

Successful Educators



A Practical Guide for Understanding Children's Learning Problems and Mental Health Issues

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BERGIN & GARVEY
Westport, Connecticut • London

Library of Congress Cataloging-in-Publication Data

Naparstek, Nathan.

Successful educators : a practical guide for understanding children's learning problems and mental health issues / Nathan Naparstek.

p. cm.

Includes bibliographical references and index.

ISBN 0-89789-912-1 (alk. paper)

1. Children with disabilities—Education. 2. Educational psychology. 3. Attention-deficit-disordered children—Education. 4. Learning disabled children—Education.

5. Academic achievement. I. Title.

LC4019.N315 2002

371.92—dc21 2002016486

British Library Cataloguing in Publication Data is available.

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Library of Congress Catalog Card Number: 2002016486

ISBN: 0-89789-912-1

First published in 2002

Bergin & Garvey, 88 Post Road West, Westport, CT 06881

An imprint of Greenwood Publishing Group, Inc.

www.greenwood.com

Printed in the United States of America



The paper used in this book complies with the Permanent Paper Standard issued by the National Information Standards Organization (Z39.48-1984).

10 9 8 7 6 5 4 3 2 1



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Acknowledgments

I want to thank my wife Denise, whom I love very much, for her help in reviewing my work and supporting my efforts in completing this book. I also want to thank those teachers whose efforts go beyond the norm to give their students the extra assistance and support that they need. These teachers truly touch my heart and have a profound effect on the lives of their students and their families. I also want to thank my three children Eli, Rachel, and Joey for being understanding of the time that I spend writing and counseling.



Introduction

This book is designed for educators working in today's schools to assist them in finding out why some of their students are not succeeding and help them do something about it. It will be of use to educators such as classroom teachers, administrators, guidance counselors, school psychologists, school social workers, or graduate students who want to develop a better understanding of children's learning problems.

Teaching and working with students is a more challenging job than ever because of the increasingly wide diversity of skills and needs that children bring into a classroom. Teaching is difficult in that teachers have to constantly adjust their curriculum to the varying needs of their students. When I ask teachers what is the hardest thing for them to do in a classroom, they often tell me that it is trying to deal with the diversity of skills in their classes.

Teachers often are asked to do more than simply present instructional materials. They spend a lot of time with their students and are asked to deal with children's emotional, social, and behavioral problems. They may also be the first people to identify a child as having a problem that needs further investigation. Although teachers are not expected to diagnose learning problems and other disabilities, they need to have enough information in order to know when they should make a referral to a psychologist or other mental health professional. Many teachers I work with are unsure of when they should refer a student for assistance. After reading this book, the answer to that question should be very clear.

This book is an insider's attempt to address the issue of providing educators with the strategies needed to help their students become more successful. I wrote my first book *The Learning Solution: What to Do If Your Child Has Trouble with Schoolwork* to empower parents to help their children improve their performance in school. I found many parents who were frustrated in their efforts to help their children be better students. I find just as many, if not more, frustrated educators who want to help their students do better but who lack direction and the skills needed to do so. This book was written to empower educators to get the results that they would like to see from their students.

I have been a practicing school psychologist in the public school system for the past twenty years. I have also served as a psychologist in private practice, and as an adjunct professor in a teaching graduate program. This gives me an advantage over other authors who are writing from a parent's position or from that of an educator such as a college professor who only functions outside of the school system. I don't find many books written by people who are currently working inside a public school system. My job as a school psychologist also puts me in a position where I can objectively evaluate a child's progress and the strategies that a teacher has employed.

The principles and information provided will enable a teacher or other educator to develop the skills that are needed to properly identify a student's learning problem. Without that proper identification, you will be unable to communicate effectively with other educators and the child's parents when it comes time to develop an intervention.

This book presents you with a model that you can use to make sense out of any learning problem. A good theoretical model is the key to keeping your focus on effective strategies for confronting and resolving problems in school. You can't have good problem-solving strategies without having a good understanding of the student's problems. Very often educators are in a rush to fix the problem without truly understanding what it is. You would not have your auto mechanic start fixing things in your car without correctly diagnosing the problem. You would be very nervous about driving your car on the road if you still did not know the cause of that problem. You should be just as nervous trying to develop an intervention for a student when you don't understand why he or she is not doing well in school. This student just might break down later on the road of life.

In my work as a school psychologist, I often hear teacher complaints about parents not supporting and working with them as a team. In

my private practice, I often hear the opposite side of the story from parents who feel that teachers have not been working with them in an effective manner. Very often the educators and parents are not communicating with each other in the same language. This book allows you to talk in a language that parents and other educators will be able to understand. Many parent-teacher conflicts are the result of miscommunication and an incorrect understanding of the student's difficulties. This book also gives you the skills needed to make and present an accurate understanding of a student's difficulties. Without this understanding, it will be impossible to effectively treat the student's difficulties and develop good communication with a child's parents.

Being a good educator is not a random occurrence that appears by accident. It is the result of having the knowledge and skills that are needed to make one effective. This book provides you with the scientific problem-solving strategies, communication skills, and factual knowledge that you need to become the educator that you want to be.

This book presents a four-component model that attempts to explain why any student would be experiencing difficulty in school. The chapters are structured around these four components. The first component looks at student's capacity *to pay attention*. The second component relates to the *intellectual and academic abilities* that are needed to be successful in school. The third component looks at the student's desire to put forth the *effort* that is needed to be successful. The fourth and last component looks at the *organizational skills* that the student needs in order to complete his or her assignments in a satisfactory manner. These components are all connected and a breakdown in any of them will lead to problems in school performance.

With this four-component model, teachers will be made more aware of how conditions such as Attention Deficit Hyperactivity Disorder, depression, anxiety, and learning disabilities impact on a student's learning and how they can be addressed in today's schools. This model will also provide you with the questions you need to ask and the means for getting the correct answers.

Chapter 1



Four-Component Model: Factors That Can Explain Why a Student Is Not Succeeding in School

THEORETICAL BACKGROUND TO THE FOUR-COMPONENT MODEL

Paying Attention

The theoretical background for my four-component model comes from the research on memory, information processing, and prosocial behavior that I was exposed to while I was working on my dissertation. I figured that if it was possible for memory to be described by a component model, there was no reason why the learning process in school could not be similarly described. Without memory there can be no learning.

Roberta Klatzky described stages of memory that we all have to go through in order to acquire new information. The first step is that of paying attention. You have to use one of your senses such as hearing or vision in order to become oriented to incoming information. If you don't pay attention, the information will not get into your memory system, and there will be nothing for you to remember later on. Memory or learning cannot take place without a person paying some kind of attention to the information that is being presented. The next step is processing the information in short-term or working memory so that you can make sense of it and prepare it for storage into long-term memory. The third step is putting or encoding it into long-term memory. Theoretically, once the information is in long-term memory, it should always be available to you. The last stage is that of retrieval.

The information may be in long-term memory, but you may not be able to access it. This happens when something is “on the tip of your tongue,” but you just can’t remember it. These stages of memory are all connected, and a breakdown in any of these steps will lead to a breakdown in the memory process.

Ability and Effort

While researching prosocial behavior, I became aware that people did not always do what they said they would in various social situations. They would know what the correct or prosocial behavior was for a situation but would not demonstrate it for a variety of reasons such as immediate self-interest. The ability and effort components in this book come out of this finding. Some students have the skills needed to be successful, but do not put in the effort that is required in order to achieve academic success. They can do the work, yet they don’t. For example, there are students with high IQ scores and advanced academic skills who do just enough to get by or are in fact failing. Having good skills is not a guarantee that a student will be successful. A student must have the desire to put in the effort that is required to complete the work assignments. A lack of desire and effort could be due to issues related to depression, anxiety, lack of confidence, or low expectations. Most student failure in school appears to be the result of a lack of homework completion and studying for tests. It is very hard for students at the secondary level to pass if they do not complete their homework assignments, as they count for a large part of their grade.

Capable students who don’t complete their work present a very frustrating situation for a teacher. After reading this book, you should have a better idea of how to handle this difficult situation.

Organization

While further researching why people act the way they do, I found that one can perceive a situation as being one where you need to act in a prosocial way, have the prosocial skills needed to act correctly, have the desire to do so, yet still not act appropriately. The best analogy is that “the mind is willing, but the flesh is weak.” The organizational component relates to students who are disorganized and chronic procrastinators who often don’t get around to completing the work that they can and theoretically want to do. Organization is also a critical

factor involved in memory. If the information is encoded into long-term memory in an organized way, it will be much easier to retrieve it later on.

Importance of Using a Theoretical Model

Just as with memory, there have to be essential stages and components that students must achieve in order to be academically successful. When you think in terms of components, it allows you to develop a better analysis of why a student is not succeeding in school. Whenever I make a diagnosis for a student with a disability, I always try to rule out competing alternatives until I am left with the best possible explanation for a student's difficulties.

A good theoretical model can give you the anchors you need to logically determine where the breakdown in learning is occurring and point you in the right direction in order to solve it. Without a model you are at risk for making a faulty analysis of why a student is not performing well. You are also at much greater risk for making assumptions that you will not be able to back up. If you have a poor understanding of a student's difficulties, your communication to others regarding that student's problems will also be impaired.

THE FOUR COMPONENTS

In order for a student to work up to her maximum potential she must be successful in the four components of *paying attention, ability, effort, and organization*. A failure in any of these four components would lead a student to fail to work up to their academic potential. All these components are interconnected. Throughout this book we look at ways to maximize a student's performance in each of these components. In regard to paying attention, it is important to rule out any factor that could impede maximum focus. You have to look at variables within the student such as hearing, vision, and disabilities such as processing deficits or Attention Deficit Hyperactivity Disorder (ADHD).

In looking at the student's ability, it is important to determine what the specific skills of the student are, as well as the nature of any deficits the student is experiencing. You have to rule out factors such as a reading disability, low-skill level, weak prior background, or poor understanding of the content material.

In assessing the student's effort, you need to rule out internal factors such as poor self-confidence, depression, anxiety, oppositional defiant disorder, substance abuse, and conduct disorder, as well as variables outside of the student such as the home and school environments. You also have to assess how relevant the student views the learning tasks, and the expectations that exist for that student's performance.

It is also important to look at how well the student is prepared and organized to engage in learning tasks and the level of his or her work habits. Below is a model illustrating the components and the factors that can impact on them.

Paying Attention	Ability	Effort	Organization
ADHD	Intelligence	Self-Esteem	Work Habits
Hearing	Academic Skills	Confidence	Routine
Vision		Relevance	Planning
Processing		Persistence	
Seizure Disorder		Depression	
Poor Curriculum		Bipolar Disorder	
Match		Anxiety	
Interest		Oppositional	
		Defiance	
		Conduct Disorder	
		Substance Abuse	

Using the Model

It is not a teacher's job to give a formal diagnosis of a student's learning problems. This task is often left to school psychologists or other educational specialists such as a reading or math teacher. Although teachers do not make formal diagnoses, they usually make informal ones. It is human nature to try to explain why a student is not succeeding and make assumptions or develop a working hypothesis. The four-component model will allow you to make better assumptions and hypotheses. An assumption that is not grounded on a scientific basis can get you, as a teacher, into a lot of trouble, as well as prevent you from looking at strategies that would be helpful. The four-component model will allow you to focus on those areas that need to be addressed and help you to avoid those that should be ignored. It will also give you the information regarding what kind of help you should be seeking for the student and whom you should contact.

An Example of a Teacher Using the Four-Component Model

Jason, who is in the fourth grade, is not getting his work done in class and is doing poorly on his tests. Mrs. Hudson, his classroom teacher, invited his parents to meet with her because of concerns regarding his lack of academic progress. Jason's parents report that they do not understand why he is having problems because he is always able to do the work at home. Mrs. Hudson initially thought that this was impossible but kept this thought to herself. She could have easily become defensive and have taken the parents' statement as an implication that they were able to get Jason to do the schoolwork, whereas she could not. Instead, Mrs. Hudson was focused on making use of the four-component model and redirected the issue to a problem about which she and Jason's parents could agree. She stated, "I'm glad he is successful with you at home, but we still have the problem of his completing the work in the classroom." She then asked Jason's parents if this was the issue that they needed to work on during the meeting. She wanted to make sure that they had the same shared definition of Jason's problem in school. Jason's parents easily agreed that this was the problem. Mrs. Hudson was now in a position to work with Jason's parents in a cooperative manner. She told them that she would like to explore with them all the possible reasons for the different observations. She then used the four-component model and asked his parents the following questions:

1. Does Jason have the ability to *pay attention* in the large group setting of the classroom? Mrs. Hudson reported that he was having a lot of difficulty paying attention, following directions, and getting his class work done. His parents indicated that even though he could get his work completed with them, they needed to constantly sit next to him to make sure his work was completed.

Mrs. Hudson was able to get Jason's parents to agree that his ability to pay attention in a larger classroom setting could be a factor impacting on his work completion difficulties. This was an issue that needed further investigation, and Mrs. Hudson suggested that they contact the school psychologist to see if Attention Deficit Hyperactivity Disorder was an issue here. Attention Deficit Hyperactivity Disorder is often a major reason in why students are unable to focus and complete their work assignments. However, a lack of focus could also be due to emotional, interest, sensory impairment, or other health issues. A good psychologist will try to rule out all the possible explanations for a student's attending difficulties until he or she is left with

the best possible explanation. A teacher doesn't have to make this determination, but the psychologist may never see a student like Jason unless the teacher makes the referral.

2. Does Jason have the *skills* needed to be successful with the fourth-grade curriculum? For example, does he have the reading skills needed to understand the written materials that are presented to him? His parents stated that they believed that he did. Mrs. Hudson then explained that his scores on standardized tests as well as informal testing had indicated that his reading, writing, and math skills were generally on a second-grade level. Having hard data such as test scores or work products is very helpful when trying to determine if a student has gaps in skills. Jason's parents reported that they still felt he had the ability to succeed with fourth-grade work in the classroom. It's very frustrating when people do not believe what you have to say to them. Sometimes it helps to get independent confirmation. Therefore, Mrs. Hudson suggested that she make a referral to the school psychologist to do more comprehensive testing to further assess his academic skills. Jason's parents were happy with this suggestion, because it was very important for them to know if their son had any deficits in skills.

Teachers generally have a good idea where a student's skills are in their class. The psychologist may confirm the skill level and also give an indication of the student's ability by giving an intelligence test.

3. Is Jason putting forth his best *effort* to get his work done in class? This is an interesting question to ask because a person could always try harder. It is a subjective question in that you are trying to determine if a student is somehow choosing not to do their best work. Mrs. Hudson felt that Jason was putting forth his best effort but was lacking in the attending and academic skills needed to be successful. His parents felt that he was lazy and that his problems were due primarily to a lack of effort. They felt that he needed to be more motivated; this appeared to be an indirect slight to Mrs. Hudson in that they were implying that she was not doing enough to motivate Jason.

Mrs. Hudson could not address the effort component without addressing the other components. They are all connected and impact on each other. Without looking at his focus and academic skills, it was not possible for her to adequately evaluate his effort. She saw him as a well-behaved boy who wanted to do well. Most students want to do well, and there is always a good reason why they don't. Mrs. Hudson didn't want to buy into a label of Jason being lazy, and she didn't want to have to defend herself from an implied accusation of

not being a good motivator. Instead she focused on his problems with paying attention and skill level and told Jason's parents that his effort level could not be properly addressed until the other issues were.

4. Does Jason have difficulty getting *organized* to get his work done? His parents indicated that he is very disorganized at home, and that this could be a factor in his schoolwork difficulties. Mrs. Hudson also agreed that this was an issue that needed to be addressed, and they had a discussion of what could be done to get him into a more regular routine.

By the end of the meeting, Mrs. Hudson and Jason's parents had several ideas to explore in helping him to complete his work in school. His parents were talking to her in a cooperative manner. Given Jason's parents' initial attitude at this meeting, it could have been a complete disaster. Having the four-component model allowed Mrs. Hudson to focus on Jason's difficulties and not get sidetracked into a confrontation with his parents. The use of the model makes the meeting less personal when there is conflict and keeps you focused on the problem-solving process.

SUGGESTIONS

1. Take a look at a student who is not being successful and run him or her through the four-component model. Assess the student's ability to pay attention, skill level, effort, and organizational skills. Then rule out the areas that seem to be okay and focus on those that need improvement.
2. Talk to the student before or after class to see if the student can give you a better understanding of why there is a problem in one or more of these components.
3. Don't be afraid to contact other teachers or the school staff to seek advice on how to address a problem in one of these components. As a school psychologist, I have a deep respect for teachers who want to understand their children better.

Chapter 2



Paying Attention

IMPORTANCE OF ATTENDING SKILLS

One of the major reasons that a student does not work up to his or her ability in school is a failure to pay attention and keep focused on academic-related tasks. Problems in paying attention constitute approximately 30 percent of my referrals for treatment as a psychologist in the public schools. Paying attention is a necessary component for being successful in school. It is hard to acquire facts, follow directions, and get work completed if you are not paying attention. A student who does not pay attention often misses important details of classroom lessons and develops gaps in skills. Lack of attention can also lead to problems following directions and understanding what one reads. Problems in paying and sustaining attention are strongly connected with a problem in completing one's class work and homework. A student who has difficulty sustaining attention on schoolwork gets easily bored and feels that getting the work done is often an insurmountable task. The student's mind wanders, and the student gets easily distracted by various outside stimuli or internal thoughts. Because the schoolwork is so hard to complete, the student may get symptoms of "learned helplessness" and stop trying altogether because his or her efforts are often so unsuccessful.

Very often a child with problems in paying attention is described by such labels as lazy or unmotivated. These types of labels should not be easily accepted, and instead you should look for the true reasons

why a student is not paying attention. Viewing a student as being lazy does not result in your developing an effective treatment for improving his or her performance. It is a negative term and will only lead you to taking a negative view of the student. You want to go beyond the use of negative labels to determine a more scientific reason as to why the student's work is not being completed. The issues of sensory deficits, processing problems, or other health-related disabilities such as Attention Deficit Hyperactivity Disorder need to be assessed. It would make me feel guilty if I thought of a child as being lazy and treated him or her that way when his or her problems were the result of a physical condition.

GETTING YOUR STUDENTS TO PAY ATTENTION

Teachers tend to place more demands on a student's attention than anyone else. In the classroom the majority of the student's time is expected to be spent by listening to the teacher and attending to independent classroom assignments. Theoretically, the student does not have a lot of choice over what subject matter he or she will pay attention to. The student has to pay attention to what the teacher is presenting to the class. However, the student could end up paying attention to what is happening in the back of the room, outside the window, or to irrelevant objects on the desk. A teacher also has the task of getting and keeping the attention of approximately twenty-five to thirty children for six hours a day. This is a tough job, and one that is not often recognized by parents. The best analogy I can give here is that many of us would have difficulty sustaining our attention if we were currently taking six hours of graduate classes every weekday in the field of education. Getting a student's attention on what needs to be attended to is critical for a teacher. How can the teacher effectively teach a student who is not paying attention to the lesson? An inattentive student is often a significant source of frustration.

Even the most inattentive students will usually keep their attention on video games because they are often viewed as being very interesting. Video games are tasks that involve a lot of novelty, stimulation, and constant reinforcement. They also involve a challenge to get the best score or get to the next level. If education could be made more stimulating so that students may truly feel the challenge to get to the next level, it could lead to an improvement in their ability to focus on schoolwork.

TEACHING STRATEGIES TO IMPROVE ATTENTION

- Ask questions and make your students active participants in a classroom discussion.
- Use humor.
- Use multiple modes of presentation such as pictures, movies, comics, or music.
- Give frequent feedback.
- Break things down into more frequent and shorter lessons as opposed to one long one.
- Make learning fun and use games to teach new information.
- Put things in a story format.
- Relate situations to a common shared experience.

PROVIDING FEEDBACK TO A STUDENT WHO IS NOT PAYING ATTENTION

There are many ways in which teachers can provide feedback to a student who is not paying attention in the classroom. A teacher could take a warm and supportive role and innocently get a student's eye contact and repeat the required information, or a teacher could yell at the student, telling that student to pay attention. Yelling or sharp reminders can possibly be effective with a student who has occasional problems with paying attention. However, it will not be effective for a student who constantly has this problem. Such a student gets used to the sharp reminders and eventually tunes them out. It may also lead to increased anger on the part of the student because of the constant criticism in front of his or her peers.

It is generally suggested that you be impersonal in your expression of feedback and not attempt to single out the student in front of the rest of the class for not paying attention. This is especially true for the student who is in middle or high school. You could even develop some type of personal nonverbal signal like a tap on the shoulder or a hand movement to signal to the student that he or she has to focus on what you are saying.

CONSEQUENCES FOR INATTENTION

A natural consequence of inattention is the noncompletion or the poor completion of schoolwork. This is a significant consequence that

a student cannot avoid if he or she is not paying attention. Sometimes teachers add additional consequences such as sending home uncompleted class work for homework. This can be a very frustrating experience for both the child and his parents. Very often the same problem that was there for not completing the class work also exists for homework. This could cause the student to spend several hours a night trying to get both class work *and* homework completed. Instead, it is suggested that you keep consequences for the lack of attention and completion of work within the school situation. If class work is not completed, the student could miss such preferred activities as recess or gym, or stay after school. If taking away a preferred activity does not lead to positive results, it becomes important to have a meeting to discuss other alternatives. If a strategy does not lead to positive results, you should modify it or try a different one. You could also look at modifying the assignments so that the student is doing all the odd examples or just the essential tasks.

FACTORS TO ASSESS IF A STUDENT IS NOT PAYING ATTENTION

If a student has problems with paying attention, it is suggested that the student's:

1. Hearing be checked.
2. Vision be checked.
3. Possibility of seizure disorders or other health conditions be ruled out.
4. Pediatrician perform a current physical evaluation.
5. Possibility of Attention Deficit Hyperactivity Disorder be assessed.
6. Possible audio and visual processing difficulties be ruled out through the use of memory and attending tests.
7. Curriculum be explored to make sure that it is developmentally appropriate and interesting.

Hearing and Vision

Getting a student's hearing and vision checked and a physical exam is not a complicated issue. However, it should always be done in order to rule out the possible causes of the student's difficulties in paying attention. The school nurse is a good place to get a screening for health-related factors. If the nurse suspects a problem, the student is

usually referred to a pediatrician or other medical specialist. If a student is visually impaired, it makes it difficult to take notes from the blackboard and possibly impacts on the student's reading.

A student with impaired hearing will have difficulty following oral directions and understanding classroom lessons. Such a student could also develop poor attending habits, as well as having difficulty acquiring phonics skills when learning to read. It is very important to be sensitive to the possibility of a student having ear infections. When a child has an ear infection, sounds may appear to be coming from underwater.

Examples of How Vision Difficulties Impacted on Academic Performance

Although most reading difficulties are not the result of difficulties with vision, I can remember two cases where it made a significant impact.

George was a third-grade student who was referred to me because he was having difficulty paying attention and reading. When I saw him, I noticed that he was wearing bifocals. He had trouble copying information from the blackboard and complained that the letters were moving around when he attempted to read. His classroom teacher thought he was dyslexic. I met with his mother and suggested that she make an appointment with a good ophthalmologist to assess his vision. The ophthalmologist examined him and found that he did not know how to use his bifocals correctly. Once he was trained to use them correctly, he was able to take notes properly, and his reading problems were cured.

The other case involved an extremely intelligent six-year-old student named Denise with an IQ of 150 who was not reading until the middle of first grade. Nobody knew how intelligent she was because her daily work products were only in the average range for a student in the first grade. Usually a student with this level of intelligence is reading when she is in preschool or kindergarten. The problem here was that Denise was farsighted, and nobody picked up on it because she was so good at compensating for her difficulties with her innate intelligence. Once the condition was diagnosed, her reading skills and school performance dramatically improved. It is often difficult to diagnose very intelligent students with a disability because of their large capacity for compensation.

Jane the Child with Hearing Difficulties

I once worked with a seven-year-old girl named Jane whose parents came to me because she was constantly ignoring their requests to do chores at home and was having trouble completing her schoolwork. Although Jane did not particularly like doing chores, she exhibited other difficulties, such as having problems following through on the instructions that her parents and teacher were giving her. Furthermore, Jane rarely looked at people when they spoke to her from across the room. Whenever they spoke to her, they used a very loud voice. It seemed that she rarely responded unless she was yelled at. When the television was on, she typically asked to make it louder. I requested that Jane get a hearing evaluation, and it was found that she had ear infections that were preventing her from hearing what was said to her. When Jane's parents became aware of the problem, they stopped yelling at her, and made sure that Jane looked at them when she was spoken to. Her teacher also had Jane repeat back directions in order to make sure they were understood. Jane was eventually placed on antibiotics, which helped cure her ear infection and return her hearing back to normal.

Seizure Disorders

Seizure disorders can also lead to difficulties with paying attention. Having a seizure is like experiencing a short circuit in the brain. If it occurs in a small section of the brain, it is called a partial seizure. If it occurs over both sides of the brain, it is called a generalized seizure. Generalized seizures are what one usually thinks of in terms of seizure disorders and usually involve the student experiencing muscle twitches and convulsions. These are a lot easier to detect than partial seizures (which were previously referred to as petit mal seizures), where the student may lose awareness for a few seconds and then regain it without understanding what happened. In the classroom, it may just look like the child is daydreaming or not paying attention. What distinguishes this from other kinds of inattention is that the student was briefly unaware of her surroundings. With Attention Deficit Hyperactivity Disorder the student is attending to something—whether it is their own thoughts or some extraneous stimuli. With the partial seizure disorder, the student may also sense a strange odor, feel a tingling, see flashing lights, or hear sounds that she does not understand.

There are many possible causes for a seizure, and it is often difficult to find out if it is happening. If a student is staring into space

and is unresponsive, it is a good idea to recommend that there be a consultation with the student's physician to rule out the possibility of a seizure disorder. It is also important for teachers to realize that some of the medications that students take for seizure disorders or even asthma could lead to a worsening of focus. However, in this situation the side effects may be necessary because of the severe consequences of not treating the disorder. It is necessary that teachers communicate with parents whenever a student is taking medications in order to monitor the situation and give feedback to the physician. Without this feedback the physician may not know if the medication is effective. Medications that have been used to treat seizure disorders include Tegretol, Klonopin, Zarontin, Phenobarbital, Dilantin, Mysoline, Depakene, and Depakote.

If you suspect that a student has experienced a seizure, it is important to set up a meeting with the child's parents, as well as other school personnel such as the school nurse and school psychologist, to discuss the option of a referral to a pediatric neurologist. A pediatric neurologist will perform such basic tests as checking a child's reflexes or even giving an EEG to rule out the presence of a seizure disorder. It is important for teachers to realize that neurologists are physicians and not educators. They can diagnose physical conditions and prescribe medication, but they are generally unable to provide educational suggestions. Therefore a neurologist will not be able to tell a teacher how to develop an educational program for a student with a seizure disorder.

Auditory and Visual Processing Deficits

Not all attending difficulties are due to ADHD. Sometimes the student has visual or auditory processing difficulties that prevent them from paying attention and following directions. Here the student can theoretically focus on what is being presented, but he or she is unable to process information in the way that it was meant. For example the student may only get bits and pieces of the information because it takes a long time to make sense of and integrate the information in context with the student's prior knowledge. Such students often need extra time to make sense of what is being presented. They may also have particular strengths in which the modality of presentation makes a tremendous difference on how information is integrated and interpreted. There are students who differ significantly in their performance on classroom lessons that are primarily visual versus auditory in nature.

One way that a student with processing difficulties differs from one with ADHD is that the student tends to be significantly less responsive to the use of medication.

Assessment of Processing Deficits

Processing difficulties are usually assessed by psychologists, neuropsychologists, or speech therapists. Speech therapists often have their own instruments to measure auditory processing. I often use a test called the Wide Range Assessment of Memory and Learning (WRAML) to assess children for having auditory or visual processing types of difficulties. The WRAML measures a student's ability to attend and recall various types of visual and auditory tasks. For older students or adults, the Wechsler Memory Scales may be useful here.

Auditory Processing Deficits

Sometimes a student cannot pay good attention because he or she cannot integrate the incoming information at a fast enough rate of speed. For example they may feel that the teacher talks too fast, and they can't keep up with classroom discussions. For this student the information may need extra time to be digested before he or she can try to make sense of it. Here the student will need to have information broken down into smaller chunks and perhaps have someone give directions at a slower rate of speed.

Visual Processing Deficits

Sometimes students can't focus well on what they see. They fail to make good use of visual cues, and this relates directly to brain functioning. These students tend to be called auditory learners and learn best when verbally labeling the information they need to hear.

Treatment of Processing Deficits

One of the most useful strategies for students with processing difficulties is to make use of multisensory modes of presentation for your lessons. For example, making use of a lot of visual stimuli and cues could help a child to compensate for auditory processing deficits. Likewise, using very rich and descriptive terminology for labeling pictures and graphs may help a student compensate for visual processing dif-

ficulties. Using large print, different colors, movies, pictures, or concrete objects to illustrate points can be useful. If a student has processing difficulties, it would be very helpful to slow down your teaching and frequently review your key points. As I indicated in the first chapter, organization is a key aspect of learning, and the more organized you are in teaching, the easier it will be for your students to make sense of what is being presented.

Ellen—A Student with Processing Difficulties

Ellen was a fourteen-year-old student who was referred to me in my private practice because of her parents' concerns regarding her lack of progress in school. Her parents requested that her school test her when she was in third grade because they felt that she was underachieving. The school psychologist tested her and concluded that she had auditory processing difficulties that affected her ability to pay attention and understand what she was reading. Her parents and teachers were administered rating scales that confirmed her attention skill deficits. However, she was not diagnosed with Attention Deficit Hyperactivity Disorder because she was not viewed as having difficulty maintaining her attention on her schoolwork things. Instead the problem was one of interpretation. She received an intelligence test and scored below average even though she scored in the average range for measures of her academic functioning. It was recommended that she be reviewed by her local school district's Committee on Special Education for having a learning disability. However, she was not classified with having a learning disability or as having a processing problem because she had scored slightly below average for her intellectual functioning and was viewed as just a "slow learner" who was working up to her ability.

Her classroom teacher was angered by this decision because she saw how frustrated Ellen was and felt that she needed more help in the classroom. However, she felt that there was nothing she could do. She was retested when she was in fifth grade by another school psychologist, and again she scored below average for her level of intellectual functioning. She was reassessed for having Attention Deficit Hyperactivity Disorder, but the issue of auditory processing was not investigated. It was concluded that she did not have ADHD and was basically a slow learner. The implication was that her parents and teachers should not expect much from her. Her parents did not give

up and refused to accept this interpretation. They requested that the school district conduct another psychological evaluation which was conducted by a private psychologist. Only the issue of ADHD was considered, and it was concluded that she did not have it. Again the issue of auditory processing was overlooked. The reason for this is that many psychologists do not know how to assess it. They need an instrument such as the WRAML test, and they need to do a good analysis of why the student is not succeeding.

Finally, in eighth grade Ellen was failing all of her classes, and her parents were referred to my private practice by one of her teachers who had had experience with another student whom I had tested for a similar problem. I proceeded to give Ellen a comprehensive evaluation and found that in fact she had auditory processing difficulties that were severely impairing her ability to follow directions and understand what was being presented in the classroom. I gave her two different intelligence tests, and in fact she scored in the average range on both of them. I made sure that I had eye contact when speaking to her and spoke in a relatively slow and clear manner. When something does not make sense, my philosophy is to keep testing until it does make sense. She was referred back to the Committee on Special Education and was subsequently classified as having a learning disability. The first school psychologist was correct in her assessment, but nobody had listened to her. Ellen is now receiving extra help by a special education teacher in the classroom to make sure she is accurately interpreting information in the classroom. She also receives help at the end of the day to fill in any gaps of information that she is missing. She is now passing all of her classes and is planning to go to college when she finishes high school.

IMPORTANCE OF PROVIDING THE RIGHT CURRICULUM

Students will pay attention best to information that is presented at a level that is just moderately discrepant from what they already know. Even infants will spend more time looking at objects that are just a little different from what they have previously seen. If the objects are too familiar, they get easily bored with them. If they are too different, they don't make sense and are therefore not looked at. Similarly, students will tend not to pay attention to information that is too easy (i.e., boring) or too difficult (i.e., anxiety provoking).

Getting the right curriculum to all students in a heterogeneous classroom is a difficult task for a classroom teacher. A child's difficulty in

paying attention could be a sign that the curriculum you are presenting is too difficult or too easy. This is frequently the case when looking at a student who is functioning at the high end of the intellectually gifted range. Such a student may view the work as being irrelevant and not pay attention to it. In this situation the student needs to be referred to a psychologist to receive intelligence and achievement testing. If the student is diagnosed as being at the high end of the intellectually gifted range, it will be necessary to modify the curriculum so that it is commensurate with the student's ability level. Once the curriculum is viewed as being relevant and interesting, the student will pay more attention to it.

Similarly, if the curriculum is too hard you will also need to refer the student out for testing by an educational specialist or school psychologist. This could involve trying to get the student remedial services or a referral to the Committee on Special Education.

STRATEGIES TO INCREASE THE STUDENT'S ATTENTION

Communication Strategies

1. Make certain you have eye contact when speaking to your student. Getting eye contact is a means of making sure that the student is focusing on you and not some other irrelevant situation in the classroom.
2. Be concise in your use of words. If you use too many words, your student may no longer pay attention to you. In other words, he or she may become "teacher deaf."
3. Highlight through your tone of voice or in words what is important for the student to pay attention to.
4. Explore different types of communication tools such as stickers, personal notes, or audiotaped messages. Repeatedly telling a student to do something is often perceived as nagging or "getting on their case." In order to avoid being perceived as being a nagging or boring teacher, it is suggested that you vary your presentation of information to the student. Creative and funny means of expressing your message are more likely to get a student's attention.
5. Occasionally ask the student to repeat back the information you are presenting.
6. Never give up hope that the student can do better. If you don't feel the student can improve and pay attention, you will somehow communicate that feeling and the student will not be motivated to improve his or her focus.

Modality Presentation Strategies

1. Acknowledge that the student may be easily bored. Try to arrange for the use of creative means of sending messages (i.e., visual or multisensory images).
2. In order to help a person with inflexible focus (i.e., they can't easily change what they are focusing on) to shift their attention, you may need to provide them with a stronger attraction to focus on such as a high-interest activity like games.
3. Cue cards could be developed in order to help the student demonstrate better focus such as a stop sign—to stop and pay attention; ears—to listen; eyes—to maintain eye contact; and a picture of a person thinking—to remind the student to be more reflective.
4. Try to relate information to the student's previous knowledge and areas of interest. For example, you could make analogies to popular video games or television programs. If you are not aware of any, I'm sure you have students in your class who would be glad to fill you in.
5. Make use of stories. People like to hear stories about others. (Otherwise daytime soap operas would not be so popular.)

Classroom Modifications

1. Diminish the attention demands placed upon your student by giving reduced or adjusted directions.
2. Create a reduced or adjusted workload. Some students can learn quite well by doing ten instead of twenty work examples. If it is impossible for your student to do twenty examples in the same amount of time as his or her peers, then it is impossible. Nobody should ask a student to do what is impossible. Instead we should focus on what is possible for the student to accomplish. If he or she can only accomplish ten examples, then only ten should be required. This gets more complicated on the secondary level, where all students must meet certain requirements to get a high school diploma.
3. Provide the student with untimed testing and extra time to get work handed in. It will also be helpful for the student to receive work assignments that are broken down into smaller sections.
4. Provide the student with an immediate payoff for work completion. This could be in the form of a compliment or stickers for younger students. In addition, the student will often need to be rewarded several times a day instead of just once. Keep rotating the type of positive reinforcers that are used.
5. Let the student take frequent breaks.

6. Have the student sit close to your desk.
7. Develop daily feedback procedures. Some students will try harder to pay attention if they know they are being monitored. You can also teach the student to self-monitor his or her behavior by giving points or praise for positive behavior. The student could also keep a frequency log of how often he or she is daydreaming. Sometimes the act of self-monitoring one's behavior changes it for the better.
8. Whenever possible try to provide more individual assistance. Students are often able to pay better attention when they receive individual attention. If you can't do this, look to get an aide or parent volunteer to help you if it is possible.
9. Have the student seated next to a very reflective and capable student in the classroom. Seating can be very important. The fewer distractions, the better the potential for paying attention and work completion.

Chapter 3



Characteristics of Attention Deficit Hyperactivity Disorder

ADHD is often the most common behavioral referral for health care professionals dealing with children and adolescents. It is also the most frequent explanation for why a student is having difficulty paying attention and completing schoolwork. If someone mentions the term ADHD, ask that person to specifically describe what the term means to “them.” Not all students with ADHD exhibit the same types of behaviors or with the same degree of severity.

ADHD is composed of three primary characteristics: inattention, high level of activity, and impulsivity. These characteristics are discussed below in more detail.

INATTENTION

This involves difficulties with keeping one’s focus on tasks and being able to shift one’s focus when needed. A student with ADHD often fails to give close attention to details and makes careless mistakes in his or her schoolwork. The student may have difficulty following instructions, and is often reluctant to finish class work and homework or does it incorrectly. A student with ADHD is also frequently disorganized. For example, work materials are frequently lost, assignments may be completed but are not handed in, and the student is easily distracted by noise or other events happening in the classroom.

Students with ADHD can often pay attention to activities that are novel or of very high interest to them such as video games. They have significantly greater difficulty paying attention to activities that are less interesting to them such as schoolwork. You could look at ADHD as being a “boredom disorder” in that the student has a tendency to become easily bored. The student may also shift his or her attention to irrelevant and unimportant stimuli in the classroom or become distracted with his or her own thoughts. Because a student is off task, he or she may have a lot more difficulty following directions and getting the schoolwork completed. Eventually this will not only impair work completion, but will also impair skill acquisition if it goes untreated.

HIGH LEVEL OF ACTIVITY

The student demonstrates a significantly higher level of activity when compared with the average child of the same age. For young children you would see someone who is frequently in motion and has difficulty sitting still. The child keeps going from one activity to another. For adults and adolescents, this may be more internalized by exhibiting feelings of restlessness. A hyperactive student often fidgets or moves around more, gets out of his or her seat, talks more, feels more restless, and is simply a lot more active than the typical child in the classroom. He or she is like the bunny in the battery commercial who keeps on “going and going.” Having a student with a very high level of activity in a classroom can be exhausting because he or she demands your constant attention and makes sure that you give it whether you want to or not.

IMPULSIVITY

This involves difficulties with being able to think before you act. In other words the car may be well built, but there is a problem with the brakes. The student would continually say or do things without putting a lot of thought into the consequences for their actions. The impulsive student can also frequently interrupt classroom lessons, be impatient, and have trouble waiting his or her turn.

The biggest impairment to learning is the problem with paying attention. You can think of ADHD in terms of ADHD-combined type (the whole syndrome with inattention, hyperactivity, and impulsivity) or ADHD-predominantly inattentive type (ADD without H). ADHD-

predominantly inattentive type only relates to difficulties in sustaining attention.

ORIGIN OF ADHD

ADHD is viewed by most professionals as a genetic condition (something the child is born with) that appears to be the result of a lack of neurotransmitter production in the frontal lobe of the brain. There is about a 30 percent probability of a parent with ADHD having a child with ADHD. Other evidence for a physiological basis comes from preliminary suggestions that there is a lack of glucose production (brain activity) in the frontal lobe area and irregularities with the Dopamine 4 receptor at the seventh allele. Twin studies show 80 percent of identical twins have ADHD versus only 20 to 30 percent of fraternal twins.

Therefore, if a student of yours is diagnosed with having ADHD, there is a good probability that you are also dealing with a parent who is experiencing similar difficulties.

PROGRESSION OF ADHD

With adolescence, there tends to be a decrease in hyperactivity, but poor impulse control and problems with sustained attention tend to remain. Approximately half of ADHD children will continue to exhibit observable symptoms during adulthood. Inattentiveness is a greater risk factor for ADHD continuing on into adulthood than hyperactivity.

THEORETICAL IMPAIRMENTS WITH ADHD

Working Memory

This is the capacity to work with information in the here and now. It's on-line information and very vulnerable to interference. Because a student with ADHD is easily distracted, attention shifts away from what the student is supposed to attend to. For example, a student with significant attention impairment may have a lot of difficulty with reading. After the student reads a paragraph or two, the student will often realize that he or she was not paying attention. This can cause reading to be a very difficult activity that is lacking in pleasure. Many students with ADHD try to avoid engaging in any kind of sustained reading activity.

Self-Regulation

Students need to develop the capacity to delay their responses (i.e., think before acting) and the capacity to stop an ongoing response (i.e., get control over yourself before you make things worse). Self-regulation relates to problems with impulsivity. Problems with self-regulation would relate to the student who constantly yells out answers to questions without first raising his or her hand.

Shifting One's Cognitive Set

The student with ADHD may be less flexible in dealing with the environment. The student experiences difficulty going against his or her own agenda to do something that the teacher wants done. A student could exhibit a temper tantrum as a result of being unable to shift his or her cognitive set (leave a project that the student is working on and transition to a new activity when instructed to do so). A student with ADHD will have more difficulty placing his or her attention to where the teachers want it to go. Because the student may be rigid in how he or she focuses, attention may remain longer on the fact that they have received a negative comment or are being asked to do something that they find unpleasant. By spending more time focusing on the negative aspect of a situation, the student will be prevented from exploring ways of effectively responding to the teachers demands for paying attention to the classroom activity.

Dealing with Future Events

The student with ADHD often focuses on immediate as opposed to long-term needs. The student deals with the here and now and not the future. That is one reason why attempts at behavior modification are often unsuccessful with students who have moderate to significant symptoms of ADHD. The students are not focusing on the future consequences of their actions but instead focus on the immediate consequences. I once asked one of the top behavioral specialists in the country, if he had a good behavioral plan for students with significant symptoms of ADHD in school. He reported that he did not have one because they had so much difficulty being able to deal with future consequences. The student with ADHD is focused on the “here and now,” and is not putting enough focus on the future consequences for their actions. Therefore, it is difficult to get a student to improve

his or her performance by providing rewards that take place at the end of the day—let alone the end of the week.

Filtering Out Information and Regulating Attention

Students with ADHD cannot pay attention to too much information at once. They need to focus on one thing at a time. If you tell a student with ADHD to “pick up your books, put them in the book bag, put the book bag in the closet, take out your pen, and then open your social studies book to page number ten,” it is very likely that the student won’t end up putting his or her book bag away and be on page 10 in the social studies book. Instead you need to give the student one direction at a time.

Frustration Tolerance

Students with ADHD tend to be easily frustrated, and it is important for teachers to be understanding and patient with them. This lack of tolerance may lead them to become more angry at situations than the average student would. Very often people think that children in this situation are angry about something in their life. In fact they may not be angry about anything in particular and are quite happy until something happens that they do not like.

Social Relationships

Often students with ADHD have more difficulty making friends or are disliked by peers who find their high rate of activity and impulsivity annoying. It is not easy for anyone—whether you are a teacher, parent, sibling, or peer—to spend time with a person who is very hyperactive and impulsive. A person with a high-activity level may intrude on your space and make you feel uncomfortable. A very impulsive person may also say or do things that annoy others because they have not thought out the consequences of their actions. It is important to empathize with a student in this situation because he or she is truly not intending to hurt others or make them dislike him or her.

Sense of Time

Students with ADHD may often be late for appointments or late handing in assignments. Because they are in the “here and now,” they

are not planning out their activities to complete future assignments. Their sense of the future is different. They may also be late to activities because they have trouble transitioning or lose focus on where they need to be. I often recommend that teachers make use of artificially created deadlines to speed up work performance.

AN EXAMPLE OF ADHD-COMBINED TYPE

Cassandra was diagnosed as having ADHD when she was in first grade. She was referred to me because she was having difficulty completing her schoolwork. Her classroom teacher reported that Cassandra was always out of her seat talking to classmates or sharpening her pencil. She rarely completed her school assignments. When the teacher would ask the class to turn to a certain page in a book, she never seemed to get to the correct page.

In order to make sure that learning problems were not involved, I gave her intelligence and academic tests and found her to have average skills for a first grader. Her problems in school were not due to any learning problems. I then proceeded to observe her in class. I found that she left her seat more often than her classmates, rarely completed her independent work assignments, and frequently asked the teacher for help. Her desk was very messy, and it took her a long time to find the assignments she needed to complete. Whenever another student started talking or she heard a noise outside of the classroom, she would stop what she was doing to pay attention to it. Her talking often got her into trouble, and the classroom teacher would frequently have to tell her to stop talking to her classmates. When I observed Cassandra, her desk was separated from the other students for this specific reason. During classroom discussions, she would often forget to raise her hand, and frequently got into trouble with her classmates.

After observing Cassandra, I met with her classroom teacher and had her fill out a rating scale in which she rated eighteen symptoms of ADHD on a scale of 0–3 in terms of severity. I then met with her parents and had them fill out the same scale. Both ratings were consistent with that of a student exhibiting ADHD. The next step was to rule out alternative explanations for her behavior such as physical or emotional problems. According to her parents, she had normal hearing and no physical abnormalities. She had no history of any unusual illnesses other than a history of chronic ear infections that stopped before she entered kindergarten. She came from a very stable

and loving home environment and did not suffer any unusual emotional trauma. I then looked for a genetic connection and asked her parents if anyone else in the family acted in a similar way when they were younger. Cassandra's parents looked at each other and laughed. Her mother reported that her father is still a very active person who has difficulty paying attention to others, and frequently moves from one unfinished project to another. Her father became very interested in the concept of ADHD because he felt that he may also have this problem. I told him that this was possible, and that we could make an appointment to discuss this issue at another session. I wanted to concentrate on Cassandra's difficulties, and develop a plan for helping her at school, at home, and with her peers.

The diagnosis of ADHD was extremely helpful for Cassandra. Instead of looking at her as being a disrespectful, lazy, or incompetent student, she was now viewed as being a competent student with a physiological problem. Cassandra was told that having ADHD was like being nearsighted and needing glasses. Instead of having trouble seeing objects, she was informed that her problem was in paying attention to them.

A detailed plan, which involved the use of Ritalin, behavior modification, and family counseling, was implemented with great success. Cassandra began to pay attention to her teacher, complete her school-work, and was much less talkative in the classroom.

She even found that the other students were including her more often in play activities. Even though things were going well, Cassandra is going to need to be monitored for many years in order to frequently revise her behavior modification program and to monitor her adjustment to the medication. Keep in mind that ADHD is a physiological condition that most children do not outgrow. It is a condition that both children and adults need to learn to adjust to and compensate for.

AN EXAMPLE OF AN AVERAGE STUDENT WITH ADHD-PREDOMINANTLY INATTENTIVE TYPE

Crystal was an eight-year-old girl in second grade. Her teachers had described her as a "daydreamer" who rarely paid attention to what was happening in the classroom. When the teacher was giving directions for assignments, she could usually be seen looking at objects on the other side of the classroom, playing with objects in her desk, or simply staring off into space. She often thought about what she would

do when she got home from school. Crystal found it hard to pay attention for long periods of time. It was difficult for her to do much reading. After reading a page or two, she would get very tired and did not appear to be physically capable of reading any further. She never completed her class work, and it was a tremendous struggle for her to get homework done. Both she and her parents spent every school night fighting over getting homework done. Needless to say, it was a big relief for Crystal and her parents when she was identified with Attention Deficit Hyperactivity Disorder-Primarily Inattentive Type. She was not overly active or impulsive. She was simply a well-behaved girl who had difficulty sustaining her attention to school-related activities.

I arranged for a daily behavior modification program between school and home to improve Crystal's work effort. We tried all kinds of positive feedback approaches, such as constant immediate positive feedback from the teacher, school rewards, and home rewards for work completion. No matter what program was tried, the improvement was very minimal, and Crystal, her teacher, and her parents continued to be frustrated. We then looked at Ritalin, which is a stimulant medication that can help improve a student's ability to sustain her attention. We tried a dose of 5 mg, which led to some improvement. We then tried a dose of 10 mg, and this appeared to lead to a big improvement in her work effort and task completion. Sometimes the use of a medication such as Ritalin can make a big difference. However, for some students it does not work. I have dealt with several children like Crystal who had only a minimal reaction to Ritalin. Usually these children tended to be more anxious than the average child. Therefore, I am more careful in assessing a student with Attention Deficit Hyperactivity Disorder who exhibits symptoms of anxiety. If medication is not effective, it is often necessary to refer a child to the Committee on Special Education in order to get extra support services.

AN EXAMPLE OF AN INTELLECTUALLY ADVANCED STUDENT WITH ADHD

Eric, a fourth-grade student, was referred to me by his parents because they felt that he was very intelligent, but they had to struggle every night to get him to pay attention to complete his homework. It often took four hours for him to complete his homework, and his parents were very frustrated about having to give up all their free

evening time to assist him. His classroom teacher was not overly concerned at the time because he was getting his homework done. In school he usually got his class work done, but was one of the last students to hand it in. He was getting average grades, and his teacher did not see him as having much of an academic problem. He tended to be active and was frequently out of his seat, but he did not really interfere with the teacher's ability to instruct the classroom. His parents presented a very different picture of Eric. They noted that he was reading chapter books at the age of four, and was adding and subtracting before he entered kindergarten. He had a very good vocabulary and had an unusual interest in electricity and other areas of science. They could not understand why he was only doing average work in school and why homework was such a struggle.

Eric's parents asked me to test him because they felt that he should be more successful in school. I met with Eric and his parents to get information concerning his early years. They filled out rating scales which indicated that they had moderate concerns with his activity level, impulsivity, and his ability to sustain his attention to situations that he found relatively uninteresting. Eric was often very talkative and rarely stayed in one place for very long. He was only focused on activities that interested him, such as cars or electricity, but did not pay attention well to activities that were assigned to him by his parents or teachers. All of Eric's teachers had commented in his report cards that they would like him to pay better attention and stay in his seat more, but none of them referred him for a psychoeducational evaluation because he was passing all of his subjects. Eric was also given intelligence and achievement tests. He had an IQ of 148 and was reading at a high school level. He was clearly a very advanced student who was nowhere close to his potential in the way he functioned in school. He was grateful that his abilities had been identified and that a plan would be developed to make school more interesting for him. Believe it or not, Eric was not sure of his abilities and getting independent confirmation of them seemed to be a big relief.

Instead of being prescribed Ritalin, he preferred to try to make use of a behavior modification program to improve his performance in school. It should be noted that not every student identified with Attention Deficit Hyperactivity Disorder needs to be placed on medication. You can view ADHD as a continuum ranging from mild cases to more severe ones. Eric had a mild case that still impeded his performance. If his difficulties were extreme ones, it is likely that his family

would have considered having him placed on Ritalin. I have seen intellectually gifted students with ADHD respond very positively to medication when it was needed.

Eric was given the responsibility for getting his homework done in an hour. If it was not done within this time, it was considered uncompleted. His parents backed off on pressuring him to do his homework since it was obvious that their pressure was not working. Instead Eric used the pressure of the time frame of one hour after dinner to get his work done. It also helped that he could only watch television if he got his homework done within the required time frame. Exceptions were made for assignments that were more demanding, and the time frame was sometimes extended to two hours. In school, Eric continued to be more active than his classmates, but was completing his assignments and felt better that they were now more challenging and interesting. Once his classroom teacher became aware of his high level of skills, she raised her expectations and gave him more challenging work. His attitude toward school became more positive and his grades were now reflective of his ability.

FRUSTRATIONS

In all my years as a school psychologist, one of the most frustrating situations that teachers have reported to me is that of a student who has the academic skills but can't produce them because of attending difficulties. If it is not possible to change a student's attending patterns through behavior modification or medications such as Ritalin, then you have to change the school situation that is frustrating to both you and the student. You cannot have a student presented with situations that lead to automatic failure every day. This will cause the student to have emotional and self-esteem difficulties, as well as work production ones. On the elementary level, it is easier for a teacher to modify a student's academic program to provide work and testing modifications. The classroom teacher could prioritize the work assignments and request that only the essential assignments need to be completed. On the secondary level, there are more teachers to deal with, and there is less flexibility allowed by the state guidelines to modify the curriculum. However, testing modifications such as extra time and extra monitoring for the understanding of directions are just as easy to obtain on a secondary as they are on an elementary school level. If modifications are not sufficient, it may be necessary to refer the student to the local Committee on Special

Education (CSE) in order to get him labeled with a handicapping condition such as “Other Health Impaired,” which is the label used for children with Attention Deficit Hyperactivity Disorder. A student should only be labeled with an educationally handicapping condition when it is absolutely necessary.

Chapter 4



Identification of ADHD

The diagnosis of ADHD is made by physicians, psychologists, or psychiatrists. Even though teachers do not make the diagnosis, the information that they provide to the mental health professional is critical. A good diagnosis is heavily dependent on the feedback from a teacher. A classroom presents a child with more demands upon their attention than probably any other area in their life. If the impairment does not show up in the classroom, it is very difficult to see how one could make a diagnosis of ADHD.

There is no one single reliable test for ADHD. A child cannot go to a doctor's office and take a blood test. The diagnosis is very dependent on the background of the physician or psychologist making the diagnosis. It is also very dependent on the information that a parent or teacher presents to the mental health professional. Most people are not aware that it is a subjective diagnosis that is only as good as the person making it.

The diagnosis of ADHD relies upon multiple measures such as a developmental history, rating scales, tests of intelligence and achievement, review of school records, and observations of behavior. You have to rule out all the other possible factors that could be causing the inattention until you are left with no better explanation than ADHD. You have to rule out factors such as depression, anxiety, emotional trauma, learning disabilities, and environmental factors.

DIAGNOSTIC FACTORS

When making a diagnosis of ADHD, the symptoms must be present in two or more situations, such as home and school, to be considered significant. Pervasiveness (home-school-church-doctor's office) is a way of measuring the severity of the ADHD. The symptoms of ADHD should be shown by the age of seven. Keep in mind that younger children should theoretically exhibit more symptoms than older ones because of developmental issues.

Degree of Impairment

It is important to specify exactly in what ways the student is impaired in his or her classroom and educational functioning. There cannot be a disability if there is not an identified impairment. With impairment you are looking at:

- The quality of the student's work. For example, is it organized, legibly written, of good quality, or just the bare minimum needed for completion?
- Does the student complete his class work or homework?
- Does the student follow oral and written directions?
- Does the student disrupt the classroom lessons by talking out or leaving his seat?

Frequency of Occurrence

How often are the student's symptoms a problem? It may be necessary to keep a chart concerning how frequently specific problems occur. For example:

- How many days a week does the student fail to complete his or her homework or class work?
- What percentage of the work does the student usually complete?
- How often does the student have difficulty paying attention to directions?
- How often does the student disrupt classroom lessons?

Pervasiveness across Settings

Where does the student exhibit problems? You need to look at different settings such as:

- A particular class such as math or English. You want to know if the attending difficulties are in evidence in all of the student's classes.
- Are there problems before or after school?
- Are there problems in special area classes such as art, physical education, or music?
- Do the student's parents report similar concerns?
- Have past teachers reported similar concerns?

Comorbidity

Almost 50 percent of people diagnosed with ADHD have another comorbid condition such as depression, anxiety, oppositional defiant disorder, conduct disorder, generalized anxiety disorder, or Tourette's Syndrome. Therefore, it is important to make sure that another problem is not being overlooked when the diagnosis of ADHD is made. This is one of the major reasons that the diagnosis should be made by a mental health professional. The symptoms that you rate on a behavior rating scale may look like ADHD but may in fact be the result of some other condition. If you treat the problem like it is ADHD but it is something else like depression or anxiety, there is a good probability that the child will be harmed because the major cause for student's difficulties would remain untreated.

Family History

Because ADHD and other disorders such as depression are conditions that can be inherited, it is important to get an extensive family history. Again this is something that is best left to the mental health professional. However, if you have insight into the family history, this may be useful information.

Adversity

Look at the family and environmental stress that the student is experiencing. Sometimes the symptoms that the student is exhibiting are the result of stress and not a disorder such as ADHD. Having a close connection to a student may allow you to have access to information that nobody else would. A good way to make this connection is to ask the student to meet with you before or after school just to get to know each other. You don't have to do any work; you could just spend time together building a relationship.

The Personal Meaning of Symptoms

It is important to talk to the student to get a sense of how he or she views his or her situation and the impairments the student is experiencing. The student is the only one who truly knows what he or she is feeling.

Transitional Symptoms

There are several children whom I have worked with who looked like they had ADHD because of their lack of focus in school but instead had sleep-related problems. I once worked with a second grade student who had trouble paying attention to class work and his teacher felt that he had ADHD. When I met with his mother and him, I found out that he was staying up until 12:00 A.M. every night watching cartoons on the cable network. Once the television was removed from his room and his mother was more careful in monitoring his sleep, his attention span was miraculously better. Children need eight to nine hours of sleep a night to function up to an optimal level. The lack of sleep can be a major factor involved in a child's attending difficulties in school. Whenever there is a concern regarding a student's focus, teachers should ask the student when he or she goes to bed and how well the student is sleeping.

ASSESSMENT TOOLS

Rating Scales

There are many rating scales on the market, and they all try to tap into the basic symptoms. There are the Connors Rating Scales, Brown, ADDES, ADHD Rating Scale, BASC, and Achenback Checklist. You are typically asked to rate the severity of different symptoms of inattention, hyperactivity, and impulsivity. It is important to answer each question and follow directions appropriately. I know of one physician who declined to provide a child who had extreme symptoms of ADHD with medication because the teacher did not fill out all the questions. When I asked the teacher about this later on, she said that she did not respond to the questions that she was unsure of. When she looked at the rating scale again and forced herself to choose a response, the child's ratings were in fact very high.

Written Reports

Teachers need to describe a student's behavior in concrete and descriptive ways. You want to try to avoid using labels to describe your students because they are not particularly helpful in the diagnostic process. Instead, try to describe a student in behavioral terms. If you slip up and use labels, it is important to ask yourself to be more specific. For example:

1. Immature—What does this term mean?
2. Unmotivated—Where is the motivation problem?
3. Lazy—in what way?
4. Aggressive/Hostile—to whom and where?

The more specific you are, the better the chance that your student will get an accurate diagnosis.

Behavioral Observations

When making behavioral observations, it is important to look at frequency, intensity, duration, and the antecedents and consequences of the behaviors.

The Developmental History

This is usually done by a parent. The mental health professional wants to know how the student has behaved since he or she was born. Are there any important physical problems or emotional traumas? I find report cards with teacher comments to be extremely helpful in making a diagnosis of ADHD. You cannot assess ADHD by only looking at the student's performance during the current school year. You have to look at the student's progress during all of the previous school years. This is a condition that the child is born with and does not suddenly develop when he or she begins middle school. There has to be some evidence of symptoms being present earlier in the child's background. Therefore, it is very important that teachers honestly fill out a student's report card. Some teachers do not like to give negative feedback for fear of hurting the child's and parents' feelings. However, when you are dishonest in this way, you could cause a lot of damage in that nobody will have an accurate understanding of the

history of the problem. If you focus on behavioral or concrete learning issues that you can back up, you should not have any fear of accurately reporting on a child's difficulties.

ASSESSMENT CONCERNS

A good assessment sets the stage for good intervention. Without it, you will not find out why the student is not paying attention. A psychological assessment should do more than determine if a student needs special education. Very often school psychologists only assess a child's criteria for placement into a special education program. Instead, the focus of assessment should be on helping the child succeed in the regular education program. Assessment is an ongoing process; it does not end after a report is written.

A good assessment has:

1. A developmental and treatment history.
2. Family psychiatric history.
3. A diagnostic screening of other psychiatric illnesses that could be applicable.
4. Makes use of behavior checklists.
5. Evaluates situational factors—for example, when and where does the student have the problem?
6. Looks at how people react to and understand the student's behavior.
7. Assesses teacher expectations.
8. Assesses parent expectations.
9. Assesses intellectual and academic capabilities.
10. Develops a plan for assisting the student.

SPECIAL NOTE REGARDING WELL-BEHAVED STUDENTS

Well-behaved students are less likely to be diagnosed and treated as having ADHD, especially if their only difficulty is that of paying attention. This is often the issue for a student who has ADHD-Predominantly Inattentive Type. Teachers need to be just as vigilant in addressing the needs of the quiet, well-behaved student as the one who is openly misbehaving.

DIAGNOSING ADHD FOR STUDENTS WITH ADVANCED SKILLS

It is often difficult to diagnose students with advanced skills as having Attention Deficit Hyperactivity Disorder. Very often they are able to compensate for their attending difficulties with their advanced intellectual capabilities. They require less time to pay attention to something in order to understand it, and do not have to put so much effort into their schoolwork because they already know what the teacher is attempting to instruct in the classroom. Very often teachers are not aware of how advanced these students are and do not realize that they are not working up to the best of their ability. The only way to determine this is to have a student assessed with a psychoeducational battery to determine the extent of their intellectual and academic skills.

REFERRING A STUDENT FOR AN ASSESSMENT OF ADHD

Every school has its own procedure regarding how a teacher makes a referral for an assessment. Sometimes this is a committee decision, and sometimes all a teacher needs to do is informally contact the school psychologist. It never hurts to contact your building's school psychologist in an informal manner when you suspect that you have a student in your class who is exhibiting ADHD. Much of my best consulting has taken place when a teacher catches me in a hallway. Remember, you don't have to make the diagnosis of ADHD; you only need to present a situation in which you want to rule it out as being a factor in your student's school-related difficulties.

REFERRING TO A SCHOOL PSYCHOLOGIST

Just as teachers have different skills and abilities, school psychologists can exhibit a wide degree of differences in areas of expertise and training. Most middle-aged psychologists received little training in graduate school for the assessment of ADHD. Therefore, many psychologists (like myself) had to upgrade their skills on their own through the use of workshops, courses, outside reading, and real-life experience, which is the best training one can have.

A school psychologist with training for the assessment of ADHD is in the best position to make this diagnosis. Unlike an outside psychologist, he or she has complete access to school records and has the opportunity to extensively observe the student in the school

environment. The school psychologist is also more readily available to talk to teachers and get a good understanding of the student's situation in school.

However, if your local school psychologist doesn't have the skills to make the diagnosis, there is a very high probability that he or she can refer the parent to someone that does. If you can't contact your local school psychologist, you could try contacting other personnel such as the school nurse, guidance counselor, or school social worker. These professionals can also be very helpful during parent/teacher consultations.

REFERRING TO A PSYCHOLOGIST OUTSIDE OF SCHOOL

If your local school psychologist does not have the skills needed to assess for ADHD, they will not be able to conduct the assessment properly. Ideally, a psychologist in this situation should know of someone that can. If they don't, they could contact the local CHAAD (Children and Adults with Attention Deficit Disorders) or ADHD parent support group to get the telephone number of a psychologist with this expertise.

You want to work through your local school psychologist, social worker, or guidance counselor when it comes to making an outside referral whenever possible. In general, I would be reluctant as a teacher to tell a parent to go outside the school to have a child assessed for having ADHD. This could be implying that you are making a diagnosis when in fact you are not. I believe it is better to first make use of the mental health professionals that are already at your school. I would only make a suggestion to a parent regarding an outside of school assessment if attempts at coordinating with your school's mental health staff were unsuccessful or if none was available to you.

REFERRING TO PHYSICIANS

As a psychologist dealing with pediatricians through my capacity in the school system and in private practice, I realize how uncomfortable many of them are in making a diagnosis of ADHD and prescribing medication. Physicians are not educators, and you should not expect them to give you advice on how to educate a child in your classroom. This is your area of expertise. A physician is primarily in the role of prescribing medication to treat ADHD. If the physician is to do a competent job here, it will be critical that you provide feedback

to him or her. The physician will not be able to accurately diagnose a child as having ADHD by only observing him or her in his office and talking to the parents. The physician needs feedback from the school in order to know if there are impairments that are significant enough to require the prescription of medication.

REFERRING TO A CHILD PSYCHIATRIST

Theoretically, a child psychiatrist is the best person to assess a mental health disorder. However, as I previously indicated, I believe it better for one of your school district's local mental health professionals to make this referral. Unfortunately, there is a national shortage of child psychiatrists, and it is often difficult for parents to get an appointment with one. Finding a good psychiatrist that a parent can be referred to can make a huge difference in a child's life.

Chapter 5



Treatment of ADHD

If a student has been correctly identified as having ADHD, it is possible to help that student make a significant improvement in the way that he or she functions in the classroom. If the degree of severity is mild, the difficulties with attention may be treated through a behavior modification program in which the student is rewarded with privileges, praise, or concrete rewards for increased attention. However, behavior modification is usually *not* effective when the difficulties are moderate or severe in nature. When this is the case, it is necessary to explore options such as a medication, a Section 504 Plan or a referral to the local School District Committee on Special Education.

MEDICATION OPTIONS

I have included a lot of information regarding the use of medications because they are so prevalent and the monitoring is so poor. Although teachers are not expected to make decisions regarding medication, their observations regarding a student's behavior and adjustment are critical variables in making sure the child is being properly treated.

The use of medication should be a decision that a parent reaches after being presented with all the possible treatment options. Furthermore, I believe that these options should ideally be presented by a trained professional such as the psychologist who has made a diagnosis of ADHD. A teacher could be put in a very difficult situation with

a parent if he or she suggests that a parent explore the use of medication since the diagnosis of ADHD is outside their area of expertise.

Stimulant Medications

Stimulant medications such as Concerta, Metadate, Ritalin, Adderall, or Dexedrine can be highly effective for improving attention span and impulse control. Improvements have also been observed for reading comprehension, arithmetic performance, and handwriting. There do not appear to be any long-term side effects if the medication is properly monitored. However, it should be noted that probably half of students taking stimulant medication are improperly monitored (i.e., there is a lack of good communication between the physicians, parents, and teachers). The stimulant medications usually take 30–45 minutes to begin working and usually last anywhere from 3–5 hours. The exceptions are Concerta and Metadate, which can last 9–12 hours. Very often a parent will send a child to school with the medication and have no idea what the child is like on it because the effect wears off by the time when he or she gets home. Therefore, it is critical that you monitor the student for side effects. This will help the physician effectively manage the medication dosage. You could also ask other school personnel such as a psychologist to observe the student in your classroom and talk to him or her to see if there are any side effects.

The most common side effects with stimulant medication are loss of appetite or difficulty sleeping. Other side effects could relate to physical discomfort such as headaches or stomachaches. If side effects such as agitation or extreme lethargy are present, one should immediately let the physician know because that is a sign that the medication may need to be discontinued or adjusted. If motor tics develop, the physician should also be notified. Although stimulant medications do not cause motor tics, they can promote a tendency to exhibit motor tics that already exists. Below are the types of stimulant medications and the typical doses. When calculating doses for Ritalin or Adderall, the amount to focus on is the how much the student receives in a 3–5 hour period.

Concerta, Metadate, and Sustained-Release Adderall

These are the newest of the stimulant medications. Concerta and Metadate came out in August and September 2000. Sustained-release Adderall came out in the summer of 2001. These are true sustained-

release versions of stimulant medication and will have a dramatic impact on the future prescription of medications to treat ADHD. Instead of having to take several pills a day, you only have to take one in the morning. Therefore, you may have students in your classes taking this type of medication but not be aware of it.

Because they are sustained-release versions of the medication, they may be gentler in nature and have fewer side effects. It will also make the use of medication more confidential in that the student will no longer have to go to the school nurse to receive an afternoon dose. This is often a major issue for adolescent children who do not want to be perceived as being different from their peers. The only potential negative effects that I can see would relate to sleep and appetite. If these medications are taken too late in the day, there could be problems for the student falling asleep at night. In addition, the child's appetite will need extra monitoring because he or she is being medicated for most of the day.

Concerta currently comes in 18 mg, 36 mg, and 54 mg doses. Taking 18 mg is the equivalent of taking 5 mg of Ritalin three times a day; taking 36 mg is the equivalent of taking 10 mg of Ritalin three times a day; and taking 54 mg is the equivalent of taking 15 mg of Ritalin three times a day. The pills cannot be rushed or split in half because of their sustained-release nature. Doing so would render them ineffective. While a dose of Ritalin usually lasts approximately 3–4 hours. A dose of Concerta lasts approximately 9–12 hours. In my experience it tends to last more on the 9 hour range than the 12 hour one.

Metadate comes in 10 and 20 mg dosages and tends to last the same length of time as Concerta. Taking 10 mg of Metadate is the equivalent of taking 10 mg of Ritalin three times a days and taking 20 mg of Metadate is the equivalent of taking 20 mg of Ritalin three times a day. The early version of Metadate was viewed as generally being ineffective. The more recent version called Metadate-CD appears to be more effective.

Adderall-XR comes in 10, 20, and 30 mg doses and tends to last the equivalent of eight hours. Ten mg of Adderall-XR is the equivalent of taking two 5 mg of Adderall twice a day. Twenty mg of Adderall-XR is the equivalent of 10 mg of Adderall twice a day. Thirty mg of Adderall-XR is the equivalent of 15 mg of Adderall twice a day. Because Adderall-XR only lasts about eight hours it is sometimes necessary for the student to get a short acting dose of Adderall at the end of the school day in order to have the benefits of a medication while attempting to complete homework.

While Concerta is currently the most popular sustained-release stimulant medication on the market, Adderall-XR will become increasingly popular for adolescents and adults who have not responded well to a Ritalin-based medication. Metadate is currently the least popular of the sustained-release stimulant medications.

Ritalin

The minimum dose is 5 mg at a time. The maximum dose used to be 20 mg at a time, but this has increased in recent years to 30 mg especially for people who are relatively heavy. Ritalin usually lasts 3–4 hours, and the student will often take between 2–3 doses a day. Usually the student takes a dose in the morning, one at lunchtime, and an additional dose in the late afternoon if needed to complete homework. The physician has to send a prescription to the school nurse if a dose is administered during lunchtime at school.

Adderall

The minimum dose is 5 mg and can go up to 20 mg at a time. Adderall is made up of Dexedrine, sustained-release Dexedrine, and some salts. It is more potent than Ritalin but may be slightly less effective in impacting on attention span. It tends to last longer than Ritalin (about 4–5 hours). Five mg of Adderall may be equivalent to about 7 mg of Ritalin.

Dexedrine

The minimum dose is 5 mg and can go up to 20 mg at a time. It is more potent than Ritalin, so that a dose of 5 mg may really be the effect of 7–10 mg of Ritalin. Dexedrine tends to last a good four hours but tends to be the third choice for medication by most physicians at the current time.

There are also sustained-release versions of Ritalin and Dexedrine, but they are outdated technology. They don't release the medication in an even way and tend to be ineffective.

Wellbutrim and Other Nonstimulant Medications

Other than the stimulants, the most viable alternative medication at this time is that of Wellbutrim, which comes in sustained-release and short-acting versions. The sustained-release version has fewer side effects and tends to be more frequently prescribed. It comes in 100 mg or 150 mg doses, which are usually given in the morning and the

late afternoon. Wellbutrim can lead to small improvements in focus, help a student with impulse control, and improve the student's mood. The side effects to look out for are loss of appetite, difficulty sleeping, and agitation.

There are two new possible alternatives to the stimulants that may be used in the future to treat ADHD such as Provigil, and Tomoxetine, but not enough is known about the effects of these medications at the current time, and they have not been approved for treatment purposes.

Other medications that are used to treat ADHD are Clonidine and Tenex, which help to control for hyperactivity, but do not do anything for improving focus. These medications, especially Clonidine, can be sedating and can even cause a child to fall asleep in class. They need extra monitoring from a student's teachers.

Tricyclic antidepressants such as Imipramine and Desipramine are sometimes prescribed, but I look at them as last resort measures because they can potentially cause physical damage to one's heart.

Serotonin-based antidepressants (Prozac, Zoloft, Paxil, Effixor, and Celexa) are safe medications and can control for impulsivity, but will do little to improve a student's attention span.

HEALTH RISKS

Concerta, Ritalin, Adderall, and Dexedrine are very safe medications when properly monitored. They do not damage any organs of the body, and there is no evidence for them causing any physical harm. The only thing that supposedly needs to be monitored is the student's blood pressure. However, I have yet to meet a child whose blood pressure was elevated as a result of taking one of these medications.

Cylert is another stimulant medication that is prescribed, but I do not recommend it because it has the potential to damage the liver. Some physicians have recommended Cylert because it lasts a long time. However, given the new sustained-release versions of stimulant medications, it would be poor practice for a physician to prescribe this medication.

THE FACTS

1. Students who take medications like Ritalin are in fact less likely to abuse illegal substances.
2. They are not addicting.

3. They do not cause permanent side effects.
4. They do not stunt growth. There has been a controversy in the literature about this issue. My understanding of it is that a small amount of growth could be effected if the student's appetite is severely suppressed. In others words, it is the lack of proper nutrition causing the problem as opposed to the medication. If this is an issue, the student should be taken off the medication during the summer.
5. There is no evidence that diet has any effect on attention span, impulsivity, or hyperactivity.
6. There is no evidence for natural herbs impacting on a student's focus and attention span.
7. There is no scientific evidence supporting the use of vision therapy, chiropractic, or biofeedback treatments.

MEDICATION COMPLIANCE ISSUES

Sometimes children and especially teenagers often seek to avoid taking medication in school. They do not want to be perceived as being different. Very often students who go to the school nurse during lunchtime are able to find out who else is taking medication and spread this information around the school. It is critical that school personnel do all they can to protect the confidentiality of students taking medications at school. This is even more important for students on the secondary level. This means that you should not publicly ask a student if he or she has taken medication when the student experiences a difficult day. If you want to ask this question, it is best done in private. It is also suggested that you not comment on any connection between the student's behavior and the medication. This could give the student the impression that it is only the medication that is leading to the improvement and that they had nothing to do with it. In general, I usually tell students that taking medication may open doors that were previously closed for them, but that it is still their job to go through the door and demonstrate positive achievements.

Some students do not like to take medication because it leads them to the conclusion that something is "wrong with them." They don't want to admit that they have a problem that necessitates the need for a medication. When dealing with these students, I let them know that all of us have our own limitations. Students who are resistant to taking medication need to be aware that they have a limitation that needs to be addressed. The student needs to see that the advantages outweigh the disadvantages. The ability to acknowledge a limitation is

often difficult for adults let alone children. I also give the analogy that the medication is like a chemical version of glasses that are designed to help one pay attention better.

There are also students who are resistant to taking medication because they just hate the idea of taking or swallowing pills. Whenever a student is uncomfortable with taking medication, it may be beneficial to have them seek counseling from a psychologist.

TEACHER-PARENT ISSUES

It is strongly suggested that school personnel not be confrontational when discussing the issue of medication with parents. The use of medication should always be a parental decision. Medication options could be discussed between the school psychologist and parent, but should not be discussed by the teacher and parent. The only thing a teacher could do is suggest that the student be assessed for ADHD and that the parent discuss this issue with a psychologist or a physician trained in the assessment of ADHD. If the teacher wants to be helpful, he or she could ask permission to contact the psychologist or physician to give feedback on the student's performance in school. It is really not possible for a trained professional to diagnose and effectively treat ADHD without feedback from the child's teacher and school records.

Another major issue that leads to conflict between parents and teachers is when the nature of the ADHD is not understood. Students experiencing severe symptoms of ADHD are different and do not readily respond to strategies that work with other children. Sometimes teachers feel that students with ADHD simply need to become more responsible and that they will respond to negative consequences such as losing recess, getting bad grades, or even failing. These consequences may work for the average student, but are generally ineffective for a student who has extreme difficulties in sustaining attention to schoolwork. A student with extreme symptoms of ADHD usually needs extra school support services. Typically this is done by making a referral to the school district's Committee on Special Education where the student can be classified as being "Other Health Impaired" in order to get services and classroom modifications.

SECTION 504 SERVICES

Section 504 is part of federal legislation that says that a student cannot be discriminated against if he or she has a disability. This

legislation allows the student to get modifications that generally relate to testing or modifying the workload. For example, tests can be taken in a separate location, directions can be monitored or simplified, or extra time can be provided. Although work assignments can be modified at the elementary level, this is something that is often not practical at the secondary one.

In order to develop a Section 504 plan, it will first be necessary to refer the student to a mental health professional who can officially diagnose the child as having ADHD. Afterward a meeting needs to be set up at the school with personnel such as the administrator (i.e., principal), school psychologist, guidance counselor, school social worker, and teacher. The parent should also be invited to this meeting, and a form will need to be filled out to document the impairments and modifications that will be taking place. These modifications should then be reviewed at the end of the school year to determine if they are working. This is a step that is often neglected, but it makes certain that the student's situation is being properly monitored. Section 504 is helpful for students with mild problems but is not usually sufficient for students with moderate to significant problems with focus and work completion.

REFERRAL TO THE COMMITTEE ON SPECIAL EDUCATION

When a child cannot be successful in your classroom and all treatment options have already been explored, it may be time to refer him or her to your Committee on Special Education (CSE). The referral process will probably differ between school districts. The most common procedure is that of a school team meeting to decide whether the child has a disability that warrants a referral to the CSE. A parent could make this referral independent of the school, but most school administrators prefer that there be a formal district-wide process that involves some kind of prereferral strategies.

A referral to the CSE would usually involve the school psychologist conducting an evaluation that should include an observation of the child in the classroom, an educational assessment, a current physical examination, and a social history. The teacher's job is usually to write a clear referral statement and to document what strategies have already been tried to assist the child.

When a meeting is held, a committee consisting of a chairperson, administrator, special education teacher, one of the student's teachers, and parent representative will meet to determine if the child is eligible

for services. If the child's ADHD symptoms are viewed as seriously impeding his or her ability to perform in the classroom, the classification of "Other Health Impaired" will be provided. This is the label that schools apply to children who are diagnosed with ADHD.

SPECIAL EDUCATION SERVICES FOR STUDENTS WITH ADHD

The extra help that is provided could consist of assistance inside or outside the classroom by a special education teacher or an aide. A child could meet with a special education teacher in a small group setting for forty-five minutes a day or more, or someone could be assigned to help the child when he or she is engaged in independent work activities. For more severe problems, several hours of special education assistance or a special class placement can be recommended.

Children with ADHD benefit from having someone who can serve as a case manager. This case manager is an adult (teacher or aide) that can organize them, make sure that all their homework assignments are written down correctly, and monitor that they are taking home all the materials that are needed to complete their assignments. It is hard for a classroom teacher to serve as this case manager while attempting to focus on a class of 25 to 30 students.

A resource room teacher or aide could also be assigned to sit next to the student to make sure that he or she correctly understands a lesson and provide extra attention for getting the work done. Many students with ADHD will get little work done unless somebody is right next to them, keeping them focused. This is relatively easier to do in an elementary school, but much harder to accomplish in a secondary school where there is social stigma for having an aide sit next to you.

It is important for teachers to realize that just because a student is classified by the CSE and given extra help it doesn't mean that all the student's problems will be solved. You cannot assume that a student is like a car whose problems will be fixed by just taking it to the mechanic and having it serviced. Just providing a service doesn't mean that there will be a cure. Learning problems are complex, and sometimes there may not be an easy fix. Even though problems in focusing may be less in a small group situation, the difficulties usually persist.

EXAMPLE OF A TEACHER'S MISUNDERSTANDING OF ADHD

Most special education teachers are very competent and provide good services. However, sometimes a lack of understanding of issues

related to Attention Deficit Hyperactivity Disorder can cause any teacher to make grievous errors in judgment.

I recently worked with an intelligent eighth-grade student with severe attention difficulties who was failing in all of her classes. She kept telling her mother that her resource room teacher was not letting her work on her school and homework. Her mother had caught her daughter in so many lies earlier in the year that she did not believe her. However, she eventually went to visit her daughter's resource room class and found out that her daughter had been telling her the truth. Her teacher did not let her work on her assignments unless they were already started. Her teacher told the student that she needed to become more responsible and that she would not let her do her work if she did not show any initial responsibility for starting it. It was clear that this teacher did not understand the nature of the student's ADHD symptoms. If she could be responsible and focus on her work, she would not have needed to be in the resource room in the first place. This parent was outraged that her daughter was simply allowed to sit in her resource room and not get any help for completing her assignments. The parent contacted the chairperson of her local Committee on Special Education and arranged for her daughter to be placed with a different resource room teacher who would help her complete her work.

Obviously this is a very unusual event, and it is the only one like it that I know of. I included this story to let you know that one can never assume that just because a child is recommended to receive a service that his or her needs will be met.

Chapter 6



The Ability Component

In order to be successful in school, a student has to have the specific, required skills that are necessary to successfully complete the work that is being assigned in the classroom. It is very difficult for a person to be asked to do a job for which they don't have the necessary skills. The end result is that they either cannot do the job or that they have to ask someone for help. Being asked to do a job for which you lack the specific skills and training is a very frustrating experience. The ideal solution to this problem is to acquire the necessary skills that allow you to be successful with the job. In order for this to occur, it is necessary to determine exactly what skills are missing and need to be taught. Without the necessary skills, the student could put all the attention that he or she wants, put in a very good effort, and yet still meet with failure. A student's skill level is dependent on native intelligence, acquired academic skills, and environmental experiences. Intelligence is a necessary component, but is not sufficient by itself. A student needs to have the necessary reading, writing, and arithmetic skills to succeed in school. If there is a problem in one of these areas, the specific deficits that are causing the problem need to be identified.

INTELLIGENCE

IQ Tests

Intelligence is often quantified in school environments by the student's IQ score on a full-length individually administered standardized

intelligence test. In order to get an accurate measure of IQ, the student has to be tested by a psychologist with a full-length individually standardized intelligence test such as the Stanford Binet or Wechsler Intelligence tests. However, no competent psychologist would reduce the totality of a student's intelligence to a specific number. The number is a guideline and not an absolute judgment of a student's abilities. The best predictor for school success in most intelligence tests is the student's vocabulary. Children who have a well-developed vocabulary usually have above average reading skills and a good foundation of knowledge that allows them to easily understand new information. There has been a controversy of standardized intelligence tests being culturally biased, and attempts have been made to create culture-free tests. The problems with these tests are that they don't have a high degree of predictability for success in school. The standardized tests tend to predict a student's ability to succeed in a white middle-class environment. If the bias exists, one should look for it in the curriculum as opposed to the tests.

Interpretation of IQ Tests

When interpreting IQ scores, the mean or average score is that of 100, and there is a standard deviation of 15 points. This means that a score of 85 or less is below average, and one of 70 or less is significantly below average. Students with a score of 55 or less are severely disabled and typically have difficulties with self-care and socially adaptive behavior. A score of 115 or more is above average, and one of 130 or more is usually viewed as being in the gifted range. An IQ score of 145 or more usually places one at the high end of the gifted range.

Theoretically a student with an above average IQ should be an "A" student, a student with an average IQ a "B" student, and a student of low average to slightly below average IQ a "C" student. A student with a significantly below average intelligence is typically in need of intensive special education support services and is unlikely to pass in school without this assistance and significant curriculum modifications.

The four-component model in this book is designed to let you know that IQ or intelligence is just one component in a child's success. Many children do not work up to their potential and put less effort than they should in their schoolwork. Others put significantly more effort into their schoolwork and are able to achieve grades that nobody would have predicted based on their IQ scores. Success in school is dependent on both the ability and the effort a student puts forth.

Increasing IQ Scores

According to the available research, it is very difficult to significantly raise a student's IQ score after they reach school age. Most of the studies documenting gains in IQ scores are the result of intensive preschool assistance or through the child being adopted into a more educationally stimulating home environment. It should be noted that having a relatively low IQ does not condemn a student to educational failure. I have worked with students who have low IQ scores but have succeeded in school because of their increased effort. A student in this situation has more difficulty with conceptual skills and has greater difficulties with applying concepts to new situations. The student has to spend more time memorizing new and isolated facts to apply to each and every specific learning situation.

CURRICULUM-BASED ASSESSMENT

Most teachers have a good understanding of their students' skills by observing their daily work products and scores on tests. Although teachers' judgments regarding a student's level of skills tend to be accurate, they can often underestimate the skills of gifted students who are not asked to demonstrate the full level of their abilities in the classroom. Most teachers do not need to see a student's scores on standardized achievement tests to determine his or her skill level. However, when there is a question regarding a student's specific abilities, the use of these tests may be helpful.

STANDARDIZED ACHIEVEMENT TESTS

Group achievement tests are not as reliable as individually administered ones. All public school districts give group achievement tests such as the California Tests of Achievement, Stanford Diagnostic Achievement Tests, or Comprehensive Tests of Basic Achievement. These tests should only be looked upon as screening measures. They can only suggest that a problem exists. They cannot confirm a problem exists or tell you the specific nature of the problem. You also do not get an individual measure of the child's mood and focus during the testing, and it is therefore hard to develop an understanding of the child's deficits from these tests.

If you want a good understanding of a student's academic difficulties, it is better to refer him or her to a school psychologist or

educational specialist who can administer individual achievement tests. I consider the Woodcock Johnson Tests of Achievement or the Wechsler Individual Achievement Test to be the best of the individually administered achievement tests. If you want a good measure of reading, the Diagnostic Reading Scales (DRS) is an old but very good measure. In the area of mathematics, the Key Math Diagnostic Test—Revised is a good test.

WHAT YOU SHOULD GET FROM A PSYCHOLOGICAL EVALUATION

You should get concrete recommendations and a plan for improving your student's academic performance. You should not be happy if the evaluation simply lists a series of scores and does not provide you with a plan for intervention. There is a new tool that psychologists have for conducting psychological evaluations that educators should be wary of. It is a computer-generated program in which the psychologist simply enters the scores, the computer program analyzes them, and it develops a report with recommendations. I have seen samples of such reports, and they are always unsatisfactory. A good psychological evaluation reviews the student's prior history, gets data from people who are currently working with the student, and also makes use of behavioral observations. A good psychologist will make use of theories of child development and learning to derive strategies that are directly applicable to your student's current learning situation. General recommendations only lead to general interventions. If you want a specific intervention, you need a specific recommendation.

It is also suggested that you not wait a long period of time before making a referral to a school psychologist regarding a student's difficulties. Many teachers try to "give the student the benefit of the doubt" and wait several months before contacting the school psychologist. This often results in the student losing a lot of time and promoting continued failure. It is better to meet with the school psychologist and discuss a student's performance earlier and later find out that the problem was small than to not meet and find out that it was a big problem. You should also know that school psychologists have a big caseload and get overwhelmed with referrals. If you wait too long to make the referral, the school psychologist may not have time to get to it.

LEARNING DISABILITIES

School systems typically define a learning disability in terms of a significant discrepancy between IQ scores and standardized measures of achievement in the areas of reading, math, or written language. In other words, the student has an average or better IQ score, but is several years delayed in the acquisition of an academic skill. The most common learning disability relates to deficits in reading. However, it should be realized that most students who have a deficit in reading typically have one in writing, too.

Students who have both below average intellectual and academic functioning do not have a learning disability and are usually referred to as “slow learners.” However, they do in fact have a disability in that they find it difficult to satisfactorily complete their schoolwork. Unfortunately, this is a disability that is not recognized by the state and federal governments. I find that compassionate special education committees sometimes use a very broad definition to classify students with a learning disability. This is done because it may be the only way in which these children could be provided with the extra support services they need in order to pass. The issue of students who are “slow learners” needs to be addressed by school districts in their regular education programs.

Gifted Learning/Disabled Students

A student needs the required reading, math, and writing skills to be successful in their assigned work. It is theoretically possible for a student to have a very high IQ but exhibit below average academic skills. This type of student is often referred to as gifted/learning disabled, and they present the greatest challenge for both teachers and parents because schools have trouble providing appropriate curriculums for students in this situation. They also experience the most stress and frustration in school because they have the greatest gap or discrepancy between expectations and actual performance. They know they should be capable of doing well, yet they are unable to achieve this realization.

Dyslexia or Reading Disability

Good reading skills are essential to school success because they impact on every subject. It is hard to do well in social studies or science if you can’t read the textbook. It is also hard to succeed in math when

you can't adequately understand the word problems that are being presented to you.

Dyslexia is just a fancy term for a reading disability. Every year I have parents calling me to ask if I test for dyslexia. I prefer not to use the term because it does not adequately describe the type of reading deficits that I need to assess and treat. I view dyslexia as a label that is not useful for the assessment or treatment process. Instead, I prefer to use the terms such as phonics or reading comprehension skill deficits and qualify it by the terms mild, moderate, or severe. Most experts define a reading disability as being a deficit in language processing rather than the visual system. In other words, students do not have difficulty reading because of the way that they see the written page. Instead the problem is in how they make the connection between the areas of the brain that deal with written language and the ones that deal with oral language. It's on a continuum—not an all or nothing issue. Reading is more difficult than speaking. It's not a natural process like speech. To learn to read one has to:

1. Learn to identify the spoken word as consisting of phonemes (i.e., the basic sounds of our language).
2. Know that letters represent sounds.
3. Recode the graphemes (letters) into phonemes.

When looking at reading disabilities one has to evaluate the language system of the student. You have to look at the student's:

1. Pragmatics—the understanding of context cues and how language is used for different situations.
2. Syntax—the use of grammar and how words are put together in speech.
3. Semantics—the meaning of words.
4. Phonology—the ability to put sounds together to sound out words.

Most reading difficulties are due to deficits in the area of phonics skills. This occurs due to a difficulty in accessing or forming phonemes. Phonological slips or word substitutions can be a sign of a phonics deficit. For people with reading disabilities, the phonological representations are usually fuzzy. My understanding of the latest research is that children with severe reading disabilities may have under-activation in the back areas of the brain that are involved in phonological processing activity.

Deficits in semantics (i.e., a poor vocabulary) or comprehension can also impact on a student's ability to be successful with reading. If you don't understand the meaning of words and have a weak vocabulary, it will be difficult to get good comprehension from what you read. I have worked with many students who can do a good job with oral reading, but have little understanding of what they read.

Another type of reading problem that does not relate to deficits in language skills is one that is impacted by a poor attention span. Sometimes a student can do well on short reading measures, but have no idea what they were reading when it involves several paragraphs. It should be noted that most individual achievement tests measure reading comprehension by very short samples of written text. It is only when one uses a long sample of reading (which would be measured by a specific reading test such as the Diagnostic Reading Scales or Formal Reading Inventory) that the student's difficulties with reading comprehension become apparent. A student in this situation often complains that he or she forgets what has been read.

AARON'S DIFFICULTIES IN SOUNDING OUT WORDS

Aaron was an intelligent twelve-year-old child who came to me because he was in sixth grade and was still reading at a second grade level. His vocabulary was like that of an eighth-grade student, and he had no difficulty paying attention in class. However, reading was very frustrating for him, and he never engaged in any pleasure reading. He felt that it made no sense for him to read. It took him a long time to read, and he could not hope to find anything that would be of interest to him because his skills were too weak. He also had stopped trying to do the work in school. Writing was also a major chore, and he hated it with a passion. His spelling skills were so weak that he could not make effective use of a computer and spell-checking program to compensate. He simply could not put sounds together to form unfamiliar words. The phonics system made little sense to him. His parents spent several hundred dollars on a packaged phonics program that they saw advertised on television when he was younger, and it did not help. They even had him referred to the Committee on Special Education, which labeled him as having a "learning disability." At first the CSE recommended that he try small group instruction outside of the classroom with a resource room teacher. However, it was now recommending a special classroom placement where he would be placed with students of varying disabilities and skill level. In this situation he lost

contact with regular education students and spent almost all of his time with students who had been classified as having a disability. The school had tried to compensate for his difficulties by giving him extra time to take tests, reading questions out loud to him, and even allowing his answers to be dictated. It still made little difference in the negative way that he felt about himself because he was still unable to read and write at the level of other children his age.

Aaron was a “word guesser” and relied on a whole word memory approach and some deductive reasoning skills to read. Unless he received intensive assistance to build up his phonics skills, reading would always be a difficult and unpleasant activity for him.

Interestingly, Aaron had never received significant extra assistance for his phonics skills by a trained professional. Eventually I found out about a speech therapist who was instructing students with a phonics based reading program called the Lindamood Bell Phoneme Sequencing Program. Aaron received over one hundred hours of individual instruction in phonics skills and was able to raise his oral reading skills to within the average range for a child of his age. He began to make significant progress in school and more importantly made great progress in his self-esteem. It is my experience that children with severe phonics skill deficits are only able to make significant progress if they are involved in an intensive, individually based assistance program.

MELISSA'S READING COMPREHENSION PROBLEMS

Seventeen-year-old Melissa was referred to me by her parents because she was struggling in school despite putting forth a strong work effort. Her parents both had college degrees and placed a lot of importance on education. It was expected that she would go to college. Before coming to see me, she had been diagnosed earlier in the year by a child psychiatrist as having Attention Deficit Hyperactivity Disorder—Predominantly Inattentive Type. She was placed on Ritalin, and this improved her focus on what she heard in the classroom. Her grades in all of her classes went up except for those in English. She was in danger of failing English because she was unable to understand what she was reading. She stated that she disliked reading and never engaged in any pleasure reading on her own. I gave her an intelligence test and found her to be in the average range. Her ability to sound out words was found to be significantly above average, and she had a good vocabulary. There was no problem with her phonics skills. She took her dose of Ritalin prior to my testing her and should have been

at her best for paying attention. However, her ability to comprehend what she read was scored as only being at a third-grade level. Giving her extra time to review what she read had little impact on her comprehension. She was simply unable to process the meaning of what she read. Instead of simply reporting her deficiency, I tried to see if her comprehension could be improved through the use of different strategies. I told her to initially skim what she read in order to get a rough idea of what the story was about and then read it again (i.e., see if she could benefit from the use of an advanced organizer), and this led to no improvement. I read the story and comprehension questions out loud to her, and this also had no effect. I thought that perhaps she would be able to dictate her oral reading into a small tape recorder and listen to her tape while reading along to improve her comprehension. I also asked her to take notes of what she was reading in her own words. The only strategy that led to improvement was asking her to create a mental image of what she was reading. In other words, she had to create visual scenes of what the people were doing in the story. This is something that many people do automatically. However, Melissa had never done this because of her extensive prior history of reading comprehension difficulties. When assessing reading difficulties, it is not enough to merely describe the problem. One should also try to diagnostically make use of various strategies to determine if the student can respond in a positive way to one of them.

THE RELATIONSHIP BETWEEN INTELLIGENCE AND READING SKILLS

Critical thinking skills are not essential for learning to sound out words. Students with low IQ scores can do well on oral reading tasks. Furthermore, girls have reading disabilities as often as boys but are less frequently identified because they tend to have less behavioral difficulties. Students with severe reading problems can grow up to have good reasoning skills. They guess at what makes sense and use context cues to be successful. If they are very intelligent, they may be able to compensate so well that nobody knows how hard reading is for them. A very bright medical student was once referred to me to assess him for having a reading disability because he was doing poorly on tests even though he had a very good grasp of the material that was being presented. It turned out that he did in fact have a reading disability and had to spend unusually long periods of time in his reading. Once we knew what the problem was, a plan was successfully

developed to assist him in working around the disability. However, he still had to spend more time reading than the average person in his program. I told him that he might have less free time to spend on the golf course than the average physician, but that he could still be an excellent doctor.

SIGNS THAT A STUDENT HAS A READING PROBLEM

1. The student avoids reading activities and never engages in pleasure reading.
2. The student spends a long period of time trying to read an assignment.
3. The student frequently complains that he or she forgets what was read.
4. The student makes many spelling errors.
5. The student achieves many poor grades on tests.
6. The student finishes reading assignments at an unusually quick rate.
7. The student frequently remarks that he or she hates reading.
8. There is a family history of problems with reading.

WRITING DEFICITS

The Woodcock Johnson Tests of Achievement have a good measure of writing skills that can be used for diagnosis in this area. The Test of Written Language is another measure that educational specialists could explore. Writing and reading are closely related. A student who has difficulty sounding out words will usually have difficulty spelling them. Because writing is a language-based process, one has to look for deficits in spelling, use of grammar, use of appropriate context, and use of appropriate vocabulary. Personality styles can also effect the expression of writing. Students who are anxious may be afraid to express themselves in detail or be very afraid of making mistakes.

Many children who have been identified as having ADHD develop writing deficits because of a lack of practice. In other words, they may not have any inherent disability in this area, but they develop weak writing skills because they do not engage in writing activities. Like any other skill, you need to practice it to develop it. This is one reason why it is important to catch a problem such as ADHD at an early age. If you catch it early enough, you have a much greater chance of helping the student to avoid difficulties in writing later on.

Writing skills will only get better if the student is frequently engaged in writing activities. Most people do the best learning when they are

in the act of doing something. The student needs to get practice and feedback for improving his or her writing skills.

Sometimes I recommend a “paradoxical approach” to improving a student’s motivation to work on improving skill deficits in writing. For example, you could get a small index card and tell the student to only write on the small card. The student would not be allowed to do any more writing until he or she demonstrated readiness. It is suggested that only very fun kinds of writing activities be employed. The idea here is that the student should pressure you to be allowed to engage in more writing. After the small card, the student could go up to a medium one, and then to a larger one, until he or she gets a notebook-size paper. I call this method the “Nintendo” approach to learning. Most students play video games with the idea of getting to the next higher level. I suggest that teachers keep challenging the student to develop the skills that are needed to get to the next level in the academic curriculum.

MATHEMATICS DEFICITS

Here you are typically looking at the student’s math computation and math reasoning ability. It is important to identify where the deficits are. In elementary school the teacher usually has this information. In middle or high school, it may be necessary to request some formal testing from a school psychologist or educational specialist.

Some students have difficulties in math because of deficits in visual-spatial or visual-processing skills. The areas of the brain that deal with reading and math skills are different. Although reading is a verbal-based activity, math is more nonverbal in nature. Just like in reading, difficulties with attending skills can also impede a student’s ability to stay focused and succeed in math tasks. You need to distinguish between skill deficits in the area of math from those that result from careless mistakes and not paying sufficient attention.

In order for a student to do well in math, he or she needs to have the necessary skills that set a good foundation for learning. For example, the student should:

- Have automatic memory for the addition and subtraction facts.
- Have automatic memory for the multiplication and division facts.
- Know how to add, subtract, multiply, or divide with fractions.
- Have the skills needed to break down math operations into smaller sub-components.

- Realize when it is necessary to make use of pencil and paper. Often young children are not aware of their memory and processing limitations and don't make use of a pencil and paper to help them solve problems.
- Learn to review work before handing it in.

IMPORTANCE OF THE PROPER EXPOSURE TO THE NECESSARY SKILLS

Many skill deficits are not the result of a specific learning disability and are instead the result of a lack of exposure. The lack of exposure could be due to lack of reinforcement and educationally stimulating activities at home or the result of a student moving to a different school. If the deficits are the result of exposure issues, the student should respond well to your attempts at instruction.

Home Environment

As a school psychologist working in an elementary school, I felt that you can almost predict a child's success in school from how they do in kindergarten. When a student starts out behind their peers, it is hard to catch up. Many teachers in kindergarten and first grade express a lot of frustration because of the low level of skills that certain students have brought with them to school. This is why it is important for teachers to advocate for good preschool educational readiness programs to help these students be more prepared for kindergarten.

School Environment

Students in different schools can be exposed to different curriculums. When children transfer to new schools, it is helpful for there to be a parent-student-teacher meeting to review the curriculum that was taught and to work on filling in any gaps that exist early on. The longer gaps exist, the longer it takes to fill them.

ELEMENTARY SCHOOL ISSUES

The most common academic problem for the elementary school-aged child is learning to read. Most children do not have a lot of difficulty learning to read. However, it can be a very frustrating experience for a child, parents, and, of course, teachers when this occurs. If there is a history of reading difficulties, we need to attempt

to provide early and intensive intervention. If a student is slow to respond to your strategies, it is suggested that you reevaluate your goals and move to easier material. Work with the student but don't frustrate him or her. It is important to have the intervention at as young an age as possible so that the student can avoid failure. Once a student experiences a lot of failure with reading, teachers often have to deal with a negative attitude as well as the initial reading problem.

It is very important that students be asked to complete assignments that are within their range of ability in order to promote confidence and a good attitude toward learning. Otherwise the students will be at great risk for developing a negative attitude and for putting forth less than their best effort.

Children at the elementary school level sometimes have fine motor skill deficits that make it hard to complete written assignments. The assignments themselves may be too hard for the student to complete without assistance. The student may have difficulty holding a pencil correctly, forming letters accurately, or being successful with cutting and pasting activities. In some situations it may be helpful to ask to have an occupational therapist evaluate the fine-motor skills of the student and provide suggestions for improving writing skills.

MIDDLE AND HIGH SCHOOL ISSUES

Keep in mind that a student who is experiencing academic skill deficits at the secondary level often has a long history of learning problems. Therefore you are not just treating the student's learning difficulties, but the emotional problems that result from not meeting expectations for academic achievement. Very often a teenage student with a history of academic difficulties also becomes a "behavior problem" in school. Sometimes it is easier for the student to view him- or herself as a "behavior problem" than one who is "academically inferior." These students give up on their school situation because they do not feel that things will get better. Some students may act up in the classroom because they would rather be punished for misbehaving than be seen as stupid because they can't successfully complete the schoolwork. One strategy that I find necessary with these students is to have the student talk to someone who can provide hope that his or her academic situation will improve. A teacher who communicates faith and interest in such a student has a good chance of getting improved academic performance.

You need to develop a plan of action to treat the teenage student's academic deficits in order to help the student maintain or develop a positive attitude toward school. With the adolescent student, it is very important to consider the desire to not be perceived as being different from the other children. Although elementary school-aged children are usually very good about going for extra assistance, the middle or secondary student does not like to be singled out as different. Therefore teachers need to be extra careful with the adolescent in making the assistance as innocuous as possible and in getting the student's cooperation for receiving extra help. It is usually a good idea to have a meeting with the student and present the data documenting his or her need for extra assistance. The student needs to willingly agree to put in the time that is required to participate in the extra assistance program.

SUGGESTIONS

1. Make sure you know how to interpret standardized test scores. If you don't, attempt to consult with your school psychologist or other educational specialists at your school. If no one is available, try a colleague who has recently taken graduate courses for their master's degree.
2. Consult with a colleague if you suspect a student in your class of having academic deficits. It never hurts to get a second opinion from someone that you respect and have trust in.
3. Make sure your students have the skills needed to succeed in the assignments that you are presenting to them.
4. Attend a conference or lecture on the topic of learning disabilities.

Chapter 7



How to Identify and Describe Skill Deficits

DEFINING A PROBLEM

When a teacher is unable to accurately identify a student's academic difficulties, it places that student in a situation where he or she is at risk for school failure. Many times teachers are unfocused or too vague when discussing a student's academic performance. This chapter helps you to use clear, concise, and objective statements when describing a student's difficulties. You want to present clear statements regarding a student's academic deficits that are hard to misinterpret. Too often teachers talk in terms of labels or make use of subjective terms that do not lead to productive problem solving or treatment. This is not just a problem for teachers. Parents, administrators, and even psychologists can make frequent use of vague and subjective words to describe a child. When I was a beginning graduate student in psychology, I learned the hard way that it was critical to back up what you say. During my first attempt to write up a psychological report, I used a lot of labels to describe the student that I was testing. My professor made it immediately known to me that subjective descriptions were unhelpful to the diagnosis of problems. He went on to say that if I didn't understand what he meant, I should find another profession to expound my concepts. He was a very gruff person who could make students in his class come to tears when he found something wrong with what they were saying. Although his method was harsh, his message was very helpful. Needless to say, I did not look for another profession to expound my concepts. I realized that I need to back up

whatever I say or write about with concrete evidence. If I can't back it up, then I should not say or write it. This should be a guiding principle when teachers make efforts to communicate a child's difficulties to another teacher, the school psychologist, or a parent.

Examples of Definable Problems

1. Frequent reversals for the lower case letters "b" and "d."
2. Difficulty distinguishing between long and short vowel sounds when reading.
3. Inability to adequately understand material that is written on the student's grade level.
4. Can adequately read books out loud but does not remember most of what is read.
5. Inability to add and subtract beginning numbers without counting on fingers.
6. Inability to identify the basic values of coins such as a dime or a quarter.
7. Only 50 percent of homework is being completed.

Reviewing the Past History of the Problem

Unless one conducts a good review of the problem, it may be impossible to provide an accurate diagnosis of it and develop a good plan for treatment. Very often school psychologists conduct testing without reviewing a student's school records and previous assessments. This is one of the major complaints that I have for psychological assessments that fail to address a student's academic needs. A student's problem should never be diagnosed without reviewing the student's school history. You want to make sure that when an evaluation takes place by a school psychologist or other educational specialist that there has been a review of the child's past academic history.

It is helpful when teachers chart a student's progress over the year and see if he or she is making progress. The school records need to be reviewed to get a past history of the student's performance and compare it with their current one. The school records will also have previous teacher comments, which are often very helpful, especially if they are all saying similar things. When the history of the problem is unclear to the current teachers, it may be helpful for them to contact the previous year's teachers. It is also important for them to review the student's school folder and their previous report cards. This is

something that many teachers neglect to do. Sometimes teachers do not like to review a student's school folder at the beginning of the school year because they do not want to be prejudiced by previous teacher comments and want to draw their own conclusions. However, once a problem is occurring it is very helpful to review the student's folder to get a better understanding of the problem and see how long it has lasted. It is very hard to make an accurate diagnosis and develop an adequate treatment for a student unless one has a lot of background information regarding that student's performance.

Parents often have information regarding the student's health history, home situation, and student perceptions that may be unavailable to teachers. Teachers often need to talk to parents in order to develop a good history of the student's educational problems. It is also beneficial to involve the student and get his or her perceptions on the history of the problem. Although young students may not be able to articulate a good feedback on the nature of their difficulties, you will still be able to get a sense about how they feel about their situation in school. If a student does not acknowledge the existence of a problem, it may be very difficult to get him or her to put forth much effort into fixing it.

Questions to Ask Yourself

1. When was the problem first noticed and how long has it been seen? It is also suggested that you find out if any unusual events were occurring at the time of the first occurrence of the problem.
2. How frequently is it exhibited? Provide specifics in terms of how often it is seen within the day and during the week. Showing a graph of how often a problem is occurring could provide a baseline that would be helpful later on for evaluating treatment strategies. I am always impressed when teachers present a graph to illustrate the student's difficulties in school. This is a very clear and concise way of demonstrating how the student is doing.
3. How intense or severe is this problem? You want to distinguish between mild or severe problems. Mild ones can probably be treated by you in the classroom. Severe problems will probably involve the referral to an educational specialist.
4. What strategies have been used in the past to treat the problem? Which have been successful, and which have been unsuccessful? Sometimes you don't have to reinvent the wheel. The previous teachers may have come up with effective strategies that you are unaware of.

EXAMPLE OF A SUCCESSFUL REVIEW OF RECORDS

Whenever I get a request for assistance by a teacher, my response can be significantly altered when I review the student's records. For example, I once had a sixth-grade student referred to me because of disrespect and lying behaviors toward one of her teachers. However, when I reviewed her school records I found out that every single one of her teachers had reported that she had difficulty paying attention, completing class work, and completing homework. The problem was much more than that of disrespect and lying. There was a significant deficit in the area of work completion, and she was a student who was going to be at risk for failure in the sixth grade. Her school records indicated that I needed to assess her for ADHD and address her work completion problems. When this student's teacher had initially contacted her parents, she did not get a good response. However, when I contacted them and brought up her attending and work completion difficulties, they became immediately more responsive to working with the school. These were concerns they had experienced for years, and nobody had tried to address them until this point in time.

YOUR BELIEFS REGARDING THE ORIGIN OF THE PROBLEM

After you review the history of the problem, the next step is to come up with a hypothesis regarding its cause or origin. Although you don't have to provide an official diagnosis, you want to have a working hypothesis that will tell you whether you need to get another professional involved to assist you with the student's difficulties.

By looking at the cause, you are not attempting to lay blame on someone for a student's problems. Blame is a fruitless exercise. I still remember being at a case study meeting regarding a student at a clinic when the head of the clinic asked the group, "who was to blame for the problem." After I heard these words, I knew any chance of having a productive meeting was over.

You want to determine what factors, internal or external to the student, could be impacting on his or her school performance. You cannot come up with this hypothesis without an adequate review of the student's prior history. If you have reviewed the history and still don't have a clue regarding the cause of the problem, then a referral should be made to an educational specialist or psychologist for further assessment.

THE ORIGIN OF AN ACADEMIC DEFICIT

1. Review the student's early health history to determine if there are physiological factors involved. It would be very damaging to the student when someone believes the problem is due to emotional factors when in fact it is a physical problem. A physical problem could be that of hearing or vision deficit or neurological impairments such as seizure disorders, ADHDs, learning disabilities, or developmental disabilities.
2. Seek to determine if a genetic component is involved. Very often there is a family history of problems like learning disabilities or ADHD. Whenever there is a strong family history for these types of problems, it makes me look more carefully at them as being a possible cause for the school problem. One could simply ask at a parent meeting if there is a family history of learning disabilities. If there is, it will make you see the student's learning difficulties in a more serious way and may make it more likely that you will refer the student for a psychoeducational evaluation.
3. Evaluate the student's previous educational background and skill level. Then evaluate the academic curriculum that you provide in the classroom to see if it is appropriate. There needs to be a good match between the student's ability level and the curriculum that is being presented in the class.

When a tentative cause is determined, you need to make sure that you have not made use of negative labels or circular reasoning. You have to be able to back up your hypothesis with data or facts.

SUGGESTIONS

1. Make a list of the things that concern you regarding your student's skill deficits. Then divide these deficits into two lists: skill deficits that you can address later on, and skill deficits that need your immediate attention.
2. Find out the specific skills that the student is lacking. Unless this is done, it is impossible to get the student to work up to his or her potential.
 - a. Review tests or ask for educational testing.
 - b. Review samples of work products.
 - c. Ask the student where they think the breakdown is for being successful with a task.
 - d. Make sure that the problem is defined in a clearly understood way and avoid using labels.

Chapter 8



How to Treat Skill Deficits

You need to find out the specific gaps in skills that a student is experiencing before they can be properly treated. You can't improve a student's skills unless you know the exact areas he or she needs to be working on. You can't assume that a school psychologist or other educational specialist will give you this information. Sometimes psychoeducational evaluations focus on grade level scores and not skill levels. You may be the only person that will truly know where a child's deficits exist.

When attempting to improve academic skills, you need to look at strategies for giving the student extra assistance that involves the setting of appropriate goals and makes use of the student's prior knowledge. You can also look at strategies for modifying his or her curriculum, developing classroom cooperative learning and tutoring opportunities, and increasing the student's opportunities to practice and rehearse new information. How you give feedback can improve student performance, and you can also investigate program options such as summer school, after school programs, and special education.

EXTRA TEACHER ASSISTANCE

Unlike intelligence, academic skills can be significantly improved through extra practice and teaching. The best results occur when students receive individual assistance for improving their academic skills. Remedial programs that have a high number of students do not usually

lead to great gains in performance. The best results occur when you have a trained person working several times a week with the student on an individual basis.

As noted in my earlier book *The Learning Solution*, school services often fail to address the needs of students with significant learning problems. Classroom teachers cannot assume that the student's learning problems will be automatically fixed by the remedial or special education teachers. Students with learning problems need extra intensive individual assistance, and progress can be a slow and laborious process for them. In order to provide the student with the needed individual instruction, you could try to do it yourself before or after school, instruct the parent on how to do it, or suggest the name of a tutor that the parents could employ after school to help the student.

The extra help that a teacher provides a student can be appreciated for many years. My wife's father was a teacher and has been retired for over twenty years. However, he constantly has ex-students coming up to him to offer him favors. It even trickles down to his children. One day my wife and I ate dinner at a Japanese restaurant that was run by the father of one of his ex-students. My wife and I were treated to a fantastic Japanese dinner by this man, and he refused to take payment for our bill. He just appreciated the difference that my father-in-law had made when he was tutoring his children for free after school.

SETTING GOALS FOR STUDENT ACHIEVEMENT

Don't look at the student's skill level in isolation from a long-range plan. In other words, you should be thinking in terms of both short- and long-term goals. If a student has a specific skill deficit, it is important to set up goals that the student can build on during the summer and the next school year.

Special education students have individualized educational plans (IEPs) for a school year, whereas regular education students do not. Theoretically a special education IEP lists a set of goals that need to be reviewed every year. On face value this looks like a wonderful and very effective procedure. However, in actuality the goals are often computer generated and are not directly tied to the teaching that the student is experiencing. For example, the goals will state that the student will achieve 75 percent or some other level of mastery for a specific skill. Often there is no way of accurately assessing this mastery, and the goals are put together in a hasty manner. The problem is that

the special education teacher has to write goals for many students, and it is very difficult to find the time to look at students individually and set up clear and meaningful goals that can be objectively measured. If this is hard for the special education teacher, it will certainly be hard to do for a classroom teacher. It is suggested that you try not to focus on many goals. It may be practical to focus on only one at a time.

My preference is for there to be a meeting with a student and parents to identify the deficit that needs to be addressed. Afterward, I would look for parent and student input on what can be done to improve it. It is better to set one small and reasonable goal than choose a lot of goals or one that the student could never reach.

It is important to develop clear and measurable goals so that you develop specific strategies to address a student's needs and to measure the effectiveness of the strategy that you have employed.

Examples of Easily Identifiable and Measurable Goals

1. The student should sound out words that are presented at a beginning second-grade level at a quick, automatic level. In other words, the student will not hesitate or make mistakes when sounding out the words that have been identified for presentation.
2. The student should get grades of 80 and above on the weekly spelling tests.
3. The student will memorize the basic multiplication facts and demonstrate his or her competence by being able to get a score of 90 on a single digit multiplication test.

MAKING USE OF PRIOR KNOWLEDGE

Try to make use of the student's prior knowledge when teaching lessons. For example:

1. What is the student interested in?
2. What are his or her prior skills?
3. What are the student's strengths and weaknesses?
4. At what level does the student have these skills (surface versus deep and automatic)?

Once you have a measure of the student's prior knowledge and interests, you can attempt to reinforce those skills that are not acquired at an automatic level.

Look for areas in which the student makes frequent errors or takes a long time to respond. These would be examples of skills that are not acquired at an automatic level. You can treat them by developing an instructional program that will focus on the speed, as well as accuracy, of responding.

MODIFYING THE CURRICULUM

All students need to be taught at a level that is motivating and allows them to succeed. Therefore, a student with academic deficits needs to have his or her curriculum modified so that the material is not too difficult and not too easy. It should be moderately challenging. This is not an easy task, and most teachers have not been trained to do this.

Ideally, every student needs to be presented with educational materials that are just moderately discrepant from what the student already knows. If the information is too familiar, it may not be interesting, and if it is too unfamiliar, it will make the student anxious. Moderately discrepant information is motivating and interesting for students to attend to and work for. Research done with young infants indicate that they tend to prefer moderately different stimuli to look at. When given a choice, they would rather spend time looking at something that is a little different from what they have previously seen than something very familiar or very different. Optimal learning and performance takes place when a student is provided with information that is moderately discrepant from what the student already knows. It is only when information is a little different from what a student already knows that he or she feels energized and excited about the learning process.

The interests of the student and his or her prior knowledge should also be explored when planning a lesson. This background knowledge will help in knowing what is moderately discrepant for the child. It also results in planning meaningful and interesting lessons that will help the student to retain information in long-term memory.

Teacher Training Issues for Modifying the Curriculum

I often wondered why colleges aren't training teachers on how to modify curriculums. One day I asked a professor at a local teachers' college why such courses were not being taught. He told me that it would require too much training and that it could not be fit in with

all the other requirements. My response is that what else could be more important than being trained to teach all the students that enter a particular classroom. I believe that very often the professors directing graduate training for teachers are out of touch with the daily needs of the classroom. It is not because they aren't capable, it's simply because they are not in the school system and observing what is happening. Therefore teachers need to advocate for training to help them modify their curriculum for students that are having academic deficits. Sometimes it is a lot easier to modify the student's curriculum than to modify the student.

Use of the Computer to Modify Curriculum

I believe that the increased use of computers also opens up a vast potential means of modifying curriculum materials for students. There are things such as computer scanners that allow teachers to photocopy learning materials directly into a computer. Once the information is downloaded, scanner software programs such as Omnipage or Page-maker can be employed for change or modification purposes. For example, the student could receive a math worksheet that looks like everyone else's, but which actually contains easier tasks to complete. The student gets modified assignments that look exactly like those of the other students, but they are at a level where they could succeed. Instructions could be simplified, pictorial diagrams added, and worksheets could be made with less or easier material on them. Once you did this for one student, you could continue doing it for students with similar skills during future school years. Special area teachers such as remedial teachers or special educators could assist in this modification process.

GETTING THE STUDENT TO TUTOR A YOUNGER CHILD

One effective strategy you can employ is to have the student as a tutor or work with younger children. This may improve his or her self-image as a student and reinforce some skills. Having a student take the role of a teacher may force the student to be more prepared for the learning activity and give him or her a different perspective toward the learning process. I know that when I was teaching graduate school I was learning more than any of my students. The act of teaching forced me to know the material at a much deeper and stronger level than would have otherwise been possible.

COOPERATIVE LEARNING

You can make use of cooperative learning situations to promote better learning. Sometimes another student can explain a task better than a teacher can because they are on a similar developmental level. When conducting cooperative groups, you can:

1. Split the classroom into groups of three and ask each student to create a question and address it to the group.
2. Assign group projects that promote an active style of learning.
3. Have a capable student model a problem-solving situation for the other students in the group.

PRACTICE MAY NOT MAKE YOU PERFECT BUT IT WILL MAKE YOU BETTER

Very often the student who has learning deficits needs more reinforcement and practice learning new concepts than what can be provided during the school day. Michael Jordan did not become a great basketball player by just showing up for the game. He spent many hours in the gym working on his skills. Students can improve their academic skills by having more opportunities to practice what they are learning.

Most students will be willing to work harder in practicing new material if they experience initial success. You should therefore attempt to engage in the strategy of “shaping” a student’s reading or math performance. If the student cannot master a desired skill, you can start with a skill activity that is below the level of the desired one, enabling the student to be successful. You can then build on the student’s performance through successive approximations of the desired skill level. Even if the student’s skills are very weak, you could create successful experiences by the format you use to test his or her understanding. For example, you could phrase questions in a recognition format (Is the answer X or Y?), as opposed to a recall or production one (What is the answer?).

Making the student an active participant in the academic activities may also make the student more willing to work on his or her skill deficits. For example, you involve the student in the planning stages of a reading, writing, or math program in order to gain input and investment into the program that has been developed.

THE IMPORTANCE OF GOOD FEEDBACK

Feedback is a critical factor involved in good teaching. Without feedback, a young student may forget the successful or unsuccessful strategies that they employed. Lack of immediate attention or feedback can also make some students angry. Good feedback is also an incentive for a student to put forth more effort. I usually suggest that teachers reinforce progress as opposed to effort. Your end goal is more progress and not just more effort. It is possible for a child to put forth a lot of effort but not experience a lot of progress.

Provide consistent opportunities for feedback on the student's performance. This progress can be illustrated by a graph. If the graph is not illustrating progress, then the mode of teaching and the materials presented need to be reevaluated. If the lessons are structured appropriately, there should always be progress. However, this progress may be small as opposed to great.

Examples of positive reinforcement that you can use include praise, use of charts to mark progress, making prominent displays of nicely completed work, use of certificates, and the general acknowledgment of the student's success. In addition, take a good look at the kinds of feedback that you give a student. Some students are very sensitive to criticism or negative feedback.

SUMMER AND AFTER SCHOOL PROGRAMS

A student's learning does not have to end at the end of the school day or work week. Even if your school does not have any after school programs, you can contact a school counselor, psychologist, or social worker to see what is going on in your community. You could also send material home to the child's parents so that they could reinforce what you are doing in class. If the parents are not following through, it will be easy for you to know, and you could tell them that you will only continue sending materials home if they are willing to work on them with their child.

EVALUATING TEACHER PERFORMANCE FOR STUDENTS WITH ACADEMIC DEFICITS

Teachers often feel a lot of pressure for students to do well in their classes. They feel that they themselves are evaluated by their student's performance. They worry about how the school principal and even

what the next grade's teachers will think about them. However, one cannot accurately evaluate a teacher's performance simply by the skills that the student is demonstrating at the end of the school year. In order to make an accurate evaluation, you have to look at the skills the student brought to the teacher at the beginning of the school year. You have to do what is called pretesting and post-testing of the student. If a student comes into the classroom two years behind his or her peers and leaves it just one year behind, one could consider it to have been an excellent school year. The student would have made two years of academic progress in just one year. Even if the student makes one year's progress for the first time in their school career, I would consider that to be good progress. You cannot evaluate current student progress without reviewing past progress.

SPECIAL EDUCATION OPTIONS

A referral to the Committee on Special Education could be explored as part of a team process at your school if the student's academic skills are several years below grade level. In order to get a special education service, the student must meet the criteria for having a disability. The disabilities that students can be classified by for skill deficits would range from mentally retarded, traumatic brain injury, autism, learning disabled, or multiply handicapped if many disabilities are simultaneously involved. Mental retardation requires that the student have more than low IQ and achievement scores. The student must also exhibit significant delays in social and self-help skills outside of the classroom, and this would be evaluated by a school psychologist using an adaptive behavior scale. Traumatic brain injury is typically a physician's diagnosis and is based upon a child having an injury to the brain. Autism, which is a developmental disorder making it difficult for the child to communicate with others, would typically be diagnosed by a developmental pediatrician, psychiatrist, or psychologist before a child enters school. A mild case could be diagnosed after a child enters school. As previously noted, the diagnosis of learning disabled is typically made by looking at the discrepancy between a child's IQ scores and his or her achievement scores.

If a child is classified as having a disability, the support services will range from extra support from a special education teacher inside or outside the classroom to a special class program. There is a federal mandate to provide the child with the least restrictive educational setting, and therefore an attempt will usually be made to keep the stu-

dent in a regular class placement before exploring a special class. However, when the symptoms are severe, a special class placement may be immediately looked at.

SPECIFIC READING STRATEGIES

In order to correct the student's letter reversals, the following strategies are helpful:

1. Use cues the child can relate to such as a bat and a ball. For the letter "b" the bat comes before the ball, and for the letter "d" the ball comes before the bat.
2. Drawing a right arrow under the words that are frequently reversed such as "how" and "was."
3. Covering the word with an index card and slowly moving it to the right.
4. Making flash cards for frequently reversed words.
5. Using timed work sheets in which the reversed words are required to be sounded out at increasingly faster periods of time.

An initial tape recording of the student reading a short sentence should be done. Every few weeks another recording could be done and then compared with the old reading of the sentence in order to gain feedback on the progress.

The student could also tape record himself or herself reading a passage and listen to it for a second time while looking at the book to improve comprehension.

Time how long it takes the student to read new words with a stop watch. The student needs to be reinforced for correct pronunciation and speed of performance.

SPELLING STRATEGIES

The student should be asked to pick five words at the beginning of each week that he or she experiences difficulty with. Each of these words should be written on flash cards. Then the student should practice spelling these words and using them in stories.

The student could be encouraged to creatively write poems. This is an activity that the student may enjoy, forcing him or her to apply the new words that have been learned.

The student should be exposed to multisensory approaches to writing. For example, he or she could be trained to make a mental image

of new words to be learned. The student could then attempt to write the word on a piece of paper with his or her eyes closed. The use of a blindfold may be useful for this activity. It would also be useful for the student to practice saying the word out loud when writing it down.

Attempt to have the student use words in context. For example, the student could be asked to make up sentences for the new words that have been learned.

MATH STRATEGIES

Make use of visual imagery techniques whenever possible. Ask the student to make mental images of the materials to be learned. For example, if a student is learning math facts, ask that student to make a mental image of the math operation when attempting to solve it.

There should be frequent drills and reviewing of skills that the student is acquiring. The student may need to “overlearn” (i.e., practice doing it until it’s an automatic process) the math facts. This will help him or her to recognize them in a quick and automatic manner.

Teach the student how to break down math problems using a pencil and paper.

QUESTIONS TO ASK YOURSELF

1. What skills does the student have?
2. What skills does the student need to acquire?
3. What is the student interested in?
4. What goals for performance can you reasonably expect from the student?
5. Have alternative modes of instruction been explored if the current ones are not working?
6. How much progress is the student making during the current school year?
7. How can instruction in the classroom be modified to the skill level of the student?

SUGGESTIONS

1. You can solve a problem with your student by looking at ways to modify the student. In other words, try to get the student to change her behavior or performance in some way. You can also look at ways to modify yourself and how you teach the student.
2. Review what works and what doesn’t work with your student by making a list of your strategies that work *and* the strategies that don’t work.

3. Don't be afraid to consult with another teacher or an educational specialist regarding a student's academic difficulties. Your request for consultation should be viewed as being a compliment. It means that you respect that person and are interested in what information is offered.

Chapter 9



Effort Component

I have seen many students with significantly above-average academic skills who experience academic failure, and I have also seen many students with academic deficits who are still able to experience success in school. The key factor for these students was the amount of effort that they put into their schoolwork. It is no different in the workplace. There are many capable people who don't rise in their professions because they are unable to put forth their best efforts. Then there are others with less natural abilities who become very successful because of their determination and strong effort. Unless the student's desire for academic success matches his or her academic abilities, that student will not be working up to his or her academic potential.

SCHOOL SUCCESS MUST BE A VALUED GOAL

In order to put in a maximum effort into schoolwork, students must accept that doing well in school is a valued goal and one that they are capable of achieving. The child must see academic success as being relevant in his or her life. It is very important that both teachers and parents communicate the importance of a good education. You can never do this early enough. I often see parents who talk in terms of "if their child goes to college," instead of "when their child goes to college." I once spoke to a man on a local radio show who blamed the public school system for his lack of higher education. He graduated from high school and worked in a local factory. He felt that he

would have gone to college if he had been encouraged to do so by his teachers. I then asked him what his parents expected him to do after high school, and he indicated that there were no expectations. It has been my personal experience that most parents who expect their children to go to college in fact have children who do so. Teachers can help a child see the value of a good education, but it is difficult for them to do this without parent support.

Example of a Student Who Did Not See School as Being Relevant

I remember a boy named John from a low-income area who thought he had life figured out at the age of six. He told his teacher that he did not have to do the work in school because when he grew up, he would become a pimp and live off the money made by his women. He had seen the same thing happen in his home situation, and this was the role model for him. Neither he nor his mother had the expectation that he would do his schoolwork and go to college one day.

Very often a sense of hopelessness is often passed down from one generation to the next. It takes a special person to overcome the negative aftereffects of a child who is constantly told that he or she “is no good,” “will never amount to much,” or that “there really are no opportunities out there to better oneself.” There are many teachers who are trying to combat this problem in the classroom. It is a tough battle, and one that you can only win if you are able to make a strong personal connection with the child.

CHARACTERISTICS OF HARDWORKING STUDENTS

Hardworking students tend to be confident and have good self-esteem about themselves. They also tend to be enthusiastic about their work, and persistent in completing it.

CONFIDENCE

In order to put a maximum effort into schoolwork, a student must believe that doing well in school is a valued goal and also believe that it is one that she is capable of achieving. Students who lack confidence in their ability to complete schoolwork will have a hard time putting a lot of effort into it. Why should a student or for that matter an adult

put good effort into tasks if they believe that they can't be successful with them? If you are going to put a lot of effort into a task, you must ultimately believe that you will be successful with it. When someone believes that a situation is hopeless, they tend to act in negative ways that promote increased negative behavior. It is only when a student begins to have confidence that a situation can indeed improve that he or she will make the increased effort required to make things better.

Communicating Your Confidence in a Student

It is essential that the student feel that he or she has the capability to successfully complete schoolwork. If the work is beyond the student's capability, then it is important that either extra assistance for completion of the work be provided, or that the work be modified to a level for the student's success. All the people involved, including the student, his or her parents, and the educators, should have confidence in that student's ability to be academically successful. Teachers and parents need to share and express this confidence in the student's ability to be academically successful. It is hard for a student to have self-confidence if the important adults in the student's life don't share and communicate positive expectations. Perhaps the greatest gift I give to families that come to me for counseling or educational testing is the "hope" that things will get better and that the student will become more successful. When someone believes that a situation is hopeless, they tend to act in negative ways that promote increased negative behavior. It is only when a child begins to have confidence that a situation can indeed improve so that he or she will make the increased effort required to make things better.

Improving a Student's Confidence

Most of the packaged programs that are used to improve self-esteem and confidence are generally ineffective. In my experience, improvements in self-esteem are the direct result of actual accomplishments. It is therefore critical that teachers provide students with academic activities with which to succeed. This sounds simple, but I often see teachers who keep giving students the work assignments that are often too difficult for them to complete. Sometimes teachers do not have a choice because of the curriculum demands placed upon them, and this creates a very frustrating situation for both the teacher and the student.

It is also critical that attempts at building the student's successful experiences in school start right away in kindergarten and first grade. A student who meets with academic difficulty at an early age is dealing with two problems, skill deficiency and poor self-confidence.

You want to build up the student's self-esteem whenever possible. Always identify the positive, and avoid criticism whenever possible. Nobody enjoys being told they are wrong.

Characteristics of Confidence

A student with confidence is one who believes in his or her ability to be successful. Whenever the student approaches a task, that student believes that he or she will be able to do it correctly. The student goes in with a "can do" attitude. There are several ways that we can measure a student's level of self-confidence:

1. Listen to what the student says about him- or herself. Students with a lot of confidence do not put themselves down and do not use negative words such as "stupid" to describe themselves. Instead they often say "I can do it" or "I know what to do," even if there is little chance of success. They do not need to boast about their competence because they do not feel that they have to prove it to others.

I was once watching my nine-year-old son try out for a baseball team with some other children when one particular child caught my eye. He was the smallest child there, but whenever the ball was hit to him, he would repeatedly and loudly yell out, "I got it! I got it!" He missed the ball several times, but he communicated confidence in his ability to catch the ball. It is my expectation that his confidence will lead him to becoming a very good baseball player.

2. Confident students usually have a lot of friends. We like to be around people who are secure in their abilities.
3. Confident students are usually rated as being confident by their teachers and parents. It is not something that is easy to hide.
4. Confident students usually have a reason to be confident. They therefore have a good past history of success in the areas where they are confident.

ENTHUSIASM

Students who are excited by the work they are presented with tend to put forth more effort. Students who are bored or disinterested in

their assigned schoolwork find it a big chore. Students who are excited about their schoolwork want to talk about it and are anxious to complete it. The enthusiastic student is one who can't wait to get started on activities. He or she is genuinely interested in what is happening in school. The enthusiastic student is one who:

1. Looks forward to going to school and becomes upset when they can't attend.
2. Frequently talks about what he or she is doing in school.
3. Doesn't mind spending extra time on school assignments.
4. Gets started on assignments without any reminders from parents or teachers.

PERSISTENCE

Persistence is directly related to a student's confidence and the relevance or importance they attach to a task. A persistent student also has a good ability to handle the frustration he or she may experience when presented with initial difficulty while working on an assignment. There are students with a high anxiety level who need to remove themselves from working on an assignment because their anxiety increases to an uncomfortable level. Sometimes the only way that anxiety can be lowered is for the student to stop working on the assignment.

Persistent students are those who keep working even when they experience initial difficulties. Students who view school assignments as being relatively unimportant or irrelevant will be unlikely to demonstrate a lot of persistence.

Some characteristics of the persistent student follow:

1. The ability to deal effectively with the anxiety that results when experiencing difficulty with a problem-solving task. The student doesn't yell and scream at the first sign of difficulty.
2. More effort is put into studying if the student achieves a less than satisfactory grade on a test.
3. The student sets high standards for achievement.
4. All alternatives for solving an academic problem will be explored before the student gives up.

THE STUDENT WHO NEEDED CONFIDENCE AND ACCEPTANCE

June was a thirteen-year-old student in the seventh grade. She had little confidence in her abilities and felt that the work was too hard for her. She was failing several of her classes and was putting little effort into school activities. She had two older sisters who were attending very good colleges and felt that she could not measure up to them. Rather than try and not measure up, she decided not to try at all. She did not want to risk taking the chance of being exposed as inferior to her sisters in some way. Her parents had difficulty understanding why June was not like her sisters who had experienced little difficulty in school. Her teachers also couldn't understand why she was failing because she presented herself as being a very intelligent student.

June's parents did not make active conscious comparisons of her to her sisters, but it was hard for them to ignore the fact that she was different from them. It was important for June's parents to recognize this difference and play up the positive aspects of it. Instead of denying that June had difficulty with her subjects, they had to actively acknowledge it.

Her teachers needed to understand how she was feeling. If they told June that her work was really easy and she couldn't do it, they would make her feel worse. Instead, her teachers needed to acknowledge her feelings and accept that she perceives the work as being difficult. This would help her feel a sense of accomplishment as opposed to simply meeting an expectation for completing an "easy assignment." Sometimes teachers unconsciously reinforce a student's unwillingness to try harder in school by telling them that the work is easy for them.

Teachers cannot assume that just because their student has the necessary skills needed to be successful that the student feels the same way. It is possible for students like June to feel that they lack the skills needed to be successful, even though they actually have the skills. In June's case, her definition of success meant that she had to perform up to the level of her older sisters. Anything less was perceived as not acceptable. She put a lot of pressure on herself, and after a while, she decided to give up because the pressure was so stressful.

In this situation, June, her teachers, and her parents had to work cooperatively to set goals on which they all could agree. A parent-teacher-student meeting was set up, and an agreement was reached that it was okay for June not to achieve up to the level of her sisters, but it was not okay to be failing. They jointly set a goal of a "B" average in all June's classes. Within a semester, her grades in school went

up to a "B" average. When goals were set up that she felt she could reach (i.e., "B" versus "A"), June was more motivated to put out the effort needed to be successful in school.

EXAMPLES OF STUDENTS WITH WEAK SKILLS WHO SUCCEEDED BECAUSE OF EFFORT

Brian

When I first started working as a school psychologist twenty-one years ago I was asked to assess Brian as part of routine testing. Brian's IQ score of 78 is significantly below average, and theoretically he should not have been doing average work in his classes. He was a "C" student who was passing all of his classes. It is important to realize that success for Brian meant passing grades. His intellectual limitations truly made it impossible for him to be an "A" student.

In another time period, one would have focused on just his IQ score and stated that he belonged in a special class. A student with an IQ of 78 would not have been given the opportunity to compete in a regular classroom. It has been more popular in the last few years to give students such as Brian increased opportunities to participate in regular education programs. However, there are still some school systems that continue to focus on students' IQ and not their determination. I gave Brian several intelligence tests over several days to make sure that his IQ score of 78 was accurate, and indeed it was. What my tests could not measure was that Brian was determined to be successful in the regular education program. He had to work much harder than the other students in seventh grade to complete his homework and simply accepted that this was something he had to deal with. He was a serious student who felt that it was very important for him to be successful in school. Brian was a person whom I had great respect for, and I often wonder what has become of him since he finished school. I expect that he has been more successful than many students with average or even above-average IQ scores.

I have seen very few students like Brian achieve this level of success all on their own without much assistance by teachers and other adults. He had a special determination, which appears to have been given to him at birth.

Lenny

Lenny was a sixth-grade student who had just entered the middle school. He had an IQ of 76 and was several years below grade level

in all of his academic subjects. His parents were both college graduates who worked as professionals. Lenny had two older brothers attending college and a younger sister who was an honor student. At birth, Lenny had been deprived of oxygen at a critical point in time and appeared to suffer permanent neurological damage. However, just looking at him you would never know. He was a handsome child who related well to other children and adults. However, he had a lot of difficulty learning new concepts in school and in generalizing from one concept to another.

His teachers at the elementary school felt that there was no way that he could be successful in a regular education program and recommended that his parents place him in a special class for students who were also experiencing significant learning problems. Many of these students had behavioral as well as learning problems, and his parents did not feel comfortable with this suggestion. Lenny had friends in the regular classes, and his parents felt that isolating him with below average students would eventually be harmful for him.

It is never easy for a parent to go against a school's recommendations, but that is what Lenny's parents did. They requested that Lenny attend regular sixth-grade classes and that they would work together with Lenny and his teachers to help him succeed. They requested and got a duplicate set of textbooks that they could use to prepare Lenny for daily classroom activities. They decided that they would read and review materials that would be discussed in class in advance. Lenny and his parents spent two and one-half hours each night working on schoolwork. This was obviously a great deal of time, and his parents tried to split the load. Because Lenny had trouble generalizing and understanding new concepts, he often had to acquire skills on the basis of rote memory. This was a very time-consuming way to learn. It required him to learn most of his new material as a sequence of isolated facts, and it meant his parents had to constantly drill and review materials with him so that he could memorize them. However, Lenny did not mind doing all this work. I do not know many children who would have been so accepting about spending two and one-half hours every night doing schoolwork with their parents. In fact, Lenny had to spend even more time when he had to study for a test. He just accepted that this was what he had to do in order to be successful in school. He also wanted to stay in classes with his friends and not be placed into a special class.

Lenny passed all of his regular education classes with a "C" average. His teachers did not give him any special breaks, and he earned

all of his grades. This situation was in fact more stressful for Lenny's parents than for Lenny. They were the ones who had to sacrifice a lot of their time at night, and they were the ones constantly worrying about whether he would pass. Lenny simply did his work and did not worry about it. He is currently in ninth grade and is continuing to get passing grades. His parents feel very good about his progress and the amount of work they put in to achieve this progress. They don't regret one minute of the time that they put in. They had done what all of his teachers had said was impossible. There was no way that Lenny would have continued to remain in regular classes, let alone succeed in them, without the extra support of his parents.

In this situation you never know how a highly motivated child will do when they have the strong support of his or her parents. Without very strong parent support, it would not have been even remotely possible for Lenny to succeed in school. He was also successful because his teachers were willing to give him a chance, and he had earned their respect for the amount of effort he was putting into his work. I'm sure that they wished their other students would have put in an effort that even approximated Lenny's.

MEASURING A STUDENT'S EFFORT

It is relatively easy to tell when a student is not putting forth his or her best effort. The homework never seems to be done, report card grades have declined relative to previous school years, and the child does not provide the parents with information regarding test scores or daily progress. Teachers cannot accept failure to work up to one's ability as being a normal or typical situation. Getting a measure of the amount of effort a student puts into school can be very useful. Schools have many measures of children's intelligence and academic skills. There are lots of IQ and achievement tests given to children with the goal of assessing their abilities and trying to predict how well they will achieve in school. However, schools rarely attempt to measure a student's determination and desire to do well in school. Part of the problem is that there are no tests in this area that come up with numbers that are reliable and easy to understand. However, that should not mean that we avoid trying to get this information. The student's success in school is dependent on more than his or her abilities. It is directly dependent on the student's willingness to use these abilities to their full potential.

Students often give off clues that something is not right with their work effort. I have therefore designed a checklist for you to confirm your own observations of your students. This checklist will provide you with a guide to determine if there are legitimate concerns over the amount of effort a student puts into his or her schoolwork.

If you answer with a “Yes” to four or more of the questions, it is suggested that you contact the student’s parents to set up a meeting.

SCHOOL EFFORT QUESTIONNAIRE

Name of Student: _____ Date: _____

Below is a checklist to indicate signs that a student is not putting forth his or her best effort: (Just have a list of the questions with yes or no responses attached and try to do it so that it fits preferably on one page.)

- | | | |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. I rarely see the student raise his or her hand to answer questions. | Yes | No |
| 2. The student rarely asks questions in class. | Yes | No |
| 3. The student tends to give up easily when working on class assignments or projects. | Yes | No |
| 4. The student makes frequent negative remarks about his or her performance in school. | Yes | No |
| 5. The student often fails to hand in homework assignments. | Yes | No |
| 6. The student is one of the last ones to complete class work. | Yes | No |
| 7. The student’s grades on tests are inconsistent. | Yes | No |
| 8. I feel that this student could do better work. | Yes | No |
| 9. The student is often out of his or her seat without permission. | Yes | No |
| 10. The student often talks to classmates when he or she should be listening to the teacher or doing assigned work. | Yes | No |
| 11. The student appears to lack confidence in his or her academic skills. | Yes | No |
| 12. The student does not respond in a positive way to compliments regarding his or her school performance. | Yes | No |

Effort Component		97
13. Whenever the student does poorly on an exam, he or she does not show a significant improvement on the next test.	Yes	No
14. The student constantly complains that the work in school is boring.	Yes	No
15. The student's grades on tests seem to be getting lower.	Yes	No
16. The student appears to spend a lot of time with students who don't do well in school.	Yes	No
17. The student seems to rush the completion of schoolwork.	Yes	No
18. Recently, the student's participation in classroom discussions has declined.	Yes	No
19. The student's standardized test scores are higher than their classroom achievement.	Yes	No
20. The student seems to be tired a lot in class.	Yes	No
21. The student usually puts in only the minimum amount of effort needed to complete an assignment.	Yes	No

SUGGESTIONS

1. Review your beliefs concerning why a student is not putting effort into his or her work. If you believe that the student is not trying because of laziness, you are almost guaranteed to treat that student in a negative way. If you believe that the student has a problem that has not yet been treated, you will be more sympathetic and be willing to help him or her be more successful.
2. Assess the student's willingness to put forth effort in schoolwork.
3. Look for strategies designed to promote increased confidence, enthusiasm, and determination.
4. Find out what the symptoms of underachievement mean for the student. How does it affect their life? Try to look at the thoughts and beliefs they have which can affect the way they feel.

Chapter 10



The Connection between Your Expectations and Your Students' Efforts

YOUR BELIEFS AND EXPECTATIONS REGARDING YOUR STUDENTS

Your beliefs about a student directly impact on how you treat that student. Our thoughts affect what we feel and what we do. If you do not believe in the student, it will be hard for the student to have the confidence to believe in his or her own ability to be successful. Students often look at teachers as being experts. If they hear enough negative comments from their teachers, they will learn to doubt their abilities and lower their expectations for performance.

You should be sharing realistically high expectations for your students. These expectations can be for the immediate present or for future years. You want to get your students thinking about their future in education. Even kindergarten teachers should talk about their students going to college one day. Most children tend to live in the “here and now” and don’t think about what will happen when they will turn eighteen years of age.

SETTING REALISTICALLY HIGH EXPECTATIONS AND GOALS

If you want a student to be more successful and put forth better effort in school, it is important to set goals. Having goals makes clear what needs to be accomplished and motivates both you and the student to try harder. Without a good understanding of a student’s

difficulties, it will be difficult to have expectations and set goals that are reasonable and which the student is capable of achieving.

Just as you need to define the student's difficulties in operational terms, you also need to do the same for your goals so that everyone can clearly understand what they are. Goal setting cannot be done independently of the student, especially one who has been resistant to your efforts. Unfortunately, this is an important issue that teachers frequently neglect. Too often I sit in meetings in which teachers attempt to impart goals that the student doesn't accept. Unless this acceptance is obtained, the goal has little chance of being realized.

The setting of goals and expectations needs to be a team process with everyone being allowed to provide their *own* input. It does not have to be an all-or-nothing process. Instead, compromises can be made with the idea of making small steps until you reach a situation that you can be happy with.

EXPECTATIONS

A student's success in school is directly tied to the expectations of the important people in his or her life. A classroom teacher is a very important person in a student's life—your expectations matter. Successful education is the result of the student, parents, and teachers working in harmony with one another. There can be no harmony unless the student's, parents', and teacher's expectations or goals for performance are consistent with one another. There is no way of knowing if these expectations are in harmony without active discussion about what kind of performance should be expected from the student. Very often students go through their entire school career, and there has not been an explicit discussion of what was expected in regard to their academic performance. Parents, teachers, and children need to strive and work together for an agreement on realistically high expectations and goals for a successful school experience. Unless this occurs, it will be very difficult for the student to work up to potential.

Whenever I see a student who is underachieving, I ask that student to tell me what kind of grades he or she is able to achieve. I have never met a student who did not truly want to be successful in school. Sometimes a student will say that they don't care about school, but almost never do they wish to fail. If the goal is simply to pass, that is exactly what the student will do—just enough to get by. However, sometimes the student miscalculates and instead of "just passing," fails. My goal in counseling a student is to get him or her to think in terms of being

more than just a "C" student and to work toward the goal of being a "B" or even "A" student if this is within that student's capability. I then work with the student's parents and teachers so that everyone has the same expectations for higher performance.

It has also been the case at times that a parent will set goals that are unrealistically high, setting the student up for failure. Usually a teacher, especially one at an elementary level, is aware of a student's skill level and is unlikely to set up unrealistic goals. When unrealistic goals are set, it leads to increased frustration. The student may give up in school because he or she is unable to achieve up to the level that is expected. It is as if you have a job and are never able to successfully get your work done the way that you wanted. In this situation, you experience a lot of stress and may want to look for another job. Because the student cannot look for another job, he or she may simply give up and stop working or continue to be very stressed. It is hard for students to feel good about school and themselves if they never feel successful. Make sure that when you work with students, some level of success in that activity is experienced. Lack of success is the primary factor in students lowering their expectations.

In order for the student to be working toward realistically high goals, the student, parents, and teachers need to be communicating effectively with one another, talking the same language, and basing their expectations on hard data that are easily understood. Any discrepancy in goals between a parent, teacher, and student will lead to increased stress and educational problems.

MICHAEL

Michael's parents were meeting with his guidance counselor who was going over his report card. Michael was a fourteen-year-old boy with above-average intelligence who was not working up to the best of his ability. His parents were both highly educated professionals and expected a lot from their son. His guidance counselor reported that Michael's report card was generally good. He has an A- in Spanish, a B in science, a C in math, and two Ds in English and social studies. Michael's father lost patience with the guidance counselor at this point and told her that "perhaps these grades are good enough for one of your children, but not for my child." Getting grades of C and D were not acceptable for Michael's father.

I have worked with many parents, teachers, and children during the years. The one thing that they have always been able to agree

on is that all they want is for the child to be successful in school. The only thing that they may disagree on is the definition of success. For some, success is simply the absence of failure; for others, it is no less than an “A” average. In order for a student to do well in school, it is important that there be a shared definition of what it means to be successful.

HOW DO WE DEFINE SUCCESS?

What does the word success mean and who determines if a student has achieved it? Success is defined by Webster’s Third International Dictionary as the “degree or measure of obtaining a desired end.” In other words, it refers to the achievement of a goal. Therefore, a problem exists in school whenever we perceive a student as not achieving a goal for performance.

The important question here is who sets up the goal or goals. Michael’s father wanted Michael to achieve more than passing grades. If Michael is to do that, it is important that he, his parents, and his teachers *share* this goal.

However, sometimes people disagree about the goals to be set for a student’s achievement in school. In this type of situation, it is important for people to communicate in a clear way with one another, and reach some consensus on the goals for academic achievement.

It is important to keep in mind that very often students are usually not involved in setting up the goals for their own behavior and progress in school. They may decide that certain goals that their parents and teachers hold as being very dear are in fact inconsequential to them. It is possible for some students to reject their parents’ or teachers’ goals and still view themselves as successful. For example, some teenagers reject their parents’ and the school’s values and do not actively seek to be successful in school. Instead, their goals may consist of being actively involved and liked by the peer group with whom they associate. This student may in fact view him- or herself as being successful because the primary goal (popularity) is being achieved. However, parents and teachers may view this student as being very unsuccessful.

Most teachers and parents would like the student to share their own goals for school success. However, this is not always possible. Whenever students, parents, and teachers do not share the same goals, this discrepancy leads to stress and friction.

THREE WAYS TO DEAL WITH A DIFFERENCE IN EXPECTATIONS

Somebody Changes Expectations

If people are to change their goals and expectations, it has to be done on the basis of data regarding the student's abilities and information that was previously unknown about the student's situation. Arguing does not usually lead to a change in expectations for students. Arguing and yelling usually leads to more arguing and yelling. It does not lead to successful problem resolution. A student, parent, or teacher will only change their expectations if they are presented with evidence and a good reason for doing so. It is important that this evidence be based on concrete findings such as test scores, work products, written reports, or clear observations of behavior. Opinions without evidence are not conducive to leading another person to change their beliefs and expectations. When expectations differ, it may be helpful for the school to refer the student for testing by a school psychologist or other educational specialist to determine exactly what skills the student has and what can be expected. This can provide the hard data that is needed to convince people to shift their expectations. A good reason for changing one's actions should be based on clear, objective, and relevant consequences.

For example, having a student tested or utilizing previous standardized test data to demonstrate that a student has at least average academic skills is a good way of making a point that we should expect average academic performance.

Modify Expectations

Sometimes it is better to compromise and agree on a common goal that is just a little higher than what was considered before. This is what I call the step-by-step approach to setting goals. Once the student meets the goals, we can gradually increase our expectations for future success. For Michael, the fourteen-year-old student, this could involve his father settling for grades in the "C" range instead of the "D" range. You could also look at changing your expectations for daily work performance. For example, a student who is not completing any of his homework may respond better to the possibility of spending forty-five minutes on it as opposed to ninety minutes. Even though all the work may not be finished in forty-five minutes, getting half of it finished is better than getting none of it finished in the current situation. Once

the student experiences some success, you can work toward increasing the time spent on homework. Sometimes you need to jump start students and give them a taste of success in order to get their compliance and agreement to put forth more effort in school.

Agree to Disagree

This is not a good position for parents, teachers, and students to be in. However, it is better than being in a situation of perpetual conflict. Being in conflict brings negative consequences to the student's personal relationship with parents and teachers. Sometimes it is necessary to suspend the hostile conflict situation (i.e., have a truce) before you can make progress. This may be the first step in leading to a cooperative relationship. The conflict needs to be lessened before you can effectively work together.

STUDENT EXAMPLE

Daniel was an intelligent thirteen-year-old boy who hated to do his homework. Therefore, he never did it. His parents and teachers were very disappointed in his school performance, and let Daniel know. Daniel had nothing against doing well in school. He would have been pleased if he had an "A" average on his report card, but he did not share the expectations involved in achieving this end result—such as doing his homework everyday. His teachers and parents met with him to decide if they could do something to have Daniel change his position on completing his homework. They suggested that he would not be able to get together with his friends and watch television at night unless he first completed his homework to their satisfaction.

In order to make sure that Daniel was being honest with them regarding his homework, a plan was developed in which he would bring his agenda notebook to each of his teachers after class for them to sign off regarding his homework completion. This was his job, and his teachers would not remind him. If his parents did not see a teacher signature, they would assume that the homework was not completed. Daniel had a history of being less than honest with his parents when it came to his homework completion. His famous comment was that he had done it in study hall, when in fact that was not true.

Daniel decided that it was now in his self-interest to get his homework done, and he accepted the goal of completing his homework everyday. Daniel's parents had initially tried to change his position on

homework by reasoning with him. Because reasoning was unsuccessful, they tried more extreme means, such as taking things away, until he had no privileges. This also did not work. Likewise, his teachers had also provided consequences such as detention and poor grades for his lack of homework completion without any effect. It was only when his parents and teachers were coordinating regarding his completion of homework that Daniel's behavior and expectations for homework completion changed.

TEACHER EXAMPLE

Susan's teacher wanted her to spend thirty minutes a day reading. Susan, who is nine years old, and her parents have constant fights over her lack of desire to read. Susan did not feel that it was important to read every day. She did not want to take away any time from watching television or playing with her friends. No amount of talking to Susan could convince her to read every day. Because she viewed the expectations as unfair, she decided to put in even less effort into her reading. Finally, her parents and teacher met with her to see if they could work out a compromise. They asked Susan to state what would be a reasonable expectation for reading. Susan told them that thirty minutes a day was too much, but she would be willing to spend about twenty minutes every day reading. Susan's teacher accepted her "compromise" and decided that if Susan kept her word the end result would be much better than that which they were currently getting. Therefore, her teacher decided to change her expectations in order to keep them more consistent with that of Susan's.

STUDENT AND TEACHER EXAMPLE

In this situation, the conflict is put on hold with the hope of eventual resolution. Betty was twelve years old and just passing her classes. Her sixth-grade teacher wanted her to get higher grades, but Betty did not currently share this goal. It bothered Betty's teacher to see her failing to work up to her potential. She felt that this reflected on her ability as a teacher. If only she could reach Betty, perhaps she could make a difference. Nothing that her teacher or parents tried had an effect on increasing Betty's effort in school. In this situation, Betty and the adults have separate goals in regard to her academic performance.

Her classroom teacher decided to accept Betty's feelings for the moment and accept the fact that she does not currently share their goals for academic achievement. In other words, the teacher was willing to accept where Betty currently is in the hope that she could continue to influence Betty by taking a positive approach and encouraging her to do better. Prodding, pushing, and punishing were not working. My philosophy is that if something is not working, do something else. If a child does not feel accepted by someone, he or she would probably feel uncomfortable with that person. Sometimes the best way to get a change in a student's performance is to develop a relationship. After a relationship is developed, the odds of the student listening to the teacher will probably improve, and the student will possibly put more effort into his or her work.

If you still can't get through to a student like Betty, this becomes a situation in which a counselor or psychologist needs to get involved.

Chapter 11



Using Positive Communication to Improve Student Effort

THE IMPORTANCE OF A POSITIVE ATTITUDE

The student who is not doing well in school is likely to have a low self-image and usually gets feedback and comments that reinforce that negative image. The student in this situation is less likely to receive positive comments from teachers when, in fact, the student needs more. This negative experience with teachers could lead the student to become more defiant, disrespectful, and noncompliant because the teachers are viewed as being the constant source of negative feedback. It is therefore important that teachers find effective ways of communicating with a student to provide feedback in a manner that is sensitive to the student's emotional needs.

Teachers need to believe in the student and treat him or her as they themselves would like to be treated. I have seen students with severe difficulties do well in school when presented with a teacher who was able to demonstrate understanding, communicated a strong sense of caring, and talked in a kind and respectful manner. A good relationship with the student is conducive to both good learning *and* good behavior in school.

HOW TO DEAL WITH YOUR OWN NEGATIVE ATTITUDES

Teaching students can be a very tense process. Sometimes it takes one little incident such as a student dropping a piece of paper or giving a wrong answer to a question for you to release some of your

stored-up anger or frustration. It is very important for teachers to be constantly aware of how students perceive the feedback that you are giving them.

Teachers don't start out having negative expectations for their students unless particular students have developed "learned helplessness." For most teachers, a negative attitude toward a student develops when the student continues to do poor work despite the teacher's best efforts. Sometimes the teacher becomes frustrated because all their efforts have been unsuccessful, and the teacher doesn't know what to do anymore. It takes a very special person to keep trying when their best efforts are unsuccessful.

When a student is unresponsive to your best efforts, you will eventually feel very discouraged. There are two possible negative things that may happen:

1. You may view the student in a negative way. You may even view the student as a "bad student."
2. You may view yourself as being a "bad teacher." You could ask yourself, "What am I doing wrong?" You could also have a sense of shame regarding the student's performance and feel that you are in some way responsible for it.

Try to avoid falling in the trap of providing a negative label to either the student or to yourself. Sometimes your student's behavior is the result of complicated factors that are not easily in your control. Once you make use of a negative label, you prevent yourself from exploring other more positive ways for looking at the situation.

It is critical that teachers not get down on themselves when a student experiences difficulty in school. This does not help the student and gets you side tracked from your goal of improving the student's performance.

Monitor the comments that you give to your students. Making use of yelling or sarcasm is the best way to get a negative response. These methods are a sign of one's frustration and do not lead to improvements in a student's functioning. They can also cause considerable harm to the teacher-student relationship. One of my most effective counseling strategies for adults is to have them keep a log of how often they yell or make negative comments to a child. An index card with the days of the week is used, and the adults keep a tally of how many times they yell or make a negative comment. The act of monitoring usually helps one to become more aware of one's behavior in

order to change it. Nobody wants to direct angry or negative comments to a student.

The most important thing that I can bring to teachers is a sense that things can get better and improve. Nobody wants to have a negative attitude about a student, and we all realize that negative expectations do not lead to positive results. People do not usually develop better attitudes about a situation without some kind of intervention or dramatic internal realization. It is my hope that the information in this book will allow you the opportunity to develop more positive and realistic expectations for the students in your classrooms.

SUBSTITUTING NEGATIVE PERCEPTIONS FOR MORE POSITIVE ONES

Marcy

I remember working with an eleven-year-old girl name Marcy who had developed a reputation for being a “difficult” and “bad” student. Her classroom teacher viewed her as being a willfully disobedient student who was always in trouble or in the process of getting into trouble. In working with her teacher, I got her to see through the negative labels she was applying to Marcy, and to instead focus on Marcy’s misbehaviors as isolated acts. Sometimes when children misbehave, the adults don’t just react to the misbehaving event, but to all the negative events that happened previously. This leads to reactions and punishments that are disproportionate to the negative behavior that occurred. This in turn leads to more resentment from the student who feels that the teacher is unfair. The result is a vicious cycle in which teachers punish the behavior, and the student resents the unfair punishment. This leads the student to focus on the punishment instead of the behavior that caused it. It may even lead the student to get back at the teacher with some future misbehavior.

The strategy that I used with Marcy’s classroom teacher was to ask her to view her as a child who was not “bad,” and consider her misbehavior as isolated actions that were not connected to one another. I further instructed her to use the punishments that would apply to a student who did not typically get in trouble. Marcy’s teacher was more than willing to change her perceptions. She did not want to view Marcy as a bad child and was somewhat relieved that she had permission to view her misbehavior as isolated acts. When Marcy would raise her voice, she would react with surprise instead of threatening to put

her name on the blackboard. If Marcy failed to complete her homework or class work, the teacher would react with surprise and disappointment. The aim here was to try to communicate to Marcy that the expectations were no longer negative and had in fact become positive. It was hoped that Marcy would react to the change in perception by her teacher to work harder at pleasing her. This in fact occurred. Marcy put greater effort into demonstrating better behavior and work effort at school. She still received negative consequences for poor work effort or misbehavior, but the consequences were logically related to her misbehavior. If she didn't do her homework or class work, then she didn't get the opportunity to engage in preferred activities such as recess or free play. I don't believe that Marcy would have made as dramatic an improvement in school if her teacher had continued to perpetuate the implicit belief that she was a "bad child." It is not enough to avoid using negative verbal labels out loud. One must also avoid believing in them if you want to make positive changes in your students.

Corey

Sometimes the substitution of a very negative label for a more positive one can lead to significantly positive improvements. This took place for a fifteen-year-old boy named Corey. His teachers viewed him as being a very negative student who always had something nasty to say and never put forth his best efforts. They were always upset at him because he was constantly yelling at people, talking out loud without permission, or insulting the other students in some way. He was barely passing in school and rarely completed his homework. His teachers attributed his lack of success as due to his laziness and nasty attitude. What they didn't see was that he was in fact a very insecure student who reacted in a negative way as a means of hiding his insecurities. When I got Corey's teachers to instead view him as an insecure student who needed extra reassurance and positive stroking, a dramatic change took place. Corey began to talk to them in a nicer way. They began to treat him in a less harsh way and were much more understanding of his difficulties. This led to a situation in which Corey was more cooperative with his teachers. Corey is now a solid student and is successfully completing all of his homework. All it took was for his teachers to reframe their labels of nasty and lazy, to that of being insecure and needing extra reassurance and confidence boosting.

THE USE OF PUNISHMENT

The best teachers are the ones that are firm but loving and caring. They focus most on positive as opposed to negative consequences. Schools traditionally have a reward and punish mentality. It is a consequence-based orientation (i.e., suspensions, losing recess, detention). They are usually all after the fact reactions. This discipline system does not work for those students that most often have it applied to them. For example, students with ADHD do not anticipate the consequences of their behavior before they act.

As a rule, positive incentives work much better for changing a student's negative behaviors than punishment. Punishment does not really deter misconduct; it only makes the student become more aware that he or she needs to be more careful next time in order to avoid being caught. Punishment or criticism does not lead to a student having more intrinsic motivation to behave. It only makes the student feel anger.

Whenever punishments are employed, it is critical that the student have knowledge of the alternative behaviors that they could have employed. It is not enough to simply punish a student. You must tell your student what the positive behaviors are that need to be demonstrated. It works best if you can in fact model or have another student model the desired behavior for the student. For example, if a student is unprepared for school, a clear message could be made that schoolwork is important and that there will be a consequence in regard to preferred activities such as recess. However, you should also demonstrate what it is that you expected from your student so that he or she can get it right the next time.

It is also suggested that you avoid talking too much when attempting to discipline a student. Some students are what I call "Teacher Deaf" in that they are very talented in tuning out what teachers say. Often this condition could be the result of a teacher talking too much and being overly critical during their attempts at discipline. Keep in mind your reaction if you were to be criticized by someone else. You would probably want them to be quiet after a few words. You would not want to hear a long story about your failings.

CHECKLIST TO REVIEW WHEN DISCIPLINING STUDENTS

1. Did you have good eye contact?
2. Was your message clear and concise?

3. Have you discussed positive alternative behaviors with the student?
4. Is the punishment directly related to the misbehavior?
5. Is the consequence effective?

MAKING POSITIVE CONNECTIONS WITH STUDENTS

Teachers should not underestimate the impact that they can have on a student by truly listening and trying to understand how the student is feeling. This is especially true for adolescents who often feel that nobody understands them. Getting and communicating this understanding can significantly increase a student's motivation to put forth effort in a teacher's classroom.

Active Listening

In order to really connect with a student, you have to make a strong attempt to hear what he or she is saying. Sometimes we get so caught up in our own feelings that we neglect to understand how the student is feeling about negative experiences in the school situation. Sometimes it is hard to truly listen to students when they have a negative attitude. It is also often difficult to do this in a class of twenty to thirty students. One way to create an environment that is conducive to listening to a student is to ask him or her to stay after class or come in early in the morning to talk about their school situation. This is something that if done often enough can have a major positive effect upon a teacher-student relationship. How could a student not feel better about school and him- or herself when the student has a teacher who is willing to spend time and really listen to what he or she has to say? Many students do better in classes when they like their teachers and feel that the teachers care about them. When there is a teacher-student conflict, it usually leads to lower academic performance and can cause a student to dislike the subject that is being taught.

Sometimes we don't want to hear what is being said by a student because we are uncomfortable with how it is being said. If someone is yelling and screaming, it is not likely that we are interested in what they have to say. Instead we are focusing on the disagreeable act of being yelled at. Therefore, I suggest that you tell your student that it is not possible for you to listen to the message if yelling or inappropriate language is being used. Instead, when you are alone with the student, tell that student that you want to know what he or she is feeling, but the message needs to be conveyed in a calmer manner.

In other words, tell the student that he or she does not have to yell or talk inappropriately to relate feelings.

When you are alone with the student, give that student the opportunity to express him- or herself first. This will make the student feel better and will eventually lead to the avoidance of the use of yelling or bad language to get your attention. The student will realize that if he or she acts in a mature manner, the opportunity to be heard will present itself. One strategy used by good listeners is to restate in different words what your student is saying or feeling. For example:

If your student says:

I hate math

I don't want to do my homework

This work stinks

You can say:

Math appears to be difficult for you

It's hard for you to get it done

You don't like this assignment

Sometimes the act of active listening can help a student solve problems on his or her own. It allows the student the opportunity to think out loud when trying to resolve a problem.

Honesty

When you have discussions with your students, it is important to be honest and genuine in your feelings. You cannot hide your feelings from your students, and if you try to do so, they will end up being distrustful and will not believe what you have to say. If your feelings are negative, then it is important to rephrase them in such a way that they are not threatening. Haim Ginott, the famous psychologist, said that people should use "I" statements when directing negative feedback to others. Focus on how you feel as opposed to what the student is doing. Instead of telling your student that "You are not trying to get your work done," you could say "I feel sad or disappointed when you don't do your best work."

Flexibility

Not every student can be communicated with in the same manner. Therefore, teachers need to be constantly aware that they need to adjust their style of interaction and communication to the individual needs of the student with whom they are working. This is a skill that is not learned in graduate school; it is one that is learned on the job. The best way to sharpen this skill is to put yourself in the position of

the student and ask yourself how you would like to be communicated to by a teacher. It is also important for teachers to focus on the student's situation and not try to reflect on what things were like when they went to school. Instead, focus on the student's situation and the problems that he or she is experiencing.

Seek Advice

There is also no shame in a teacher contacting another member of the staff for advice when the teacher is experiencing difficulty getting through to a student and does not have an effective communication. Most people are honored when someone else comes to them for advice. This is a sign that you respect the judgment of the other person.

Using Praise

Even if you praise the student, most psychologists suggest that you be specific in commenting on the behavior you like, as opposed to praising the personality characteristics of the student. If you praise the student as being very good, it provides little information that is of use to the student. The student needs to hear from you what behaviors make you feel that he or she is doing well. A student cannot build his or her self-esteem on the basis of labels. Instead it is based on concrete accomplishments and feedback. For example, if you write a good report for a college professor, ideally you would want specific feedback on what it was that your professor liked. If your professor goes into specific praise for your ideas about making classroom modifications, you will feel much more competent than if the professor just says "good report." The more specific the praise, the more useful it is for the student. It may also tell a student what it is that you specifically like and cause the student to be specific in repeating it.

BE CLEAR AND ASSERTIVE IN YOUR COMMUNICATION

Make sure you mean what you say, and say what you mean. The students in your classroom need to respect you *and* take you seriously. Your students also need to perceive you as being decisive and firm. If they perceive you as indecisive and soft, you will be in big trouble. Once a student goes over the accepted limits for appropriate behavior, it is difficult to get that student back and have he or she respect you.

EXERCISES

Adolescents are particularly sensitive to criticism. When things are going wrong, don't attack your teenager. Haim Ginott said, "When a person is drowning it is not a good time to teach her how to swim or criticize her performance." If verbal attempts at communication lead to conflict, try alternative communication strategies. For example:

1. Write personal notes to the student. The note should be a positive one requesting cooperation as opposed to a negative critique.
2. Use "I" messages instead of "you" messages. Focus on how you feel as opposed to what the student is doing. Say "I feel sad when you don't get your work done," instead of "you are not doing your work." Express your anger and disappointment toward the student's misbehavior in terms of how it makes you feel.
3. Let the student overhear you saying something good about him or her to someone else.
4. Describe only what you see, that is, "Today's homework was not done" versus "You never get your work done."
5. Leave taped or written messages describing how much you appreciate the student's positive efforts.
6. Review the messages you give the student regarding his or her performance in school. These messages could have a direct impact on performance. Why should a student put forth a strong effort into schoolwork if the teachers are not communicating confidence regarding that student's abilities?
7. Allow the student the opportunity to save face. The student still needs to maintain self-esteem. Whenever possible, give criticism or negative feedback in private.

To help you better understand your students:

1. Ask yourself how you feel when you receive a lot of attention from somebody. Put yourself in the student's shoes. Write down what you think it feels like to be a student who is having a problem in school.
2. Fold a piece of paper in half and on the right-hand side list at least five characteristics of the worst person with whom you have worked. Then list on the left-hand side at least five characteristics of the best person with whom you have ever worked. Now ask yourself which person you most resemble in your teacher-student interactions.
3. Talk to the student in private before or after school and ask how he or she is feeling.

In order to increase your output of positive comments, it is important to:

1. Ask yourself if you are giving the student enough recognition for his or her positive behaviors.
2. Spend a day keeping a daily log of the negative and positive comments that you make to your students. Compare the list and hopefully you are making more positive comments.
3. Make a list of positive comments that you can use with your students.

THINGS TO AVOID

1. Avoid placing unnecessary labels on the student and be wary of even positive labels. For example, if a student has difficulty completing school-work, do not tell the student that he or she is intelligent and imply that the work is easy for him or her. If the work is completed, the student can't enjoy the result because it was expected that he or she get it done correctly. If the work is not done correctly, the student may no longer feel intelligent. This places the student in a no-win situation. Instead, acknowledge work completion difficulties and give the student encouragement.
2. Avoid focusing on the negative. Adults tend to be more negative in their communication with students experiencing ADHD. They use more negative comments, yelling, and sarcasm. These strategies *do not* work.
3. Do not make threats that aren't carried out. Sometimes this becomes an invitation for the student to test you.
4. Don't use long sermons or lectures. They are useless with students experiencing ADHD.
5. Do not attempt to denigrate the student's feelings by saying "you don't really mean that" or "you don't really feel that way."

Chapter 12



The Impact of Depression and Bipolar Disorder on a Student's Effort

Although mental health issues such as depression or bipolar disorder are not academically based problems, they will certainly impact on a student's ability to perform up to the best of his or her ability. Obviously these and other mental health disorders cannot be diagnosed and treated by the classroom teacher. However, their symptoms can be observed and the way you react to them can make the student worse or better.

There should always be a good explanation for why a student is not putting forth the effort that is needed to be successful in school. Understanding of the reason helps in the treatment of the problem. It will be extremely difficult to successfully treat an effort problem if the cause is not understood. Even though it is not a teacher's job to diagnose and assess mental health disorders, you can provide invaluable assistance in giving the information that is needed for assessment and treatment. A good understanding of these mental health issues will also help you to better understand the students who are experiencing them and help you relate better to them. An understanding teacher can get results that nobody could have predicted because children with mental health disorders desperately need acceptance and understanding. A teacher who provides this understanding and acceptance will often be rewarded by a student who is putting more effort into his or her class work.

When attempting to determine the reasons for poor effort, one has to look at mental health conditions such as depression, bipolar disorder, anxiety, and substance abuse.

DEPRESSION

Students experiencing symptoms of depression usually have difficulty completing schoolwork and are at great risk for academic underachievement and failure. Without early diagnosis and treatment, it is likely that the student will be engaged in a negative cycle of “depression—school failure—and increased depression because of the failure.” Early diagnosis can only come through increased awareness by teachers of the symptoms of depression.

A student who is failing or doing poorly in school when there is no good explanation could be depressed. Approximately 4 percent of school-aged children meet the criteria for depressed mood. Theoretically just as many students should exhibit symptoms of depression as those that exhibit symptoms of ADHD. However, I get significantly more referrals from teachers and guidance counselors regarding ADHD than depression. Additionally, more books are being written about treating ADHD than for treating depression. One reason for this difference is that students with ADHD may exhibit hyperactive and other overt behavioral difficulties that gets them noticed. Although depressed students can also exhibit behavioral difficulties, their symptoms tend to be more covert and more difficult for teachers to observe. It is my hope that a better understanding of depression will make you more sensitive regarding when to seek out other school personnel for assistance. Depression is a very serious condition, and approximately one-fourth of adolescent deaths are the result of suicide.

Characteristics of Depression

Depressed mood can occur at any age, and I have worked with several first-grade students who were hospitalized because of a depressed mood and suicidal ideation. However, depression is typically more common to adolescents than to elementary school-aged children. Depression in children is more than just feelings of sadness. It can also be manifested by a chronically irritable or cranky mood that is often interpreted as anger. Left untreated, depression can lead to more than

problems with schoolwork. It can lead to a social withdrawal, an extreme irritability that makes it difficult for the student to get along with other people, self-abusive behavior, and even suicide.

Things to look out for are an “I don’t care attitude” and significant changes in behavior. Students who are depressed may exhibit a change in eating or sleeping patterns. A depressed child could have trouble getting up in the morning and arrive late at school. A depressed child could also come to school and have little energy to get their work done. One of the most observable characteristics of depression is a lack of energy. A student will often look tired and accomplish a lot less than he or she used to. Depressed students tend to have low self-esteem and make many negative comments about themselves. Their concentration also tends to be impaired, and they have difficulty making decisions. The student may become so absorbed by negative feelings that he or she will not orientate to what is being taught at school.

It is important to realize that this lack of concentration is not purposeful, and very often the student becomes upset about his or her inability to concentrate. This is often a major complaint that I see from students who have been diagnosed with depression. It should be noted that the problems with focus should be relatively new. If the student has always experienced difficulties with concentration, it may be more a function of the student having ADHD—predominantly inattentive type than having depression.

Students who are depressed tend to feel like things are hopeless. They do not have a positive view of the future. In other words, they are “future impaired.” They are preoccupied with their negative mood and have a lot of difficulty orientating to the possibility of long-term goals and rewards. They often see little point in working toward the future and have difficulty making decisions that could relate to college or vocational aspirations.

Characteristics

1. Depressed students try to avoid dealing with things.
2. Depressed students often complain about being tired.
3. They feel they are overly responsible for the bad things in their life.
4. They don’t communicate well.
5. They have learned helplessness.
6. They make more negative comments about themselves.
7. They may have trouble sleeping or sleep too much.

8. They may have problems with their appetite.
9. They are often irritable and short tempered.
10. They are very sensitive to negative feedback.

Making a Referral for an Assessment of Depression

Sometimes teachers can just sense that something is wrong with a student. I always tell people to trust your intuitions when you feel something is not right. You may not know what is wrong, but the sense of something being wrong should lead you to consider making a referral for professional assistance.

Without a referral, a mental health professional cannot assess or treat a student for depression. Teachers or other school staff members are in a very good position to make this referral because they can observe a student and notice changes in their behavior.

When making referrals for the assessment of depression, you are looking at a student who has shown a dramatic change in mood, work performance in school, and ability to enjoy doing things. You may see a blank or flat effect in which the student does not show much of an emotional response and rarely smiles. The student may also have more complaints about being sick and having headaches and stomachaches. The student just seems more irritable and unhappy. You should not look at these symptoms as being a natural phase that students go through. Being unhappy and miserable is not a natural state of being.

Within the school system, there are school psychologists, school social workers and guidance counselors one could consult with regarding the issue of depression. The school nurse may also be a valuable resource to contact. Students who are depressed often have more physical complaints and try to visit the nurse's office as a means of avoiding class.

Assessment of Depression

The tools for the assessment are usually a structured interview, which includes a history of the student's difficulties and behavior rating or depression scales such as Beck Depression Scale or the Child Depression Inventory. Just as with rating scales for ADHD, it is important to fill out all the questions to the best of your ability.

Very often a family history will be taken to determine if there is a strong family history of depression. I am usually more aggressive at treating symptoms of depression if there is a strong family history of it. Just as with the assessment of ADHD, it is important to rule out all the possible explanations for why a person is exhibiting symptoms of depression. It is also critical to find out how long the symptoms have been going on and how intense the feelings are. Having depression is more than the experience of being down for a day or two. It is something that the student has experienced for several weeks, and the symptoms are usually active almost half of the day.

It is also suggested that suicidal ideation be explored. Talking about it will not give the student any ideas or increase the risk of suicide. Talking about it will in fact lessen the probability of a student hurting himself.

Questions You Can Ask to Assess a Student's Risk of Suicide

1. Has the student made suicidal comments? Keep in mind the threat to harm oneself could simply reflect a student's high level of frustration or anger about a situation that they have experienced. This is especially true for a young child who says they want to die after they get caught doing something wrong.
2. Does the student have an active plan? If so, ask the student if he or she has a time and place in mind where the attempt will be made.
3. Is there a family history for suicidal behavior and suspicion that the student is depressed?
4. Has the student exhibited any self-abusive behavior in the past?
5. Is the student showing a dramatic improvement without any apparent reason after being severely depressed? For example, is the student suddenly feeling better without going through a treatment such as counseling or medication. Sometimes suicidal students get a burst of energy when they finalize the decision to kill themselves.
6. Has the student given away important possessions to friends?
7. Does the student have both depression and an alternative sexual orientation? Gay and lesbian adolescents make up almost 30% of adolescent suicides.
8. Does the student have a substance abuse problem while appearing to be depressed? Students who drink or take illegal drugs while feeling depressed may be more at risk for harming themselves.

If you have answered yes to any of these questions, you should immediately contact your school administrator and the mental health professionals at your school.

Treatments

Depression is usually treated through the use of counseling and/or medication. If the symptoms are mild, they may respond solely to counseling. However, moderate to severe symptoms of depression may require consultation with a physician or psychiatrist to explore the issue of antidepressant medication.

Counseling

It is my experience that the most effective counseling takes place when the family is involved in the process. Schools often provide counseling services, but they tend to be ineffective because the student is often being treated in an isolated situation. With adolescents, counseling in school will be more effective than that with preadolescents because of their more advanced verbal and cognitive skills, as well as the larger variety of problems that they deal with. However, even with adolescents an attempt should be made to get the student's family involved in the process. In order to get a full understanding of a student's life, it is a good idea for a therapist to meet with his or her parents and siblings. These people also have a big impact on the student's life, and creating changes in the family dynamics could lead to significant improvement for the student. It is also important to realize that there is a strong genetic connection for most psychiatric disorders such as depression, ADHD, and anxiety. Very often a student who has one of these symptoms also has a parent with a similar condition. Sometimes it is just as necessary to treat the parent as it is the child in order to make a significant difference in the child's life.

When counseling students who are depressed, I often work on increasing the support and understanding the student has in the family. It is also important for parents to share the knowledge of a child's depression with teachers so that a better understanding of his or her problems can be developed. It is easier to be kind and patient to a student when you know that the problem is due to depression. Students who are depressed are often miserable to be around and are very easily irritated by negative experiences. Getting increased understanding of the problem can also prevent a continuation of a negative cycle.

Students who are depressed may also work on learning to make use of more positive self-talk statements, monitor the use of negative thoughts, learn relaxation exercises, make use of self-rewards, and get more effective strategies for dealing with anger. By its nature, counseling increases a person's self-awareness of the problem. Once you know what you are dealing with, it is easier to address and improve it. Sometimes a counselor will bring hope to the student that he or she will be able to improve the situation. Often people get depressed or come to counseling simply because they have given up hope on things getting better.

Medications

The medications used to treat depression are usually a form of selective serotonin reuptake inhibitors (SSRI) antidepressants. These medications can take up to a month to achieve a full therapeutic effect. However, I usually see some effect occurring by the second week. Below is an overview of these medications:

1. Prozac was the first of these antidepressants and has a starting dose of 10–20 mg. However, it tends to last a long time in a person's body and is not typically the first choice at this time for children.
2. Zoloft has a starting dose of 25–50 mg and tends to be the first choice for children and adolescents among many of the child psychiatrists with whom I work.
3. Paxil has a starting dose of 10–20 mg and is generally similar to Zoloft.
4. Celexa is one of the newest of these medications and has a starting dose of 10–20 mg. Celexa has the additional advantage of achieving a therapeutic level within two weeks. The only negative issue I find with it is that it may be more sedating than the other medications.
5. Prozac-SR is a sustained-release version of Prozac that was recently introduced. Instead of taking the medication everyday, you only have to take it once a week. This can be a very good choice for children that are resistant to taking medication on a daily basis.

Medication Side Effects

When dealing with children, physicians and psychiatrists often start with a half dose of medication and buildup. When monitoring the effect of the medication, it is always important to look for side effects. A common side effect with these medications is that the student may

become more silly, aggressive, or impulsive. If this happens, it is important to notify the physician, who may decrease the medication or shift to an alternative one. Agitation or increased activity level is another possible side effect which should be discussed with the physician. There is another possible side effect that relates to decreased sexual drive with these medications. It is a major reason why adults frequently get off the SSRI medications. Although this is not an issue for young elementary school-aged children, it can be for older adolescents. Other side effects to monitor for are stomachache and sleeping problems. It should be noted that the SSRI antidepressants are very safe and do not cause any damage to one's body organs. This is in contrast to the earlier antidepressants referred to as tricyclic antidepressants which can effect cardiovascular functioning.

When the SSRIs are not effective, another type of medication one could explore is Wellbutrim which was discussed earlier.

Medication Compliance Issues for Antidepressants

The SSRI medications, as well as Wellbutrim, need to be taken every day to be effective. These medications do not have to be taken in school because they last the whole day. If a student suddenly stops taking the SSRI medication after being on it for a while it could cause him to experience flu-like symptoms. If the student suddenly stops taking their medication, his or her parents should be notified so that they can consult with the physician. A physician will usually advise the parents to have their child gradually discontinue the use of the medication. For example the student could end up taking smaller doses and then take it on alternative days until it is out of their system. It is also important to realize that the medication will not be effective if it is not taken regularly.

Sometimes students make the taking of medication a power struggle issue between themselves and their parents. I have worked with several children who will take their medication at school but refuse to take it at home. My interpretation of this situation is that the student is trying to tell the parents that they are the boss and that they can't control what they do. One possible solution for a student who is being noncompliant with medication is to have him or her take it in school. This procedure is also effective for students who don't take their medication because of poor monitoring by their parents. Again this is an issue that is best addressed in a team meeting with the parents and a mental health representative such as the nurse, social worker, guidance counselor, or school psychologist.

Teacher Issues Regarding Depression

Depression is easy to misdiagnose, especially when it comes to adolescent children. The expression of anger is very common for children who are experiencing depression because they are highly irritable and impatient. They do not have to be totally withdrawn and look sad all the time. Sometimes teachers and parents will make their own unofficial diagnosis and refer to them as bad, defiant children who are troublemakers instead of realizing that they are in fact experiencing a lot of distress.

Depressed students have a strong need for teachers to be supportive of them. However, their misbehavior and irritability can often cause the opposite effect. Depressed people are not a lot of fun to be around. A good understanding of a student's depression can make a huge positive impact on your relationship with that student. You need to look beyond the anger and see the wounded child who is hurting and extremely sensitive. As a teacher you could make an effort to spend time with the student before or after school to develop a personal relationship. Never minimize the impact of the student-teacher relationship. Students will work harder and behave better when they feel that the teacher accepts, likes, and cares about them. The feeling of acceptance cannot be faked. If it is not genuine the student will certainly feel it.

It also helps to be more tolerant and sensitive in dealing with a depressed student. Increased negative feedback is like putting more weight on a ship that is already sinking. The student needs more positive feedback than ever. Explore all the means possible of giving your student positive feedback. Written notes can be an effective tool because your student can read them over and over. You also need to avoid becoming as emotional as your student. Anger and irritability are contagious. When your student demonstrates it, you are at great risk for giving it back. Reacting with strong emotion to an upset student is like putting gasoline on a fire. You need to be like the Vulcan character, Mr. Spock, in the *Star Trek* television series and react with logic and reason as opposed to strong emotions.

Thomas

Twelve-year-old Thomas was generally an average student until he entered the seventh grade. He always got his work done and his behavior was generally good both at home and at school. However, after several months in seventh grade, he reported having a lot more

difficulty paying attention and became very impatient with other people. He started to become very angry at the slightest provocation and began to talk back to both his parents and teachers. His teachers did not like him very much because he was perceived as being disrespectful. Even his parents and siblings were developing a dislike for him because it was not easy to be around him. He was always angry and complaining about things. He had no patience to study or do homework, and he was failing several of his classes for the first time. He felt a lot of pressure to get his work done, but could not concentrate on it. Everything was a strain, and he did not want to get up in the morning to go to school.

When he arrived at school, he did not want to be there; he often misbehaved and received after-school detentions. He was referred to me by his parents because they were frustrated by his poor behavior and daily complaints from the school. They probably would not have acted if his teachers had not set up a meeting to discuss their concerns regarding his poor classroom behavior.

Neither his parents nor his teachers knew he was depressed. I diagnosed him with having depression. Thomas opened up to me and told me that he had seriously thought of hurting himself on many occasions. He did not know why he felt this way and was very unhappy. He received both counseling and medication to treat his depression and was able to successfully complete his school year. He was lucky that his parents brought him to me for an assessment. However, the assessment would never have taken place if his teachers had not contacted his parents to express their concerns regarding his school performance. You should not attribute significant changes in behavior to just normal adolescence. It is not normal for children to become extremely irritable and unhappy.

BIPOLAR DISORDER

Bipolar is a mood disorder that is on the depression spectrum. It used to be called manic depressive disorder which implies mood swings from mania to depression. The diagnosis of bipolar disorder in children is a very recent development and appears to be an area that will be generating new research. In general, it is a hard diagnosis to make and should be treated by a child psychiatrist. It is also complicated in that the student may have bipolar and other conditions such as ADHD at the same time.

The symptoms of ADHD and bipolar disorder are often difficult to differentiate. It is important to differentiate between the two because the medications used to treat ADHD, such as stimulants, can also lead to a worsening of the condition of people who in fact have bipolar disorder. The development of bipolar is generally different from ADHD.

Differences between ADHD and Bipolar

1. Students with bipolar disorder have greater outbursts that are more violent. Their rages last a lot longer and they are more destructive.
2. Students with bipolar are more irritable.
3. They are more grandiose, for example, making statements that they are “the best,” and so on.
4. ADHD does not generally have a mood component. Students with bipolar disorder exhibit more frequent mood changes that are more intense in nature.
5. Tantrums occur in ADHD, but they subside rather quickly and are not violent.
6. The child may have interest in sexual activity at an early age.
7. The manic portion of bipolar disorder tends to develop later in life than the hyperactivity component of ADHD.

Diagnosis

Bipolar disorder consists of several symptoms that impact on a student’s mood and behavior. It is important for a mental health professional to get a good family history. Getting a sense of the student’s history at school will also be beneficial. Like all other mental health disabilities, there is a genetic component, and it is very helpful to know if one of the parents or a close relative has been diagnosed with bipolar disorder. The risk of a parent passing it on to a child is about 13 percent. A family history of alcohol abuse is often related to bipolar disorder.

Possible Symptoms

1. Irritable angry mood.
2. Very depressed—talking about death and dying.
3. Being silly and goofy.

4. Intense violence such as hitting, kicking, putting holes in wall.
5. Distractibility.
6. Irritability.
7. Grandiosity.
8. Flight of ideas.
9. Actions with bad outcomes, recklessness.
10. Decreased need for sleep.
11. Talkativeness.

Treatment

Teachers need to look at the student as having an illness that is causing them to misbehave as opposed to being a juvenile delinquent with severe behavior problems. The student has great difficulty controlling outbursts and does not truly want to behave this way. Unfortunately the areas of the brain that would be used to develop more self-control are not working effectively. In order to treat this condition, one usually goes the route of family counseling and medication. The family counseling component is important to get the parents and siblings more aware of the child's condition and to develop strategies to live together in a more effective way.

In regards to medications, mood stabilizers such as Resipradol, Zyprexa (brand name), Depakote, Lithium, and Neurotin are usually prescribed. Some of these medications take a long period of time to become effective and have the potential for very bad side effects. They should also be administered through the supervision of a trained child psychiatrist because the child's blood levels need to be carefully monitored. In addition the child may have to take a combination of medications that need expert monitoring.

With regard to the school, it is very important for teachers to communicate with the student's parents and give feedback to the child psychiatrist. You could chart the student's behaviors in terms of their frequency and intensity. The school psychologist at your student's school may be a good contact for you in helping to develop this chart. The psychiatrist may not be able to determine the effectiveness of medication that is prescribed without your feedback. If the student is violent or has a severe behavior problem, he or she will usually need to be referred to the Committee on Special Education to get support. These supports can range from the development of behavior plans, school counseling, extra academic support, the provision of a teacher

aide, to a special class placement. The goal should be to have the student placed in the most normal environment possible for the student's success.

It is very important to rule out the issue of bipolar disorder for students who are very violent and exhibit destructive rages. Sometimes, they are misdiagnosed as having ADHD. As previously indicated, the use of stimulant medication for a student with bipolar disorder can make the student's symptoms worse. It is not enough to refer these students for counseling. They need to be evaluated by a child psychiatrist who has experience making the assessment of this disorder.

Anna

Anna was nine-years-old when she came to visit me in my private practice because of severely aggressive and uncontrollable behavior. She lived with her mother and older brother. There was a history of depression and bipolar disorder on her mother's side of the family. When she got angry at home, no object was safe from her anger, and she would often break her mother's favorite objects when she was upset with her. She would also hit her mother and throw objects at her. Her mood was unpredictable. Sometimes she would be excited and happy, and other times she would be very sad and miserable. There was no detectable pattern to her moods. Whenever her mother would try to discipline her, she would say "you don't love me" and continue to misbehave.

Initially she did not exhibit the same level of behavioral problems in school where she tended to be withdrawn and quiet. She felt more comfortable acting out in front of her mother, and this is not unusual for children with bipolar disorder. However, by the age of ten she became preoccupied with sex and was making sexual comments to other boys in her school. She also became disruptive and began to experience difficulty completing her schoolwork even though she was an academically capable student. Eventually, her behavior became so disruptive that she was referred to her school district's Committee on Special Education. An aide was provided for her, and she also began to receive counseling in the school. Unfortunately, her level of misbehavior continued into high school.

She initially looked like she was hyperactive, and she was tried on the stimulant medication Ritalin, which appeared to make her more hyper and anxious. She was then placed on the antidepressant medication Zoloft and became sillier and acted out in a sexual manner. It

was only when she was diagnosed with bipolar disorder that her behavior became more normalized. She was placed on the mood stabilizer Depakote for several weeks, and a small dose of Zoloft was then added. Her temper became more manageable, and her school performance improved. In fact she no longer needed the aide that was provided to her. If the mood stabilizer didn't work, she was at risk for being placed into an institution because her mother could not safely manage her behavior. Getting the right diagnosis and the right medication can make a tremendous difference in a student's adjustment.

SCHOOL TREATMENTS FOR DEPRESSION AND OTHER MENTAL HEALTH DISORDERS

Teachers need to have some understanding of mental health issues. It is important that they *can* assist in identifying the problem so that students can be referred to and treated by the appropriate mental health professionals outside of the school. This is a process that requires good coordination by school staff and parents. If you suspect that a child is depressed, you can make a referral to the school psychologist, school social worker, or school counselor. Just as with ADHD or learning disabilities, you could have a staff meeting to develop Section 504 modifications. These modifications could include providing the student with options such as extended testing times, separate testing locations, reading and monitoring of test directions, specific feedback information to the parents, counseling in the school, or home tutoring. If the academic performance is severely impaired, a referral to the Committee on Special Education could be explored to provide the student with extra support services in the school. This should be viewed as being a last resort measure when other strategies have been unsuccessful or if the student is in imminent danger of failing.

If the student is referred to the Committee on Special Education, he or she will need to be provided with a label specifying a disability. It is suggested that the label of "Other Health Impaired" be looked at instead of "Emotionally Disturbed." Depression can be looked upon as being a physiologically based condition and may be able to be described by the label of "Other Health Impaired." I look at the label of "Emotionally Disturbed" as being a very negative one, and you would want to avoid it if possible. It can imply many things that might not be true for a student. For example, one could assume that the student has serious behavior control issues when in fact he or she is

depressed and internalizes instead of externalizes problems. You could think that the student is schizophrenic or more seriously impaired than is warranted. In general, the term emotionally disturbed is too vague to get a good understanding of a student and may lead one to overestimate the degree of the student's difficulties.

Chapter 13



The Impact of Disorders within the Anxiety Spectrum on Student Effort

An anxiety disorder will impact upon a student's ability to come to school and put forth his or her best efforts. The most frequently observed disorders within the anxiety spectrum in school are generalized anxiety disorder, obsessive-compulsive disorder, and Tourettes Syndrome.

GENERALIZED ANXIETY DISORDER

Sometimes it is difficult for teachers to identify a student with generalized anxiety because the symptoms are internalized. You may not know about them until a significant impairment arrives like school avoidance. Some students with anxiety experience panic attacks about going to school or leaving their parents at the beginning of the school day. Excessive stress and worry occur for more than several weeks, and the student has difficulty controlling these feelings of anxiety. Symptoms of generalized anxiety include restlessness, being on edge, being easily tired, difficulty concentrating, muscle tension, and sleep disturbance.

Some children have anxiety symptoms that do not fit neatly into a category but significantly interfere with their ability to behave and complete schoolwork. Very often the most difficult students to work with are those who are very anxious. Their misbehavior and poor choices are unplanned, and they can exhibit very intense reactions that

create a lot of stress. Because of their high anxiety level, it is often impossible to reason with the student to get a response.

Anxiety is often easy to overlook and can be confused with depressive symptoms. It is important to differentiate anxiety from depression because the counseling and medication treatments can differ.

When working with anxious students who fear coming to school, it is important to understand why. I have seen many parents become extremely angry at teachers and the school staff after receiving threats regarding getting the child back into school. Sometimes schools threaten to contact the local department of social services, which could attempt to take action to have the student removed from his or her home. This only makes the situation worse when you are dealing with a student who is suffering from anxiety. Keep in mind that anxiety is often a hereditary condition, and it is very likely that you will also be dealing with an anxious parent.

When a student is very anxious, their first reaction is to do whatever they can to lower their anxiety. This is usually accomplished by avoiding the situation (i.e., school) that is causing the anxiety. Until the anxiety is effectively treated, it is often impossible for the parent to get the student to go to school even when they make use of force or threats. Very often the parents of such a student are very confused and at a loss over what to do. It is only when they seek the professional treatment of a mental health service provider that they are able to deal effectively with such a situation.

ASSESSMENT

Anxiety is assessed by making use of rating scales such as the Taylor Manifest Anxiety, which both teachers and parents can fill out. However, I find that the best means of assessment is conducting an interview with the child and talking to his or her parents and teachers. In this situation I try to determine the areas in which the student feels impaired by anxiety. It is not easy for a student to talk about fears and worries. I find that 99 percent of the time students are honest when reporting their fears. Therefore, when a child reports fears to you, take the child seriously.

TREATMENT

If the symptoms are mild, I often ask the child to make a list of things he or she can do to calm down when upset. We also work on relax-

ation strategies such as deep breathing or muscle relaxation. However, if the symptoms are extreme, one often has to look at using medication. In general, many of the same medications used to treat depression can also be very successful in treating anxiety. Zoloft or Paxil are commonly used to treat anxiety disorders in children and adolescents. I have also seen success with sustained-release Wellbutrim and have recently seen Effexor to be very effective for students with this condition. Effexor works on several neurotransmitters such as serotonin, norepinephrine, and dopamine. It may therefore be helpful for students who have not responded well to other medications such as Zoloft, Paxil, and Celexa, which target the neurotransmitter serotonin, or Wellbutrim, which targets the neurotransmitter dopamine. Buspar is also a medication that is specifically designed to treat anxiety and can be helpful here.

PARENT SEPARATION PROBLEMS

Some kindergarten or young elementary school age students have difficulty separating from their parents when it comes time to go to school. It tends to be an anxiety-based problem. Most of these difficulties can be easily resolved. I usually suggest that teachers encourage the parents to separate quickly from their child and trust that the school will deal with the situation. Many children stop crying as soon as their parents leave. Others may cry for a while, but usually settle down. Some parents can actually make the situation worse by trying to stay with the student and comfort him or her. If a student still experiences significant difficulties after a parent leaves, then counseling is suggested. You can get this counseling in your student's school with the school psychologist or social worker, or you can suggest that the parents contact the child's pediatrician for the name of an outside therapist. Family counseling works best because it helps parents understand the student's anxiety and gets the family to work as a team in resolving the problem.

TIMMY

Timmy was a second-grade student who was very nervous and frequently bit his fingernails. His biggest problem was his inability to deal effectively with frustration in the classroom. He had an excellent classroom teacher who had tried talking to him, developing a behavior modification plan with rewards for successful work completion, and working cooperatively with his parents. However, none of

these strategies were effective in getting him to work up to his ability. When he had difficulty doing his work, he would become defiant and completely withdraw. He wouldn't talk to his teacher, and there was nothing she could do to get him to talk to her. She asked for a meeting with his parents and the school psychologist to develop a plan. I was the psychologist, and used my four-component model to determine that he could pay attention, had the skills needed to be successful, but could not provide the needed effort because of his anxiety. By focusing on the anxiety issue it was possible to develop a successful plan to get him to complete his work and be more cooperative with his teacher. I asked Timmy to join the meeting in order to learn more about his anxiety. I then asked his teacher if Timmy ever asked for assistance. His teacher said that he had never asked for any assistance. Timmy also confirmed that he did not like to ask his teachers for help. The psychologist determined that if Timmy could be trained to ask for help, his teachers could assist him in lowering his anxiety and frustration. This would help him to get his work done and therefore avoid the unpleasant situations when he would become uncooperative. His teacher developed a behavior modification plan in which he was simply rewarded for asking for help. His parents and teachers also role-played situations in which he would ask for help in order to get him used to this new activity. These strategies were very effective in reducing his anxiety and promoting improved classroom performance.

LUCY

I once worked with a ten-year-old girl named Lucy who refused to come to school. I even went to her house before the start of the school day for several weeks in order to get her to go to school. I used a step-by-step approach to try to get her to come to school. First the goal was to get out of bed in the morning, next she had to walk near the school, then she had to enter the school, then she had to spend some time in my office, and finally she had to go to class for part of the day. I was able to get her into the school, but I couldn't get her to remain. She became so anxious that she had to leave. I suggested to her pediatrician that we try Zoloft, and he agreed to prescribe it. It took three weeks for the medication to start working. When it did, Lucy went right into the classroom and stayed there for the rest of the school year. She had a very successful year that would not have been possible if she was not taking Zoloft. In addition to Zoloft or

the other SSRI antidepressants, one could also explore the use of Wellbutrim, Effexor, or Buspar.

OBSESSIVE-COMPULSIVE DISORDER

Obsessive-Compulsive Disorder (OCD) is a type of anxiety disorder that relates to the strong need to keep thinking about something or repeating the same type of behavior over and over again. These thoughts and behaviors are very disturbing to the student. These thoughts or behaviors are viewed by the student as being excessive, and he or she wants them to stop. They can create a lot of stress and cause a student's performance in school to become negatively affected. For example, some students may have the compulsion to keep tracing over letters when they are writing. Some may have compulsions related to movements of their arms, legs, or neck which may cause negative attention from peers. If a student is experiencing obsessive thoughts, it will impact on his or her ability to pay attention in the classroom. The best thing you can do for a child in this situation is not pay attention to the compulsive behaviors and ignore them whenever possible.

When I see students with this condition, I refer to their behaviors as unpleasant habits. I then tell them to watch a baseball game and watch the same strange behaviors that some of the players use before they come up to the mound. You can also see some of the same strange habits when basketball players shoot foul shots.

OCD is assessed by observing a student and conducting an interview to discuss the impairments he or she is experiencing. I don't know any students that would make up having the symptoms because there is nothing to be gained by doing so. Usually the student feels embarrassed by what they are doing and thinking. Getting such a student diagnosed can be a big relief.

My first suggestion for treatment is to have the student see a psychologist or other mental health professional for counseling. One strategy that I have used effectively is a paradoxical one in which I ask parents to set up times in which the student has to practice exhibiting the compulsive behavior or thinking about the obsession. I usually ask the student to do this for five to ten minutes while the parent is timing them. When the time is up, I ask the student to think about a time they felt very good or happy. If they can't think of one, I ask them to make up one. For example, I had one student imagine that he was a goalkeeper for a professional hockey team. Then I simply

asked the student to stop engaging in the obsessive thought or compulsive behavior. If this strategy is ineffective, another possible treatment is to discuss the use of an SSRI antidepressant such as Zoloft, Paxil, or Prozac. At relatively higher doses, these medications tend to be effective in treating obsessive or compulsive behaviors.

As a teacher in the classroom, the most helpful thing that you can do is to provide understanding to a student with obsessive-compulsive disorder. Let the student know that you understand his or her difficulty and that you understand that their actions are not purposeful. Your understanding will decrease the student's stress level and could lessen the frequency of the undesired behavior.

TOURETTES SYNDROME

Tourettes Syndrome is a neurobiological disorder that involves involuntary motor and vocal responses. It is something that a student inherits and is not the result of environmental factors. It is usually diagnosed by a psychiatrist or neurologist and occurs when a student exhibits both motor and vocal tics. The tics are involuntary; they happen frequently and tend to be stereotypical in nature. It can be very socially stigmatizing for a student, and teachers need to be properly informed about its characteristics.

There are four different types of tic disorders:

1. Transient tics last for less than a year and have been present for at least four straight weeks. About 5 to 20 percent of children have these.
2. Chronic simple motor tic. They are more common than vocal ones and will usually occur before vocal tics. They are most likely to take place in the facial or head area. Examples of simple motor tics are blinking or nose twitching.
3. Chronic simple vocal tic. The most common examples are that of throat clearing, coughing, sniffing or grunting.
4. Chronic/complex include many motor or vocal tics. Some examples of complex motor tics could be touching oneself and objects, squatting, jumping, or repetitive hand gestures. Examples of complex vocal tics could include constantly repeating the same syllables or words, repeating phrases, or frequent swearing.

In order to be diagnosed with Tourettes, the student must exhibit motor plus vocal tics together. More boys than girls are diagnosed with Tourettes. Approximately one out of 1,000 boys and one out of

10,000 girls are diagnosed. The onset is usually between the ages of three and puberty, and it is sudden. It always occurs before the age of eighteen. Motor tics usually occur between six to seven years of age.

One of the best forms of treatment is education. Teachers need to know that the motor and vocal tics are not voluntary and will probably increase as a result of stress. It is also critical to realize that most students with Tourettes have another diagnosable condition such as Attention Deficit Hyperactivity Disorder or Obsessive-Compulsive-Disorder. Very often these other conditions will have to be the focus of treatment. However, the Tourettes needs to be addressed because misunderstanding of its characteristics can cause a student to experience a lot of social stress and isolation. You need to be accepting and understanding of the tics. If it is a significant problem, you could address this issue with other students in the class. Sometimes it is good to have an expert such as a school psychologist come to the classroom to have a discussion about what Tourettes is and isn't. When I do this, I like to talk to the class about several disabilities so that no student feels I am singling them out. Private counseling for the student may also be helpful.

The most frequent medications to treat Tourettes are Clonidine or Tenex. They are usually given in at least three-hour intervals. Tenex is less sedating than Clonidine, but Clonidine has been around longer. Clonidine has been used for over thirty years for the treatment of Tourettes. When looking at the issue of medications, it is important to realize that the use of stimulant medication may increase the severity and frequency of tics. When a student has both Tourettes and ADHD, one has to be very careful when looking at the issue of stimulant medications such as Ritalin. Sometimes the use of Wellbutrim can be helpful, but is not as effective as Ritalin for improving focus and still carries the risk of increased tics.

Chapter 14



The Impact of Behavioral Disorders on Student Effort

A student's ability to put forth his or her best effort in school can be impeded by such behavioral issues as oppositional defiant disorder, conduct disorder, or substance abuse. When a student has a problem in the area of effort, you have to rule out all of the possible factors that could be involved. I have included oppositional defiant disorder and conduct disorder because they are terms often used by mental health professionals. Understanding the nature of a problem that a student is experiencing will assist you in developing a better student-teacher relationship and provide suggestions for strategies that may be effective.

OPPOSITIONAL DEFIANT DISORDER

Oppositional defiant disorder (ODD) is defined by a pattern of negative and hostile behaviors that have been present for at least a year. This is the resistant student who often seeks confrontation with teachers. In general, the student does not like to follow directions from adults and does not accept responsibility for mistakes. A student with this condition often loses his or her temper, argues with adults, refuses to do what adults request, is annoying, is often angry and resentful, and may be vindictive.

Almost half the children diagnosed with ADHD have ODD. Therefore, many teachers will usually have at least one student with this condition in their class. Some teachers attempt to blame parents or

the home situation for oppositional behavior. However, parents should not be blamed for it because at least half the time, there is also another child who doesn't have ODD symptoms in the home.

When dealing with oppositional behavior, the use of punishment often doesn't work. With ODD you have to be proactive and not reactive. Reacting does not lead to improvement. The more you yell or punish the student, the more defiant and oppositional the student can become. For consequences to work, they have to be discernable and meaningful. Most ODD students are consequenced to death and are not effected by the threat of a consequence. Either they don't think of them before they act, or they are not perceived as being meaningful.

Assessment

The diagnosis of ODD is typically made by a psychologist. Usually it is done by having parents rate a list of symptoms. However, a student who has this condition is very easy to diagnose because he or she usually meets almost all the criteria for being oppositional and defiant. If the symptoms are borderline, you typically don't make the diagnosis.

Treatment Strategies for ODD

1. Give the student extra time to transition and make a shift in his or her cognitive set.
2. Look to improve the student's mood. A student in a bad mood is restricted in how to respond to the demands of another person.
3. Give the student choices in how to behave.
4. Don't be afraid to compromise.
5. Avoid yelling or responding with strong emotional affect.
6. Let the student become involved in the consequences that are set up and make sure that they are directly related to the misbehavior.

How Not to Deal with a Student with ODD

"Mrs. Wilks, this story is boring!" Lee repeated himself several times until Mrs. Wilks told him that he would have to write, "I will not say the word boring in class" twenty times. Lee, a beginning first-grade student who was just learning to write, refused. Mrs. Wilks told him

that he would now have to write it one hundred times. Lee was not stupid. If he wasn't going to do it twenty times, he certainly wasn't going to do it one hundred. Mrs. Wilks then sent him out of the classroom because he was viewed as being a defiant and disobedient student. However, Lee never did write, "I will not say the word boring in class" one hundred or even twenty times. He also put less effort into his class work for the rest of the school year.

Mrs. Wilks did not understand how to motivate Lee to behave more appropriately in the classroom. Her punishment was an inappropriate one that had no logical connection to his misbehavior. Her concern was that Lee not interrupt her reading lesson. Her punishment was not designed to teach Lee how inappropriate it was to interrupt the class. It did not take into consideration that Lee was a very bright first-grade student who was ready for more advanced reading material. It did not redirect him to learn a more positive approach to being bored. Instead it led him to resent the teacher and have a negative attitude toward writing because it was being used as a means for punishing him.

Mrs. Wilks should have acknowledged Lee's feelings of being bored. She could have asked to have Lee come up to her and tell him that she understood his feelings, but that he would have to wait until the lesson was over to give her feedback. She could also say that if he was very well behaved perhaps one day she would let him give her help in picking out a story that he may find to be more interesting. Mrs. Wilks did not give Lee any incentive to behave any better the next time she read a story to the class. Instead she set the stage for a power struggle between herself and Lee. It was a power struggle in which both Lee and the teacher would lose. The teacher would punish Lee who in turn would continue to disrupt the teacher's lessons. This was a power struggle that could have been avoided if Mrs. Wilks had taken a more conciliatory response to Lee and gotten him actively involved in solving the problem of his classroom interruptions.

Most students do not want to have behavior difficulties in school. They want to get along with their teachers and their classmates. They want to be liked by others and feel good when they produce good work products. They do not want to be criticized and punished by their teachers. It is very important for teachers to acknowledge the student's desire to be successful in school. It is more beneficial to the student if he or she is viewed as a person who is making a mistake than one who is a "bad" student or a "disruptive influence." It is important

to keep focused on the behavior that is a concern to you and to help the student to find more appropriate ways to express him- or herself or deal more effectively with frustrating situations.

HANDLING CONFLICT

Power struggles can be avoided when teachers and students have a commitment to work together and respect one another's feelings. Mary Kurcinka in her latest book on power struggles suggests that adults provide children with choices. For example, one could ask the student if he or she wants to study alone or with someone else? Does the student want help from the teacher or another person?

She also suggests that every power struggle is an opportunity for an adult to emotionally connect with a child. If you look at this as an opportunity to connect with your student you may get more effort from that student.

HANDLING DISAGREEMENTS AND MAKING USE OF JOINT PROBLEM SOLVING

It is not uncommon for teachers and students to have a difference of opinion and disagree with one another. For example, when given a choice, most students would like the option of not having to do their homework and take tests. However, it is not okay for people in a disagreement to be disrespectful and insulting. Without respect, teachers would not be able to effectively teach their students. There are many ways for people to disagree with one another and still maintain respect so that they can effectively resolve their conflicts. If you are in a conflict with someone who ignores your feelings and is insulting to you, it is unlikely that you will attempt to resolve the conflict in a co-operative manner. Instead, it is likely that you will either take a confrontational stance, or give in and experience a lot of resentment toward the other party. The best way to solve a disagreement is when the feelings and the needs of both parties are expressed and attempts are made to find a cooperative solution. You want to avoid win/lose situations. Instead you want to strive for win/win situations. You don't want to undermine the student's self-respect and sense of dignity. Otherwise, you will have a situation in which you and your student have a negative relationship. Haim Ginott, the famous psychologist, viewed joint problem solving as the preferred method for resolving conflicts between adults and children.

HOW JOINT PROBLEM SOLVING WORKS

Step 1. Identify the Problem or Conflict You Are Experiencing

Barbara, who is eleven years old, is not completing her class work and is disturbing the class by frequently being out of her seat. When the teacher asked Barbara to define the problem with her performance in school, she said that the other students are bothering her and interfering with her ability to get the class work done. Her teacher identified the problem as Barbara's inability to sit in her seat and take responsibility for getting her homework completed. Eventually they compromise and decide that the problem is that of getting out of her seat and not getting the work completed without any judgments regarding the reason why.

Step 2. Each Party Writes Down a List of Possible Solutions

The teacher and Barbara separately make a list of possible solutions for a problem. It is important that more than one solution be explored. Barbara should be encouraged to write down as many solutions as possible.

For example, Barbara could write down:

1. Her teacher should make sure that the other children do not bother her while she is trying to get work done.
2. That she should get less work.
3. That she should get more time to complete it.
4. That she should get extra help in order to complete it.

The teacher could write down:

1. She will give Barbara a reward such as a fast-food lunch together at the end of the month if she is getting her work done and sitting quietly in her seat.
2. She will let Barbara complete her work in a quieter section of the classroom.
3. She will meet with Barbara to find out if any of the work is too difficult.
4. She will develop a hand signal with Barbara so that she will know when help is needed.

Step 3. Each Person Reads His or Her List of Solutions

All solutions are accepted as being valid at this point and are not criticized. All the alternatives should be listened to in a nonjudgmental

tone. Usually it's a good idea to let the student go first and really listen to what he or she has to say.

Step 4. The Solutions That Are Acceptable

In this situation there are many positive solutions that could be implemented. The act of thinking of positive solutions and brainstorming leads to more flexibility and less conflict. Barbara would of course like the idea of getting a lunch that does not come from the school cafeteria. The teacher would also be willing to explore different ways to help Barbara get her work done. The act of listening to Barbara and making her part of the solution gives her an investment in working toward a solution. It also helps Barbara and her teacher to develop a better relationship that is based on mutual respect.

Step 5. Addressing Implementation and Evaluation Issues

One of the best ways to review the status of teacher-student agreements is through periodic meetings in which issues of concern could be addressed. Daily feedback is the best, but weekly feedback is the least that one can get away with to keep the joint problem-solving process functioning.

Review of Joint Problem-Solving Strategies

1. Identify the problem.
2. Generate alternative solutions. The teacher and student separately make a list of possible solutions for a problem.
3. Focus on solutions, not criticism. Active listening is important here. It is also important to accept all feelings and have ground rules for discussion (e.g., only one person talks at a time).
4. Summarize the student's feelings and ideas before presenting your own.
5. Agree on a solution that you can both live with.
6. Discuss implementation and evaluation of progress issues.

CONDUCT DISORDER

Conduct disorder is a pattern of behavior in which the rights of others are constantly violated. This is the term that applies when you think of a juvenile delinquent. Most children with conduct disorder will be placed out of their home or put into special education programs. It is very difficult for a student with this condition to be suc-

cessful in school. This is a severe problem for both parents and teachers. Traditionally, children with conduct disorder are the most difficult for psychologists to treat and have a poor prognosis. If one tries to look at it as a mood disorder like bipolar and treat it with mood stabilizers, there tends to be more success in treatment. A happier person is less destructive toward others.

A child with conduct disorder is physically aggressive, often bullies or threatens others, may have used a weapon that can cause serious physical harm to others, steals, can make use of sexual intimidation, often sets fires or destroys property, frequently lies, and does not obey rules at home or school. This is a child who is out of control.

Conduct disorder is highly associated with violence and drug abuse. Twelve percent of children with conduct disorder will end up being hospitalized. It should also be noted that boys are at significantly greater risk for exhibiting conduct disorder and are at great risk for fathering children as teenagers. ODD is always present with conduct disorder, which almost always occurs by the age of twelve. If the student doesn't have it by the age of thirteen, he or she will not get it. Usually it is seen by age eight to nine years. In contrast, the exhibition of depression incidence increases with age.

Assessment and Treatment

The diagnosis of conduct disorder is usually made after a child has exhibited several instances of significant antisocial behavior. The severity of the problem is such that it cannot be treated in a regular education environment. If a child truly has conduct disorder, you should meet with an educational team at your school to discuss options ranging from a referral to the Department of Social Services to the Committee on Special Education.

Conduct disorder can be very difficult to treat, especially when a child feels no remorse for his or her actions. A child in this situation is very difficult for mental health professionals to treat. A psychiatrist colleague of mine told me that in her experience only three things make a difference for a child in this situation: religion, prison, or the military.

Gary

At eight years of age, Gary had a long history of physically aggressive behavior which started when he was three years old. He had spent

two years of his life in foster care because his mother could not manage him. He would hit his mother and leave bruises. When he was five years of age, he started setting fires. It was after one of these fires that he was sent to live in a foster home. He did not do much better there and was eventually returned back to his mother when he was seven. When he entered school, he was placed in a special education class. Whenever a teacher did something he did not like, he hit her. His reaction to negative feedback was so quick and without warning that it was difficult for his teachers to protect themselves.

He was eventually seen by a child psychiatrist and diagnosed with conduct disorder. He was placed on strong mood stabilizer types of medication such as Respiradol and Zyprexa. He became more lethargic and was slower to respond with physical violence. The only difference was that the teacher could see some warning signs before he attempted to hit her. He also stole objects from other students and did not care about any consequences that were provided to him.

Gary could not be effectively treated in his current living and school situation. His problems were so severe that they could only be treated in a residential setting. If you suspect that you are dealing with a student who has significant symptoms of conduct disorder, you need to quickly have a school team meeting to discuss alternative educational options for the student. These options could range from placement into a self-contained special education classroom for students who are classified as being “emotionally disturbed” to a residential placement. If a residential placement is indicated, somebody from the school such as a social worker, psychologist, or guidance counselor will also have to coordinate with the Department of Social Services regarding this option. A child with severe symptoms of conduct disorder is a safety risk in a regular school setting.

SUBSTANCE ABUSE

This is not usually an issue for a student in elementary school but is always a possibility when dealing with adolescents. A teacher could be suspicious of substance abuse when a student exhibits a dramatic change in behavior and associates with a different peer group. Drugs such as marijuana tend to have a negative impact on a student’s motivation to complete schoolwork. It is hard for students to function effectively when they are making use of mind-altering substances.

Assessment and Treatment

Unless a student is caught with drugs or admits to their use, it is not possible for you to know whether he or she is using them. A drug test would provide confirmation, but only a parent can request it. Most students will deny using drugs even when they are caught with them in their possession. A frequent comment I hear is that they were holding it for someone else and it wasn't theirs.

It is almost impossible for a teacher to make an impact on a student's drug use. Most students abusing drugs will do it before or after school, and you will not have any evidence of its use. My experience is that a student will only stop using drugs when he or she has gotten into significant trouble and is either on probation with the Department of Social Services, in trouble with the local police, or his or her parents have provided significant consequences for using them.

Terrance

Terrance was a fifteen-year-old boy whose parents were divorced and whose father had little contact with him. His mother was a very caring and supportive parent who tried to set effective limits and had clear rules on what was and what was not acceptable in her home. Terrance was a generally polite person who began to associate with a peer group that spent a lot of time drinking and using drugs. Terrance had formed an opinion that it was now "uncool" to do well in school. He did not want to be perceived as a "nerd" or "preppie" to his friends. He was using marijuana about four to five times a week and was also getting drunk at parties on the weekend. He stopped doing his homework, and he began skipping classes. Needless to say, he was now failing all of his subjects. His mother had a 9:00 P.M. curfew on school nights, and he usually returned home at 11:00–11:30 P.M. This was not an acceptable situation for Terrance's mother. In this situation, he could not be a successful student at school or follow the home rules if he was staying out at night and smoking marijuana with his friends. His mother was left with little choice but to contact the local Department of Social Services and tell them that her son was "out of control." His mother filed a PINS (Person in Need of Supervision) Petition, and Terrance appeared before a family court judge who placed him outside of his home for several weeks at a juvenile detention center. Terrance was shocked that this had happened. He never thought that

his mother would follow through on her threat to report him. He had come from a good home situation in which he was more than amply provided with good clothes, good food, a television and stereo system in his room, and reasonable freedom when he followed the rules. He now went to a situation in which he had little freedom and realized what he was giving up. He became more responsive to counseling and his mother's attempts to work with him. He realized that he had a lot to lose if he did not shape up. Sometimes children need to see that there is a strong consequence for negative behaviors. Even very decent children can get involved with a negative peer group and lose perspective of how good they really have it. It was not easy, but Terrance decided to stop using drugs and made an active commitment to do well in school. He began attending school and doing all his work. He is now passing all of his subjects and is on the way to graduating from high school. The important point here was that his mother did not tolerate his inappropriate behavior and made him face the consequences of his actions. It should be noted that school districts can also initiate a PINS petition when they feel that a student is out of control and is engaged in an illegal or dangerous activity. If a school district files a PINS petition, it should only be done after a school team meeting and with the full approval of the school administrator.

Chapter 15



Organization and Study Skills Component

There are capable students who truly want to do their schoolwork but are unable to be successful. These students forget to bring books and assignments home, or they procrastinate until there is little time to get assignments or studying completed. This chapter addresses the needs of students who have not developed good work habits. The organization component is related to all the other components that are addressed in this book. Students with poor attention spans are at risk for developing poor work habits, those with weak academic skills may not know how to organize their work, and those who put forth little effort may procrastinate until it is too late for them to complete the work. However, it is possible for a student to have a good ability to pay attention, have the necessary skills, and the desire to do the work, yet be unsuccessful in school. A student in this situation has never learned to develop good work habits. I most often see this situation with an intellectually gifted student who coasts through elementary school and then has difficulties in middle and high school when increased work production is expected. Very often students do not develop good organizational skills and work habits unless they have to.

TEACHER ISSUES FOR ORGANIZATION

As incredible as it may sound, most students are not directly taught in school how to study and be organized. This needs to be part of a

student's core curriculum from the time he or she enters first grade. You need to spend more time being proactive in working with your students to develop the work habits that will be so important to their future academic and vocational success. Schools do not put enough emphasis on teaching study skills to children. In addition, graduate schools and colleges do not put enough emphasis on training teachers how to do this in the classroom.

Teachers need to spend more time reviewing the skills that are needed to keep an organized agenda book and take good notes in the classroom. It is hard to do well in school if a student doesn't take good notes and keep track of homework assignments. This is not a skill that should be taken for granted. Teachers should make sure that every student in their class has the ability to do this. If a student lacks this ability, there should a teacher-parent-student meeting to discuss strategies for improving the student's work habits and organizational skills.

Teachers need to spend more time reviewing study skills with students. There are many mnemonic (i.e., memory tricks) devices that teachers could be teaching students that would make it easier for them to remember what is taught in class and for helping them remember information when studying for tests. There is more to teaching than just providing the content of a lesson. Teachers need to give their students the tools that will allow them to better organize and integrate the information that is being taught.

Teachers can also give more help to students in learning how to plan out an approach to studying. They could review the ideas of setting regular times to complete work and making use of long-range planning to complete long-term projects.

It is important that teachers give responsibility for successful homework completion to the student and not the parent. They should not give assignments that cannot be successfully completed without the direct assistance of a parent. Homework assignments should be at a level that a student could complete with minimal assistance from a parent. Otherwise, it is the parent doing the homework and not the student. This sets up a pattern of student dependency on the parent for homework completion that will be hard to erase.

PARENT ISSUES FOR ORGANIZATION

It is the parents' job to make sure that their child has a conducive environment to complete homework and fulfill his or her academic obligations. They are likely to get much better results in their child's

homework and study skills if they take an active and supportive role. The best thing that parents can do is make sure that their child develops good work habits from the time that child enters school. It is a lot harder to break bad habits than to develop good ones. Children work best when they have a set, regular time to do homework in a place that has minimal distractions. If you let a child procrastinate and wait to the last minute to start their homework at an early age, I can guarantee you that they will still be doing this in high school. If parents let their children do their homework while watching television when they are seven, it will be very difficult to get them to stop when they are thirteen. Teachers need to suggest good habits and work patterns for parents when their children are young. It would be a good idea for teachers to write down a list of suggestions to make it conducive for their students to do a good job on their homework. This will also lead to less arguing between the children and their parents as the teacher will clearly point out what is expected during the homework process.

It is also important for teachers to keep lines of communication open to parents so that they would be willing to ask their child's teacher for advice if there are problems with organizational skills and homework completion. If a teacher feels that a parent is very frustrated with their student's homework situation, he or she needs to set up a meeting to resolve this problem. Don't let a bad situation continue. The longer it exists, the harder it will be to fix it.

CHARACTERISTICS OF GOOD ORGANIZATION

Being organized does not happen by accident. It takes effort, planning, and commitment to keep one's work organized. An organized person will:

1. Make good use of a date planer or agenda book. He or she will write down the things that need to be attended to and review this information at the beginning of each workday.
2. Have all the supplies required to complete assignments because the student checks to make sure that they are readily available before leaving school.
3. Have a structure to his or her daily routine. Work is usually done at a set time of the day. The organized person does not need to think about when there will be time to complete work. A period of time is set aside each day for getting assignments completed.

4. Know where all the work materials are and not spend a lot of time looking for them before getting to work.
5. Have a good sense of time and be a good predictor for how long it will take to complete an assignment.

CHARACTERISTICS OF POOR ORGANIZATION

Being disorganized also does not occur by accident. A disorganized person does not make good use of his or her resources. For example, the disorganized person:

1. Does not write down work assignments. This person is not aware of memory limitations and assumes that he or she will remember the required information later on.
2. Has difficulty breaking down tasks into smaller subcomponents and prioritizing what should be completed first.
3. Has a desk or locker that is very messy, which makes it difficult to find things. The disorganized student needs to learn to throw out or take home old papers and assignments.
4. Lacks a schedule or a routine for completing work assignments. The student waits until the last minute and often goes into a panic when presented with an assignment that has not been completed but is due the next day.
5. Has a poor concept of the time that will be needed to adequately complete work assignments.

IMPROVING A STUDENT'S ORGANIZATION

Students need to be taught how to organize their notebooks, use an agenda or assignment book, and make use of writing notes to themselves. These organizational skills need to be modeled. You can have the student review organizational skills as if they were reviewing a script for a movie. The student needs to act the part of a student with good work habits and organizational skills.

Being organized can be contagious if one allows it. When a student is surrounded by organization, it leads to improved expectations for work performance. For example, teachers can sit a disorganized student next to one who is well organized. The teacher can also model organizational skills by having all the necessary learning materials ready before a lesson is started. Many times teachers themselves can be disorganized, and this can impact the student's organization. Teachers

who model good organizational skills are more likely to have students who exhibit good organization.

EXAMPLES

Jennifer was an eighth-grade student who had to baby-sit her five younger siblings until 7:30 at night and shared a room with two of her sisters. She was responsible for making dinner and cleaning up after her siblings. She was an academically capable student who did not have a learning disability, ADHD, anxiety, or depression. She simply lived in a home situation that made it difficult for her to study and complete homework. Her mother was a nice woman who was a single parent trying to provide for her six children, and she was dependent on Jennifer for help.

Jennifer's teachers were concerned about her progress and scheduled a team meeting, which included all of her academic teachers, Jennifer, the school social worker, and the school psychologist. A strong attempt was made by her teachers to let her know that she would not be criticized at the meeting. A focus on what she was doing wrong would have led to a negative meeting in which Jennifer would have ignored her teachers or would have become hostile to them. Instead the teachers let her know that they liked her and felt that she had the ability to be a solid student. They each took turns mentioning her strengths and also mentioning the skills she needed to work on, such as taking notes, doing homework, and studying for tests. The school social worker let the teachers know that she had a lot of responsibility at home and that the demands of taking care of her siblings was impeding her ability to complete homework. The school psychologist attempted to determine when she could possibly get work completed. The teachers suggested that a study hall schedule be arranged to give her forty-five minutes to do homework in school each day. Jennifer was then encouraged to study at least an hour a day at the end of the evening when her younger siblings were getting ready for bed and her mother was home. Her teachers also agreed to meet with her periodically during the school year to monitor her progress.

Jennifer proceeded to go from a failing student to one that was getting Bs and Cs. She just needed guidance on how to manage her time better. She was lucky that she had teachers that were willing to take time out to meet with her and treat her with respect. They made her part of the team effort that was dedicated to improving her

performance in school. Without her teachers' involvement, she would have failed the eighth grade.

Parents and teachers cannot assume that the mere introduction of stimulant medication will by itself reverse years of poor work habits and disorganization. The medication can open doors that have been previously closed, but the student has to be willing to open those doors and learn the work-study skills that he or she is missing.

Tom was a sixth-grade student who was recently diagnosed with ADHD. He was currently repeating the sixth grade and was very resistant to the idea of improving his school performance. Every time his parents would discuss his school situation, he would say that he was doing fine, even though he was failing again. Finally his parents referred him to me for an evaluation, and it was confirmed that he did have ADHD. It took a while for him to acknowledge that he had an impairment that needed improvement, and he eventually agreed to start taking Ritalin. I do not believe that children should be forced to take Ritalin. One should make every possible attempt to engage a student's active cooperation in this process. When he started taking Ritalin, he reported that he could pay much better attention in class and was pleased with the results. However, his grades in school did not immediately increase. He had never developed any good work habits and had no idea what it meant to study for an exam. His parents had assumed that he had learned these skills in school, when in fact he had not. Therefore, we had to work together with the school to get him assistance for developing his organizational skills. His parents requested that the school develop a Section 504 Plan which involved getting weekly feedback and the use of a student teacher intern to teach him how to get better organized and study for tests. He also received counseling support to explore different approaches for studying. It took several months, but he passed the sixth grade with a "C" average. Getting a student with a past history of disorganization and poor grades to achieve success in school often involves a lot of work. It is important to be aware that the taking of a medication can be a part of, but not the total solution to, a student's academic difficulties.

INTELLECTUALLY GIFTED STUDENTS WHO LACK GOOD WORK HABITS

The challenge for educators is to provide all students with an educational curriculum that is moderately more advanced than their current state of knowledge. Unfortunately this is often not done, and it

results in many intellectually talented students becoming bored and disinterested in their academic program. These students fail to work up to their potential and often develop poor study skills because they rarely have to put a lot of effort into their schoolwork. By challenging these students academically, you will give them the opportunity to develop the work habits they need to work up to their potential.

SUGGESTIONS FOR IMPROVING ORGANIZATIONAL SKILLS AND WORK HABITS

1. The student needs to be instructed how to make effective use of their homework assignment pad or agenda book. Students who are disorganized are at great risk for forgetting to write down the correct assignment. Either they forget to write it down, write down the wrong one, or only write down part of the assignment.
2. Structured programs. High structure leads to more predictability and less stress for students with behavioral and work difficulties. The idea here is to not have the student spend too much time thinking about what has to be done. The less you have to think about doing something, the easier it will be for you to successfully complete it.
3. Make use of artificial deadlines. This is a very effective strategy for the student who frequently procrastinates. This student waits until the last minute and needs that burst of fear and adrenaline to get started on their schoolwork. Instead of waiting for the actual deadline, it is suggested that an artificial one be set up. For example, you can tell the student that the homework must be completed by Wednesday when it really could have been completed on Friday.
4. You could also ask the student to imagine talking to a child who is a chronic procrastinator and offering them suggestions on how to treat the problem.
5. Have the student write down their work responsibilities on index cards and then sort them in their order of importance.
6. Go over scripts for transition or new activities with the student to help prepare the student for completing assignments. In other words, go over the specific routines that are required to successfully complete work or study for tests in a step-by-step manner.
7. Ask the student to put into cartoon form his or her knowledge on a topic. This helps with later recall.
8. For improved memory, ask the student to make use of “imagery association exercises.” The student could imagine an object that he or she needs to remember which is involved with something that is very familiar. For example, if he or she has to remember the names of the first five

presidents, he or she could imagine them sitting at breakfast in the morning.

9. Let the student know in a clear and concise way what you expect with regard to classroom performance and homework. Make it exactly clear what work is to be completed, what materials will be needed, how long the assignment should take, and when it is due.

COMPENSATIONS FOR DISORGANIZATION

1. Either become a “case manager” (someone who supervises the students’ homework completion) or try to get another professional in the building to serve as one. This could be a person that the students check in with every day to make sure they understand what assignments they have to complete and who could provide helpful suggestions for completing them.
2. Break down work situations into smaller pieces to make it easier to get organized.
3. Provide the student with extra help in getting started on assignments.
4. Have the student seated near you.
5. Scan reading exercises ahead of time in order to pick out the difficult words. Review these words with the student ahead of time before the assignment is worked on.
6. Use lots of reminder notes.

HOMEWORK SUGGESTIONS

Disorganization and poor work habits will have a direct negative impact on the student’s ability to complete homework. Therefore, the following suggestions are made:

1. Encourage parents to do paperwork or read while the student does homework. It’s easier for a student to engage in schoolwork when he or she sees other members of his or her family working on similar activities.
2. Ask parents to get colorful and attractive homework supplies to make the student feel good about doing schoolwork and studying.
3. Save the most enjoyable homework exercise for last. Give the student something to look forward to at the end of the homework session.
4. Make an outline with the student before attempting the homework. Break it down into its subcomponents and ask the student to estimate the time of completion, as well as identify any obstacles in the way of completing it. That way the student can be confident that he or she has the skills needed to be successful.

5. Teach the student how to go over or proofread the assignments. Show the student how to do this.
6. Use visual imagery techniques. Have him or her visualize a pleasant experience before doing the homework. If the student can't easily visualize one, then try to provide it.
7. Be enthusiastic about the homework. Enthusiasm is contagious.
8. Use story parables of a student you know that didn't do any homework and ask the student to provide that student with advice.
9. Ask the student to keep a log in which he or she records problems while doing homework.

EXERCISES

Have a discussion with your students regarding the following issues:

1. How to study for tests.
2. How to organize a notebook.
3. Why routines are important.
4. How to make use of cues for self-reminders.
5. How to make effective use of time.
6. How to make use of visual imagery to make a boring task more exciting.

Chapter 16



Communicating Your Knowledge

Hopefully, the previous chapters have given you a better understanding of how one can view a student's learning problems. Without a good understanding and knowledge, it is difficult to engage in a meaningful dialogue with another educator or parent. However, knowledge alone is not enough. You also need to be able to communicate and use that knowledge.

TRY TO TAKE THE PARENTS' PERSPECTIVE

Good perspective is the key to successful communication and problem solving. It is very helpful when people attempt to learn the other person's perspective. When teachers communicate with parents, they need to ask themselves, "How would I react if it was my child who was having a problem in school?" Assuming the role of the other person makes you more sensitive about how they would feel about a situation. It also helps you to phrase your words in a way that is not offensive and easy to understand. This creates an atmosphere in which parents feel comfortable with you and is conducive to good problem solving. Coming to school meetings can be very stressful for parents who have a child who is underachieving or not doing well in class. They often feel that their child's underachievement reflects upon their skills as parents. Parents in this situation will benefit from a teacher's understanding and reassurance. They need to be reassured that the teacher knows that they are trying their best. Teachers also need to

realize it is not easy for parents to contact their child's school to ask for help in improving his or her educational performance. Most people do not like to go to someone else for help if they don't have to. They usually ask for help when they feel that they can no longer fix the problem by themselves or have lost confidence in their ability to take care of the problem. Schools can also feel overwhelming for a parent. Sometimes sitting with teachers in a classroom can make a parent feel like he or she is a student all over again. You need to put parents at ease and make them feel comfortable in addressing a student's skill deficit problems. It is sometimes very difficult for a parent to accept that their child has a problem in school.

TRY TO UNDERSTAND HOW THE CHILD'S DIFFICULTIES IMPACT ON THE PARENTS

Very often a child's problems in school are not over at the end of the school day. The child brings them home, and the parents and often the child's siblings have to deal with them as well. If you have a bad day at work in your classroom, it is not likely that you will come home in a good mood. If a student has a bad day at school, it is also likely that he or she will not come home with a good attitude. If everyday is a bad day at school for your student, it will directly impact on his or her self-esteem and attitude about school. Teachers need to be sensitive that students with school problems can be very irritable at home. Problems in school can often lead to increased parent-child conflict at home. I work with many families where the main source of conflict in the family is the negative reports that are received regarding the child's behavior and academic performance. I would say that the majority of referrals in my private practice are the result of school-related problems.

LISTENING TO WHAT THE PARENTS HAVE TO SAY

Good communication is also dependent on the willingness of one person to accept what the other is saying (at least on face value). Let the other person clarify their point of view without interruption before you attempt to respond. One common source of conflict between parents and teachers is when the parents claim the student is able to do the work at home that the teacher says he or she is unable to do at school. Teachers should always be willing to accept what the parents say on face value in order to have a productive meeting. Other-

wise, the parents will feel that the teacher thinks they are lying, become defensive, and are less willing to work with the teacher. It is suggested that whenever teachers meet with parents that they initially accept what the parent has to say because that promotes a feeling of mutual respect. You need to keep an open mind and then be willing to review all the possible reasons for this discrepancy. Unless the teacher and the parent agree on the exact type of difficulty a student is experiencing in school, they will never be able to effectively work together. It would appear as if two different children were being discussed, and no agreement would be reached for a plan of assistance. Sometimes listening to a parent can be extremely difficult for a teacher. I have sat in many parent-teacher meetings where parents have attempted to place blame for the student's difficulties on the teacher. The parent says things such as the teacher isn't teaching the student correctly or isn't doing his or her job. This is a very difficult situation for a teacher, especially if he or she is in the meeting with the school principal and other staff. If the teacher gets angry at the parent and tries to defend him- or herself, it usually gets the parent more angry, and one may see some fireworks. What the teacher needs to do is let the parent talk and get it out of his or her system. It is hard for a person to be quiet in this situation, but that is the professional thing to do. This is something that will earn the teacher the respect of the other professionals who are at the meeting. After the angry parent is finished speaking, the teacher has to tell the parent that the focus of the meeting is on the identified problem. The teacher has to focus on the problem and agree with the parent when and where it is possible. For example, the teacher could tell the parent that he or she agrees that the parent has the right to be upset over the student's lack of progress in school. It then needs to be pointed out that the student will not be able to make the progress that they all want unless they work together. The teacher needs to stay with the problem-solving script and refocus the parent into attempting to work as a partner.

AVOIDING THE USE OF BLAME

A teacher has to be very sensitive to parents when he or she feels that a student's problem is the result of a lack of home stimulation or family difficulties. You can't tell parents that the student's difficulties in school are their fault. That will only make the parents feel angry or more helpless. Instead a teacher could ask the parents what

educational activities they are trying at home. If the parents are not doing much with their child, the teacher could then ask the parents if they would like some suggestions or ideas. Help is not something that you can force on someone. I have realized that my most effective advice comes when people ask for it. The teacher should try to get the parent to the point in which they are actively asking for assistance.

BE DISCRETE IN YOUR QUESTIONS

If you suspect that conflicts in the home are impacting on the student's performance, it is important to be very careful in how the parents are questioned. Instead of repeating information that the student may have stated, it is better to ask open-ended questions such as: "Can you think of anything that may be distracting or upsetting for your child?" "Is anything new going on in your child's life?" or "Has there been any additional stress in your child's life?" It's better for personal information to come from the parents than for the teacher to disclose personal information. This builds trust and also makes it more likely that the student will continue to talk to the teacher in an open manner.

INVITING STUDENTS TO PARENT-TEACHER MEETINGS

Most of the time, it is a good idea to get students involved in the problem-solving process. The only times it is not suggested is when there is the potential for significant teacher-parent conflict or if the child is very anxious about coming to a meeting. Many teachers are not comfortable having children involved in meetings. There are also many students who are uncomfortable sitting in a parent-teacher meeting because it makes them nervous. They do not have to be present for an entire meeting, which is especially true for a young, elementary school-aged child. However, it would not be a bad idea to invite the child in at the end of the meeting to summarize in a positive way what was discussed and the suggestions that may have been made. A student who is invited to a teacher-parent meeting could give specific information regarding his or her ability to focus and complete work. The student could also give insight into how difficult it is to get the work completed. I always feel that students should be invited to participate on some level in parent-teacher meetings. I often

use the following analogy: imagine that you have a job, there is a staff meeting being held to discuss your performance, and goals are being set that you will have to meet. After the meeting is held, your boss comes up to you and tells you that there was a staff meeting where it was decided that you needed to change the way that you had been working and you had to work on several new goals. Your reaction would probably be one of anger and discomfort. You would have wanted to hear what people were saying and would have liked to provide input for setting up your goals.

MAKING CONTACT WITH PARENTS

If you suspect that a student in your class has a problem, it is a good idea to contact his or her parents sooner rather than later. Many teachers don't want to unnecessarily alarm a student's parents and wait to see if the problem will resolve itself. However, if the problem does not resolve itself, you will have wasted time during which a plan of action could have been developed. As a school psychologist, one of the things that drives me crazy is getting referrals on students in the end of May or in June. By this time of the year, there is little I can do if a student is failing, and it is hard for me to develop intervention strategies in such a short period of time. I'd much rather get a referral at the beginning of the school year when I have time to initiate and evaluate interventions. If you were to contact a parent regarding a concern, I think it is preferable to do so on the telephone as opposed to a written note. A note could be misinterpreted or cause a parent to have a lot of anxiety and lead to questions that do not have immediate answers. A note may also not reach a parent, and the return time for feedback could be long. I believe that most parents will respect a teacher who calls after school or on a weekend. It gives evidence to the parent that you are a caring teacher who is willing to put forth effort in helping the child be more successful in school. Although you should use a telephone to make contact with a parent, don't use it to hold a conference. The telephone does not allow you to see the facial expressions of the other person, and you may not get good feedback regarding your message. Even if parents are divorced or separated, it is important for teachers to try to contact both parents regarding a student's situation in school. If the parents experienced a bitter divorce, it is suggested that you have two separate meetings. Let the parents guide you regarding the need for separate meetings.

Checklist for Calling a Parent

Did you:

- Introduce yourself and ask if this is a good time to call?
- Say something positive about the student to establish a good rapport?
- Define your concern in operational terms? In other words, what are the specific behaviors or skill deficits that concern you?
- Focus on the most immediate problem? Don't overwhelm the parent with too many concerns all at once.
- Set a meeting at the school to share your concerns? *Don't try to solve the problem with a phone conversation.*

HAVING A CONFERENCE WITH PARENTS

When you meet with parents, it is critical that you use clear and definable terminology. If you are vague in how you communicate, you will also have a vague approach to solving the problem. You need to operationally define a student's behaviors first before you come up with a term to explain them. Focus on the impairments before you attempt to provide a reason for their occurrence. One of the most common mistakes that educators use in parent meetings is to make use of labels when describing the student. Instead of trying to use labels to describe what the student is experiencing, it is suggested that you make use of behavioral descriptions. In each situation you need to be specific with your negative feedback and not make generalizations. When you make a generalization, you may be making a diagnosis that you are not qualified to make. You may also use terms such as "lazy or immature," which prevent one from effectively treating a student's difficulties. The negative impact of these labels is described later on in more detail.

HOW LABELS ARE MISUSED

A label could have a very negative effect on a student if it is inappropriately applied. The label we choose for a student colors our perceptions of that student, and may last even when the offensive behaviors are no longer manifested. Furthermore, a quick labeling of a student may cause parents and teachers to look in only one place for solutions (i.e., the child). Sometimes the root causes for a student's difficulties may be due to situations in his home, peer, or school environment. Most of the labels used by schools involve the use of cir-

cular reasoning. For example, you have learning problems because of the label that you have. This applies even to labels for which we have an operational definition such as a “learning disability.” Typically the term “learning disability” refers to a discrepancy between IQ score and achievement test scores. However, it only describes what exists. It doesn’t explain why a student is not learning at a satisfactory rate, and only describes what everyone already knows. It doesn’t state that the student’s difficulties are due to an impairment with phonics skills, or auditory processing deficits. Anytime you use a label, you need to clearly state what kind of impairment it relates to in concrete and behavioral terms. Instead of referring to a student’s “learning disability,” it is better to refer to his or her deficits in “phonics skills” and the problems the student has distinguishing between long and short vowel sounds. Below are two terms that I often hear mentioned to describe students. The term “immature” is often used by teachers, and the term “lazy” is often used by parents.

Immature

Immature is one of the most commonly used labels by educators. Almost every week I hear a teacher describe one of their students as being immature. The word immature implies that the student is acting like someone who is younger and that time will take care of all the difficulties. By its very nature, the definition indicates that there is nothing you can do at the current moment to help your student but wait. A big problem with the use of this term is that the strategy of just waiting is often unsuccessful in resolving behavior and work production problems. Many children do not “grow” out of their earlier difficulties. I dislike the use of the term immature because it is vague and discourages the use of strategies to solve problems. For example, a first-grade teacher once filled out a brief written request for psychological services with the words, “I am requesting a psychological evaluation because Jane is immature.” I met with her to discuss her referral and told her half jokingly that I could not “cure immaturity.” The implication of the term is that we must let time pass by in order to let the student mature. I then asked what she meant by the word immature. She said that Jane did not attempt to follow classroom directions or work on her assignments. By looking at the issue of work production, specific strategies could be attempted through the use of various behavior modification programs. Focusing on the use of the term immature would not have led to the use of specific strategies. I was at another conference regarding a kindergarten

student named Tom who was described by his teacher as being immature. I viewed the use of the term as being an obstacle in helping Tom to be more successful in school. My response was to get the teacher to be very specific by what she meant when she used the word immature. She told me that he often cried when presented with new work assignments and would become upset when he had to leave his current activity to go to another one. During our discussion we were able to shift from the word immature to “sensitive.” Tom was uncomfortable with new situations and had difficulty making transitions to new activities. Viewing him as a sensitive student who needed extra monitoring when exposed to new activities, as well as extra time to make transitions, was a better way of viewing him because it led to specific strategies to assist him in his classroom. The use of labels stops people from focusing on the specific behaviors and skills that need to be improved. Whenever a label is used it is important to get a teacher or a parent to operationally define the label in behavioral terms that are clear. Saying a student is immature leads to circular reasoning in which the behaviors of concern are never specifically addressed. Saying a student has a problem because he or she is immature doesn’t tell you what your student is doing wrong and what can be done to help him or her.

Lazy

Lazy is a term used by parents to describe a child who does not do what is asked. This could be household chores, class work, homework, and so on. It is important to avoid using this term because the child may adopt its use and feel that he or she is just a lazy student and that is the reason that “nothing gets done.” You are now giving a child an excuse for why he or she doesn’t accomplish what is expected (i.e., it doesn’t get done because the child is lazy). Sometimes it is easier for a student to buy into the label of being lazy than to attempt to change his or her behavior to meet someone else’s expectations. By accepting the term lazy, teachers may fail to find out what the “real” problems are for a student’s lack of production. The assessment process will end because you think you have an explanation for the problem. This in turn prevents you from determining if there is another reason for the problem, such as Attention Deficit Hyperactivity Disorder, which lends itself better to treatment interventions. Carl, an eighteen-year-old high school senior, was an example of a student who was labeled as being lazy by his parents. His family moved around a

lot and so he had never been diagnosed as having ADHD. Yet when I met him it was clear that he had been experiencing all of its symptoms. In fact after I diagnosed him as having ADHD, his first comment was “You mean I’m not lazy.” The use of the term lazy was the only possible explanation that he had for his lack of work production. After being correctly diagnosed and treated, he went on to have a successful senior year of high school and is now doing well in a four-year college program.

MAKE USE OF TEST SCORES AND WORK SAMPLES TO DESCRIBE A STUDENT’S PROGRESS

It is always helpful when you have such concrete data as test scores or information regarding the student’s performance during previous school years to present to parents. It is hard for people to argue and disagree when you have concrete data to support your position. It also makes it less likely for disagreements to become personal.

ATTEMPTING TO PROVIDE SOLUTIONS FOR THE PROBLEM

This is the step that everybody wants to get to. However, it is not something that can be rushed. You first have to identify and understand the student’s problems. The four-component model that is described in this book is designed to help you do that. It is only after this occurs that you can effectively treat the student’s difficulties. Without proper identification and understanding, it is likely that the solutions you come up with will prove to be ineffective. When that happens, it leads to more discouragement and a worsening of the problem. Before you attempt to suggest a solution, it’s good to summarize the identified problem(s) and make sure everyone agrees with how it is being identified.

GETTING COOPERATION

You want parent and at least some student involvement in the solution process. It should be a joint effort to get the best results. Everyone should be invited to provide suggestions in the use and implementation of strategies. When you attempt to come up with a solution to a student’s difficulties, it helps to have the support of that child and his or her parents. If a parent or student is not in agreement

on the use of a strategy, it increases the odds that someone will sabotage its implementation. Parents and students will usually put more effort into making a strategy work if they had input in developing it. Sometimes strategies work because they increase hope that things will improve and lead to a climate of optimism instead of one of pessimism. It's hard for people to be optimistic when you are doing nothing different. I also suggest that you develop alternative strategies to employ or at least to think about them in case the one you decide on doesn't work. You could even talk about alternatives in terms of "Plans A, B, or C." Having choices for people makes it easier to develop a consensus.

DEALING WITH PARENTS WHO ARE RESISTANT TO YOUR SUGGESTIONS

Teachers and parents need to work together to reach agreement for implementing strategies. I once sat in a parent meeting to plan out a behavior modification plan for a student that was observed by one of my interns. During this meeting I proceeded to set up an elaborate behavior plan with daily feedback and clear and consistent rewards. I wanted the parent to get involved with providing rewards at home for her student's behavior. I usually want the parent involved in the setting of rewards because the rewards at home can often be better than those that the school can provide. However, this parent did not want to be involved in setting up rewards at home. I listened to the parent, and we only set up rewards at school such as the engagement in preferred activities at the end of the day. We also continued to give the parent daily feedback on the student's progress. After the meeting, my intern asked why I didn't insist on the parent making use of rewards at home because she liked the reward system that I had set up. I created a system that gave the student points for meeting expected goals and made the student's privileges at home contingent upon the earning of those points. I told my intern that the plan would not work if the parent did not want to do it. I told her that a working plan was better than no plan. We used the plan that the parent agreed on, and the student's work completion and behavior in school improved. I believe that my intern learned a good lesson from this experience. Teachers should be willing to look at the parent's suggestions for fixing the problem. For example, when the parent feels that the problem is the result of the teacher using the wrong strategy to teach the student, the teacher should listen to what the parent is say-

ing. If possible, the teacher could try to make use of a different strategy that is suggested by the parent if it is remotely reasonable. If the strategy works, everyone will be happy. If it doesn't, the teacher can go back to the parent and say that something else appears to be causing the problem and a different approach needs to be tried. In this situation, the parent will be more cooperative with the teacher because he or she has contributed to the problem-solving process. People tend to be more active in fixing a problem if they are part of the solution.

HOW TO EVALUATE THE STRATEGIES DEVELOPED AT A PARENT CONFERENCE

Once the strategies have been developed, you need to build a mechanism to evaluate their effectiveness. This should be typically done after several weeks. Behavioral interventions should lead to improvement in several days, while learning interventions could take much longer to evaluate. The best kind of feedback is one that relates to clear and measurable goals that have been set up during the parent-teacher student meeting such as completing homework or class work, sitting in one's seat, and not talking with peers while the teacher is giving a lesson.

GIVING FEEDBACK TO PARENTS

One of the major complaints I hear from teachers is that some parents are not sufficiently involved in their child's education and are not reinforcing what is being learned in school. Teachers should welcome with open arms those parents who are actively seeking to work with them to improve a student's performance in the classroom. The best kind of feedback is daily. However, even weekly feedback is very helpful for parents. Frequent feedback may help a student from digging a deep hole that they can't get out of. Sometimes parents have no idea how big a hole a student has dug until it goes all the way to China. Feedback doesn't need to be a timely or a long and drawn-out process for teachers. Many teachers send home narratives describing a student's progress that take a lot of time to complete and can be subjective. Sometimes it is better to simply list the goals that you have for a student and check the student's progress in meeting them. More feedback is not always better. It doesn't have to be a time-consuming process. For example, the feedback could consist of a simple rating of a student's progress for a specific goal on a scale of 1–5 with "1"

indicating poor progress and a “5” indicating excellent progress. The behaviors that you monitor could include the frequency of class work and homework completion, or behavioral goals like sitting in the seat, not talking without raising one’s hand, paying attention, or following directions. Consulting another teacher or the school psychologist may be beneficial if you need help in developing goals. The student will not need a lot of reminders from you once the pattern of getting daily feedback is established. In elementary school, this can be handled directly by the classroom teacher. In secondary school, it can be co-ordinated through the guidance counselor. A weekly progress report may only take a minute to complete, but it can make a huge difference in a student’s performance in school. Probably the biggest stumbling block that each teacher needs to get through in this area is the idea of making the student responsible for coming to his or her desk at the end of the day or class period to obtain feedback. If the student can do this on his or her own, everybody, including the parents, will be happy. However, what happens if the student is not responsible enough or willing to do this? Should teachers wash their hands of the situation? Such a response can be infuriating to a student’s parents. Instead, it is suggested that teachers coordinate with parents to let them know that the feedback will be coming at the end of the week and that they will make sure that the student puts it in their book bag. If the progress reports are not there, the parents could impose a consequence such as a loss of privileges during the weekend. In other words, the student should have a strong incentive to bring home the progress reports and show them to his or her parents. The time put in by teachers for positive efforts will probably lead to less time spent on dealing with the student’s negative behaviors. Parents who want to help their children do better in school are often unable to do so unless they have confirmation from the teacher(s) regarding their child’s progress in meeting their educational responsibilities.

SUGGESTIONS FOR CONDUCTING PARENT MEETINGS

1. Teachers should not start a meeting by listing all the problems a student has. This will cause the parents to become defensive and perhaps hostile. Instead of focusing on all the problems at once, focus on the one that is viewed as the most critical or important.
2. Use the Socratic style. Encourage the parents to make their own discoveries. Lead parents to make their own conclusions about a student’s

situation in school. In terms of actual evidence, give them the dots to connect.

3. Make parents active partners in the solution of problems. Let them provide input and suggestions.
4. Periodically assess the parents' understanding of issues that were discussed. Don't assume that just because you said something the student's parents interpreted it accurately.
5. Listen actively to the concerns of the parents with the intention of reflecting back your understanding of their concerns.
6. Imagine what it feels like to be a parent at a meeting. It can often be very intimidating for a parent to deal with school personnel at a meeting. I was even nervous myself went I went to a parent-teacher meeting with my oldest son's kindergarten teacher.
7. Back up your concerns with actual samples of the student's work.
8. Invite any special area teachers who work with your student.
9. Look in books for strategies to deal with the problem and share them at a parent-teacher-student conference.
10. Know how to interpret any standardized test scores that are available for your student.
11. Review data such as test scores, discipline notices, frequency of punishment. One good suggestion would be to graph examples of the student's progress. I rarely see this done, but I believe that the old saying of "a picture being worth a thousand words" is true.
12. Share research findings.
13. Make sure you have found something positive to say about the student.

EXAMPLES OF RECOMMENDATIONS

Alan is a ten-year-old boy in the fourth grade who experiences a lot of difficulty paying attention and completing schoolwork. Alan has average intelligence and academic capability, and his attending difficulties appear to be physiological in nature. He has experienced seizure activity in his preschool, and his attending difficulties are viewed as being too significant to be the result of just emotional, intellectual, or academic factors. The following recommendations could be made:

1. Alan should receive a complete neurological evaluation to determine if he currently has a seizure disorder.

2. Alan's teacher will continue to modify his academic program by conducting task analyses to break down his assignments into smaller subcomponents to help him compensate for his attending difficulties. In other words, his teacher will not ask him to spend too much time on one activity. Instead he will work on many shorter activities that are related with the opportunity for frequent breaks. The alternative is that Alan would never get any of his work done. Given his short attention span, he is only able to sustain his focus on the work for a short period of time.
3. Alan should benefit from the use of visual representation and pictorial images during academic instructional activities.
4. Alan will keep a log of how often he seems to have drifted off and not attend.
5. Weekly progress reports will be sent home so that his attending skills can be actively monitored.

Daisy is seven years old and has difficulty separating from her parents to come to school. She has difficulty relating to other students, and has a negative attitude toward school. These problems have been present since the beginning of the school year and appear to be the result of a parental divorce that is occurring.

The following recommendations could be made:

1. An attempt should be made to create a "circle of friends" in her classroom. This would consist of several classmates who would include her in activities during the school day.
2. Daisy's parent separation problems could be treated by: (a) making use of a behavior modification program that is coordinated between her teacher and parents. This could take the form of a sheet of paper, notebook, or stickers, which signify that Daisy has experienced a good day in school and is getting along with her classmates; (b) having Daisy use self-talk strategies such as telling herself that she can make a good separation from her parents; and (c) having Daisy see a psychologist to further assess her level of anxiety and explore the issue of counseling.

Terry is fourteen years old and is in the average range for his level of intellectual functioning. However, he has already been diagnosed as having ADHD, and is exhibiting difficulty attending to information and completing written assignments in the classroom at a fast rate of speed. Terry is taking Ritalin to control his ADHD symptoms. The Ritalin has generally been effective in lowering his activity level and giving him the capability to have more control over his behavior. However, he is still experiencing attending difficulties in the classroom.

and needs more active monitoring than the average student. The following recommendations could be made:

1. Terry should be considered for compensation strategies through Section 504 of the Rehabilitation Act. The compensations could include: untimed or extended testing, separate testing locations, reading of exam questions, studying with competent peers, reviewing a competent peer's notes, the opportunity to learn keyboarding skills, assistance for becoming more organized, increased use of visual aides, and preferential seating in order to get extra monitoring by the classroom teacher. Further compensations could include the use of a calculator for math assignments, extra monitoring for his understanding of information, having someone with whom he could review his understanding of information to make sure he doesn't have gaps in knowledge, reduced or adjusted directions, artificial deadlines to counteract his tendency to procrastinate, and modified writing assignments which could range from reducing his writing load, to giving him extra time, or allowing him to dictate.

It is also suggested that Terry be given fewer work assignments to complete than his classmates. This could take the form of completing all the odd examples, or cutting the assignment in half. Terry has a good ability to learn and will still acquire academic skills if given fewer examples to complete.

2. His parents could contact his physician to discuss making adjustments in his medication for ADHD. If adjustments are made, it will be important for his teachers to provide feedback to both his mother and physician. Terry's parents could also consult with his physician to explore medication alternatives from increasing his dosage of Ritalin, shifting from generic to name-brand Ritalin, or going to another medication such as Adderall or Concerta. It is also important for Terry's reaction to his medication to be continually monitored by his teachers.
3. Terry should make use of self-monitoring strategies in order to make sure he gets the information that is required in his classes. For example, he could use self-monitoring strategies in which he asks for feedback from his teachers or other students to make sure that he has correctly understood directions for completing assignments. Terry can also make sure to check that he has all the materials needed to complete his assignments before he leaves school.
4. Terry should attempt to study for exams with a partner. By studying with a fellow student, he can make sure that he gets access to the information that was presented in his classes.
5. Terry could benefit from a case manager at school with whom he could check in on a daily basis. This case manager could focus on the issues of attending skills, following directions, class participation, and work completion.

6. Terry should be referred to the Committee on Special Education if he does not make progress in order to get extra support services in the school.

USING THE MODEL TO MAKE DECISIONS REGARDING A SPECIAL EDUCATION PLACEMENT

The model presented in this book will not only guide how one describes and assesses learning difficulties in school, but can also aide in decision making processes. As part of my role as a school psychologist in a public school setting I am often asked to sit in on Committee on Special Education meetings which can determine the type of special education program that a student can be placed into. When asked to make recommendations, I often use the Four-Component Model as my guide. I am looking at how many components are involved and the severity of the difficulty.

When Only One Component Is Involved

When only one component is involved, I am looking to assess how severely it impacts on the student's learning. If there is only one problem and it is mild, the student may not need special education support services and other modifications can be made to assist the student. If the problem is moderate then the student should be provided with a relatively less restrictive assistance program. If the problem is severe, then all the support services up to a special education class could be explored.

When More Than One Component Is Involved

If more than one component is involved, the child would probably benefit from extra support services. If the problems are mild, then the level of service would be mild and could conceivably consist of support within the classroom or a low level of support outside of it. If at least one of the problems is moderate and one is mild, the student would probably still be able to stay with a relatively low level of support. If there are at least two moderate problems, the student may need all the support services that are available short of a special class program. If there are at least two severe problems, the student will be a good candidate for a special class program. The following is an illustration of the model:

	# COMPONENTS INVOLVED	
	<i>One</i>	<i>More than One</i>
<i>Mild</i>		
	No Special Ed. Service	Special Ed Service in the classroom or mild out of class service
S	<hr/>	
<i>Moderate</i>		
E	Special Ed Service in the classroom or mild out of class service	Significant support in the classroom and/or support out of the classroom
V	<hr/>	
<i>Severe</i>		
R	Significant support in the classroom and/or support out of the classroom	Special Class Support services
I	<hr/>	
T	<hr/>	
Y	<hr/>	

If a problem is an extreme one such as mental retardation, severe emotional difficulties with aggressive behavior, or a severe learning difficulty, it may be necessary to look at a special class placement.



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Internet Resources

EDUCATIONAL ORGANIZATIONS

American Federation of Teachers. www.aft.org

National Educational Association. www.nea.org

Phi Delta Kappa International. www.pdkintl.org

Eric Clearinghouse on Teaching & Teacher Education. www.ericsp.org

National Association of School Psychologists. www.naspweb.org

DISABILITY WEB PAGES

Children and Adults with Attention Deficit Disorder (CHADD).

www.chad.org

Disorders Association. www.adda.org

Learning Disabilities Association. www.ldanatl.org

Depression. www.Psychom.net/dpression.central.html

Anxiety. www.adaa.org



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