

Miniwakan Waonspekiye News



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Teaching Students with Behavior Problems: Key Factors in Success

An article by AnnMaria DeMars, Vice-President, Spirit Lake Consulting

"What I do not understand is how people's lives . . . are not important enough to be given the help they need and deserve . . . people with anger and violence issues, drug and alcohol addictions, self-injurious behaviors, low self-esteem not dealt with, family problems, traumatic incidents, grief, and the list goes on. For me, and I know many others, this is too much. Yet somehow, in some aspect, and to somebody, it just isn't enough. Why does it need to take robbing a bank, stealing a car for your third time, or nearly killing someone in a fight or a drunk-driving incident to get the help you need?"

The quote above is from a student in a residential treatment facility in the article by Pam Stenhjem (see the references at the end of this newsletter, if you would like to read the whole article). Sad to say, it is very true. Many teachers don't want to be bothered with students with behavior problems. They might think they do, especially after they read some heartwarming book about a special education teacher who makes a difference in her students' lives. What those books leave out is the number of times those same students swore at the teacher, tore up their work, threatened another teacher, were sent to juvenile facilities for doing exactly the things the teacher had discussed not doing. As Dale Brown said about her own experiences as a child in special education, "I was a very unrewarding child to work with."

The first step is the point where you, as the teacher, make the choice to care enough about students with severe behavior problems to work with them, not give up when you don't succeed right away (and I can almost guarantee that you won't), try something different when your first approach does not work, and keep trying until you and the student get it right.

I have worked with children and youth with behavior disorders as a junior high school teacher in a special school, as a coach and a mentor. For the past twenty years, I have been evaluator for projects serving disadvantaged youth and young adults, including a significant proportion of people with emotional and behavioral problems. In this article, I only have space to address a couple of key factors I have noticed in successful programs. At the end of this article, I have included references from researchers in working with youth with emotional and behavioral disorders. After each factor, I have included specific recommendations for how to make this work in your classroom or school.

1. Belief in a meaningful future. As I mentioned on the website on Tobacco Use prevention in our Special Education workshop, students with severe behavior disorders who I taught had a bleak past and saw only a worse future for themselves. Smoking was something they could see themselves doing in prison. If you are just going to end up an alcoholic and in prison, why should you bother to study, not swear at the teacher, not get drunk and skip school?

What you can do

Talk to students about their future at every opportunity. In a literature class, there was a discussion question about careers. One of my students said he was going to be a truck driver like his stepfather. I asked him, "Why? Why not be a doctor?" He said, like I was crazy, "People like me don't go to college." I stood right in front of him and said, "Look at me. I was in the exact same kind of school as you when I was your age and I graduated from college. If I can do it, you can, too. Or do you want to admit that I am so great and amazing that you could never hope to do the things I did?" He laughed and said, "No, teach, you're all right but you're not *that* great."

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I encouraged my students to enter art contests, writing contests. They originally thought I was insane. I told them, "Why not? You might win." A couple of them did get prizes – not first place, but second or third.

We started a class newspaper, which I created on my computer and made copies for the entire school. This eventually became a school newspaper with one of my students as the editor. I told the student who edited it, "Did you ever think about being a journalist when you grow up?"

2. Prevent school failure – Students who are failing in school have more behavior problems. Did you know that, according to the National Center on Education, Disability and Juvenile Justice, "The most common characteristics among individuals who are incarcerated are school failure and illiteracy"?

A common problem I have seen on reservation schools is with students being put on home study or in alternative schools where very little learning takes place. The students are put out of the regular classroom so teachers and administrators don't have to bother with them. This is the absolute worst tactic to take. I do not advocate home study for students with behavior disorders simply because I have never seen it work. The student is sent home with work that he may or may not do without a teacher to explain it. A much more effective method is to have the student work individually with an aide or tutor. In many communities, Talent Search, Health Career Opportunities Project (HCOP) and other grant-funded programs provide tutors. Your tribal vocational rehabilitation program can also sometimes provide tutors. I am always dismayed when programs such as Talent Search tell me that the schools told them they have 'enough tutors' and did not need college students to assist.

Take advantage of every tutoring opportunity that you have. Have aides or tutors work with the students individually, in the classroom with their desks moved away from the rest of the students, in the library, in the hallway, in the resource room. Having the individual attention of an adult, who is more mature and less likely to react to negative behaviors, such as name-calling, reduces problem behaviors in several ways. The student has assistance with schoolwork and is less likely to act out as a result of frustration. The adult is less likely to react to negative behaviors and escalate the problem. Attention from an adult is often rewarding to the student and he may try to act appropriately to continue this attention. Get students involved in social activities. Students who are involved in school clubs, sports teams, art or cultural activities are less likely to have behavior problems.

It is often said that there is "nothing to do on the reservation". It is true there is not enough to do. Try to involve your students in any of the following: dance groups, drum groups, programs at the Recreation Center, school sports teams. Start a school club or school newspaper. (Yes, you.) As I mentioned above, I started a class newspaper that became the school newspaper. It had stories, photos and drawings in it. Yes, I never was an English teacher and no, it probably would never win any prizes for great school journalism. That wasn't the point. I rotated the editor each issue so each student got to be the editor and

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have an issue with his or her name at the top. Some of those editors I had to help out a lot, but again, that was a positive experience for them to have an adult listening to their ideas on layout, selection of articles and so on, then putting those ideas into a product.

3. Teach social problem solving to all students and do it as part of the curriculum. We say this repeatedly throughout our special education workshop. Do not substitute health promotion, behavior management and other activities for academic instruction. Integrate the two. Students with disabilities need instruction in academics more than students without disabilities, not less.

This can sometimes be overlooked because generally the focus on academics is what is most stressed in education classes and training. However, children with disabilities need to have more basic things such as nutrition, safety—such as do not touch something that is hot, do not run with scissors, do not hit, things that may be taken for granted when teaching children without disabilities. Repetition is also important when teaching students with disabilities. Some teachers may feel like these two issues are separate and taking extra planning to incorporate basic social problem solving into lessons plans, but it can be simple. If you are working on shapes in math and a student gets upset because he does not understand it and starts to get angry, a teacher can say, “Listen, we don’t need to get upset. There is nobody in the world that gets everything right away. Congratulations, you’re human. Now, let’s look at it and see if we can’t figure it out.”

Addressing the student’s frustration in this way also addresses the underlying concern that he or she is stupid. If students can learn that, when faced with material that is difficult to grasp at first, it is not a reason to give up, get angry or feel stupid but that it is simply to be viewed as something everyone experiences, he or she will have developed an important skill for attacking challenging academics.

The most important factor in working with students with behavior disorders is to remember that this is a marathon, not a sprint. The child had five or ten or fifteen years to develop these problems and, as wonderful and caring a teacher as you may be, you are not going to achieve miracles overnight. Straight progress is far less common than taking three steps forward and two steps back. Your student will be doing so well, have begun doing his homework, stopped swearing at other students in the class – and then on Monday morning, he comes in and slams his history book on top of the head of the student in front of him. That student turns around and punches him in the face. What did you do wrong? Most likely, you did nothing and something happened at home over the weekend that set your student over the edge. The student in front of him responded in the best way he knew to being smacked in the head.

What do you do? First of all, you don't give up on your students – ever. Second, punish the student for hitting someone with a book. Having an emotional or behavior disorder doesn't excuse bad behavior. Third, you punish the student who punched him as well. I know that might sound really unfair, but as a professional in the school system you cannot respond with "He deserved it" and it really wasn't self-defense because you were standing there and could have defended the student. Fourth, you find out (later) what it was that was really bothering your student that made him so angry he hit the first person he saw.

QUESTION OF THE MONTH:

Would you punish both students equally? Some schools have a no tolerance policy for fighting and would suspend both students automatically. Some people might argue that the second student was provoked and should receive a lesser punishment or no punishment at all. What do you think?

Email your responses to COPT@spiritlakeconsulting.com and we will publish these in our next issue of Miniwakan Waonspekiye.

REFERENCES:

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Spirit Lake Consulting, Inc. website for Special Education workshop

http://www.spiritlakeconsulting.com/COPT/specialeducation/intro_spec_ed1.html

Stenhjem, P. (2006). The Voices of Youth: Perspectives and Recommendations from Young Adults Involved in Juvenile Corrections, NCSET Brief (5), 2 retrieved from the World Wide Web on May 3, 2006 at <http://www.ncset.org/publications/viewdesc.asp?id=2843> .

ATTENTION DEFICIT DISORDER; Straight talk from Maria

By SLC Staff Writer Maria Burns

“Children with ADHD are at first thought to be just ‘not listening’, when that is not the case.”

What is ADHD? The letters stand for attention deficit hyperactivity disorder, but even then that doesn't explain much.

ADHD is a behavior disorder that is commonly diagnosed in preschool age children and early grade school students. It is characterized by a child's inability to pay attention for extended periods of time, by being unable to sit still, unable to focus and being very impulsive.

Now, you're probably thinking, that's every preschool kid. And to some extent, that's true, but kids with ADHD are like that to the extreme and continuously. They cannot focus even if they try to. A child without ADHD will be able to sit and listen to a story that interests him for five minutes. A child with ADHD simply cannot. He will be easily distracted or simply can't focus on the story. Because children with ADHD have a hard time paying attention for an extended period—or even relatively short period of time, sometimes—they *have a hard time following directions because they weren't focused on listening to what the directions were to begin with.*

As with all disorders, ADHD must be diagnosed by a doctor or professional who takes extended time to examine the child.

A child with ADHD may lose focus on the fact that it is story time and decide he wants to play with blocks and get up. Often, children with ADHD are at first thought to be just “not listening,” when that is not the case. The condition tends to be more often diagnosed in boys and is thought to affect up to 5 percent of children.

As one might expect, learning can be difficult for a child with ADHD. They have to work extra hard to succeed in school because of this disorder. That does not mean that children with ADHD will not succeed in school. but they need to be

surrounded by understanding adults and get the help they need. It is important to acknowledge children with ADHD are not intentionally misbehaving and that they should not be punished for actions related to their disorder.

The following breakdown illustrates the signs of ADHD:

Hyperactivity includes having endless energy, not being able to sit still, always moving around or fidgeting, talking seemingly nonstop.

Impulsiveness includes doing things without thinking them through, getting up in the middle of class to do something else, talking without seeming to realize it—i.e. blurting things out, taking things away from other people, hitting.

Inattention is the biggest sign of ADHD and includes moving from one activity to another without finishing, not being able to follow directions, not seeming to remember something that was just told, making what seem like careless mistakes, easily being distracted. Sometimes, ADHD is just associated with kids that exhibit hyperactivity or impulsiveness, but staring off into space and seeming to be daydreaming all the time can be a sign of inattention, which is a bigger indicator of ADHD.

As said before, many children have all of these signs throughout early childhood, but it is the extent to which children with ADHD exhibit these symptoms that sets them apart. ADHD can be hard to diagnose and can be either misdiagnosed or missed altogether, so it is very important to make sure you get a proper diagnosis in order to properly treat it. Pediatricians and social workers can sometimes diagnose ADHD or can refer your child to a psychologist or psychiatrist that can. Additionally, ADHD may be accompanied by other disorders so it is important to make sure those disorders are identified as well so that a child's condition can receive the best possible treatment.

Other issues can trigger ADHD like symptoms so it is important to make sure that it is not something else such as an environmental stress.

Medication is generally prescribed to treat ADHD and there are several different types of medications on the market. Work with your doctor to figure out which is best for your child. Additionally,

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often some kind of counseling or other type of therapy can be helpful as well.

Parents or caretakers can help children with ADHD by trying to keep things organized for them such as having a schedule, having a specific place for everything so that they can get into a routine. Also, make sure that your child is getting the help he or she needs in school. The school system needs to work to provide whatever help your child needs if that includes special education, an individualized education plan or anything else that may help your child's learning.

Make sure that you tell teachers about ADHD and explain to them how it may affect your child. Tell them that it is important that your child not be scolded or punished because of problems that may arise from ADHD. Have the name of a doctor or therapist they can call if they have questions about ADHD and check in regularly with the teacher to be as involved as possible in your child's education—this is important for any parent, but especially for parents of children with behavior disorders.

EARLY CHILDHOOD SPECIAL NEEDS TRAINING COMING SOON.....

Thank you to all of those from the Fort Berthold, Turtle Mountain and Spirit Lake Reservations who attended our training this month. Our next training sessions, on Early Childhood Special Education and Young Children with Special Needs will be offered in late September and October of 2006.

FOR MORE INFORMATION:

Please contact us at INFO@spiritlakeconsulting.com or call Dr. Erich Longie (701) 351-2175 at Spirit Lake or Willie Davis (701) 477-0322 at Turtle Mountain

