Autauga County Special Education Paraprofessional Training

Back to School Behaviors

August 2, 2021

Jeana Winter, Executive Director
jwinter@alabamaparentcenter.com
334-567-2252
www.alabamaparentcenter.com

APEC

Alabama Parent Education Center

Poll 11

Which statement reflects you best right now?

APEC Mission

The Alabama Parent Education Center believes that parents have the greatest impact on their children's lives. The Alabama Parent Education Center provides training, information and support to help all parents, including low income, minority, and parents of children with exceptionalities, ensure that their children become productive citizens.

Overview of Todays Training

What we will cover

- COVID Impact on Learning and Behavior
- Developing an Understanding of Behavior
- How does behavior occur: a deep dive into abc's and the anatomy of prevention
- Wrap up and followup
- Turn on your cameras

Zoom etiquette

- Turn on your cameras
- Mute until its time to talk to reduce background noise
- Answer polls and evaluation questions
- Use the chat to ask questions

Poll 2

- Who are you?

Questions to Consider?

- How has the pandemic affected you?
- How has the pandemic your family?
- How has the pandemic affected your school community?
- How has the pandemic affected students?

Pandemic Impact

- Schools closured
- Social isolation
- Financial hardships
- Gaps in health care access
- Fear
- Disruption in Routine
- Irritability

- Our mental and emotional health has declined overall
- Issues sleeping
- Lack of access to food and supplies
- Increased risk for child abuse
- COVID Learning Gaps

Impact of Closed Schools

*The harms attributed to closed schools on the **social, emotional, and behavioral health**, economic well-being, and academic achievement of children, in both the short- and long-term are well-known and significant. Further, the lack of in-person educational options disproportionately harms low-income and minority children and those living with disabilities.*

AAP, American Federation of Teachers, National   Education Association, School Superintendents Association, June 2020

*For those experiencing mental or behavioral health challenges, this has been an especially difficult time. As if fear of contracting the virus weren't enough, the need for social distancing ... and complete disruption of one's day-to-day activity only compounds the impact. Now, maybe more than ever, **these individuals need access to behavioral health services.***

NEJM Catalyst, 2020

Part 2

DEVELOPING AN UNDERSTANDING OF BEHAVIOR

Children Learn What They Live

If a child lives with criticism, he learns to condemn.

If a child lives with hostility, he learns to fight.

If a child lives with ridicule, he learns to be shy.

If a child lives with shame, he learns to feel guilty.

If a child lives with tolerance, he learns to be patient.

If a child lives with encouragement, he learns confidence.

If a child lives with praise, he learns to appreciate.

If a child lives with fairness, he learns justice.

If a child lives with security, he learns to have faith.

If a child lives with approval, he learns to like himself.

If a child lives with acceptance and friendship, he learns to find love in the world.

> *By Dorothy Law Nolte*

What is Behavior

- the manner of conducting oneself
- anything that an organism does involving action and response to stimulation
- the response of an individual, group, or species to its environment
- the way in which someone <u>behaves</u>; *also* : an instance of such behavior
- the way in which something functions or operates

Normal VS Abnormal Behavior

- The difference between normal and abnormal behaviors is one of *degree*
  - how often and how frequently does the behavior cause a problem for the child, the parents, and/or the community
  - If the behavior is frequent or severe in nature then professional counseling or therapy may be warranted.
  - Are misbehaviors the child exhibits:
    - age-appropriate behaviors,
    - longer than normal duration of the problem,
    - resistant to efforts to help him
    - Then more likely that professional assistance is required to resolve the problem.

Common Childhood Misbehaviors

- Common reasons why children misbehave:

  - They want to test whether caregivers will enforce rules.
  - They experience different sets of expectations between school and home.
  - They do not understand the rules, or are held to expectations that are beyond their developmental levels. They want to assert themselves and their independence. They feel ill, bored, hungry or sleepy.
  - They lack accurate information and prior experience.
  - They have been previously "rewarded" for their misbehavior with adult attention.
  - They copy the actions of their parents.

Common Childhood Disorders

- Anxiety Disorders
- Depression
- Bipolar Disorder
- Attention Deficit/Hyperactivity Disorder
- Learning Disorders
- Conduct Disorders
- Eating Disorders
- Autism
- Allergies

Barriers Contributing to Behavioral Problems

- Deficiencies in living resources and opportunities for development
- Psychosocial problems
- General stressors
- Crisis and emergencies
- Difficult transitions
- Parenting
- Biological

Deficiencies in Basic Living Resources

- Lack of food or adequate clothing
- Substandard housing or homelessness
- Lack of transportation
- Poverty level income, unemployment, or welfare status
- Lack of after-school supervision
- Lack of recreation and enrichment

Deficiencies in Basic Living Resources

- Immigration and language barriers
- Lack of home involvement in schooling
- Lack of school support services
- Lack of peer support
- Lack of community involvement
- Lack of social services
- Lack of medical, dental, and mental health services

Psychosocial Problems

- Physical health problems
- School adjustment problems (school avoidance, truancy, pregnancy, and dropouts)
- Relationship difficulties (dysfunctional family situations, intensity to others, social withdrawal, peers who are negative influences)
- Deficiencies in necessary skills (reading problems, language difficulties, poor coordination, social skill deficits
- Abuse by others (physical and sexual)
- Substance abuse

Psychosocial Problems

- Over reliance on psychological defense mechanisms (denial, distortion, projection of displacement)
- Eating problems
- Delinquency (gang-related problems and community violence)
- Psychosocial concerns stemming from sexual activity (prevention of and reactions to pregnancy and STDs)
- Psychopathology/disabilities/disorders

General Stressors

- External stressors (objective and perceived and deficits in a support system
- Competence deficits including low self esteem/low self efficacy, skills deficits
- Threats to self determination/autonomy/control
- Feeling unrelated to others or perceiving threats to valued relationships
- Emotional upsets, personality disorders, mood disorders and other psychopathology

Crisis and Emergencies

- Personal/familial home violence

- Subgroup (death of a classmate or a colleague)

- School or Community-wide (hurricane, flood, shooting in community)

Difficult Transitions

- Associated with stages of schooling (entry or leaving school)

- Associated with stages of life (puberty, gender identity, job and career concerns)

- Associated with changes in life circumstances (moving or death in the family)

Behavior Basics

- Behavioral problems are the most frequent reason youth are referred for mental health evaluation

- Patterns of aggressive behaviors that begin in early childhood may develop into conduct disorders over time and ultimately adult antisocial personality disorders

Behavior Affects Others

- Behavioral problems in children can produce:
  - Family discord and remove focus from the child
  - Outsiders placing blame on the parents for the child's behavior
  - false "save" actions by doing everything the child wants
  - Animosity between home and school relations regarding the child's behavior
  - A higher risk for parental abuse

Behavior Factors

- Biological factors
  - Gender
  - Comorbidity (ADHD, ID, Substance abuse)
  - Psychological factors (temperment difficulty, child abuse)
- Factors in Parents
  - Psychiatric illness (affects self efficacy)
  - Parenting styles (abuse, maltreatment, punitive, harsh, sensitive, supportive, rejecting)
  - Lack of promotion of social skill development
  - Insecure attachment
  - Marital discord and divorce
  - Disorder in the family system
- Sociocultural factors
  - Low socioeconomic status
  - Stress
  - Substance abuse
  - Rejection by peers
  - Lack of social support
  - Exposure to violent video games

Factors in the Child

- Biological
  - Males tend to be more aggressive than females
  - The higher the testosterone level, the more aggressive the male
- Parenting and Gender
  - Differential temperament in boys and girls
  - Negative behavior (irritability and anger) may be more accepted in boys
  - Fear and shyness are less discouraged in girls

Factors in the Child

- Comorbidity
  - ADHD, depression, CNS dysfunction, substance abuse, and early temperament.
  - Intellectual disability can trigger oppositionalism as a defense against helplessness, anxiety, and loss of self-esteem.

Psychological Theory

- Unresolved conflict fuels aggressive behavior toward authority figures

- Opposition is reinforced, learned behavior by which a child exerts control over authority figures

- Long discussions about the behavior can reinforce the behavior (increase in parental attention)

Why Disruptive Behavior Occurs

- Infants and young children meet their needs by crying or screaming, which brings caregiver attention
- Older children, meet their needs by having tantrums, or fits of rage
- Socialization demands that people learn how to control their overt expressions of rage and hostility

Why Disruptive Behavior Occurs

- Children who are victims or those who witness abuse:
    - Show feelings through aggressive destructive behavior
    - Tend to be hyper vigilant, they misperceive benign situations as threatening and respond with violence

Why Disruptive Behavior Occurs

- Child temperament and parenting:
    - Infants temperament regulates and is regulated by the actions of others from birth
    - The child's temperament must be considered in any discussion of appropriate parenting

Why Disruptive Behavior Occurs

- Difficult Temperament
  - Difficultness includes negative mood, withdrawal, low adaptability, high intensity
  - Difficult temperament is associated with aggressive behavior in those children

- Fearful Temperament
  - Low power expectations tends to encourage conscience development
  - Gentle discipline appears to fit well with fearful children allowing them to internalize parental messages
  - Fearful children are more likely to be aggressive if reared by harsh punitive parents

- Fearless Temperament
  - Respond to close relationship with their parent and societal expectation

Why Disruptive Behavior Occurs

- Irritable Temperaments
  - Predisposed in infancy to insecure attachment due in part to mothers ignoring child resulting in aggressive behaviors

Why Disruptive Behavior Occurs

- Psychiatric illnesses of mother affect self efficacy
  - Difficult infants directly result in some to mothers being less sensitive to the needs of the infants
  - Maternal depression results in withdrawal from childrearing responsibilities
    - When mothers attempt to gain some element of control they may result to highly authoritarian patterns of behavior resulting in misconduct in behavior
    - Inconsistent discipline of parenting interferes with the child's ability to identify rules and expectations, and reinforces noncompliant behavior

Why Disruptive Behavior Occurs

  - Anxious mothers tend to be less confident with soothing their children

Parenting Styles

- Two spectrums of parenting styles
  - Warmth-Responsiveness
  - Control-Demandingness

- These parenting styles include basic schemes
  - 1. authoritative parenting (high warmth, high control)
  - 2. authoritarian parenting (low warmth, high control)
  - 3. indulgent-permissive parenting (high warmth, low control)
  - 4. indifferent-uninvolved parenting (low warmth, low control)

Results of Parenting Styles

- Authoritation, permissive, and univolved have children who are socially incompetent and withdrawn

- Authoritative and democrative parenting result in children who develop pro-social behavior high self esteen, and academic achievement

Parenting Factors

- Alcohol dependence and substance abuse

- Hostile displays (insults, criticism, yelling)
  - Children perceive themselves as unworthy and see the world through distrustful eyes

- Some parents believe that aggression and violence are appropriate means to solve problems

- Parental neglect, tolerance, and lack of monitoring may result and encourage aggression and misconduct

Family Processes that Destroy Attachment

- High conflict/low cohesion

- Parental high control, low affection

- Parental criticism or neglect

- Parental pathology (depression, substance abuse)

- Negative family life events (divorce, abandonment, abuse, neglect)

Sociocultural Factors

- Deprived children are at higher risk for the development of conduct disorders

- Lower socioeconomic status tend to have a more authoritarian, punitive, disapproving, and controlling style

- Unemployed parents are associated with maladaptive child behaviors

- Alcohol use among adolescents is associated with increased delinquent and aggressive behavior

Sociocultural Factors

- Protective Factors
  - Strong Social Support Systems
  - Good marital relationships
  - Parental Stress reduced by social support

Sociocultural Factors

- Rejection by peers
  - Aggression is a cause of peer rejection
  - Aggressive children are unlikely to trust peers
    - Believe that others cause negative social experiences
    - Mistrust of others results in aggressive peer relationships

- Video Games
  - Violent games are related to physiological arousal and aggressive behaviors
  - The degree of exposure to violent games and content relates to greater preoccupation with violence

Behavioral Analysis

- WHO is responsible for behavior management?

- WHAT behavior do you most want to target?

- WHEN does the behavior occur?

- WHERE does the behavior occur?

- WHY does the behavior occur?

- USE   A(ntecedent)B(ehavior)C(onsequence)

Part 2

HOW DOES BEHAVIOR OCCUR: A DEEP DIVE INTO ABC'S AND THE ANATOMY OF PREVENTION

Think back…

…to an interaction you had with a student that escalated into a confrontation or "meltdown."

Consider:

– Was the outcome of that interaction what you expected?

– How did you feel about the outcome?

– If you could have a 'do over', would you do anything differently?

46

Basic Behavior Terms

Antecedent
what occurs before a behavior

Behavior
an observable and measurable act of an individual

Consequence
any event that follows a behavior
Reinforcement   *Punishment*

Basic Behavior Terms

Function:

the purpose that the behavior serves

- to get something
- to avoid, delay, or escape something

Why Determine the Function?

Think of one of your students...

Describe the student's challenging behavior in **observable, measurable** terms:

Your Student

Antecedent	Behavior	Consequence

51

My Student

Antecedent	Behavior	Consequence
difficult assignment, too long without break	pushing, scratching, stamping feet	disruption, work delay, injury, time-out, loss of privilege

52

Recognizing the Range of Behaviors

What behaviors do you see?

- Get into pairs or small groups
- Choose a note taker
- Brainstorm problem behaviors of students you encounter in your work
- Place each behavior on the appropriate place on the Behavior Four-Square Chart (behavior can be in more than once place)
- Share out

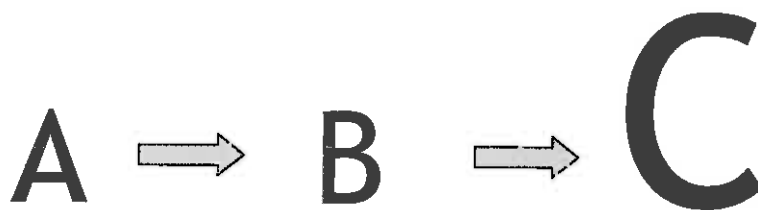What "kind" of students display challenging behavior?

All students.

This is not a special education issue.

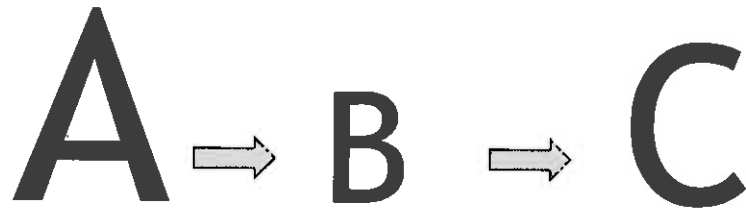It is an *education* issue.

Behavior Mantra

"It is easier to prevent a behavior from occurring, than to deal with it after it has happened."

Reactive Approach to Behavior

$$A \Rightarrow B \Rightarrow C$$

56

Proactive Approach to Behavior

A → B → C

57

Behavior Support Assumptions

- There is no place for ridicule or humiliation of children when managing behavior.

- Inappropriate behavior is learned and predictable.
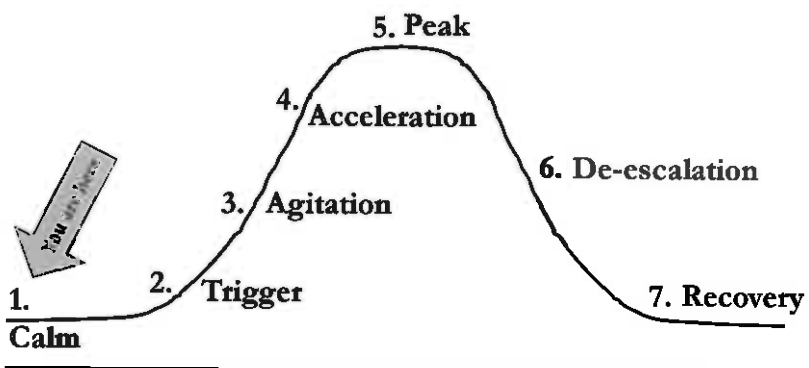
Behavior Support Assumptions

- A student's inappropriate behavior is not random or evil.

- The instructor's mere presence influences how students behave.

Seven Phases of Challenging Behaviors

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

2. Trigger

1. Calm

7. Recovery
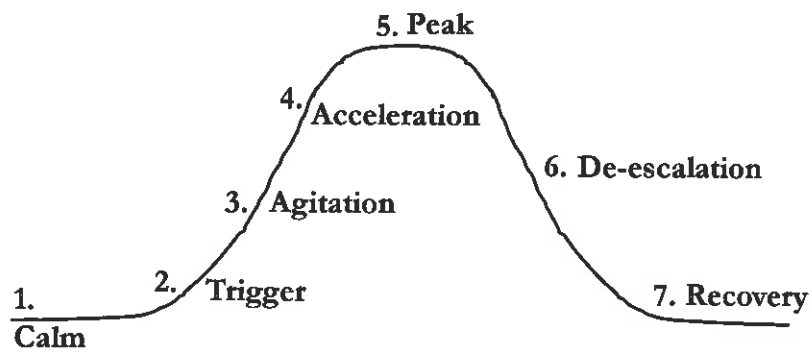
Colvin (2004): Managing the Cycle of Acting-Out Behavior in the Classroom. Behavior Associates, Eugene, Oregon

Seven Phases of Challenging Behaviors

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

You are Here

2. Trigger

1. Calm

7. Recovery

Seven Phases of Challenging Behaviors

1. Calm

Indicators:

- Student is in typical, neutral state
- Student is cooperative and responsive to teacher and task demands

Seven Phases of Challenging Behaviors

1.Calm

To prevent unwanted behaviors:
- Be aware of the antecedents that affect behavior
  - Environmental
  - Time
  - Physical/Medical
  - Task
  - Instructor
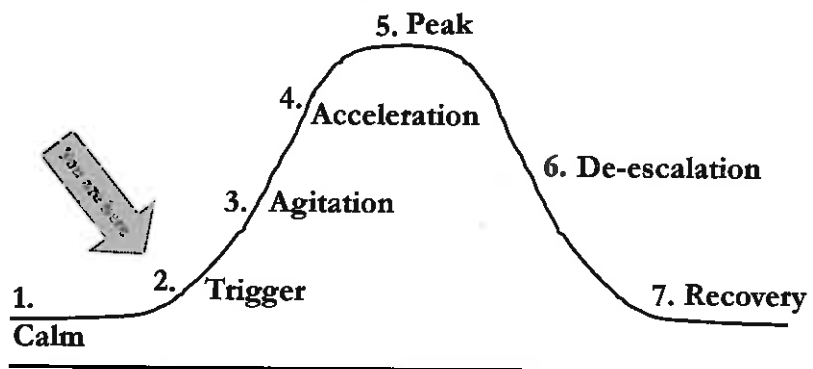 - Presentation

Seven Phases of Challenging Behaviors

1.Calm

To prevent unwanted behaviors:

- Treat students with respect
- Look for opportunities to praise students
- Attend to appropriate behaviors of students

Seven Phases of Challenging Behaviors

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

2. Trigger

1. Calm

7. Recovery

Seven Phases of Challenging Behaviors

2. Trigger

Indicators:

- Any event that provokes an undesired response from the student
  - School-based
  - Non-school based

Seven Phases of Challenging Behaviors

2. Trigger

To prevent escalation:

- Anticipate the trigger
- Remove or reduce the importance of the trigger
- Provide a reminder or cue for an alternate response to the trigger
- Precision requests

Seven Phases of Challenging Behaviors

2. Trigger

How to respond if behaviors occur:

- Respond to negative student behaviors in a professional manner
- Don't take it personally
- View as a teaching opportunity
- Use pre-planned mild consequence

Seven Phases of Challenging Behaviors

2. Trigger

Do you find yourself saying…

…I shouldn't have to tell you
…Everyone knows that
…You should know better
…I've told you this ? times before?

Seven Phases of Challenging Behaviors

2. Trigger

Teach skills directly:

- Problem-solving
- Rehearsal
- Social scripts

- Relaxation techniques
- Break card
- Visual reminder cards
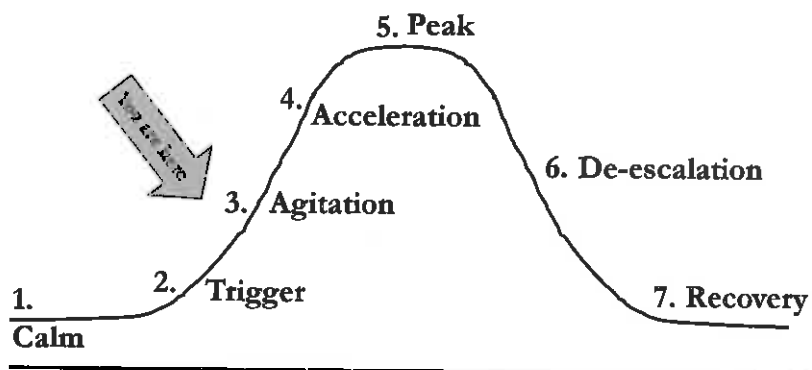
Seven Phases of Challenging Behaviors

2. Trigger

How to respond if behaviors occur:

Avoid Management Traps
  –Passionate discipline
  –Preaching
  –Questioning

Seven Phases of Challenging Behaviors

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

2. Trigger

1. Calm

7. Recovery

Seven Phases of Challenging Behaviors

3. Agitation

Indicators:

- Student behavior unfocused or off-task
- Student showing indicators of anxiety
- Student no longer in typical, neutral state

Seven Phases of Challenging Behaviors

3. Agitation

To prevent escalation:
- Let student know you are aware there is a problem
- Use active listening
- Help student label the emotion
- Clarify immediate expectations
- Reduce situation demands

Seven Phases of Challenging Behaviors

3. Agitation

To prevent escalation:
- Provide or withdraw attention
- Avoid a power struggle
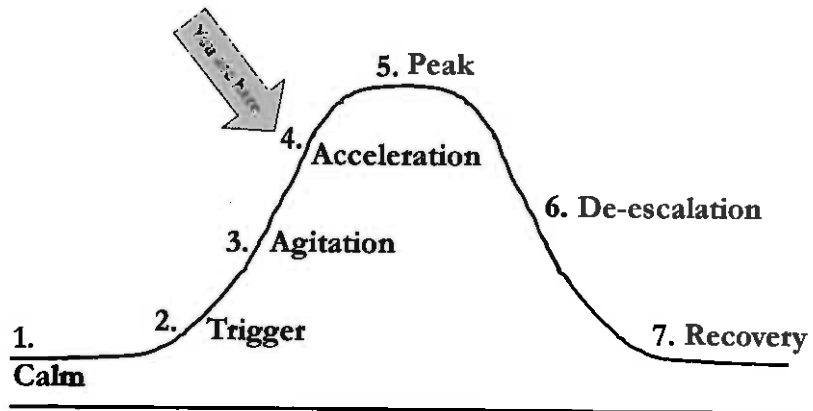- Offer choices
- Use interrupting strategies

Seven Phases of Challenging Behaviors

3. Agitation

If this becomes a habit...
- Set up accommodations in two phases:
  - Phase 1: offer the accommodation as needed
  - Phase 2: offer the accommodation, but student must make up the time or work that was missed

76

Seven Phases of Challenging Behaviors

5. Peak

You are here

4. Acceleration

6. De-escalation

3. Agitation

2. Trigger

1. Calm

7. Recovery

Seven Phases of Challenging Behaviors

4. Acceleration

Indicators:

- Student actively resisting, refusing
- Verbal aggression, threats
- Violation of behavior rules
- A student screams "You can't make me, _____"
- A student curses at you
- Behavior is confrontational

Seven Phases of Challenging Behaviors

4. Acceleration

To prevent escalation:
- Posture
- Eye Contact
- Facial Expression
- Distance
- Voice Quality
- Privacy
- Present Options
- Acknowledge cooperation

Seven Phases of Challenging Behaviors

4. Acceleration

How to respond if behaviors occur:
- Avoid escalating prompts
- Remain calm and respectful
- Set clear limits
- Remove potentially dangerous items
- Obtain needed support to manage situation
- Use distracting statements to help student redirect focus

Your Student

Antecedent	Behavior	Consequence

My Student

Antecedent	Behavior	Consequence
difficult assignment, too long without break	pushing, scratching, stamping feet	disruption, work delay, injury, time-out, loss of privilege
chunk work, break card,	take a break when needed – return to work, ask for help	acknowledge approp. beh. often, Allow alone time after

Seven Phases of Challenging Behaviors

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

1. Calm

2. Trigger

7. Recovery
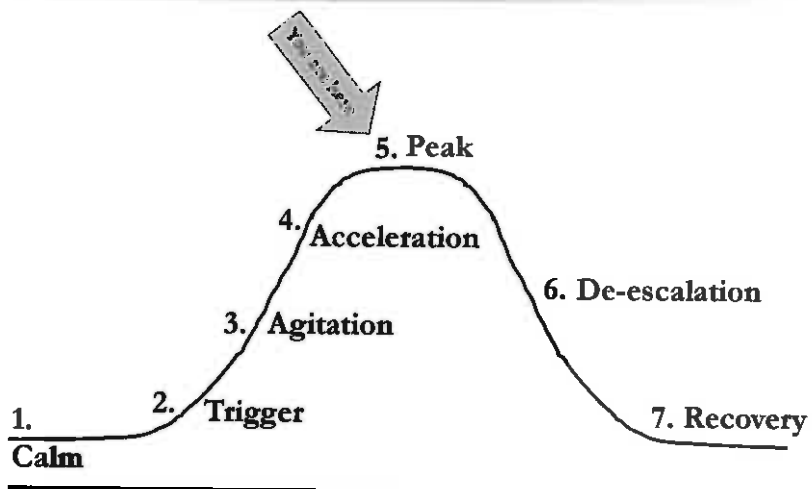
Seven Phases of Challenging Behaviors

5. Peak

Indicators:

- Student aggression to self, others or property
- Overall student behavior out of control
- Fighting
- Assault

Seven Phases of Challenging Behaviors

5. Peak

How to respond:

- Specific Defusing Statements
- Dignity for yourself
- Dignity for the student
- Keep the student in class
- Teach an alternative to aggression

Seven Phases of Challenging Behaviors

5. Peak

How to respond:

- Protect yourself, student and others
- Remove student or remove others
- Pause and Assess
- Physically step away and send for help
- Block non-aggressively (if necessary)

Seven Phases of Challenging Behaviors

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

1. Calm

2. Trigger

7. Recovery
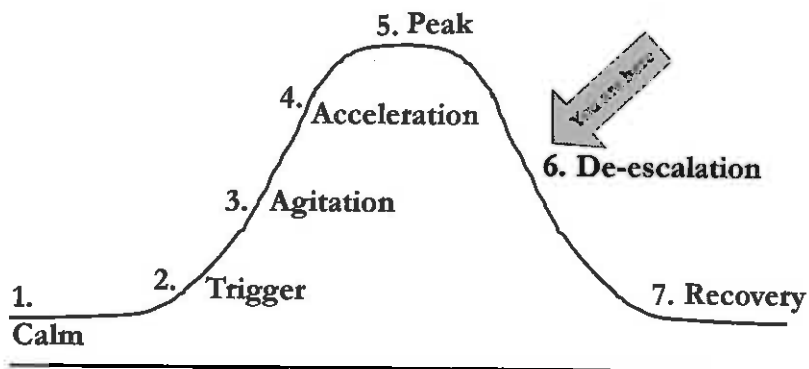
Seven Phases of Challenging Behaviors

6. De-escalation

Indicators:

- Reduction or cessation of student aggression
- Reduced frequency or intensity of student behaviors
- Student may appear confused

Seven Phases of Challenging Behaviors

6. De-escalation

How to respond:
- Be cautious of your responses
- Provide cues to signal positive behaviors
- Attend to appropriate behaviors
- Engage student in individual assignment
- Provide quiet time

Seven Phases of Challenging Behaviors

5. Peak

4. Acceleration

6. De-escalation

3. Agitation

2. Trigger

1. Calm
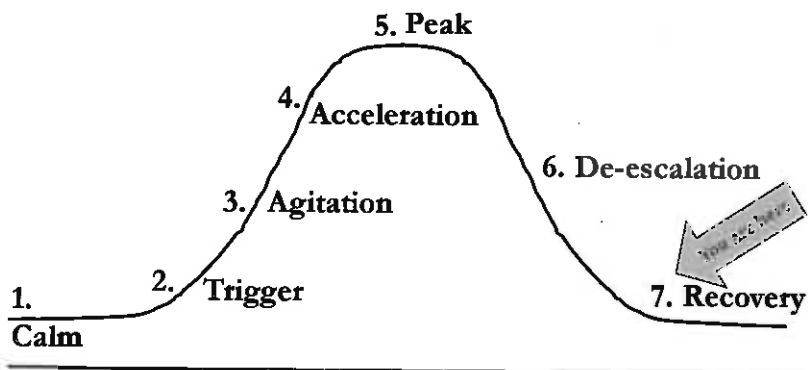
7. Recovery

Seven Phases of Challenging Behaviors

7. Recovery

Indicators:

- Student returns to "calm"
- Student eager to complete tasks
- Student reluctant to interact or talk

Seven Phases of Challenging Behaviors

7. Recovery

To prevent reoccurrence:

- This is a necessary phase
- Allow student time to regain composure

Seven Phases of Challenging Behaviors

7. Recovery

How to respond:
- Attend to appropriate student behaviors
- Help student focus on independent task or activity
- Debrief events that led to crisis
- No negotiation of consequences
- Teach alternative responses at a later time

Seven Phases of Challenging Behaviors

Additional Strategies
- Disciplinary procedures
- Short-term interventions
- Long-term interventions
- Complete exit paperwork
- Implement Crisis Plan

Seven Phases of Challenging Behaviors

Crisis Plan Development
1. Define the behaviors
2. Identify specific procedures
3. Consider staffing and support issues
4. Develop mechanisms for monitoring
5. Consider staff training
6. Plan for evaluation

Part 3

KEEPING KIDS SAFE AND MANDATED REPORTING OF CHILD ABUSE AND NEGLECT

Paraprofessionals are Mandated Reporters

Alabama Law defines that some professionals are required by law to report suspected abuse including but not limited to:

- Hospital and medical staff,
- Dentists,
- **Teachers and school staff,**
- Law enforcement officers and staff,
- Day care workers,
- Mental health workers, and
- Clergy and faith leaders.

Mandatory reports are required to report all suspected abuse immediately to the Department of Human Resources or Local Law Enforcement. Failure to report is a misdemeanor punishable by up to six months in jail and a monetary fine. Additional civil liabilities may also be pursued.
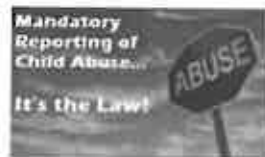
How to Report Abuse or Neglect

- If you suspect that a child may be the victim of abuse or neglect it is your responsibility to report it.
- You may report to your:
  - Local or State office of Department of Human Resources, and
  - Submit written form 1593 directly to DHR http://dhr.alabama.gov/docum ents/ChildAbuseForm1593.pd f
- Local law enforcement agency

Wrap-Up

- Educators face challenges in dealing with student behavior
- Student behaviors have multiple causes and multiple solutions
- Staff behavior is a factor in the behavior chain
- Use of diffusing strategies is a sensible and safe approach to problem behavior
- We can defuse or we can escalate...

The only behavior we can <u>truly</u> control is our own.

Poll 3:

- What Have You Learned Today?

Handouts and Certificates

- Follow-up Email including links to handouts and your certificate of attendance.

- By Wednesday 8/5/21

- Check your Spam folder before calling to check. 334-567-2252

Thank You and Have a Great Year

Looking for More Information?

Contact APEC today to answer these and other educational or developmental questions.

(334) 567-2252
(866) 532-7660
or online at
www.alabamaparentcenter.com
Alabama Parent Education Center