

# Thinking Outside of the Box: Changing Student Behavior

Shirin Ansari, Ph.D.  
Diana Karjoo, Ph.D.  
Gregory L. Koch, Ph.D.

Kids' Potential  
www.kidspotential.org

---

---

---

---

---

---

---

---

## Goals of Today's Presentation

- Discuss Common Diagnoses Seen in Children
- Understand the basics of brain organization as it relates to behavior and the role of executive function
- Discuss the influence of genetics, environmental, cultural, and familial variables on behavior
- Understand the function and best way to deal with challenging behaviors
- Learn strategies to understand the whole child
- Discuss how to promote resiliency in children and how to access resources

---

---

---

---

---

---

---

---

## What Do We Call Misbehavior

- He just seems to enjoy:
  - Annoying others
  - Pushing my buttons
  - Creating chaos
- She just doesn't seem to care, so why should I?
- He's lazy

-----Let's Look at Some Examples-----

---

---

---

---

---

---

---

---

## Two General Styles that People Have of Dealing with their Discomfort or Problems

- Internalizing individuals process their issues internally and often covertly. They tend to worry more and they try to contain their unhappiness or resolve their sense of incompleteness internally
- Externalizing individuals act out their issues in a much more overt way. When they are not happy or bored they tend to misbehave or seek activity even if it is not appropriate to do so.
  - When they are in pain, we feel their pain ☹

---

---

---

---

---

---

---

## Time to Mingle with your Neighbor: A Brainstorming Activity

- 6 year old male
- Difficulty following directions
- Erratic and unpredictable behavior: at times oppositional, behavioral meltdowns (unrelated to academic expectations), at times fully cooperative and sweet.
- Inconsistent academic performance; Failure to retrieve learned information the next day
- Family of middle eastern descent

---

---

---

---

---

---

---

## Sample Case #2

- 15 year old female
- Sexual acting out and experimenting with sexuality
- Frequently involved in drama: gets into arguments, angers easily
- Substance use: alcohol and marijuana
- Missing assignments and poor grades
- Tardiness and trancies
- Recent pattern of oppositional behavioral
- Appearance is variable: disheveled at times
- History of attentional issues including impulsivity and hyperactivity

---

---

---

---

---

---

---

## Common Mental Health Disorders Characterized by an Externalizing Style

- ADHD-Hyperactive/Impulsive Type
- Approximately 11% of children 4-17 years of age (6.4 million) have ever been diagnosed with ADHD, according to parent report from 2011-12. The percent of children with an ADHD diagnosis continued to increase, from 7.8% in 2003 to 9.5% in 2007 and to 11.0% in 2011-12.
- Prevalence: 5%-9%, worldwide prevalence of ADHD is 5-9% in children and adolescents (Polanczyk et al., 2007).
- ADHD Heritability: Approx. 76% (Faraone et al, 2005)
- Symptoms
  - Fidgets, Squirms
  - Gets out of seat, runs or climbs excessively in inappropriate situations
  - Difficulty playing or engaging in leisure activities quietly
  - Often "on the go" and seems "driven by a motor"
  - Blurts out answers before question has been completed
  - Difficulty waiting turn
  - Interrupts or intrudes on others in conversations or games
  - Onset of symptoms before age 12.

---

---

---

---

---

---

---

---

## The Special Case of ADHD-Inattentive

- Child does not present as externalizing
- Instead, the child is distracted, seems to day dream, seems disconnected
- Girls are more commonly affected with this type of ADHD
- Children with this type of diagnosis are often missed since they present no behavior problems and fall between the cracks
- Tricky diagnosis since learning disorders, depression, anxiety, situational stress can have similar symptoms

---

---

---

---

---

---

---

---

## Oppositional Defiant Disorder (ODD)

- Prevalence: 2-16%
- Heritability: 61% (Coolidge, et al, 2000)
- Symptoms
  - Loses temper
  - Argues with adults
  - Actively defies or refuses to comply with adults' requests or rules
  - Deliberately annoys people
  - Blames others for his or her mistakes or misbehavior
  - Touchy or easily annoyed by others
  - Angry and resentful
  - Spiteful and vindictive
- DSM 5 organizes symptoms into three categories:
  - Angry/Irritable Mood; Argumentative/Defiant Behavior; and Vindictiveness

---

---

---

---

---

---

---

---

## Conduct Disorder (CD)

- Prevalence: 6-9%
- Heritability: 74% (Coolidge, et al, 2000)
- Usually individuals with Conduct Disorder started out with Oppositional Defiant Disorder
- CD is like ODD, only worse
- Defining characteristics include aggression, destruction of property, deceitfulness or theft, and serious violation of rules (running away, frequent school truancy)
- Think of gang involved kids, many kids in juvenile hall
- High rate of substance abuse

10

---

---

---

---

---

---

---

---

## Sensory Processing Disorder

- Not an official DSM 5 diagnosis
- Unusual sensory responses to auditory, visual, tactile, taste, and olfactory experiences
- Often times experienced by individuals on Autistic spectrum, but having sensory processing differences does not necessarily mean an individual is on the Autistic spectrum
- Symptoms may overlap with ADHD, particularly when it comes to sensory seeking behaviors
- Children may act out or become anxious and avoidant when they encounter an aversive sensory experience.

11

---

---

---

---

---

---

---

---

## Sensory Over Response

- Tactile: Bothered by certain types of clothing and food textures
- Auditory: Background noise (can sound like a swarm of bees), sudden or unexpected sound
- Vestibular: Overreacts to ordinary movement
- Visual: Intolerant of bright lights
- Olfactory/Taste: Intolerant of specific smells, difficulty with eating foods with intense flavor
- NOTE: Sensory issues are not limited to kids on the Autistic Spectrum

12

---

---

---

---

---

---

---

---

## Sensory Under Responsive

- Resistant to engage in tasks
- Eats too much or does not register on the hunger scale
- Difficulty sitting in a chair, leans forward
- Lacks appropriate registration of pain and/or temperature

13

---

---

---

---

---

---

---

## Sensory Seeking

- Likes crashing, bashing, bumping, jumping, and rough housing. Constantly touches objects for no apparent purpose, intrudes on people, unable to take turns, unable to stop talking, plays music and TV on high volume
- Prefers food with strong flavors/taste (bitter, sour, or spicy). Often licks, sucks or chews non food items (hair, hands, pencils, clothing)

14

---

---

---

---

---

---

---

## Sensory Seeking

- Impossible to engage in activities such as church, movies, or other structured, lengthy gatherings
- Easy to misdiagnose as ADHD. Need to determine if the heightened activity is to fulfill a sensory need

15

---

---

---

---

---

---

---

## Disruptive Mood Dysregulation Disorder

- This diagnosis appeared for the first time in DSM 5
- This disorder is viewed by some as an attempt to reduce inappropriately diagnosing children with Bipolar Disorder (0-3% prevalence for adolescents)
- Symptoms
  - Temper outbursts out of proportion with situation and inappropriate for developmental age and occurring at least 3 times a week
  - Between temper outbursts, mood is usually irritable and angry
  - Symptoms must occur by age 10 and diagnosis cannot be made for first time before age 6 or after age 18.

16

---

---

---

---

---

---

---

---

## Some Early Signs of Mental Illness May Have an Autistic Flavor

- Difficulty relating to others
- Isolating from others
- Poor eye contact
- Difficulty with verbal inference and nuance
- Sensory Processing Irregularities
- Poor Self Care (hygiene, etc.)

17

---

---

---

---

---

---

---

---

## It's All in Your Perspective: Understand Behavioral Problems from Multiple Vantage Points

- Family and Environmental Influences
- Executive Function
- Functional Behavioral Analysis

18

---

---

---

---

---

---

---

---

Seeing the Child From Different Perspectives:  
The Initial Lay of the Land



---

---

---

---

---

---

---

Trying to Understand the Context



---

---

---

---

---

---

---

Getting a Bird's Eye View...



---

---

---

---

---

---

---

## But What Does the Child See When He/She Looks Out the Window?




---

---

---

---

---

---

---

## Learning How the Child Looks at the World

- Atticus' advice to his daughter, Scout:
  - “If you just learn a single trick, Scout, you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view... Until you climb inside of his skin and walk around in it.”
  - Harper Lee  
*To Kill a Mockingbird*
- Bridging the gap between our experiences and perceptions and those of the child is perhaps the biggest hurdle in figuring out how to empower the child
  - We can devote our energies to understanding the child's perspective, as opposed to continually reinforcing the “correctness” our own perception by complaining to like-perceiving colleagues and loved ones

---

---

---

---

---

---

---

## Understanding Family and Environmental Influences Helps Us In a Variety of Ways

- Understand if the child's way of handling emotions is typical of the family system
  - The whole family may have anger issues
  - The child's resiliency may be undermined by messages that he/she just can't do it
- Identify immediate or extended family members who are modeling either appropriately or inappropriately
- Adjusting our own approach to counter unhealthy family/environmental influences in a way that will be more accessible to the child
- It's sometimes helpful to make a list of protective and risk factors coming from the home and environment

---

---

---

---

---

---

---

## Implications for School

- Performance may not reflect grasp of material (e.g. completed homework assignment at home; student can't demonstrate knowledge effectively)
- Students may not learn the material efficiently or effectively because of weak EF (e.g. get "bits and pieces" but miss the big picture, can't generalize a skill)
- Academic Underachievement which can be associated with behavioral problems

(Helmus)

25

---

---

---

---

---

---

---

## Executive Function in the Growing Child

- The frontal lobes are the last brain structure to fully mature
- This maturational process isn't complete until early adulthood
- Therefore, executive function improves as the child grows up
- However, some individuals have deficits in executive function that do not normalize with age
- Take Away Message: This aspect of the child is far from fully matured and we can help to foster the child's development.

26

---

---

---

---

---

---

---

## And Then There is the Limbic System

- Fully Operational and On-Line when the executive function system is still immature and developing
- The limbic system is the emotional system of the brain and involves brain structures implicated in:
  - Pleasure Seeking
    - Experimenting with Substances
    - Driving Fast
    - Sexual risk factors
  - Need for Instant Gratification
  - Tolerance for Risk
- This system empowers preteens and teens to take the risks required to increase their independence, but since judgment is lacking in the form of executive function, the risks can be excessive and downright dangerous

27

---

---

---

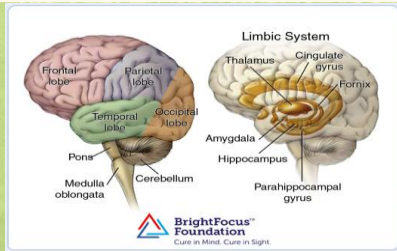
---

---

---

---

## Limbic System—Our Emotional Wiring




---

---

---

---

---

---

---

## Taking Care of Yourself

- This is a marathon, not a sprint
- We often enter the field with lofty goals and high expectations
- A key part of pacing ourselves in this journey is evolving in what we define as success
- In working with kids, how do you define success?

---

---

---

---

---

---

---

## Dealing with the Vicissitudes of Helping Others: How to Climb a Mountain

- Learn to adjust your pace on the climb to reaching your goal in helping the child
  - Know the journey is arduous and going too fast will burn you out or exhaust you
    - Example: Boy runs up Patriot Hill
- Do not look too far up the hill. The amount of uphill remaining might disillusion you
  - Feeling tired and discouraged by the climb that remains, you may give up and stop...
  - ...Or you may panic and increase your pace in a final act of desperation before you physically have to stop
  - If you just keep your focus on the next step, you will surprise yourself with how high you can climb

---

---

---

---

---

---

---

## Striking the Right Balance in Caring

- At first it's easy to assume that with enough unconditional love and acceptance, the child will be able to overcome any obstacle
  - Example: The first year of teaching
- Out of a sense of caring, be careful not to indulge and inadvertently reinforce inappropriate or maladaptive behavior
- You can be caring and still maintain emotional boundaries. You can help the child move forward but you cannot carry him/her

31

## What is Caring?

- You are the authoritative parent, not the permissive parent, not the authoritarian parent
- You are the adult who is firm, fair, consistent, and caring (Hard earned lessons from the first year of teaching)
- You are not in the child's life to shield him/her from real life consequences

32

## Feeling Sorry for the Child

- Expressing empathy for a child is seeing it through their eyes, not feeling sorry for them
- Be careful not to feel the kind of sorrow that is a type of despair. As you may have noticed, it doesn't really help you when other's feel sorry for you, but it is very heartening to sense that someone is ready to help you move forward.
- Acknowledge the child's difficulties in a compassionate way, but don't make the mistake of Helen Keller's indulging parents, who unintentionally contributed to a willful, out of control child. Instead be Annie Sullivan, who has high expectations, but provides a scaffold for Helen to rise to these expectations

33

### What is the Result of a Collusive or Codependent Relationship?

- Example: A social worker tells a parent: "Your child has PDD (Pervasive Developmental Disorder) so you have to be understanding and tolerant of his misbehavior"
- How does the parent interpret this: Continue to tolerate your child leaving the home without permission and being aggressive and intimidating at home
- How does the child interpret this: Adults will tell you to behave but they really won't do anything about it

34

---

---

---

---

---

---

---

### Getting Specific: How to Deal with Behavioral Problems

- Behavior Problems can be the *Tip of the Iceberg*
- At times the behavior problem is a very visible reminder that something ails the student
- Taking a comprehensive look at the student and the student's life can paint a picture in which we see the misbehavior from a whole new perspective
- Analyze the behavior: what are the antecedents and what is the "pay off" for the student?
- Create a specific positive behavior plan

35

---

---

---

---

---

---

---

### Check to See if the Appliance is Plugged in Before Calling the Appliance Repair Company

- Have medical problems been ruled out (i.e. allergies, thyroid, iron)?
- Is the child eating?
- Is the child sleeping?
- Is there a recent or ongoing trauma that the child is experiencing or being exposed to?

36

---

---

---

---

---

---

---

## Have I created a positive environment

- Have I done what I can to create a fertile soil in which the child can thrive
  - First and foremost, is the environment that I have control over safe and nourishing?
    - Consider changes to the physical environment of the classroom
    - Get to know each student individually
    - Look for the opportunity to compliment and praise the child

37

---

---

---

---

---

---

---

## Don't Lose Sight of the Positives: In Giving Compliments, Consider these Root Praises and Add Specifics Appropriate to Situation and Convey the Excitement in Your Tone

Great job!	Way to go!	You made it look easy!	Fantastic!	I knew you could do it
Good thinking!	That's terrific	That's creative!	You figured that one out!	Keep at it
Right on!	Wow, you are good.	Keep up the good work	Great!	Right on target
You must be proud of yourself	That's right	Excellent effort!	You did very well today	Perfect!
I'm impressed with you	Unbelievable	You really catch on quick	I'm impressed!	Outstanding!

38

---

---

---

---

---

---

---

## Be Mindful of Ineffective Attention to Inappropriate Behavior

- "You know you are supposed to be working."
- "Will you stop bothering your neighbors?"
  - Try to avoid asking questions when you mean to make a statement
- "Can you keep your hands off!"
- "Stop running around and do your work."
- "Please stop rocking your chair."
- Bottom Line: Produced little behavior change in study

39

---

---

---

---

---

---

---

### General Guidelines: How to Use Reprimands While Preserving the Child's Dignity

- Loud reprimands are used by some teachers
  - Yelling across the room
    - Ineffective and maybe even counterproductive
- Instead use a soft reprimand
  - Within 3 feet
  - Other children can't hear
  - Emotionally controlled
  - May use physical contact (touch arm/hand on shoulder or back)

60

---

---

---

---

---

---

---

### Use Prudent Reprimands

- Provide them immediately after the problematic behavior
  - Be unemotional (it's just business, nothing personal)
  - Be brief (lecturing is counterproductive)
  - Be ready to back up the reprimand with a tangible consequence

61

---

---

---

---

---

---

---

### Ask for What You Want Right Before You Want It

- We often want to change behavior by pointing out—sometimes in indignant detail—inappropriate behavior right after it has occurred
- While it's important to bring the child's attention to inappropriate behavior, it's absolutely crucial to "frontload" the child with your behavioral expectations right before inappropriate behavior typically occurs.
  - The child will be less defensive because he or she can make good right now
  - We are likely to be less frustrated and impatient

62

---

---

---

---

---

---

---

## It's Easier to Change Our Own Approach than It Is to Change Others

- It's not realistic to ask a child to change his behavior if we're not willing to examine and change our own behavior.
- This type of meta-cognitive style is at the heart of differentiating our approach to fit the needs of individual students.
- In the absence of this reflective style, we fall back on the unconscious attributions and patterns of behavior that we learned growing up

43

---

---

---

---

---

---

---

## Look for Strengths: Protective Factors to Consider

- Sense of Humor
- Physical Appearance
- Talents recognized by peers and/or adults
  - Artistic?
  - Athletic?
  - Sociable?
  - Smart?
- Likability
  - What is likability and how can it be developed?

44

---

---

---

---

---

---

---

## Using a Strength Based Approach

- A key motivational strategy is to understand protective factors, strengths and interest, and try to build on these to empower the child
- Young people often take their strengths for granted and may not even be consciously aware of them
- A possible question: "What do you think you are good at?" or "Anything you know you don't want to do?"
- The child may be pursuing a course that he or she seems poorly suited for, not realizing that he/she has missed an option that is a far better fit
  - Example: A social, warm, likable young man doesn't think of sales and instead is pursuing a "hands-on" profession like his construction worker father.

45

---

---

---

---

---

---

---

## Establishing Rapport

- Being a good listener and being curious about the child are extremely important
- Ask open-ended questions:
  - What do you like to do?
  - What do you usually do after school?
  - What are you good at or what do you feel most successful at?
  - What do you eventually want to do with your life when you're done with school?

46

---

---

---

---

---

---

---

## The Power of Sharing an Activity

- For many young individuals, having an extended face to face interaction, as in an interviewing situation or a therapy session, is deadly
  - The child shuts down and becomes monosyllabic
- Surprise the child by creating an evolving process instead of an event:
  - Varying the amount of time you are together
    - Example: throwing the therapeutic hour out the window
- Do something fun or relaxing:
  - Cards or Dominoes
  - Board Games
  - Go for a walk
  - Play catch or Frisbee

47

---

---

---

---

---

---

---

## The Importance of Activity

- We are built for activity. A key factor to consider is whether or not the student is being engaged in meaningful activities that nourish mind, body, and spirit
  - "Idleness and lack of occupation tend - nay are dragged - towards evil."
    - --Hippocrates
  - "Idleness is the root of mischief"
    - --Chaucer (1343-1400)
- Cultivating a habit of regular physical exercise is a form of natural medicine that enhances learning, mood, sleep, etc.

48

---

---

---

---

---

---

---

## Assess Protective and Risk Factors. Be a Detective in learning about the child

- You have to know what is pulling the kid down to understand how to help him/her up
- The two most worrisome risk factors, which sometimes occur together:
  - Drug Use
    - Tends to distort priorities and turn values upside down. What would normally appeal to the young person takes a back seat to the drug use and establishing a connection can be very difficult
  - Gang/Street Life
    - The gang or anti-social peers become the child's family and co-opt the child's value system.

60

---

---

---

---

---

---

---

## How to Work Around Drug Use and Gang Involvement: Tough Love

- In some cases, the child may have a probation officer. Get to know that person and work collaboratively
  - Probation may be able to mandate drug testing for youth who are using drugs
  - The threat of legal involvement and incarceration is sometimes the only factor that will get the child's attention
- You represent a warm, caring person, but you are not necessarily helping the child by trying to circumvent hard consequences—you are reality based. "If you continue to do this, you will end up in juvenile hall. I will visit you there but I will not be able to keep you out of there."

59

---

---

---

---

---

---

---

## Referral Steps 1-4: Have These Been Done?

1. The first attempts to solve the behavioral issues are done by the teacher to determine if typical behavioral strategies work
2. Read student's cumulative file to gather more information and better understand the student
3. Educator talks to all available teachers (current and past) to gain informal and anecdotal understanding of the students behavior, as well as learning productive and unproductive strategies employed by teachers in the past
4. Has teacher called home to inform parents of concerns and gain any additional information that parents might be able to provide?

58

---

---

---

---

---

---

---

## Accessing Mental Health Resources

- For families with private health insurance, family can access the behavioral/mental health coverage included in medical insurance plans
- For families with Medi-Cal, the child can be referred to a regional county mental health program for children (Children and Youth Services, which also contracts with providers such as Child Guidance, Western Youth Services, and Providence)
  - Families that formerly had Healthy Families are now being transitioned to Medi-Cal
- For families with no health insurance, the child can be referred to a community mental health clinic that charges based on a sliding scale (i.e. Turning Point, Mariposa Women's and Family Center, etc.)

52

---

---

---

---

---

---

---

## Concluding Thoughts

- It takes a village: consult with your team members and tap into community resources
- Diagnosis can only be accurately made if we've done our homework; be wary of jumping to conclusions based on personal experiences or common generalizations
- Do not underestimate the power of self-reflection
- Labels and judgments can imprison us and limit our vision and ability to problem solve
- Don't assume everyone is on the same page. Defer to your common sense and consider alternative perspectives when there is no progress

53

---

---

---

---

---

---

---