

February 2007  
*Special Edition: Best  
of Waonspekiye News*

# Miniwakan Waonspekiye News

*A publication brought to you by the Caring for our People Staff Training Project  
at Spirit Lake Consulting, Inc.*

## **Teaching and Understanding Children with Severe Behavior Disorders**

**By: Dr. AnnMaria DeMars, SLC Vice-President**



I recently read Bruno Bettelheim's book, "Trautants from Life," about his work with extremely disturbed young children. Most of the children he described were students at a special school during World War II. Like Bettelheim, I worked with young people who were at the very extreme of childhood behavior and emotional problems.

By age 10 or 12, these children had attempted suicide, attacked other children with knives, baseball bats or lead pipes, and had serious breaks with reality. For example, they believed that the Captain Crunch on the cereal box was glaring at them, that people they had never met hated them or that parents who had abandoned them shortly after birth were going to come back to 'rescue' them from the school.

Treatments and theories about mental illness have changed greatly from the time when Bettelheim worked with children and when I was working at a special school for disturbed children in the 1980's. Still, some of his descriptions fit exactly what I had observed 40 years later.

Most children who are very disturbed have had severe trauma in their early years. At both special schools, not having had any functional parent available due to death, mental illness or substance abuse was more common than not. The child may have been raised in a series of foster homes or institutions. Some children lived with a parent but due to mental illness or substance abuse, the child was not cared for in any way that most of us would recognize as normal. The children often went hungry, as their parents were too depressed or high to remember to feed them.

Another common experience of children with severe emotional and behavioral disorders is inconsistency in parenting. Often due to alcohol, drug use or their mental illness, the parents would be punishing at one point and then, usually on rare occasions, caring towards the child. What children learn is that even if an adult acts like the care about you, you can't trust them to not hurt you later.

Sometimes the inconsistency came from being moved from one foster home to another. Again, the child learns that the adult may say she really cares about you, but then the next week when they get a better job, or decide to move, or just don't like something you did, you are in another placement with a different group of people with new rules, new kids, and the same old lines all over again, "I just care about you and want to help you." To which, the children respond with an attitude of, "Yeah, right."

## Severe Behavior Disorders (continued)

Speaking of one of the children, Bettelheim said, "Paul could not visualize any future for himself beyond expecting that nothing good would ever happen to him." This exact description applied to most of the students at the school where I taught. They had learned that no one in the world could be trusted to take care of them, that no matter what they did, there would not be enough to eat, they would still get hit, slapped, burned with cigarettes and pushed down stairs.

Last year, at the keynote address for the Educating Bilingual Students conference, Father Greg Boyle, founder of Homeboy Industries, said, "I have never known a hopeful kid who joined a gang." Like those Bettelheim worked with, the severely disturbed children whom I taught were all devoid of hope. No experience in their life had given them a reason to have hope. This is a key point for staff members or adoptive parents to understand.

Children who have been so severely abused and neglected to enter early childhood emotionally damaged have no reason to trust anyone. Why should you be different from every other person they have ever known? About another child from his school, Bettelheim noted, "When she was given a new doll, she asked if it was 'for keeps'. Her counselor told her, 'Of course,' and Mary wondered, 'How come I'm always afraid it won't be true when something nice happens to me?'"

You would think that, after having been denied the opportunity for good experiences for so long, when a child had the chance to have friends, go to a birthday party, receive Christmas presents, have a loving family or other things that he has wished for his whole life, he would appreciate it and be happy.

However, what Bettelheim observed was the same thing I saw over and over, also. Having been disappointed so many times, the first Christmas with presents, the first honestly caring adult that intended to stay in the child's life was just too good to enjoy. These children didn't dare enjoy the good things that happened to them. They needed to defend themselves against feeling too good because it would hurt that much more when they were disappointed again, when it turned out that this adult was like all the rest of them and would leave at the end of six months or a year, or when the child did something else bad.

These first good experiences can actually make the child feel worse. He has finally accepted that life is hard, he will not have enough to eat, toys to play with, a mother to hug him or hold him on her lap, and then he is in a foster home, adoptive home or special school. It all reminds him of what he hasn't had for years, and makes the past hurt all the more.

On top of that, it seems like a cruel joke, too good to be true, and as soon as he starts to enjoy it-- the presents, the food, the love-- it won't be there any more. So, he may as well strike out at those people now, tell them he hates them, hit them, and get the disappointment over with. Almost a third of the children at the school where I worked were adopted, and this hostile, hateful reaction from the children was painful and bewildering for their adoptive parents that really, truly wanted to love them.




---

*"The severely disabled children whom I taught were all devoid of hope."*

## Severe Behavior Disorders (continued)

When, after months of therapy, children with severely disturbed behavior were able to stop hitting other children and began to want to make friends, they had no idea how to do it. They didn't know how to start a conversation with another child.

They were interested in the idea of calling another child on the phone but had absolutely no idea what they would say. For their entire lives, their speech with other children had been limited to threats and arguments. Never having had any friends, at age 12 or 13, they often didn't know how to play even the simplest games. If the first time you fall behind, you pick up the board and slam it down on another child's head, you never learn to play board games or any other games because no one will play with you.

Playing with other children, they had to win. These students with severe emotional disorders had been so powerless in their relationships with adults that they could not take the frustration of losing to another child. If they began to lose in any game, they would swear, slap or throw things at the child who was winning.

Like Bettelheim's students, all of the severely disturbed students who I taught were hypersensitive about insults to themselves, reacting with screaming, swearing and physical attacks, sometimes even to the mildest criticism. However, they very often teased, threatened or insulted other people, both other children and adults, and seemed genuinely surprised when others were hurt or angered by them.

By definition, these students were not normal in their emotional responses. By the end of elementary school, if not sooner, most people automatically understand how others are likely to react emotionally. If you call me up and tell me how much you hate this article on behavior disorders, that you think it is completely stupid and I should have to pay a fine to the government for writing something so idiotic funded by a federal grant, you would not be completely surprised if my feelings were hurt, or if I said something unkind to you in return. You have the ability to put yourself in another person's place and imagine how she would feel. Empathy is very poorly developed in children who are emotionally disturbed. They cannot control their own emotions; much less imagine how other people feel.

Nothing changes overnight. If you are going to work with children who are severely disturbed you need lots and lots of patience. There is no magic pill you can give them or therapy that works dramatically. It is coming in every day, keeping your word to the child, being a consistent person in his life, not hurting him, being a person he can trust. All the little things add up. It takes years.

Most textbooks will tell you that the prognosis is very poor for children with extreme behavior problems in childhood. Risks of incarceration, substance abuse and mental illness are high. One high school for emotionally disturbed children I studied as part of a graduate research project had found in a follow up of former students that by age 30, 10% of them had died, usually of drug overdoses, accident, suicide or homicide.

Yet, there is the possibility for change, with years of patience and understanding from the staff and a huge amount of work. I know because I graduated from a high school just like that, 31 years ago.

---

*"Yet, there is the possibility for change, with years of patience and understanding from the staff and a huge amount of work."*

## **A Vocational Rehabilitation Success Story**

**By: Irene Berrunner**

Marie was a young lady that had just graduated from high school. She applied for vocational rehabilitation services because the school counselor referred her. During her intake, she indicated that she was wanted to enroll in the pre-nursing curriculum. When her reports came back, she had been diagnosed as MMR (Mild Mentally Retarded). She had graduated from high school under a monitored special education curriculum.

This situation is always a hard one for the VR counselor to have to decide what course of counseling will be taken. When Marie came back in to do her IPE (Individual Plan of Employment), we discussed her cognitive disability and what courses were required to become a nurse.

At first, she was very upset because she thought Voc Rehab was trying to discourage her from her dream. I sat and talked with her about her disability and explained to her that everyone has a disability of some kind that limits our choices in some way. It is not the end of the world and that small steps should be taken.

I wanted to know why she had chosen nursing. She told me that she liked working in the hospital. I told her that there are many jobs in a hospital environment in addition to nursing. I suggested that she take some of the required courses in the first semester to see how it would go and that we could reassess after that semester. I let her know that if she felt the courses were difficult to complete, there were assistive services that could be utilized and, if those services did not work, something else could be tried. The one thing I did not want her to do was to walk away without telling me her struggles. Together we could take those barriers away.

Marie did not go into nursing but she graduated with a two-year degree in medical transcription. She then got a job working at a local hospital. She later told me that she wanted to give up completely after she could not get through those first couple of required pre-nursing courses. She may have if Voc Rehab wasn't there for her.

---

*“The one thing I did not want her to do was to walk away without telling me her struggles.”*




---

*“While students are in the school system and receiving federal funds, they are required to receive a free public education.”*

## **Transition: High School Years and Beyond**

**By: Willie Davis, SLC Consultant**

Living on a reservation can be very difficult when you have a disability. From going to school to finding employment, there are limited resources available to people with disabilities. While students are in the school system and receiving federal funds, they are required to receive a free public education. This is a right of all students in the United States, regardless of disability.

Most schools have a Special Education Department that provides all disabled students with services to accommodate/modify their learning experience. On the Turtle Mountain Reservation, there are Special Education coordinators at each level – high school, middle school, and elementary school. All of the Turtle Mountain schools provide a management team to each child who is in the Special Education program or is on an IEP/504 plan.

## Transition (continued)

Transition from school to post-secondary opportunities can bring on many confusing options. While in high school, you are provided with services no matter what and accommodations and/or modifications based upon Federal mandated laws.

Colleges, however, are only required to provide these services on a priority level and you have to take responsibility to request assistance in advance. Many services are provided to you by law, under federal regulations, by IDEA or the 504 plan. (However, most schools do not provide such services for transitions under 504.)

After graduation, people are left to follow up with the state or their local vocational rehabilitation program. If they are really lucky, their community will have a transition counselor, either in the school system or employed with the vocational rehabilitation program.

When a student is in the process of graduating high school, usually at their last Individual Education Plan (IEP) meeting, a vocational rehabilitation counselor should be present or contracted to set up a transition plan beyond high school, including vocational training services, accommodations and/or modifications – classroom or placement.

For a copy of a transition plan, visit this website: [Electronic Filing Cabinet provided by Spirit Lake Consulting, Inc.](http://www.spiritlakeconsulting.com/SpiritLakeConsulting/sharedfiles/filecabinet/)  
<http://www.spiritlakeconsulting.com/SpiritLakeConsulting/sharedfiles/filecabinet/>. (Scroll down. The transition plan forms are at the bottom of the page. Feel free to download any forms that interest you.)

Most schools will have this plan or a similar type of plan that will spell out services and provide them to the student. Parents, schools, communities, and other networks of support for students with disabilities need to encourage the student to prepare for life after high school. Preparation includes all types of independent living skills – vocational training or employment opportunities, money management, social interaction, and all other required skills to become a productive member of society.

Getting help is the first step in transitioning from high school. Even if the individual with a disability decides to work and stay home – they must have the opportunity to explore what their options are. It is the responsibility of the school, family, and community to assist in making sure the individual is supported whatever decision they make. Sometimes, it is not the one we would like, but it is their choice!

### **What is a 504 Plan?**

*You may hear that a student does not qualify for special education but has a 504 plan. Section 504 of the Rehabilitation Act of 1973 guarantees each student equal opportunity to a free public education that meets his needs and provides inclusion to classes with students without disabilities, as much as possible. It insures that all qualified persons have equal access to education regardless of the presence of any disabling condition. The law provides for individual modifications and accommodations for people with disabilities attending high schools and colleges. Physical accommodations in classroom and lab space, course substitutions, changes in classroom presentations, and modifications in testing are all possible ways to provide access for students with disabilities.*




---

*“Even if the individual with a disability decides to work and stay home – they must have the opportunity to explore their options.”*

*“It is important to acknowledge that children with ADHD are not intentionally misbehaving....”*

## Attention Deficit Disorder: Straight Talk from Maria

By: Maria Burns, SLC Staff Writer

**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.

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.

Because children with ADHD have a hard time paying attention for an extended period—or even relatively short period of time, in some cases—they have a hard time following directions because they weren't focused on listening to what the directions were to begin with.

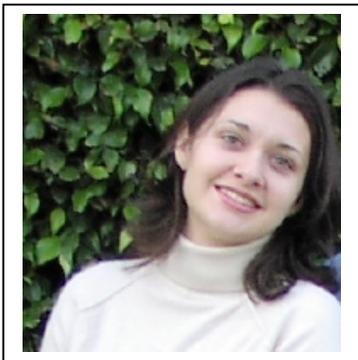
As with all disorders, a doctor or other professional who takes extended time to examine the child must diagnose ADHD.

As one might expect, learning can be difficult for children 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.



Maria Burns, SLC Staff Writer

## ADHD (continued)

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 set 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, 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 or 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 that result from ADHD. 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 disabilities.

---

*“ADHD can be hard to diagnose and can be either misdiagnosed or missed altogether.”*



## Spirit Lake Consulting, Inc.

314 Circle Dr  
P.O. Box 663  
Fort Totten, ND  
58335

PHONE:  
701-351-2175

FAX:  
800-905-2571

E-MAIL:  
[info@spiritlakeconsulting.com](mailto:info@spiritlakeconsulting.com)



We're on the Web!

See us at:

**www.  
spiritlakeconsulting.  
com**

## Upcoming News and Events

### **CANAR – Consortia of Administrators for Native American Rehabilitation:**

Spirit Lake Consulting, Inc. will be an exhibitor at the Consortium of Administrators of Native American Rehabilitation meeting in Washington, D.C. on February 19-21. We will be demonstrating our Disability Access, Caring for Our People and Leadership Training CDs. We will also be giving out free samples of all our latest products. Stop by and see what SLC can do to make life better for you, your family and those you serve.

### **Altering your Perspective – 9<sup>th</sup> Annual “Educating the Bilingual Student” Conference:**

We will also be presenting at this conference, which is scheduled for May 9<sup>th</sup>, 2007, at UC Riverside, sponsored by the Language and Learning Institute. This conference will provide information on successful practices of educating English language learners.

## About Spirit Lake Consulting, Inc.

Miniwakan Waonspekiye directly translates to “Spirit Lake Teacher” in Dakota, the native language of our base on the Spirit Lake Reservation in Fort Totten, ND. Both this newsletter and our newsletter for families, Miniwakan Tiyospaye, are emailed monthly. Our corporate newsletter, the Miniwakan News, is distributed once every 3 months to the clients on our mailing list, who include VR counselors, University employees, Head Start workers, and people who reside on nearby reservations who have requested to receive information.

Spirit Lake Consulting, Inc. is an Indian owned business; our mission is to be a resource to American Indian and other disadvantaged communities by providing training, evaluation, grant writing and planning services. We sponsor three projects: Disability Access, which aims to serve people with disabilities and their families, Leadership Training, which educates members of the reservation on business and entrepreneurship skills, and Caring for Our People Training.

Caring for Our People Training is a computer-based instruction package designed for staff members working with people with disabilities and chronic illness residing on or near Indian reservations. The instruction covers not only general information such as range of motion exercises, occupational therapy, universal health precautions, etc., but is also uniquely designed for the reservation environment. Given the relative rarity of high-speed Internet access, users receive a free CD-ROM that has most of the web pages and documents reproduced so that it can be accessed quickly on any computer. Extensive information is provided on diseases such as Diabetes, which are disproportionately prevalent on the reservations. Cultural competence links are included throughout on everything from traditional views on death and dying to tribal resources for vocational rehabilitation.

Caring for Our People Training will be part of the exhibit presented by Spirit Lake Consulting, Inc. at the Consortium for Administrators of Native American Rehabilitation to be held February 18-21 in Washington, D.C.

***Did you get this newsletter forwarded from a friend or colleague? Want to get your own copy every other week? Email [Jessica@spiritlakeconsulting.com](mailto:Jessica@spiritlakeconsulting.com) to be added to our mailing list.***