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A Practical Guide to Mental Health & Learning Disorders for Every Educator

Revised
& Updated
Edition

How to Recognize, Understand, and Help
Challenged (and Challenging) Students Succeed

A ready
reference for
teachers, counselors,
school psychologists,
administrators, and
classroom aides

MYLES L. COOLEY, PH.D.

Praise for

**A Practical Guide to
Mental Health
& Learning Disorders
for Every Educator**

“A Practical Guide to Mental Health & Learning Disorders for Every Educator by Dr. Myles L. Cooley is just that: a comprehensive resource that is invaluable for all educators. New teachers will benefit from the range of topics such as setting up an effective classroom using PBIS strategies, to learning how to incorporate social-emotional learning approaches within the classroom structure, to unpacking popular education buzzwords such as *grit* and *growth mindset*. Veteran teachers and administrators will learn new tangible interventions rooted in best practices that can be immediately implemented to help address the ever-changing social-emotional needs of students with mental health challenges. As a school psychologist and former school counselor, I am most excited about the well-thought-out interventions and reproducible forms that I plan on using in both individual and group counseling settings. If you are looking for help in navigating the growing social, emotional, behavioral, and mental health demands that are being placed on educators, then this is the book for you.”

—**Jennifer D. Beardslee, M.Ed., Ed.S., NCSP**, elementary school psychologist
in Wakefield, Massachusetts

.....

“Dr. Cooley provides educational professionals with a down-to-earth guide to understanding mental health disorders in adolescents. *A Practical Guide to Mental Health & Learning Disorders for Every Educator* is a comprehensive collection of forms, statistics, and anecdotes. Beyond that, Cooley offers what other publications on this topic have failed to provide: He dispenses valuable information on culturally responsive pedagogy and disproportionality in disciplinary practices for minority students. I highly recommend this guide to every educator and teacher-preparation program.”

—**Ruba Monem, Ed.D.**, K–12 educator in Miami, Florida

“When it comes to finding effective strategies to help with behavior and academic difficulties in the classroom, every teacher longs for a ‘go-to’ reference. That is what you get with *A Practical Guide to Mental Health & Learning Disorders for Every Educator*. Part one provides interventions that are proactive, preventative, and beneficial to all students. Dr. Cooley guides readers in effectively creating classroom policies and procedures as well as fostering cultural awareness. He stresses that early intervention is equally important for children with mental health disorders as it is for children with learning disorders, and he shares sensible approaches to help teachers communicate with parents as well as collaborate with school personnel. Part two of the book contains descriptions of mental health and learning disorders. Dr. Cooley starts by defining each disorder and then presents behaviors and symptoms that school staff may observe. Next, he provides strategies and interventions to try in the classroom, followed by appropriate professional treatments. Teaching is one of the most challenging professions, but with a book like this at their disposal, teachers can be confident that they have a tool to help them be successful.”

—**Amy Peters, M.A.Ed.**, elementary special education teacher in Sioux City, Iowa

.....

“This book is a must-have resource for any educator! Not only does it discuss many learning differences faced by today’s educators, it also lists behaviors and symptoms to look for as well as provides practical strategies and interventions for educators to use in the classroom. This book speaks the educator’s language and provides us with a tool that can be used in any grade.”

—**Dana Smith**, 504 coordinator and high school English teacher in Hot Springs, Arkansas

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Revised & Updated Edition

MYLES L. COOLEY, PH.D.

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PUBLISHING®



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Dedication

To the thousands of kids I've tried to help, who have taught me much of what I know today.

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FOREWORD

by Sharon A. Hoover, Ph.D.

Two decades ago, as a frontline psychologist in schools, I often felt that my impact on student mental health was minimal compared to the influence of teachers. Now, as codirector of the Center for School Mental Health at the University of Maryland School of Medicine, I am convinced that this is true. Schools are among the most important venues in which to support students' well-being and mental health, and educators are key to the success of this work. Those with specialty mental health training—such as school social workers, counselors, psychologists, and school-based community mental health clinicians—are integral to student mental health, but student mental health is a shared responsibility. Teachers have enormous opportunity to promote the social and emotional health of students and to tailor their instruction to those with special mental health and learning needs. However, the tools for carrying out this endeavor are not always easy to find.

That's one reason why, when asked to write this foreword, I first needed to see for myself that this practical guide was indeed practical. Far too often I have seen efforts to “train” educators in the area of mental health that are well-intentioned yet miss the mark, either by relying only on classroom management strategies to elicit positive behaviors or by focusing too much on diagnostic criteria and pathology beyond the scope of educators' training and responsibilities. I was glad to see that here, by contrast, Dr. Cooley has thoughtfully laid out some fundamental frameworks and concepts in the school mental health field, including social-emotional learning (SEL) and Multi-Tiered Systems of Support (MTSS), and that he has supplemented basic mental health information with practical strategies to promote social and emotional health, identify students' mental health challenges, and individualize teaching for students with diverse needs.

This type of accessible, ready-to-use information is of the utmost importance as schools have become de facto settings for mental health care, with educators playing an ever-increasing role in the identification and treatment of students with mental health needs. The situation is growing, but not new. In fact, almost two decades ago, the US surgeon general identified teachers as “frontline” mental health workers who should be trained to recognize and manage child and adolescent mental health difficulties, in addition to supporting positive social-emotional development for all students. With current estimates of up to one in five young people meeting criteria for a diagnosable mental health condition, approximately four to six students in each classroom will present with serious challenges. Even more students will engage in risk behaviors such as physical fighting, bullying, substance use, and unprotected sex. Teachers have the immense task of providing effective academic instruction for the whole classroom while meeting each student's social, emotional, and behavioral needs, yet are often provided with little training to help them address some of the mental health difficulties they may face. Nevertheless, most of the educators I speak with are looking for opportunities to meaningfully improve their students' lives beyond the classroom and could benefit greatly from tools to do so in the realm of mental health. While teaching the academic fundamentals of education is foundational to the work of schools,

it's also imperative to recognize that true success—academic and otherwise—will not be achieved without attention to students' mental health. The mission of schools must be not only to instill critical thinking and academic skills, but also to foster healthy, connected human beings with the capacity to live meaningful and productive lives. And to succeed in promoting this mission, educators must be attuned to the unique mental health and learning needs of each student and provided with tools to translate their understanding into useful supports in the classroom. This book gives teachers those tools.

Additionally, while most teachers embrace their role in addressing students' mental health needs, all too often this aspect of their job—particularly managing challenging behavior—contributes to stress and burnout. I encourage educators not only to put into practice the information and strategies Dr. Cooley presents for supporting students, but also to attend to their own social and emotional health and development. Our Center for School Mental Health is increasingly responding to assistance requests from schools and districts seeking to enhance wellness among their staff, recognizing that educator well-being is directly related to student well-being and performance. Dr. Cooley mentions these efforts in his book, including mindfulness techniques that educators are adopting to deal with the stressors of teaching. It is well worth exploring the specific strategies that districts, schools, teachers, counselors, and others can use to promote their own health and satisfaction—which will, in turn, promote students' mental health. Just as we need to put the oxygen mask on ourselves before we put it on our children, the same goes for the mental health supports we provide to our students. So, educators, I urge you to embrace the mission you committed to at the start of your teaching careers: to teach and support the whole child and to make a meaningful difference in each student's life. The strategies outlined in this book, paired with techniques to foster your own wellness, will improve your students' school experiences and their lives beyond school walls, and will also bolster your own teaching practice and professional quality of life.

Sharon A. Hoover, Ph.D.

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INTRODUCTION

“Good teaching means being responsive to the hand you’ve been dealt.”

—Ross W. Greene, Ph.D., psychologist and author

As the ancient Greek philosopher Heraclitus of Ephesus said, change is the only constant in life.¹ So, in addition to teaching your students academic skills using effective, tried-and-true methods, you must also keep up with the changes occurring in education. Since the original publication of this book in 2007, new and modified educational philosophies and best practices have developed. These changes may require you to learn new skills. This process can be time consuming, and—like all change—will likely involve some initial discomfort.

Changes have occurred in multiple areas of education. First, an increase in the diversity of students in the United States means that teachers and students need to be more sensitive to one another. Educators must modify teaching practices for students of different ethnicities, cultures, sexual identities, and abilities (see chapter 4). Second, the numbers of English language learners in classrooms are increasing. Improving these students’ academic skills, test scores, and high school graduation rates and reducing the numbers of dropouts is a growing challenge.² Third, increased standardized testing has teachers more concerned about their salaries and job security.³

Some changes have resulted in problems for students, particularly teens. Teens spend more time with smartphones than ever before. Attachment to their phones causes teens to experience increased loneliness, depression, and sleep deprivation, as well as cyberbullying, which has almost doubled since 2007.⁴ More and more educators are recognizing the importance of teaching social-emotional skills as an effective intervention to counter students’ current stress and improve their chances of success in their adult lives.⁵

Another development since 2007 that’s relevant to schools was the publication of the *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5)* in 2013. The *DSM-5* updated the definitions of and criteria for certain diagnoses and added new diagnoses. These revisions have improved our understanding of many mental health and learning disorders. The *DSM-5* has resulted in changes in the ways schools qualify students for accommodations or for special education services.

In addition to responding to these changes in education, another challenge you face as an educator is the expectation that you teach many students who have difficulties with learning or with mood or anxiety. These challenges may interfere not only with students’ learning, but also with your ability to teach. The extra attention you must devote to these students makes your job considerably more difficult.

In other words, you’ve got a tough job—one of the toughest there is. The fact that you’re reading this book shows your deep concern for students’ learning and mental health. In my work with children and families, I’ve come to know and admire many dedicated teachers. Like you, they are hungry for information they can use to help students who struggle with various difficulties. That’s why I wrote this book. I want to help educators identify students with possible mental health and learning disorders and provide them with practical classroom strategies to teach and support those students.

Mainstreaming and Inclusion in Classrooms

What is it that makes your job so demanding? Without a doubt, you are expected to teach students with a wide spectrum of abilities and needs. Some of your students come to you with academic and behavioral difficulties. This results partly from the practices of mainstreaming and inclusion of children with special needs. Mainstreaming involves placing students from self-contained special education classrooms or pull-out instruction in general education classes for part of their school day. Inclusion allows special education students to be taught in regular classrooms, with a special education teacher providing occasional support in the classroom. Research shows that these practices have many advantages for students with certain disabilities, including higher academic performance, more positive self-esteem, and better social skills.⁶

While good intentions underlie mainstreaming and inclusion, you can imagine—or may have experienced—some major challenges in these classrooms. Educator and education journalist Jackie Mader points out that “a national push to take students with disabilities out of isolation means most now spend the majority of their days in general education classrooms. That means general education teachers are teaching students with disabilities. But training programs are doing little to prepare teachers.”⁷ So how can you help all kids succeed academically, especially in the current environment of high-stakes testing? How do you deal with children’s social and emotional development? What about training for you? How can you respond to children with mental health challenges? This book will help you answer these questions.

HOW COMMON ARE MENTAL HEALTH AND LEARNING DISORDERS?

- One in five students in the United States has a mental health disorder.⁸ Some of these students have two or more diagnosable disorders.
- One in two students in the child welfare system has a mental health disorder.⁹
- In the United States, 5 percent of students are identified as having a learning disability, and an additional 15 percent have unidentified learning and attention challenges.¹⁰
- Students with mental health issues may be absent up to twenty-two days a year.¹¹
- Rates of expulsion and suspension are three times higher among students with mental health disorders.¹²
- Numbers of school psychologists, school counselors, and school social workers fall well below levels recommended by national associations.¹³

The Challenge for Teachers

Helping students with mental health, behavioral, and learning challenges may seem daunting. Educators are often the first people students come to when they’re

facing difficulties of many kinds, but teachers may be ill prepared to identify and refer students suspected of having mental health disorders. Teachers are trained in cardiopulmonary resuscitation (CPR), epinephrine autoinjectors (such as the EpiPen), bodily fluid cleanup, and a variety of other safety measures, but many receive little to no training around mental health disorders.¹⁴ Fifty percent of teachers leave the profession within their first four years, primarily because of students with behavior problems.¹⁵

CAN YOU RELATE TO THIS?

Forty-six percent of teachers report high daily stress, which affects their health, quality of life, and teaching ability.¹⁶ Patricia A. Jennings, an authority on how teacher stress affects the social-emotional classroom environment and well-being of students, summarizes the multiple factors causing this stress:

“We ask an awful lot of teachers these days. . . . Beyond just conveying the course material, teachers are supposed to provide a nurturing learning environment; be responsive to students, parents, and colleagues; juggle the demands of standardized testing; coach students through conflicts with peers; be exemplars of emotion regulation; handle disruptive behavior and generally be great role models. . . . The problem is we rarely give teachers training or resources for any of them.”¹⁷

The good news is that there are many strategies you can use to support students. *A Practical Guide to Mental Health & Learning Disorders for Every Educator* provides interventions for regular classroom teachers as well as advice for determining when students may need help from other school staff or outside professionals. You’ll learn the signs and symptoms of many mental health disorders to help you recognize whether a child might need additional assistance or evaluation. In addition to helping you with your students, if you are a parent, I hope the information in this book is useful in relation to your own child.

More and more educators and researchers understand that academic difficulties often spring from significant differences in *how* students learn, as well as from social and emotional difficulties students may be facing. Teachers are using innovative instructional techniques to engage learners. Rather than simply penalizing students for misbehavior or low achievement, educators are looking more deeply into what might be causing these issues. To prevent these issues, schools increasingly are implementing Positive Behavioral Interventions and Supports, or PBIS. (For more information on PBIS, see chapter 2.) Research has shown that when students’ psychological or learning challenges are identified and addressed, students not only feel and behave better, but also achieve at higher academic levels.¹⁸

Addressing certain students’ differences can seem to be a great challenge when, at the same time, you’re accountable for the performance of all your students. You might fear that giving too much attention to these students will keep you from helping the majority of your class achieve state standards and reach grade-level proficiency. The information and strategies presented in this book will allow you to give individual attention to those students who need it with minimal negative impact on the rest of the class. Many of the strategies will benefit all students.

How to Use This Book

You can use the information and strategies in this book regardless of whether you know a student has a disorder. If you already know what disorder a student has, you can find relevant information by searching for that disorder in the contents. When you're not sure whether a child has a disorder, you can identify potentially helpful strategies by searching the index for behaviors you have observed. A student who is always disorganized, for example, may benefit from some of the strategies you'll find for helping students with executive function difficulties. A very shy student who is reluctant to participate in class or socialize with others may struggle with anxiety, and you might find the information in chapter 8 useful.

I have written this book with regular classroom teachers in mind, but the information can be helpful to all school personnel. School counselors and psychologists will learn techniques they can use with students in guidance settings. Classroom aides and special educators who work in pull-out settings will find strategies to help students improve academic performance and to promote appropriate classroom behaviors. Administrators can benefit from the information on a school's legal responsibilities in educating and caring for students with certain disorders. Parents and others involved in children's care and education can gain insight into the difficulties that may underlie a child's behavior. Here's what you'll find in this book:

PART 1: THE ROLE OF SCHOOLS IN ADDRESSING MENTAL HEALTH AND LEARNING DISORDERS

The first part of the book contains information about schoolwide and classroom practices and procedures that benefit all students. Many of these interventions are proactive and preventive: They minimize the likelihood of behavior and academic problems.

Chapter 1 addresses classroom rules and student compliance. Identifying students' academic or behavior difficulties and communicating them to parents is covered in chapter 3, while chapter 2 discusses addressing these issues with a Multi-Tiered System of Supports (MTSS). In chapter 4, readers can learn how to respond to increasingly diverse student populations with culturally sensitive classrooms and curricula. Chapter 5 includes multiple ways to enhance social-emotional learning, which is considered by many to be essential for lifelong success. Finally, many students have executive function difficulties. Chapter 6 discusses identifying and accommodating students with these challenges. Chapter 7 discusses how to describe students with disabilities, the different terminology used by different professionals, and the use of gender pronouns and other terms in the book.

PART 2: MENTAL HEALTH AND LEARNING DISORDERS

In the second part of the book, you'll find detailed information on specific mental health and learning disorders. All the chapters are laid out in a uniform way, so you can easily find the information you need. Each chapter defines the disorder (or disorders) with its symptoms and gives helpful strategies for working with students who have (or may have) the disorder. Also included are statistics on how common disorders are among children, in-the-trenches stories, treatments professionals may use, and other information that can be helpful in your work with children. You'll also see anecdotes about individual students or parents. All these examples

come from my experiences with kids, but I have changed the names to protect students' privacy.

The book concludes with sections you can use to find out more about conditions. The glossary offers a handy guide to key terms used in this book. The source notes provide the sources for factual statements that appear throughout the book. The resources—organized by disorder—include information on related books, organizations, and websites for adults and children.

DIGITAL CONTENT

At the end of some chapters, you will find reproducible handouts that you can use in the classroom. Please feel free to use these forms as you see fit. You can photocopy them from the book or download and print them out. See page 243 for downloading instructions

What's New in This Edition

New or updated content makes up more than half of this edition. You'll find new chapters, new disorders, and the latest information, research, and interventions for existing disorders. Here's a look at what's new:

PART 1: THE ROLE OF SCHOOLS IN ADDRESSING MENTAL HEALTH AND LEARNING DISORDERS

- Chapter 2: Schoolwide Behavior and Academic Supports discusses Positive Behavioral Interventions and Supports (PBIS), Response to Intervention (RTI), and 504 education plan accommodations for students requiring additional academic or behavioral support.
- Chapter 4: Culturally Responsive Education addresses the increasing cultural diversity of today's students. It discusses ways to modify your classroom environment and curriculum to include references to multiple cultures. Culturally responsive teaching uses the cultural knowledge, prior experiences, and frames of reference of diverse students to make learning encounters more relevant and effective for them.¹⁹
- Chapter 5: Social-Emotional Learning describes the increased recognition of noncognitive skills that contribute to students' development. These include self-control, mindfulness, a growth mindset, grit, and social skills.
- Chapter 6: Identifying and Supporting Students with Executive Function Difficulties describes helpful accommodations for students with ADHD, learning disabilities, and autism, as well as other students who exhibit executive function difficulties.

PART 2: MENTAL HEALTH AND LEARNING DISORDERS

- Part 2 lists and defines disorders according to the latest (fifth) edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, the *DSM-5*.²⁰ In some cases, the ways disorders are categorized have changed. The *DSM-5* has revised the symptoms for other diagnoses and has also added new diagnoses.

- Chapter 10: Depressive Disorders describes a new diagnosis, disruptive mood dysregulation disorder. This diagnosis arose as a result of the increasing numbers of children diagnosed with bipolar disorder. Because these students were not necessarily exhibiting manic episodes, researchers questioned whether these students met the criteria for bipolar disorder. This new diagnosis allows students with intense mood and behavior issues *without* manic episodes to be diagnosed and treated. The new diagnosis is expected to reduce the numbers of children diagnosed with bipolar disorder, which is often treated with powerful medications.
- A new *DSM-5* category, neurodevelopmental disorders (chapter 12), includes many disorders exhibited in the early developmental period. They are characterized by developmental deficits that impair a child's functioning. These disorders are ADHD, tic disorders, autism spectrum disorder, specific learning disorder, and communication disorders. One major change in the *DSM-5* is that autism is now considered a spectrum disorder. Students can have low- or high-functioning autism, in which the types and degrees of symptoms may vary. The *DSM-5* has eliminated Asperger's syndrome as a diagnosis. Students formerly diagnosed with Asperger's syndrome are now considered to have a high-functioning autism spectrum disorder.
- Students who injure or harm themselves have never had a separate diagnosis. Chapter 14: Self-Injury and Suicide describes a proposed diagnosis in the *DSM-5* of nonsuicidal self-injury. This proposed diagnosis enables more research and study on self-injury to be conducted prior to the next edition of the *Diagnostic and Statistical Manual of Mental Disorders*, when a more refined diagnosis may become permanent.
- Chapter 16: Trauma and Stressor-Related Disorders describes a range of traumatic events some children experience that may or may not result in classic post-traumatic stress disorder (PTSD). These events include adverse childhood experiences (ACEs), bullying, and violence. The chapter describes the effects of these events on students' behavior and learning and offers strategies to respond to these students.

Your Power to Make a Difference

Our youngest daughter, Lisa, was about seven years old when a teacher told me and my wife that she was concerned because she thought Lisa looked sad. The teacher suggested that maybe Lisa was depressed. Another teacher asked us if Lisa was afraid of teachers. When we asked why, the teacher said that Lisa didn't talk to her as much as other students did.

These comments came as quite a surprise to us. We were used to a bubbling chatterbox at home. We found out that Lisa had considerable anxiety in the classroom, which was showing up as shyness. This story demonstrates both the importance of avoiding diagnosing students (Lisa was not depressed) and the benefit families receive from knowing that something is "not right" at school. A school counselor helped Lisa with her shyness and anxiety, and Lisa was able to be more comfortable and successful in school.

This story also highlights the important role teachers play in the lives of students. As an educator, you may spend as much waking time with children as their parents do. As a result, you'll often be among the first to observe potential problems. While it's important to avoid rushing to judgment, your ability and willingness to share your concerns with families is crucial. Early intervention in mental health and learning disorders can mean fewer and less severe academic, emotional, and behavioral difficulties.

Like most teachers, you probably came to this job knowing that it wouldn't always be easy. You probably knew about teaching's challenges but chose to teach anyway because you recognized the importance of this profession and couldn't pass up the opportunity to enrich children's lives. Along the way, you've probably realized another truth of the trade: teaching is one of the most rewarding professions there is. Your work with children makes you a very influential person in their futures. Lisa can attest to this; she is currently an elementary school counselor.

I hope this book helps make your work even more rewarding. I'd enjoy hearing about how you're using the strategies in your classroom. I'd also like to learn about any other methods you have found effective. You may share your thoughts with me in care of my publisher:

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Keep up your important work.

Myles L. Cooley, Ph.D.

PART 1

• • •

The Role of Schools in Addressing Mental Health and Learning Disorders

Effective Classroom Policies and Procedures

“The least intrusive prevention strategy is to teach students rules and routines that will facilitate their success.”

—*Mary Margaret Kerr and C. Michael Nelson, educators and authors*

Students with mental health and learning disorders often have challenges at school that extend beyond academics. Much of the time, they need accommodations and additional supports to help them function in the classroom. Depending on a student’s disorder and its severity, you may even need to teach basic classroom expectations and consistently reinforce them. Otherwise, a student’s behavioral or learning difficulties can interfere with your teaching—and test your patience.

It’s important to remember that inappropriate behaviors are not often the result of students consciously disregarding rules. Instead, these students may be experiencing effects of disorders that make it difficult for them to comply with classroom expectations. For example, a child with ADHD may understand rules and try to obey them but find it very hard to control impulsive urges. A student with language deficits might have difficulty understanding or remembering rules. There are many possible ways in which students’ disorders can affect their abilities to show appropriate behavior and academic skills.

It’s important to acknowledge students’ difficulties, and also to proactively help students develop strategies to comply with expectations. This chapter offers some basic classroom management information to keep in mind when working with children who have mental health and learning disorders. You will also find specific supports, accommodations, and interventions within the respective disorder chapters.

School Rules

Educators should develop school rules in conjunction with a mission statement that clarifies their school’s purpose and goals. It’s important that teachers, counselors, administrators, and other school staff participate in developing rules and disciplinary policies. In a school with a Multi-Tiered System of Supports, or MTSS (see chapter 2), teaching rules is an essential first step.

Many schools and districts involve children and families in creating student codes of conduct. Initiatives to address bullying, in particular, bring school staff, students, and parents together in efforts to build respectful school communities. This collaborative approach can increase staff and student buy-in and ensure that expectations for appropriate behavior are clear to the entire school community.

While conduct guidelines will vary between schools, there are some important principles to remember when establishing school rules.

Rules should be realistic. It's important that behavior expectations are appropriate for children's age and development.

Rules should be consistent. Rules are most effective when school staff apply them consistently in multiple settings. When teachers have very different standards, children receive mixed messages about expected behavior. Behavior expectations in some settings, such as in the lunchroom or on the playground, need to be more flexible to accommodate nonclassroom activities. However, even these rules should be consistent with the school's general behavior code.

Rules should be concise. Some students with mental health and learning disorders have difficulty understanding and remembering rules. The more straightforward and concise rules are, the better all students will be able to remember and follow them.

Rules should be explicit. Rules should refer to concrete behaviors, not abstract ideas. For example, "Speak in a respectful way" is a directive that students must interpret. Instead, a clearer rule might be, "Raise your hand if you would like to speak during class. If you are called on, speak in a calm voice." Different settings, such as small-group work, may require similarly specific rules.

Rules should be stated in the positive. Telling students what they *shouldn't* do doesn't indicate how they *should* act. For example, instead of "No hitting," a rule might read, "Always keep your hands and feet to yourself."

Rules should be discussed and agreed upon. Rules should be posted in all areas of the school. Teachers and other staff should go over rules with students to ensure that students understand the rules. Consider distributing handouts with classroom rules (or a school code of conduct) when discussing them. Ask students to take this handout home, discuss the rules with a parent, and return the sheet to you with a parent's signature. Also provide space for students to sign to indicate that they understand the rules.

Encouraging Rule Following

Even when schools clearly communicate and enforce positive, concise, and explicit rules, some students may still have difficulty behaving appropriately at school. Children with mental health and learning disorders face a variety of challenges that can make it hard for them to remember, understand, and comply with rules. Many will need ongoing supportive strategies.

If your school has implemented a Positive Behavioral Intervention and Supports (PBIS) system (see chapter 2), your strategies should align with that system. If your school has not begun a PBIS system, you will want to consult with a counselor or school psychologist to develop strategies. Following are some supportive strategies that will help students display positive behavior.

Teach students social skills. In the book *Lost at School*, Ross W. Greene maintains that "kids do well if they can," but frequently they can't because they don't have the necessary skills.¹ For instance, students with autism spectrum disorder may not have the skills to socialize appropriately, so these students may hit other kids to get their attention. Other students may blurt out answers without raising their hands because they have difficulty controlling their impulses. Children with anxiety may

never raise their hands, so their grades for class participation might be low. (For guidance on teaching students these skills, see “Social Skills” on page 45.)

Provide positive reinforcement. One of the most powerful ways to encourage desired behavior is to regularly praise students when they behave appropriately. In other words, catch them being good. This is a simple yet effective way teachers can help students follow rules. Be specific in your praise so students know exactly what they did to earn it. You might also reward them for positive behaviors by granting a privilege or through some other tangible form of acknowledgment. You’ll find a reproducible “Certificate of Respectful Behavior” on page 16.

Practice rule compliance. Students learn behaviors when they practice them. Verbal reinforcement for rule compliance motivates students to continue following rules. For rules that students have difficulty following, repeated practice is effective. For example, if the rule is to raise your hand to answer questions and some students blurt out answers, you could announce a practice session on hand raising. Tell the class that you’re going to ask them three questions in a row and you want to see hands go up to answer. Doing this a few times a day can encourage that behavior.

Sample Certificate of Respectful Behavior

Certificate of Respectful Behavior

On this 8th day of May,
(date) (month)

Jonas has earned this Certificate of Respectful Behavior.
(student's name)

Jonas has earned this certificate for
terrific behavior on the playground during lunch recess. When a
disagreement came up in the baseball game, Jonas talked it out
with the other player without raising his voice or getting physical.

Keep up the respectful behavior, Jonas !

Mr. Alvarez
(Teacher signature)

Keep parents informed. Parents should know about their children’s behavior—the good as well as the bad. Sharing positive comments with parents about their children is a pleasant way to let parents know that your approach to behavior is balanced. You’ll give credit where credit is due, and you’ll also hold students accountable when their behavior is unacceptable. One of the simplest ways to achieve this balance is to call or send positive notes or emails to the families of at

least four students each week, rotating through your roster. Not only do parents appreciate hearing positive information from you about their children, but it also increases your credibility when you have to send home negative information. Even when you're reporting a student's difficulties, include some positive information. For example: "Xiang has always been an excellent all-around student—and he continues to read and write at a very high level. I'm concerned, however, about his recent poor performance in math. I'd like us to work together to help him do as well in math as he does in reading and writing." Here's an example regarding behavior: "Jalisa is much more cooperative when I ask her to do something in class. She still wants to play only what *she* wants to play on the playground, though. I can see that other kids are less eager to play with her. Let's see if we can come up with some ideas to encourage her to be a little more flexible."

COMMUNICATE WITH PARENTS EARLY

The most frequent complaint I hear from parents is that teachers wait too long to inform parents of concerns about a child's academic skills or behavior. Many parents report hearing from teachers at the end of the school year that their children's academic skills are weak. At that point, children may be at risk of retention. At the very least, valuable time has been lost in getting children additional help.

Include students in designing strategies. A behavior contract can be an effective approach to helping students focus on improving one or more inappropriate behaviors they are exhibiting at school. When children feel they play a role in how they are treated (as opposed to simply being disciplined by authority figures), they are more likely to take personal responsibility for their behavior. Reinforce appropriate behaviors with rewards. Parents and other school staff should be aware of and involved in designing behavior contracts. You can find a reproducible "Behavior Contract" on page 17.

Teach children to monitor their own behavior. Having students monitor their own actions is another way to give them responsibility and teach them self-control. Ask a student to focus on decreasing one negative behavior. When students are on the lookout for specific behaviors, they are more likely to notice when they engage in these behaviors. Being aware of a behavior is an essential first step

Sample Behavior Contract

Behavior Contract

This behavior contract between Cheryl (student's name)
 and Mrs. Jacobson (teacher's name)
 is for the period of March 1 (start date) through March 5 (end date).

The behavior(s) Cheryl agrees to show:
 1. Standing in line quietly before lunch.
 2. Keeping her hands to herself in the lunch line.

If Cheryl is able to show these behavior(s), she will earn:
 1. The chance to decide what game the class plays on Friday, March 5.

Date: March 1
 Student signature: Cheryl Hawkins
 Guardian signature: Ladonna Hawkins
 Teacher signature: Mrs. Jacobson

in modifying it. Discuss a silent signal you can use during class to let students know when they have engaged in negative behavior, and have them mark it down on a self-monitoring checklist. You'll find a reproducible "Self-Monitoring Checklist" on page 18. Help students set daily or weekly goals in conjunction with a behavior contract.

Help students consider a different strategy if they repeatedly fail to comply with a rule. Students will not always initially succeed when they attempt to change their behavior. Help them understand what they did incorrectly and how they can respond differently next time. You'll find a reproducible "Behavior Improvement Plan" on page 19.

Establish provisions for times when students feel overwhelmed. Set up a quiet place in or near your classroom where students can go

to calm down when they are upset or explosive. Allow students to visit a counselor if one is available. Consider developing a coping plan for students who feel overwhelmed. You'll find a reproducible "Student Coping Plan" on page 20.

Downplay minor misbehavior. Keep comments to a minimum and try to give feedback in nonverbal ways (such as a look or a hand gesture). This can help you minimize the behavior's impact on other students and avoid putting a spotlight on a child who's behaving inappropriately to get attention.

Stay calm. It's important not to take negative behavior personally. Some children have problems that greatly influence their behavior. It's your responsibility to stay calm, positive, and proactive in addressing student behavior.

Sample Self-Monitoring Checklist

Self-Monitoring Checklist

Self-monitoring checklist for: Ron (student's name)

The behavior I am trying to stop is speaking without being called on in class.

I will make a checkmark each time I make a mistake.

Monday: 9/17 ✓✓✓✓

Tuesday: 9/18 ✓✓✓✓✓✓

Wednesday: 9/19 ✓✓✓

Thursday: 9/20 ✓✓✓

Friday: 9/21 ✓

Notes: If I make a mistake and speak without raising my hand, Mr. Mouhasa will touch his earlobe to remind me to make a checkmark.

WHAT WORKS FOR ONE STUDENT MAY NOT WORK FOR ANOTHER

Differentiated academic instruction recognizes that students need different approaches to learning. In *Lost at School*, Ross W. Greene proposes that educators consider "differentiated discipline" when considering approaches to students' behavior.² This means using different strategies to modify different students' behavior.

Sample Behavior Improvement Plan

Behavior Improvement Plan

Behavior improvement plan for: Melinda
(student's name)

What did I do that is against the rules? I hit Tom in the arm.

What rule did I break? Keep your hands and feet to yourself.

Why did I break this rule? Tom would not let me have a turn on the computer.

How did my behavior affect others? I hurt Tom.

What will I do next time I face a similar situation? If I want to play on the computer, I will wait for my turn.

How can my teacher help me do this? Mr. Lofflin can listen to me when I have a problem and try to help me.

Date: January 11

Student signature: Melinda Martinez

Guardian signature: Elias Fernandez

Teacher signature: Mr. Lofflin

Sample Student Coping Plan

Student Coping Plan

Coping plan for: Elijah

When I am feeling upset or overwhelmed, I will:

- Ask my teacher if I can sit in the back of the room away from others. I will do breathing exercises until I feel I can rejoin the class.
- If I am still feeling frustrated, I can ask my teacher if I may see the school counselor. If he is available, I will go to his office to talk right away.
- If, after all these steps, I don't think I can return to class and be calm, I can call Grandma to pick me up. I understand I will have to make up the work I miss.

Date: February 20

Student signature: Elijah Bachman

Guardian signature: Glenda Bachman

Teacher signature: Mr. Roberts

Rewards and Consequences

After behavioral plans are implemented, children need to be held accountable for their behavior. Usually, consequences for misbehavior should be combined with rewards for positive behavior. A good rule of thumb is that students should receive more praise and rewards than reprimands and penalties. Reward the slightest improvement in frequent misbehavior. Teacher educator Laura A. Riffel has compiled a list of hundreds of rewards appropriate for students in elementary through high school at www.wisconsinpbisnetwork.org. Just click on “Educators,” then “PBIS in Action,” then “Reinforcers.” Finally, click on “Free or Inexpensive Rewards for Students and Staff.”

Following is an example of a discipline plan for mild misbehavior in elementary school. This discipline plan is most effective if used in a self-contained class. It follows a hierarchy of increasing penalties for additional violations of a rule. However, it's important to be sure that students know and understand rules before administering negative consequences for infractions.

First violation: Write the student's name on the board. Make no verbal comment while writing the name. This helps you avoid disrupting your teaching or reinforcing a negative behavior by giving it attention.

Second violation: Put a checkmark beside the student's name on the board.

Third violation: Put a second checkmark by the student's name on the board. The student loses a privilege, such as free time after lunch.

Fourth violation: Put a third checkmark next to the student's name and send a note home to the student's family. A parent must sign the note and send it back to school.

Fifth violation: Put a fourth checkmark by the student's name. Call a parent the same day to discuss the student's difficulty following rules.

A modified version of this plan is necessary for students in upper grades who have multiple classes and teachers or for students who might be out of the general classroom for some portion of the day. Teachers could record infractions on an in-school online system. With this method, one teacher or counselor needs to be responsible for reviewing the student's daily performance and dispensing any needed consequences.

Behavior plans are effective for most students if implemented consistently. It's best if all staff members who are involved with a student use the same rewards and penalties. Severe violations of rules often require more severe consequences. Work with school counselors, administrators, and other staff to determine appropriate disciplinary actions for students with severe violations. You'll find strategies for addressing severe behaviors in chapters 2 and 13.

Certificate of Respectful Behavior

On this _____ day of _____,
(date) (month)

_____ has earned this Certificate of Respectful Behavior.
(student's name)

_____ has earned this certificate for

Keep up the respectful behavior, _____!

(Teacher signature)

Behavior Contract

This behavior contract between _____
(student's name)

and _____
(teacher's name)

is for the period of _____ through _____.
(start date) (end date)

The behavior(s) _____ agrees to show:
(student's name)

If _____ is able to show these behavior(s), _____ will earn:

Date: _____

Student signature: _____

Guardian signature: _____

Teacher signature: _____

Self-Monitoring Checklist

Self-monitoring checklist for _____
(student's name)

The behavior I am trying to stop is _____

I will make a checkmark each time I make a mistake.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Notes: _____

Behavior Improvement Plan

Behavior improvement plan for _____
(student's name)

What did I do that is against the rules? _____

What rule did I break? _____

Why did I break this rule? _____

How did my behavior affect others? _____

What will I do next time I face a similar situation? _____

How can my teacher help me do this? _____

Date: _____

Student signature: _____

Guardian signature: _____

Teacher signature: _____