*28 years
& counting*

**School Practitioner
Listserv**

**A Weekly Community of Practice Network
for Sharing and Interchange**

Mental Health in Schools
UCLA
Center
Program and Policy Analysis+

November 24, 2014

Request from a Colleague

>**Helping teachers understand student misbehavior**

For Your Information and Reaction

>**Variability in Community ADHD care**

Featured Center Resource

>**Helping active/inattentive students**

Coming Soon

>*2015 National Initiative for Transforming Student
and Learning Supports*

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Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.

For those who have been forwarded this and want to be part of
the weekly exchange, send an email to **Ltaylor@ucla.edu**
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Request from a Colleague

"How do I help teachers embrace/understand that children often have deeper, more emotional reasons for misbehaving without sounding like I am making an excuse for the student or downplaying the impact of their behavior in the classroom?"

Center Response:

There is a natural tension between those at a school who must focus on socializing students and those who see their primary role as that of helping students. This complicates all discussions about providing student and learning supports. The Center highlights this matter in a brief that emphasizes that working with students with behavior problems nearly always involves the need to help individuals overcome underlying problems while maintaining social order and teaching appropriate behavior. See:

>*Helping and Socialization* – http://smhp.psych.ucla.edu/pdfdocs/helping.pdf

In working collaboratively with teachers, those concerned primarily with addressing underlying problems need to do more than consult. It is common for teachers to react negatively (e.g., "you are just making excuses for this student") when all they hear is what they *should* do and when the focus is mainly *one* individual. Collaborative work with teachers is best done with daily involvement in the classroom and with an agenda focused on directly assisting the process of making classroom and other changes that (1) reflect understanding of what is motivating the behavior and (2) focus on anticipating, preventing, and responding to number and range of behavior problems the teacher is encountering.

In discussing general strategies, response to intervention and functional behavioral analysis, when properly implemented, can contribute to an understanding of the problem and indicate some directions for providing special assistance. In general, we stress that efforts to address misbehavior provide natural, albeit challenging, opportunities to promote social and emotional development and minimize transactions that interfere with positive growth in these areas. Support staff need to grab hold of these opportunities as an avenue for working with teachers in a new way. Whenever a student misbehaves, personal and social growth should become a major priority in deciding how to react.

The Center has several resources that might be shared and discussed with staff. See:

>*Common Behavior Problems at School: A Natural Opportunity for Social and Emotional Learning* – http://smhp.psych.ucla.edu/pdfdocs/practicenotes/behaviorsocialemot.pdf

>*Behavior and Conduct Problems* – http://smhp.psych.ucla.edu/pdfdocs/conduct/conduct.pdf
(Excerpt from page 18)
 I. Prevention of Misbehavior [including follow-ups to remedy causes] ...
   1. Identify underlying motivation for misbehavior
   2. For unintentional misbehavior, strengthen coping skills (e.g., social skills, problem solving strategies)
   3. If misbehavior is intentional but reactive, work to eliminate conditions that produce reactions (e.g., conditions that make the student feel incompetent, controlled, or unrelated to significant others)
   4. For proactive misbehavior, offer appropriate and attractive alternative ways the student can pursue a sense of competence, control, and relatedness

5. Equip the individual with acceptable steps to take instead of misbehaving (e.g., options to withdraw from a situation or to try relaxation techniques)
6. Enhance the individual's motivation and skills for overcoming behavior problems (including altering negative attitudes toward school)

II. **Anticipating Misbehavior** ...
1. Identify underlying motivation for misbehavior
2. Design curricula to consist primarily of activities that are a good match with the identified individual's intrinsic motivation and developmental capability
3. Provide extra support and direction so the identified individual can cope with difficult situations (including steps that can be taken instead of misbehaving)
4. Develop consequences for misbehavior that are perceived by students as logical (i.e., that are perceived by the student as reasonable fair, and nondenigrating reactions which do not reduce one's sense of autonomy)

III. During Misbehavior ...
1. Try to base response on understanding of underlying motivation (if uncertain, start with
    assumption the misbehavior is unintentional)
2. Reestablish a calm and safe atmosphere
3. Use understanding of student's underlying motivation for misbehaving to clarify what occurred (if feasible, involve participants in discussion of events)
4. Validate each participant's perspective and feelings
5. Indicate how the matter will be resolved emphasizing use of previously agreed upon logical consequences that have been personalized in keeping with understanding of underlying motivation...

For more resources related to working with teachers and other staff who have students with challenging classroom behaviors, see the Center's online clearinghouse Quick Find:

> *Behavior and Conduct problems* – http://smhp.psych.ucla.edu/qf/p3022_01.htm

We sent this request and our response to a couple of colleagues for feedback. Here is what an Assistant Superintendent had to say:

"What strikes me about the question is the individual nature of the language as it relates to responsibility. He/she is using "I" language. Statements like; "how do I," "without sounding like I." This strikes me as a call for systemic help. I believe unified, comprehensive, and equitable systems are critical to the ability to address barriers and re-engage students. Without the systems and structures, it is each educator (or in this case counselor) for themselves. It can (and sounds like it does for him/her) feel overwhelming.
  While all of us of feel compelled to intervene, to do something, to make a difference, it is the system work that drives the machine. I would encourage them to work collaboratively. To engage leaders in their system. To build the structures that can sustain these efforts and not leave the work up to the heroic efforts of a few. Thanks again for sharing AND for or all you are doing to develop and assist educators in the work of Learning Supports. It is appreciated!"

Listserv Participants

What's you take on this request? Send comments and suggestions to
    ltaylor@ucla.edu

For your information and reaction

New report in the journal *Pediatrics* discusses:
Variability in ADHD Care in Community-Based Pediatrics
http://pediatrics.aappublications.org/content/early/2014/10/29/peds.2014-1500.abstract

Let us know:

What are your reactions to this report?

Does it have implications for schools?

As reported:

"BACKGROUND: Although many efforts have been made to improve the quality of care delivered to children with attention-deficit/hyperactivity disorder (ADHD) in community-based pediatric settings, little is known about typical ADHD care in these settings other than rates garnered through pediatrician self-report.

METHODS: Rates of evidence-based ADHD care and sources of variability (practice-level, pediatrician-level, patient-level) were determined by chart reviews of a random sample of 1594 patient charts across 188 pediatricians at 50 different practices. In addition, the associations of Medicaid-status and practice setting (ie, urban, suburban, and rural) with the quality of ADHD care were examined.

RESULTS: Parent- and teacher-rating scales were used during ADHD assessment with approximately half of patients. The use of Diagnostic and Statistical Manual of Mental Disorders criteria was documented in 70.4% of patients. The vast majority (93.4%) of patients with ADHD were receiving medication and only 13.0% were receiving psychosocial treatment. Parent- and teacher-ratings were rarely collected to monitor treatment response or side effects. Further, fewer than half (47.4%) of children prescribed medication had contact with their pediatrician within the first month of prescribing. Most variability in pediatrician-delivered ADHD care was accounted for at the patient level; however, pediatricians and practices also accounted for significant variability on specific ADHD care behaviors.

CONCLUSIONS: There is great need to improve the quality of ADHD care received by children in community-based pediatric settings. Improvements will likely require systematic interventions at the practice and policy levels to promote change."

Listserv Participants

Reactions? What is your experience in working with prescribing doctors? What do you recommend? Send to Ltaylor@ucla.edu for sharing.

Center Featured Resource
Helping active/inattentive students

For a range of resources from our Center and from others related to students with activity/inattention, see our online clearinghouse Quick Find on

Attention Deficit Hyperactivity Disorder (ADHD)
http://smhp.psych.ucla.edu/qf/p3013_01.htm

Here is a sample of the Center resources you can link to from there:

>*Schools and the Challenge of LD and ADHD Misdiagnoses*
>*Arguments About Whether Overdiagnosis of ADHD is a Significant Problem*
>*Questions Parents Ask and Some Concerns About Attention Deficit/Hyperactivity Disorder*
>*Attention Deficit Hyperactivity Disorder (ADHD) and Schools: Outline Focused on Key Questions and Concerns*

Also see the Quick Find:

Classroom-based Learning Supports
http://smhp.psych.ucla.edu/qf/classenable.htm

Here is a sample of the Center resources you can link to from there:

>*Engaging and Re-engaging Students and Families*
>*Personalizing Learning and Addressing Barriers to Learning*

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Coming Soon
Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System

This new book is being prepared by Howard Adelman and Linda Taylor, co-directors of a national Center at UCLA. In January, to facilitate efforts to transform student and learning supports, the resource will be placed on the Center's website for free access.

The work outlines what is involved in designing and implementing a unified, comprehensive, equitable, and systemic learning supports component to replace existing fragmented and disorganized student and learning supports. With respect to cost, the emphasis is mainly on redeploying existing resources and garnering economies of scale.

2015 National Initiative for Transforming Student and Learning Supports

Much of our work in recent years was accomplished as part of the national initiative for New Directions for Student and Learning Supports. As of now, this initiative is being morphed into the *2015 National Initiative for Transforming Student and Learning Supports.*

The book cited above will be the keystone for this initiative. To further help districts and schools make the transformation, the Center will be developing additional online, free resources – including professional development activities, powerpoints, implementation resources, and a revised System Change Toolkit. We also will continue providing online technical assistance and coaching.

Watch for it!

Please share relevant resources ideas, requests, comments, and experiences! Send to ltaylor@ucla.edu

Note: Responses come only to the
Center for Mental Health in Schools at UCLA for
possible inclusion in the next week's message.

We also post a broad range of issues and responses to the
Net Exchange on our website at
http://smhp.psych.ucla.edu/newnetexchange.htm
and to *Facebook* (access from the Center's home page http://smhp.psych.ucla.edu/

For Recent Previous Postings, see http://smhp.psych.ucla.edu/practitioner.htm