severe anxiety and fearfulness
- Severe problems making and keeping friends

Treatment

- Some medications used to treat bipolar or schizophrenia can affect a child's school attendance, alertness and concentration, sensitivity to light, noise and stress, motivation, and energy available for learning.

Classroom Support

- Adaptations to lessons (use of calculator, extended time on tests, etc)
- Make routines predictable
- Allow extra time and give adequate notification before making transitions
- Allow plenty of breaks
- Allow the child to pull back when he/she feels overwhelmed and have a designated “safe place” at school where the child can go when feeling this way
- Explore the need for strategies and support systems to address any behaviour that may impede learning
- Formulate a functional behaviour assessment in response to disciplinary actions and consequently develop or revise a behaviour intervention plan
- Address the needs at school based team meetings and to SEA’s, the Special Education Teacher and to parents because together we can develop and implement positive strategies to ensure the success of these students

Aggressive Behaviour (Social Aggression)

- **1. Description**
  - An act of aggression is that action that is harmful to another person, animal or thing (Social Aggression –actions with the purpose of damaging another's self esteem and/or social status
  - Both genetic and environmental factors contribute
  - Causes of aggression include: social learning, imitation, family (parental behaviours), violence, child abuse, neglect, school aggression, TV violence, malnutrition, structural and functional brain abnormalities, hormones, and neurotransmitters
  - Triggered by physical fear of others, family difficulties, emotional trauma, or learning, neurological, or conduct/behaviour disorders

Signs to identify a student with aggressive behaviours

- Aggressive acting-out behaviours
- Disruptive behaviours
- Inappropriate types of behaviours under normal circumstances
- A display of bullying, threatening, or intimidating behaviour
- Social deficits, irresponsibility
- Inadequate peer relationships
- Blame others for their misdeeds
- Showing little empathy or concern for another's feelings
- Promoting social exclusion or rumor spreading
- Academic deficits
- Withdrawal and depression

Implications for the classroom

- Structure, predictability, and consistency
- Immediate, frequent, and specific feedback with age-appropriate consequences
- Academic success
- Responsibility and independence
- Positive problem solving
- Positive alternatives to current behaviours (redirection)
- Enhanced self-confidence
- Positive school-to-home support systems
- Evidence that he or she is making changes for the better
- Learning support available

Implications for the student

- Provide an optional quite place to work
- Select a place in the classroom that utilizes positive role models and proximity to the teacher
- Provide supportive therapies involving music, art, exercise, and relaxation techniques
- **To provide a structured classroom include:**
- Providing rules and routines that are predictable
- Students are consistently rewarded for good behaviour
- Behaviour management techniques such as positive reinforcement, token economies, contracting, and time-out

Implications for teaching:

- Find out when these students work the best
- Systematic teaching of social skills through modeling, discussion, and rehearsal can help students gain control over their behaviour and improve their relations with others
- Teach social skills for everyday life to help eliminate inappropriate responses and gain control over their thoughts and actions
- Teach self-instruction

- **Support Available**
  - Professional development sessions
  - Health and community service personnel
  - Coworkers

  - **Support Necessary**
  - Parents play an integral role and are important partners in developing and implementing behavioural interventions for aggressive behaviour

Conduct Disorder &
What you always wanted to know

- What is it?
- How do I recognize it?
- How do I teach a student in my class?

What is Conduct Disorder?

- This disorder is marked by:
- REPETITIVE & PERSISTENT behavior patterns
- where a student violates the basic rights of others
- or violates major age-appropriate school and societal norms or rules.

These behaviors are divided into four categories:

- 1 Aggression to people and animals
- 2 Destruction of property
- 3 Deceitfulness or theft
- 4 Serious violation of rules.

Diagnostic Criterion & Behaviours

- **Aggression to people and animals**
- (1) often bullies, threatens, or intimidates others
- (2) often initiates physical fights
- (3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- (4) has been physically cruel to people
- (5) has been physically cruel to animals
- (6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- (7) has forced someone into sexual activity
- **Destruction of property**
- (8) has deliberately engaged in fire setting with the intention of causing serious damage
- (9) has deliberately destroyed other's property (other than by fire setting)
- **Deceitfulness or theft**
- (10) has broken into someone else's house, building, or car
- (11) often lies to obtain goods or favors or to avoid obligations (i.e., “cons” others)
- (12) has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering: forgery)
- **Serious violations of rules**
- (13) often stays out at night despite parental prohibitions, beginning before age 13 years
- (14) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- (15) often truant from school, beginning before age 13 years

- Diagnostic & Statistical Manual of Mental Disorder (2000)

DSM-IV Criterion 312.8

- To have a diagnosis for conduct disorder, individuals must Exhibit 3 or more of the 15 criterion behaviors during the 12 months before consultation

- and at least one criterion behavior during the six months before consultation

- Will have trouble in school
  from mild, moderate or severe
- In addition, behaviors associated with conduct disorder must cause clinical impairments of social, academic, or occupational functions.
- Diagnostics specifiers include child or adolescent onset and severity levels of mild, moderate or severe.

- Sommer-Flanagan (1998)

- In the DSM-IV this disorder is under the general heading of Attention-Deficit and Disruptive Behavior Disorders. Included in this category are ADHD and Oppositional Defiant Disorder.

- Diagnostic & Statistical Manual of Mental Disorder (2000)

Recognize it in your class?

- They are often viewed by other children, teachers, and parents as “bad” or delinquent, rather than mentally ill. CD is the worst medical or psychiatric problem there is to bear as a parent or caregiver. Chandler (2008)

- Pediatric psychiatrist http://jamesdauntchandler.tripod.com/

Case study

- Stephen is now 14. When his mother thinks back to his infancy, she could actually see it coming at age 18 months. At that age he got up in the middle of the night, put a chair up to the door, opened it and went walking outside. The Mounties found him a while later and brought him home. If only that had been his only contact with them!

Case Study~Continued

- Stephen's mother hated school almost as much as Stephen did. Almost every day there were calls from the school about Stephen. In grade primary he tried to stab a child with scissors. He was swearing at his teachers by grade one. On Grade two it was stealing lunch money. Every time they seemed to get one problem under control, he was into something else. Everyone seemed at a loss about what to do except her brother, who took him Irish mossing every chance he could. It didn't matter what the weather was like, Stephen was out there. His uncle said that by the time he was ten, he could do the work of a grown man. There was no fear in Stephen. Cold weather, big swells, nothing bothered him. He refused to do any homework from fourth grade on. Up until that grade, his teachers let him go out for a walk around the building every hour or so, but when a set of keys went missing and were "discovered" by Stephen a few days later, the walks ended. Still, compared to the last few years, this was easy.

Case Study

- Stephen was suspended from 7th grade after two weeks when he threw a match into a boy's locker. Why? The boy called him stupid. He was out for a week, then after only two more days, he was thrown out for making death threats against the teacher. His parents tried home school and they thought they were getting somewhere. Until they got a call from the bank. They were overdrawn. When it all came out Stephen had stolen the cash card and figured out the password and had taken out $500 dollars. They still don't know how he did it. Before they could even sort that out, Stephen was arrested for vandalizing the school. He would have only received probation, but after giving the judge the finger, he was sent to the Shelbourne Youth Centre. It was the staff there that finally figured it out. This guy could not sit still for anything, he said the first thing that came to his mouth, and was constantly getting in bigger trouble for it. He saw the doctor, ADHD was diagnosed, and he was given medication for this in the Youth Centre. But what will happen in two months when he gets out?

  His mother spends a lot of sleepless nights thinking about that.

How do we teach children with CD?

- First take care of your self, it takes lots of energy to help these students. Get lots of sleep, eat well and exercise.
- Find their strengths and use them to build their success and keep them motivated and on task.
- Be clear, consistent and keep your cool don't react that's what they want.

Inclusion/Community

- Have peer evaluation
- Get individuals, groups and then class to discuss what they are good at (tribes).
- Work on projects in groups

Strategies

- Use the hero strategy if the student comes to class on time for the week the whole class gets to do a fun activity on Friday
- Give the student a choice as how or what project they want to do
- Do Positive Behaviour Support (PBS). Get an expert in to do a functional assessment & implement the findings.
- Hutchinson (2007), O'Neil (1997)

Don’t give up

- You may be the key to the students success

Common Themes

- *Strengths*
- Creative
- Leadership (?)

- *Obstacles*
- Fluctuating moods
- Alienation

Resources

- http://www.childdevelopmentinfo.com/

Resources

- http://add.about.fluxuating .htm
- http://www.post-gazette.com/healthscience/20000411hlabel2.asp

- Edmonds, A. and Martsch-Litt, Shelley. (2008). ADHD Assessment and Diagnosis in Canada: An Inconsistent but Fixable Problem. *Simon Fraser University*. Obtained from http://209.85.173.104/search?q=cache:n0QS4XCznroJ:ocs.sfu.ca/fedcan/index.php/csse/csse2008/paper/view/396/266+diagnosing+adhd,+school&hl=en&ct=clnk&cd=5&gl=ca July 15, 2008

Resources

- http://www.childdevelopmentinfo.com/learning/teacher.shtml

Resources

- **Friends: Prevention of Anxiety and Depression**http://www.friendsinfo.net/**/\ (a 'school-based anti-anxiety resiliency program': providing programs, workshops, workbooks that support a series of teacher-guided classroom activities)**

Resources

- **Centre of Knowledge on Healthy Child Development:ʌ Offord Centre for Child Studies** http://www.knowledge.offordcentre.com/ **(includes lists of books, step-by-step guides for parents/teachers, websites, videos, and basic information on general BDs)**

Resources

- **Anxiety Disorders Association of America**www.adaa.org/GettingHelp/FocusOn/Children&Adolescents.asp **(American website with statistics, resources, and support available)**

Resources

- **McMaster Children's Hospital**http://www.mcmasterchildrenshospital.ca/ **(uploadable resource lists of books and websites that support various BDs)**