

Understanding Student Behavior

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Purpose

Understanding Student Behavior will help educators develop an enhanced awareness of behavioral health issues in the classroom and extend that knowledge to foster academic achievement for all students, decrease dropout rates, and increase graduation rates for all K-12 students.



T-P-S (4 Minutes)

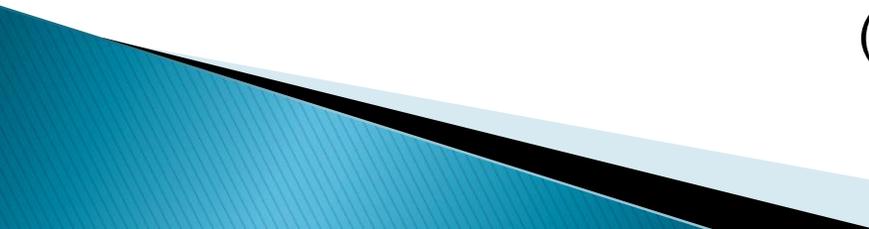
Consider this statement:

Student behavior problems are not “student” problems at all. Behavior problems are actually “teacher” problems resulting from instructional and planning deficiencies.

Take 1 minute to think about your feelings regarding this statement
(INDIVIDUAL)

Take 2 minutes to discuss your feelings regarding this statement
(GROUP)

Take 1 minute to form a 1 sentence group response to this statement
(GROUP)

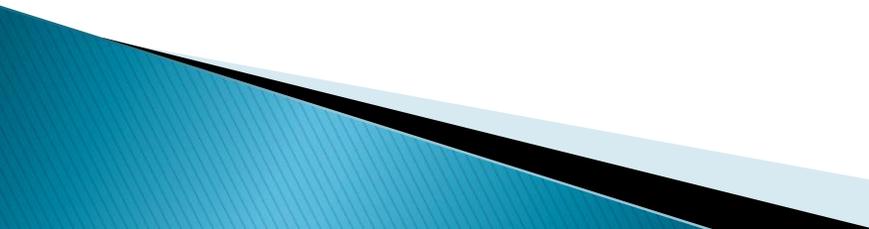


A Story to Consider

[Click to Watch](#)

My Response

While instructional practices and planning affect student performance and behavior, a student's personal circumstances also has a great impact.



NC Statistics

| | Elementary | Middle | High | Total |
|--|--------------|--------------|--------------|---------------|
| # of Students with Mental Health Issues | 3,043 | 4,279 | 4,629 | 11,951 |

Source: N.C. Annual Report of School Health Services, 2009–2010

Suicides / Homicides

| | Elementary | Middle | High | Total |
|-------------------------------|------------|--------|------|-------|
| Deaths from Suicide | 0 | 4 | 22 | 26 |
| Suicides Occurring at School | 0 | 0 | 0 | 0 |
| Deaths from homicide | 0 | 2 | 9 | 11 |
| Homicides occurring at School | 0 | 0 | 0 | 0 |

Source: N.C. Annual Report of School Health Services, 2009–2010

Suicide Attempts by Grade

| | Elementary | Middle | High | Total |
|-------------------------|------------|--------|------|-------|
| Attempts by grade level | 50 | 84 | 213 | 347 |

Source: N.C. Annual Report of School Health Services, 2009–2010

Emotional, Behavioral, Psychiatric Disorders

| | Elementary | Middle | High | Total |
|---------------|------------|--------|-------|--------|
| # of students | 4,313 | 3,059 | 3,522 | 10,894 |

OTHER THAN ADHD

Source: N.C. Annual Report of School Health Services, 2009–2010

These students are vulnerable to the following difficulties

- ▶ **Low academic performance** (Weissman et al., 1999)
 - ▶ **School failure** (Keys, Bemak & Lockhart, 1998)
 - ▶ **Teen pregnancy** (Kessler, et,al., 1997)
 - ▶ **Substance abuse** (Ceerllar, Markowitz & Libby, 2004)
 - ▶ **Gang participation** (Corcoran, Washington and Meyers, 2005)
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Behavioral Health Services

- ▶ In North Carolina 55% of the student population in need of mental health treatment services actually receives services
 - ▶ In other words, 45% of students in North Carolina who need mental health treatment services are not receiving services.
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Serious Behavioral Health Disorders in children tend to:

- ▶ Be more severe and more mixed than adult disorders
 - ▶ Be harder to diagnose and treat
 - ▶ Interfere with development and learning
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WHY?

- ▶ Children's brains are growing all the time
 - ▶ One symptom can fall into many diagnoses and that same symptom can change over time because children's brains are growing
 - ▶ Serious behavioral health issues are an illness of the brain – and our brain plays a HUGE role in our development and learning
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Are there children in my classroom?

- ▶ 1 in 5 children have some form of behavioral health issue
 - ▶ 1 in 10 meet criteria for a severe behavioral health disorder
 - ▶ Less than 1 / 3 will receive specialized treatment
 - ▶ In North Carolina 113,214 students received behavioral health services from July 2009 to June 2010
 - ▶ One half of all cases begin by age 14
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Factors that Impact Behavioral Health

- ▶ Loss of a loved one and/or abandonment
 - ▶ Change to family dynamics
 - ▶ Neglect
 - ▶ Poverty
 - ▶ Abuse
 - ▶ Negativity (parent, friend, relative)
 - ▶ Household dysfunction
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Trauma that Impacts Behavioral Health

- ▶ Community violence (shootings, robberies)
- ▶ School violence (bullying, fights, threats, weapons brought to school)
- ▶ Complex trauma (neglect, physical/sexual abuse)
- ▶ Domestic violence
- ▶ Early Childhood trauma (occurs at age 0–6: abuse, domestic violence, natural disasters, accidents, war)
- ▶ Medical trauma (injury, serious illness, invasive medical procedures or treatments)
- ▶ Natural disasters (tornadoes, hurricanes, earthquakes, flood, fire)
- ▶ Terrorism
- ▶ Traumatic Grief (death of someone important whether anticipated or unexpected)

Source: National Child Traumatic Stress Network

Symptoms in Elementary Children

- ▶ Increased irritability
 - ▶ Anxiety, fear, and worry about safety of self or others
 - ▶ Increased somatic complaints (headaches, stomachaches)
 - ▶ Change in academic performance
 - ▶ Frequent, unexplainable temper tantrums
 - ▶ Statements and questions about death and dying
 - ▶ Sleep disturbance (too much, too little)
 - ▶ Withdrawal from others or activities
 - ▶ Pattern of deliberate disobedience or aggression
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Reactions to Trauma

- ▶ Somatic complaints (headaches, stomachaches, body aches)
 - ▶ Changes in behavior (irritable, anger, aggressive)
 - ▶ Inconsistent behavior
 - ▶ Inattentive
 - ▶ Talk excessively
 - ▶ Ask questions persistently
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Effects on Learning

- ▶ A traumatic event can seriously interrupt the school routine and the processes of teaching and learning. There are usually high levels of emotional upset, potential for disruptive behavior, or loss of student attendance
 - ▶ They may have increased difficulties concentrating and learning at school and may engage in unusually reckless or aggressive behavior.
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If you suspect a student is in trouble

- ▶ Teachers should remember they are not behavioral health professionals and are not expected to diagnose and/or treat these students.
 - ▶ Teachers need to refer the student to the school counselor.
 - ▶ Teachers must maintain the student's confidentiality and only share confidential information with other professionals when they really need to know.
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If you suspect a student is in trouble

- ▶ Those who are involved in addressing a student's problem need to work as a team in the best interests of the student.
 - ▶ The school staff team needs to decide when to contact the parents and if invited to participate in the team.
 - ▶ If a teacher suspects abuse or neglect of a student, they must report the suspected abuse to CPS
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What can we do in the classroom?

- ▶ Structure a low stress environment.
 - ▶ Keep in mind their sensitivity to stimuli (lights, sounds, etc.).
 - ▶ Be caring – teach all students how you expect them to behave and what the consequences will be if they don't.
 - ▶ Be willing to differentiate behavior instruction just like you would academic instruction.
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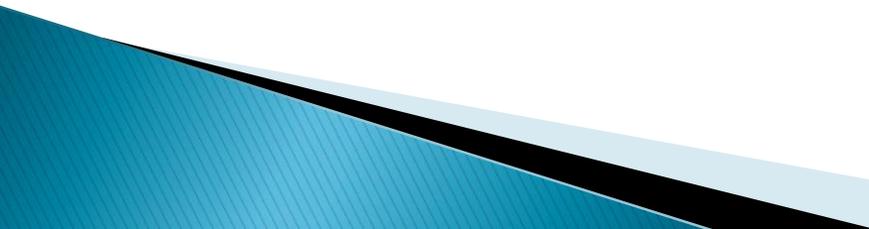
What can we do in the classroom?

- ▶ Flexibility is key – be creative, play on their strengths and be prepared to switch it up.
 - ▶ Communicate with the family (be compassionate, take a problem-solving approach – recognize and acknowledge that parental denial and anger may exist).
 - ▶ Remember – Individualized interventions work.
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Tips for Communicating with Kids

- ▶ Offer support
 - ▶ Be gentle, but persistent
 - ▶ Listen without lecturing
 - ▶ Validate feelings
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Offer Support

- ▶ Let students know that you are there for them, fully and unconditionally.
 - ▶ Hold back from asking a lot of questions because most students do not like to feel patronized or crowded, but make it clear that you're ready and willing to provide whatever support they need.
 - ▶ But teachers need to remember they have a duty to report abuse or neglect, and when a student is a danger to self or others.
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Be gentle but persistent

- ▶ Do not give up if the student shuts you out at first.
 - ▶ Talking about depression can be very tough for students.
 - ▶ Be respectful of the student's comfort level while still emphasizing your concern and willingness to listen.
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Listen without lecturing

- ▶ Resist any urge to criticize or pass judgment once the student begins to talk.
 - ▶ The important thing is to communicate with the student and avoid offering unsolicited advice or ultimatums.
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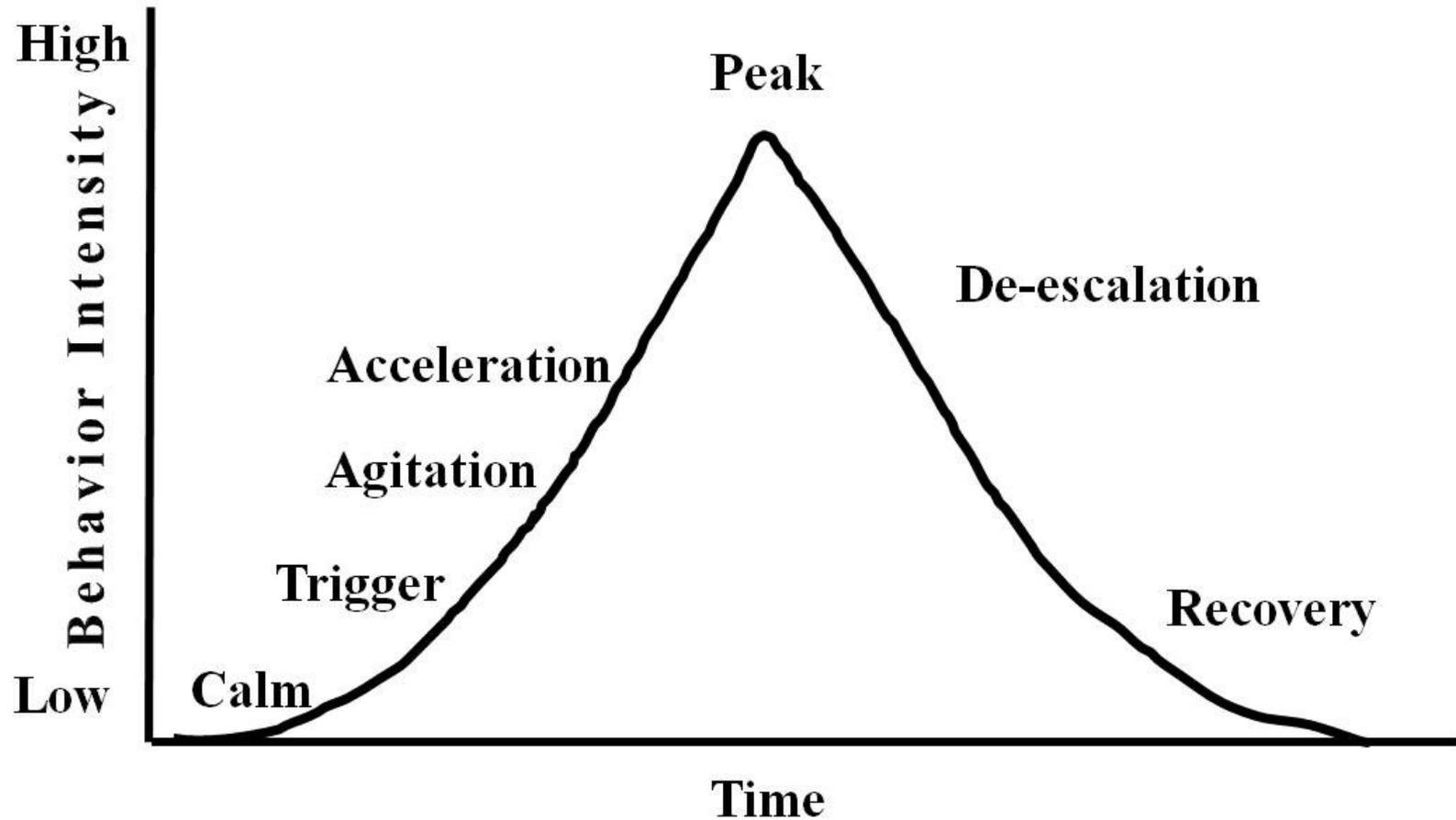
Validate Feelings

- ▶ Do not try to talk students out of their problems, even if their feelings or concerns appear silly or irrational to you.
 - ▶ Simply acknowledge their feelings because the student needs to feel that you take their emotions seriously.
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Limits to Confidentiality

- ▶ Educators and all citizens have the legal obligation to report suspected abuse/neglect situations to the authorities or when a person can be a danger to himself or others. This is for the protection of others as well as the identified person. Do not promise confidentiality if you are not able to keep that promise. It is best to tell a student that you cannot keep such information confidential.

The Crisis Cycle – Seven Main Phases of Escalating Behavior Model



Description of the Seven Main Phases of Escalating Behavior Model

- ▶ 1. Calm – the student is cooperative.
 - ▶ 2. Trigger – Antecedents which are a series of unresolved problems.
 - ▶ 3. Agitation – the student is unfocused or non-directed.
 - ▶ 4. Acceleration – the student's behavior is directed and engaging.
 - ▶ 5. Peak – the student is out of control and creating safety concerns.
 - ▶ **6. De-Escalation – the student displays confused behavior.**
 - ▶ 7. Recovery – the student is eager for busy work and reluctant to discuss
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Relaxation Techniques

- ▶ Count to ten or count backwards from 10 to 1
- ▶ Imagine a peaceful place
- ▶ Calm down and refocus.
- ▶ Take a deep breath (continue controlled relaxing breathing)
- ▶ Muscle relaxation (focus on relaxing parts of your body and muscles)
- ▶ Repeat positive words or suggestions
- ▶ Take a time out
- ▶ Use your words, find someone safe to talk to
- ▶ Draw a picture