



Wednesday, March 11, 15



# Adopting Evidence- Based Teaching Methods for Students who have Emotional/ Behavioral Problems

# Education Minnesota 2014 Conference

William Dikel, M.D.

Independent Consulting Child and Adolescent Psychiatrist

[dikel002@umn.edu](mailto:dikel002@umn.edu)

[www.williamdikel.com](http://www.williamdikel.com)

Teaching approaches need to be tailored to each student's unique, individual needs. Mental health disorders are disabilities that a student may experience, but they do not define the student.

Regardless of the types of mental health disorders that are affecting students, the primary initial goal is to earn their trust and to help them feel safe within the classroom.

It is helpful to use a variety of instructional strategies to engage students in the learning process and to accommodate different students' learning styles.

Teachers may need to try different approaches with students until they find the ones that are successful in making positive connections.

**A teacher's attitude is crucial  
in creating an emotional  
environment in the classroom  
in which students who have  
mental health disorders feel  
safe and secure.**



**When teachers display a sense of humor and are emotionally supportive and welcoming, their students feel accepted and less likely to act out in the classroom.**

Teachers can build a sense of community in the classroom, and their students will feel that they are a part of an important group enterprise. They get the message that they are “all in this together”, working with each other on a common goal.

**Environmental stimuli can contribute to or cause problems for some students (e.g., fluorescent lighting and ASD students). Other students may need additional sensory input.**

**Interventions need to focus on  
students' developmental ag**



Teachers can often learn to  
identify the triggers that lead to

**There is no “cookbook”  
approach that matches specific  
teaching methods to diagnosed  
disorders, but there are  
general principals that can be  
very helpful.**

**It is important to recognize that mental health disorders are real disorders, and that they create disabilities that can be as severe as those caused by medical disorders.**

**Interventions work best when they address the nature and course of a student's mental health disorder.**



# Goals need to be realistic.

**Don't blame the student for the disability. (E.g., FBAs that describe the function of inattention of student who has ADHD as being due to "avoiding schoolwork").**

**Skills training is an everyday activity that helps students who haven't learned the skills, or whose mental health disorder results in skills deficits.**

**Adaptations are changes made  
to a student's learning  
environment, curriculum,  
instruction, and/or assessment  
practices that assist the  
student to be a successful  
learner.**



**Accommodations are changes that allow a student to be able to meet the same classroom goals that are expected of the student's non-disabled classmates.**

Modifications, on the other hand, are changes in the curriculum that is taught to a student, and in the schoolwork that is expected from the student.

**Modifications may provide educational materials at the reduced level at which the student is working, due to the disability, and may thus alter or reduce the academic expectations for the student.**

**The Clinical-Behavioral  
Spectrum concept can help  
identify the degree to which  
problems require  
accommodations and  
modifications.**



## Examples of effective **math strategies**:

- Have the student use columnar and/or graph paper to aid organization of material.
- Make copies of the problems for students who have difficulty transferring spoken or written information.
- Reduce the number of problems that the student is required to solve. Having too many problems can be overwhelming and can defeat the purpose of the assignment.

- Highlight the crucial items in the student's book.
- Clearly define the work that needs to be done by using stickers, post-it notes, etc.
- Give work in manageable “chunks”, one page at a time, to avoid overwhelming the student.

- Make sure that work sheets are not “too busy” and full of information. Papers should have plenty of white space.
- Whenever possible, let students use aids such as calculators, multiplication charts, etc.
- Avoid timed tests if they frustrate the student.
- Always list, clearly and concisely, what is expected of the student.

# Examples of effective **written language strategies**:

- Have consistent standards for assignment organization such as the placement of the student's name, the date, the page number, etc.
- Space the assignments to encourage order- e.g., every other line, in columns, index spacing, etc.
- Some students find it helpful to have paper anchored down, or to use heavier paper.

- Using larger lined paper can help written work organization.
- Allow use of computers when possible, enabling spell checks and encouraging neatness.
- Teach note-taking skills, using abbreviations, two column note techniques and/or model note taking.

-Promote reading comprehension using modified SQ3R (survey, question, read, recite and review) methods. This helps the student survey the materials, look at the questions at the end of the reading assignment, highlight the work while reading and answer questions about the reading assignment.

-Have the student engage as many of their senses as possible to remember and to improve learning.

-Use acronyms and mnemonics to assist memory skills.

**Assistive technology, including application software (apps) can be very helpful for students who have mental health disorders.**

# Evidence-based Teaching



# Classroom and School-Wide Learning Environment

# Proactive Classroom Management Techniques (PCM)

Prevents behavioral problems  
Maximizes classroom time devoted to  
academics  
Stresses positive interactions with students  
Keeping classroom organized  
Making sure that rules and expectations  
are understood  
Setting goals  
Providing feedback

Using a cuing system to gain  
students' attention

Providing numerous opportunities  
to respond

Visual schedules of classroom  
activities

Motivation system for rewards

Minimize distractions  
Focus on positive communications  
Reprimands should be brief, non-  
emotional,  
non-threatening and spoken in  
close proximity to the student

# Deescalation:

Speak calmly

Be at the same height as the student

Offer caring statements

Provide a way out via alternate  
activities

Take a break

# Clear Rules/Expectations (CRE)

No matter how obvious rules appear to be, it is important to systematically and directly teach them to students.

In addition to traditional approaches of modeling and reinforcing the rules and using prompts or cues, other school-wide approaches can improve outcomes even more.



Include students in establishing and reinforcing expectations

Use of token systems

Utilize school-wide behavioral supports

Use clear, concise and explicit expectations that are brief and positively framed

Teach these at the beginning of the school year and reinforce them throughout the year

May need to re-teach students who have difficulty following classroom expectations

# Crisis Intervention Planning (CIP)

Schools require clearly defined plans in advance for addressing crisis situations such as students being in danger of harming self or others

Clarify the roles of school staff (e.g., social worker) vs. county crisis team vs. corrections officer vs. co-located therapist, if all are potentially available to intervene in a crisis)

Have a clearly defined suicide protocol for imminent or potential risk, that maintains safety and provides appropriate interventions

Have crisis teams at each school, with school-wide communication of whom to contact, and when they should be contacted  
Utilize student education (e.g., what to do if a friend tells you that he/she is suicidal)

# Classroom Level Practices

**E.g.: Balanced curriculum that is  
Rigorous  
Relevant**

**Promotes relationships**

**Based on developmental stages**

**Creates active participants**

**Encourages whole-brain learning**

Curriculum should be:

Integrated

Empowering students to take ownership of  
it

Should be differentiated regarding content,  
process used, the product expected, and the  
physical factors of the environment

Active, hands-on learning should be  
encouraged

# Academic Supports and Curricular/Instructional Modifications (CIM)



May include modifications of learning strategies, may simplify concepts, and may teach different sets of knowledge and skills

Reducing distractions

Presenting smaller amounts of work

Incorporate students' interests

Identify motivational factors

Take into account symptoms of a student's mental health disorder

# Systemic Approach to Cooperative Learning (CL)

Students work in teams on an assignment that has specific criteria to satisfy

Team members are held individually accountable

Stresses positive interdependence, shared interactive work, collaborative skills and group processing

# Specialized Instruction to Promote Learning and Study Skills

**Modifications, adaptations and alterations  
of:**

**Instructional methods**

**Teaching techniques**

**Materials**

**Physical setting**

**Media**

**Takes mental health symptoms (e.g.,  
distractibility, agitation, etc.) into account**

# Peer-Assisted Learning Strategies (PALS)

Students work in pairs or small groups to provide tutoring in reading strategies:

Information sequencing  
Generating main idea statements  
Generating and evaluating predictions  
Etc.

Peers provide corrections and  
positive reinforcement

Half hour sessions 3-4 times a week

Peers are carefully chosen for  
compatibility and cooperativeness,  
and can switch roles from learner to  
coach



# Peer-mediated Intervention to Promote Positive Behavioral Skills (PMI)

Can be used for teaching life skills, social skills etc.

E.g., is helpful for ASD students

Learning from the peers with whom one is interacting on a daily basis produces an immediate, generalizable effect

# Conflict Resolution Program (CRP)

Rather than responding to threats with anger, fear and confusion, students learn methods of peaceful conflict resolution

This is especially helpful for students who are impulsive, traumatized, who have poor social skills, who have cognitive limitations or other mental health disorders

# Social Skills Instruction Taught as part of Regular Classroom Instruction (SSI)

Best to teach skills in real-life classroom  
situations

They are more generalized than if taught in a  
mental health professional's office

Cooperation

Interpersonal communication

Listening skills

Self discipline

Problem solving

Awareness of non-verbal communication

# Anger Management Program (AMP)

Teaches skills of  
Communicating effectively when  
angry

Appropriate assertiveness  
Learning appropriate responses  
Improved ability to understand  
others' feelings and motives and  
behaviors



# A Behavior Support Management Plan (BSM)

Focuses on pro-social behaviors  
Utilizes  
Respondent and operant conditioning  
Shaping  
Extinction of undesirable behaviors  
Redirection  
Social modeling

Least restrictive interventions should be used  
whenever possible

Verbal directives

Redirection

Prompts

May require more restrictive interventions if  
the student poses a clear danger to self or  
others

Works best when there is school-wide positive  
behavior interventions and supports

# Pre-correction Instructional Strategies (PCIS)

Students are reminded of expectation prior to situations where there is a history of high-risk or failure

Done through gestures, visually, through modeling or with physical assistance

Start with minimal prompting and increase if necessary

Use positive reinforcement

Using specific contingency statements of praise and increased student supervision significantly reduces inappropriate behaviors

# Group-Oriented Contingency Management (GOCM)

Used in classrooms where there are  
multiple students displaying  
inappropriate behaviors

Reinforcers are in response to an  
individual, a subset of the group, or the  
entire group of students

Capitalizes on peer influence

Peers become the major change agents

# Choice-Making Opportunities for Students (CMOS)



Enables students to have a sense of increased control over their lives

Promotes independence, self-monitoring, active participation, self-esteem, a sense of responsibility and reduces inappropriate behavior

E.g., choices of the location where the student works, the time a project is worked on, the materials used, etc.

# Instruction in Self-monitoring of Student Performance (SMSP)

Rather than “Am I paying  
attention”:

Am I at my desk?

Am I doing my assignment?

Am I listening to the teacher?

Am I asking for help?

Need to collect baseline data and to  
monitor behavior over time

The student learns to self-assess and to  
record target behaviors

Provides immediate feedback,  
documents improvement over time,  
increases self-awareness, saves teacher's  
time and results in improved behaviors

# A System of Positive Behavioral Intervention and Support (PBIS)

Continual teaching combined with feedback about positive behaviors reduces the need for discipline and promotes a climate of productivity, safety and learning

Three tiered pyramid model:

Universal at base

At risk in middle

High needs at top

# Peer Reinforcement to Promote Appropriate Student Behavior (PR)

Emotionally and behaviorally disturbed  
students tend to be shunned by peers.

This leads to increased rejection and a vicious  
cycle of emotional and behavioral problems

Peers can encourage prosocial behaviors

Brief daily sessions of peer praise can improve  
peer acceptance, social interactions and social  
involvement

# Instruction in Self-Monitoring of Non-Academic Behaviors (SMAB)



# Behavioral Contracts

**Holds students accountable**  
**Provides structure and**  
**consistency**  
**Promotes responsibility**  
**Assists in communication with**  
**parents**  
**Improves grades**

Uses observable and measurable behaviors and simple, motivating reinforcers

Contracts are signed by all parties  
Self-monitoring is encouraged

# A Formal Procedure for Developing Function-Based Interventions (FBA)

**Works best on the “behavioral”  
part of the Clinical-Behavioral  
Spectrum**

**It is important to recognize which  
clinical manifestations have no  
function due to being intrinsic  
causes of the behavior**

