



ACCESS TO TIER 1 SUPPORTS

Snapshot

Tiered Fidelity Inventory

2.8 Access to Tier 1 Supports:

Tier II supports are explicitly linked to Tier 1 supports, and students receiving Tier 2 supports have access to, and are included in, Tier 1 supports.

- ▲ Are the school's Tier 2 supports linked/layered/aligned with the school-wide, universal system?
- ▲ Do students receiving Tier 2 supports still receive full access to Tier 1 systems?

Tier 2 is just intensifying or double-dosing what we already do at Tier 1

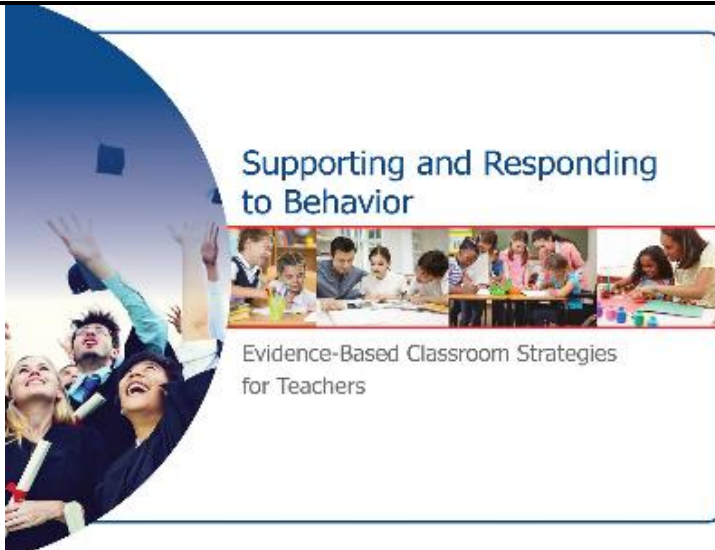
- Teach Skills
- Prompt use
- Reinforce the use of skills
- Monitor effectiveness
- Communicate

School-level Supports

- ▲ A multi-tiered framework, including strategies and teaching expectations, acknowledging appropriate behavior, and responding to inappropriate behavior.
- ▲ The school-wide framework is guided by school-wide discipline data.
- ▲ Appropriate supports for staff are provided, including leadership teaming, supporting policy, coaching, and implementation monitoring.

Classroom-level Supports

- ▲ Classroom system for teaching expectations, providing acknowledgements, and managing rule violations linked to school-wide framework.
- ▲ Classroom management decisions are based on classroom behavioral data.
- ▲ Effective instructional strategies implemented to the greatest extent possible.
- ▲ Curriculum is matched to student need and supporting data



This technical assistance document was adapted from the PBIS Technical Brief on Classroom PBIS Strategies written by: Brandi Simonsen, Jennifer Freeman, Steve Goodman, Barbara Mitchell, Jessica Swain-Bradway, Brigid Flannery, George Sugai, Heather George, and Bob Putman, 2015

FOUNDATIONS

- Settings
- Routines
- Expectations

PREVENTION PRACTICES

- Supervision
- Opportunity
- Acknowledgement
- Prompts & Precorrections

RESPONSE PRACTICES

- Error Correction
- Planned Ignoring
- FAST

INSTRUCTIONAL PRACTICES

- Pacing
- Sequencing
- Choice

DATA COLLECTION

- Counting Behaviors
- Timing
- Sampling
- ABC Cards
- ODRs

MOMENT to MOMENT & YEAR to YEAR

George Sugai, Rob Horner, and Tim Lewis, August 2016



Instructions: Team completes the read and uses pictures from magazines to create a short-and long-term vision. Group shareout for vision.

Processing Activity: Visuallization

Effective education faces many challenges: chronic absenteeism, dropout, diversity inequities, antisocial conduct and violence, emotional and behavioral disorders, suspensions and expulsions. We suggest that the solution emphasize the adoption of a two-prong prevention approach that considers informed decision making, selection of evidence-based practices, and implementation of culturally relevant tiered systems of support.

The Long-Vision on Prevention

The first prong is a long-vision on prevention that requires a systematic and deliberate implementation of daily proactive practices. Prevention is more than “catching kids early.” It is about “vaccinating” all children against the adoption or learning of socially and educationally damaging behaviors. This vaccination requires a daily dose of social skills instruction, practice, and reinforcement on everyday expectations and routines that are imbedded into every instructional and social interaction.

At a universal level, we focus on a few school- and classroom-wide traits or values (e.g., respect self, others, and property; or responsibility, respect, and safety) that are defined by specific behavioral examples and linked to typical classroom (e.g., lecture, independent study, transition) and school (e.g., hallways, assemblies, cafeteria, field trips, entering/exiting the school) contexts. Although environmental cues (e.g., posters, signage) are useful, the real impact occurs during each moment-to-moment and day-to-day teaching and social interaction.

From a long-vision perspective, prevention also means having an explicit continuum of evidence-based practices that enables predictable and efficient supports for students who need more than the universal dose of social skills instruction. The investment is on the following priorities:

1. Development of decision-based data systems that enable efficient universal screening, continuous progress monitoring, and regular checks of implementation fidelity.
2. Use of the smallest combination of most effective intervention strategies that can enhance the most important educational outcomes.
3. Coordination or leadership team that is unwaveringly focused on high fidelity delivery of these practices and systems.
4. Long-vision on prevention includes giving equal priority to the tiered implementation of effective instructional curriculum and targeted differentiated instruction for all learners, especially those with learning-risk (e.g., access to instruction, disability, mental health issues).

If the long vision is given implementation priority, the long-term prevention outcomes can be significant:

1. reductions in norm-violating behavior,
2. increases in student self-management behaviors,
3. decreases in teasing and harassment,
4. increases in reported positive classroom and school climates,
5. decreases in the use of reactive management practices, and
6. increases in attendance and academic engagement.

The Short-Vision on Prevention

The short-vision prong emphasizes implementation of immediate and daily prevention practices, that is, what we do every day, all day, and across all school settings to reduce the likelihood of minor and major behavior incidents and increase the probability of prosocial behavior.

Every staff member during every lesson must:

1. Set challenging and achievable academic and behavior goals for every student.
2. Model positive examples of the same social skills and behaviors expected from students.
3. Prompt/cue and recognize desired social behavior at higher rates than are used for negative or norm-violating behavior.
4. Maximize every minute for successful academic and behavioral engagements.
5. Continuously and actively supervise all students across all settings at all times.

On an hourly and daily basis, minor behavior incidents (e.g., noises, wandering, off task) should be treated constructively, quickly, and quietly. Incidents of minor disruptive behavior represent teachable moments or opportunities to remind students of the desired behavior and to prompt and reinforce future opportunities to be successful. The process of handling minor problem behaviors should never sacrifice instruction time for any student, and if minor behaviors become chronic, the focus shifts toward a plan that rearranges conditions so that the opportunity to engage in problem behavior is reduced or eliminated.

Every major behavior event (e.g., fighting, intentional inappropriate behavior, harassment, disruptive non-compliance) should be treated as a “bad” habit that has worked for the student in the past and is highly likely under specific situations. Because a bad habit, by definition, is chronic, habituated, and efficient, solutions must be much more informed and targeted. That is, the intervention must be based on a specific understanding of the triggering and maintaining conditions and development of a specialized intervention that formally cues and rewards desired behavior and carefully eliminates competing cues and rewards for problem behavior. This plan must provide at least hourly implementation schedules, especially in the most likely problem behavior settings, by individuals who are better at doing the intervention than the student is at doing the problem behavior. Daily progress monitoring is required to enable immediate tweaking of the intervention to improve effectiveness and efficiency.

Concluding Comments

Contemporary school and classroom challenges must be defined, verified, and discussed. However, emphasis must be shifted quickly from rumination to prevention. A prevention-based multi-tiered system of practices requires moment-to-moment, hour-to-hour, day-to-day, month-to-month, and year-to-year engagement. Practice selection and adoption are necessary but insufficient. Equal, if not more, attention must be directed toward systemic or organizational supports (leadership, decision making, support continuum) that enable implementation to be effective, efficient, durable, and relevant. If implementation fidelity is high and sustained, preventing the development and occurrences of our contemporary challenges is thinkable and doable, and effective classroom and school organizations with common vision, language, and experiences are possible.

CLASSROOM PRACTICES

Reflection Guide



Read through the Positive Classroom Behavior Supports and assign yourself a score:

0 = I have never considered using these PCBS practices

1 = I use some of these PCBS practices

2 = I use all of these PCBS practices

0 1 2

<p>FOUNDATIONS Settings Routines Expectations</p>	<ul style="list-style-type: none"> ▲ I effectively design the physical environment of my classroom. ▲ I develop and teach predictable classroom routines. ▲ I post, define and teach 3 to 5 positive classroom expectations. 	<p>Score:</p>
<p>PREVENTION PRACTICES Supervision Opportunity Acknowledgement Prompts & Precorrections</p>	<ul style="list-style-type: none"> ▲ I use active supervision and proximity. ▲ I provide high rates and varied opportunities to respond. ▲ I use behavior specific praise. ▲ I make the problem behavior irrelevant with anticipation and reminders. 	<p>Score:</p>
<p>RESPONSE PRACTICES Error Correction Planned Ignoring FAST</p>	<ul style="list-style-type: none"> ▲ I use brief, contingent, and specific error corrections to respond to problem behaviors. ▲ I systematically withhold attention from a student when they exhibit minor misbehaviors for peer attention. ▲ I respond to behavior in a way that tries to address the reason or purpose why the student misbehaves. ▲ I respond to misbehavior accurately, specifically and in a timely manner. 	<p>Score:</p>
<p>INSTRUCTIONAL PRACTICES Pacing Sequencing Choice</p>	<ul style="list-style-type: none"> ▲ I allow for positive behavioral momentum beginning, during and/or ending an academic task. ▲ I consider pace, sequence and level of task difficulty when promoting each students' success. ▲ I consider a variety of methods when offering student choice. 	<p>Score:</p>
<p>DATA COLLECTION Counting Behaviors Timing Sampling ABC Cards ODRs</p>	<ul style="list-style-type: none"> ▲ I record or document how often or how many times a behavior occurs within a specific period of time; and convert to rate by dividing count by time observed. ▲ I record or document how long a behavior lasts(duration), how long it takes for a behavior to start following an antecedent (latency) or how much time elapses between behavior. ▲ I estimate how often a behavior occurs by recording whether it happened during part of an interval, during the whole interval, or at the end of the interval. ▲ I record information about the events that occurred before, during or after a behavioral incident. 	<p>Score:</p>

PRACTICE-BASED COACHING

Simulation



Practice-Based Coaching (PBC) is a professional development strategy using a cyclical process. This process supports teachers' use of effective teaching practices that lead to positive outcomes for children. PBC occurs in the context of collaborative partnerships.

- ▲ Based on collaborative partnerships.
- ▲ Guided by goals and a plan for refinement and action.
- ▲ Assessed through focused observation.
- ▲ Supportive of teacher growth and development through reflection and feedback.

Coaching Guide

Classroom Practice: (Foundations, Prevention or Response Practices)

Information Gathering

1. How often a teaching practice is used (frequency)
2. How well a teaching practice is implemented (quality)
3. How confident a teacher is when using a teaching practice (self-efficacy)
4. What a teacher believes about how a practice impacts children's learning (teacher beliefs)

Goal Setting

1. Focus: Teaching practice and teacher competence and confidence
2. Purpose: Process for improvement; information taken from classroom reflection guide
3. SMART goals: Specific, Measurable, Reasonable, Timely
4. Considerations: Learn more about the practice and try it out? Do it more often? Do it better? Do it differently?

Action Planning

1. Purpose: to support the achievement of goals throughout the coaching process
2. Components: •Goal(s) •Action steps •Goal achievement statement •Timeframe •Supports or resource

Coaching and Feedback

1. Ask open-ended Questions for teacher reflection.
2. Give supportive and constructive feedback
3. Design questions for planning and reflective coaching conversations.

Coaching Script for Foundations

NOTE: Use the Script for any of the Classroom Practices: (Foundations, Prevention or Response Practices)

Information Gathering

- ▲ How often do you plan and execute classroom foundations (settings, routines, expectations)?

- ▲ How well do you implement foundation practices as intended (fidelity to the evidence-based practice)?

- ▲ How confident do you feel when you implement your foundation practices?

- ▲ What impact do foundation practices have on your kids?

Goal Setting

Is there anything you want to improve in your *foundation* practices?

SMART GOAL: Specific, Measurable, Reasonable, Timely

Coaching and Feedback

Reflective Coaching Conversation:

How do you think the practices worked? How do you know?

What parts of the practice went well?

What parts of the practice felt less effective?

Where there any tricky parts? What were they?

Collaborative Coaching Conversation:

Have you considered this?

What do you think would be more effective?

Others have found this to work well. Would it work for you?

What are your next steps? And What do you need from me?



Mental Health Disorders: Instructional Strategies and Classroom Considerations

Adapted from Children's Mental Health Disorder Fact Sheet for the Classroom, Minnesota Association for Children's Mental Health

Instructions: Highlight 5 instructional strategies supporting **Positive Classroom Behavior Supports** (PCBS) which includes *Foundations, Prevention Practices and Response Practices* for each Mental Health Disorder. Post on wall.

Processing Activity: Carousel

Anxiety Disorder: is a group of mental disorders characterized by significant feelings of anxiety and fear. Anxiety is a worry about future events and fear is a reaction to current events. These feelings may cause physical symptoms, such as a fast heart rate and shakiness

- Allow students to contract a flexible deadline for worrisome assignments.
- Have the student check with the teacher or have the teacher check with the student to make sure assignments have been written down correctly. Many teachers will choose to initial an assignment notebook to indicate that information is correct.
- Consider modifying or adapting the curriculum to better suit the student's learning style—this may lessen his/her anxiety.
- Post the daily schedule where it can be seen easily so students know what to expect.
- Encourage follow-through on assignments or tasks; yet be flexible with deadlines.
- Reduce school work load when necessary.
- Reduce homework when possible.
- Keep as much of the child's regular schedule as possible.
- Encourage school attendance—to prevent absences, modify the child's class schedule or reduce the time spent at school.
- Introduce secondary students to new teachers each quarter.
- Maintain regular communication with parents when students remain at home.
- Ask parents what works at home.
- Consider the use of technology. Many students will benefit from easy access to appropriate technology, which may include applications that can engage students interest and increase motivation (e.g., computer-assisted technology assisted instruction programs, YouTube or webinar demonstrations, videotape presentations).

Autism Spectrum Disorder: (ASD) is a neurodevelopmental disorder that can cause significant communication, social and behavioral impairment. It includes disorders that were once diagnosed separately, including Asperger's syndrome and pervasive developmental disorder not otherwise specified (PDD). The symptoms of ASD are unique for each child.

- Create a structured, predictable, and calming environment. Consult an occupational therapist for suggestions on handling your student's sensory needs.
- Foster a climate of tolerance and understanding in the classroom. Consider assigning a peer helper to assist the student in joining group activities and socializing. Make it clear to the class teasing and harassment of any student is not allowed.
- Use direct teaching to increase socially acceptable behaviors, expected greetings and responses, and group interaction skills. Demonstrate the impact of words and actions on other people during real-life interactions and increase awareness of emotions, body language, and other social cues.
- Create a standard way of presenting change in advance of the event. A key phrase like "today will be different" may be helpful if used consistently. You may also want to mention changes—for example, "tomorrow we'll have a substitute teacher"—both privately to the student and to the class.
- Learn the usual triggers and the warning signs of a rage attack or "melt-down" and intervene before control is lost. Help your student to learn self-calming and self-management skills. Remain calm and non-judgmental to reduce stress—remind yourself that your student "can't" rather than "won't" react as others do.
- Use a team approach when developing curriculum and classroom adaptations. Occupational therapists and speech-language pathologists can be very helpful, and evaluations for assistive/augmentative technology should be done early and often.
- When teaching basic skills, use materials that are age-appropriate, academically appropriate, positive, and relevant to students' lives.
- Avoid long strings of verbal instruction. Use written checklists, picture charts, or object schedules instead. If necessary, give instructions one step at a time.
- Minimize visual and auditory distractions. Modify the environment to meet the students' sensory needs.
- Help students develop functional learning skills through direct teaching. (Teach them to work left to right and top to bottom.)
- Students who get fixated on a subject can be motivated by having their topic be the content for lessons in reading, science, math, and other subjects.
- If students avoid eye contact allow them to use peripheral vision to avoid the intense stimulus of a direct gaze. Teach students to watch the forehead of a speaker rather than the eyes if necessary.

Attention Deficit/Hyperactivity Disorder: is a brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity interfering with functioning or development.

- Have the student check with the teacher or have the teacher check with the student to make sure that assignments have been written down correctly. Some teachers initial an assignment notebook to indicate that information is correct.
- Consider a Functional Behavioral Assessment (FBA). Understanding the purpose or function of the student's behaviors may help you respond with more effective interventions.
- Once you have a better understanding of a student's behaviors and learning style, consider modifying or adapting the curriculum and environment.
- Provide consistent structure and clearly define your expectations.
- When giving instructions or tasks, it's helpful to break them into numerous steps. Give the student one or two steps at a time.
- Allow the student to turn in late work for full credit.
- Allow the student to redo assignments to improve score or final grade.
- Allow the student to move about within reason. For example, give them tasks that require them to get out of their seat, such as passing out papers, or give them short breaks to exercise or stretch.
- Teach social skills.
- Catch your student being good. Look for positive behaviors to reward and reinforce. Many students with AD/HD receive constant criticism for their behavior, which creates a cycle of negative behavior, poor self-esteem, and attention seeking.
- Have a secret code to help the child recognize that he/she has gotten off task and must refocus. This helps the student stay on task without embarrassment.
- Allow a student to use tables or formulas—memorization may be very difficult.
- Allow the student to answer directly in a booklet. This reduces the amount of movement and distraction during an assignment.
- Teach students with AD/HD self-monitoring techniques. Help them identify social cues from their peers and adults that would suggest a need for a behavior change. Also help students identify an aid or technique that will help them calm down or refocus, such as exercise, short breaks away from stimulation, or meditation.
- Reduce stress and pressure whenever possible. Children with ADD or AD/HD are easily frustrated. Stress and pressure can break down a student's self-control and lead to inappropriate behaviors.
- Ask parents what works at home.

Bipolar Disorder: also known as manic-depressive illness, is a brain disorder causing unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

- Provide the student with recorded books as an alternative to self-reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes, rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where the student can go for privacy until he or she regains self-control.
- Create a plan for students to help them calm themselves, such as listening to soothing music, drawing, or walking. Be sure to practice the plan with the student in advance.
- Accommodate late arrival due to inability to awaken—this may be a medication side effect or a seasonal problem.
- Provide training that targets communication skills or problem-solving skills.
- Adjust the homework load to prevent the child from becoming over-whelmed.
- Allow children to discreetly attend to physical discomforts caused by medication side effects, for example a child's excessive thirst may lead to the need for frequent bathroom breaks.
- Ask parents or the student's physician about the student's mood cycles, and adapt curriculum, activities, or classroom supports as needed.

Conduct Disorder: A refers to any of a group of serious emotional and behavioral problems in children and adolescents. Children with conduct disorders frequently behave in extremely troubling, socially unacceptable, and often illegal ways, though they feel justified in their actions and showing little to no empathy for their victims.

- Make sure curriculum is at an appropriate level. When work is too hard, students become frustrated. When it is too easy, they become bored. Both reactions lead to problems in the classroom.
- Avoid “infantile” materials to teach basic skills. Materials should be age-appropriate, positive, and relevant to students’ lives.
- Remember that praise is important but needs to be sincere.
- Consider the use of technology. Students with conduct disorder tend to work well on computers with active programs.
- Students with conduct disorder often do well in programs that allow them to work outside the school setting.
- Sometimes adults can subconsciously form and behaviorally express negative impressions of low-performing, uncooperative students. Try to monitor your impressions, keep them as neutral as possible, communicate a positive regard for the students, and give them the benefit of the doubt whenever possible.
- Remember that students with conduct disorder like to argue. Remain respectful, calm, and detached. Avoid power struggles and don’t argue.
- Give the student options. Stay away from direct demands or statements such as: “You need to...” or “you must...”
- Avoid escalating prompts such as shouting, touching, nagging, or cornering the student.
- Establish clear classroom rules. Rules should be few, fair, clear, displayed, taught, and consistently enforced. Be clear about what is nonnegotiable.
- Have your students participate in the establishment of rules, routines, schedules, and expectations.
- Systematically teach social skills including anger management, conflict resolution strategies, and how to be assertive in an appropriate manner. For example, discuss strategies that the students may use to calm themselves when they feel their anger escalating. Do this when the students are calm.
- Maximize the performance of low-performing students through individualized instruction, cues, prompting, the breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
- Structure activities so the student with conduct disorder is not always left out or the last one picked.

Fetal Alcohol Spectrum Disorder (FASD): Is an umbrella term describing a range of conditions and disabilities that can occur in an individual whose mother drank alcohol during pregnancy. Effects of an FASD vary widely from person to person and may include physical, mental, social, behavioral, and/or learning disabilities with lifelong implications. A person with FASD might have abnormal facial features, poor coordination, hyperactive behavior, short attention span, learning disabilities, and poor reasoning and judgment skills.

- Reduce some classroom pressures.
- Break tasks into smaller parts.
- Reassure students they can catch up. Show them the steps they need to take. Be flexible and realistic about classroom expectations. (School failures and unmet expectations can exacerbate the depression.)
- Help students use realistic and positive statements about their performance.
- Students with a depressive disorder may see issues in black and white- all bad or all good. It may help to keep a record of their accomplishments that you can show to them at low points.
- Encourage gradual social interaction (i.e., small group work).
- Ask parents what would be helpful in the classroom to reduce pressure or to motivate the student.
- Spend extra time with the student, when necessary, and assist the student with planning and time management.
- Reduce some classroom pressure by being flexible with deadlines, providing notes, or helping the student find a note -taker from the class.
- For disability-related reasons, students may need to miss class.

Major Depressive Disorder: these depressive disorders are more than “the blues”; they affect a young person’s thoughts, feelings, behavior, and body. Depressive disorders can lead to school failure, alcohol, or drug abuse, and even suicide.

- Reduce some classroom pressures.
- Break tasks into smaller parts.
- Reassure students that they can catch up. Show them the steps they need to take and be flexible and realistic about your expectations. (School failures and unmet expectations can exacerbate the depression.)
- Help students use realistic and positive statements about their performance and outlook for the future.
- Help students recognize and acknowledge positive contributions and performance.
- Depressed students may see issues in black and white terms— all bad or all good. It may help to keep a record of their accomplishments that you can show to them occasionally.
- Encourage gradual social interaction (i.e., small group work).
- Ask parents what would be helpful in the classroom to reduce pressure or to motivate the child.
- Spend extra time with the student, when necessary, and assist the student with planning and time management.
- Reduce some classroom pressures by being flexible with dead- lines or by providing notes or helping the student find a note- taker from the class.
- For disability-related reasons, students may need to miss class or even leave the room in the middle of the class. Your understanding and any assistance with filling in the gaps will help reduce the stress and anxiety related to getting behind or missing assignments.
- Allow the student to tape-record lectures.
- Clearly define (and put in writing) the course requirements, dates of exams, and when assignments are due; provide advance notice of any changes.
- When in doubt about how to assist the student, try asking what they need.
- Encourage school administration to identify personnel and resources to support teachers of students with depression.

Eating Disorder: is a serious and often fatal illnesses causing severe disturbances to a person's eating behaviors. Obsessions with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.

- Stress acceptance in your classroom; successful people come in all sizes and shapes.
- Watch what you say. Comments like "You look terrible," "What have you eaten today?" or "I wish I had that problem" are often hurtful and discouraging.
- Stress progress, not perfection.
- Avoid pushing students to excel beyond their capabilities.
- Avoid high levels of competition.
- Reduce stress where possible by reducing assignments or extending deadlines.
- Assist student in developing a strong sense of identity based on their strengths and abilities rather than appearance.
- Use "I" statements like, "I'm concerned about you because you refuse to eat breakfast or lunch." Or, "It makes me afraid to hear that you are vomiting."
- Express continued support.

Obsessive-Compulsive Disorder: (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and behaviors (*compulsions*) that he or she feels the urge to repeat over and over.

- Try to accommodate situations and behaviors that the student has no control over.
- Be attentive to changes in the student's behavior.
- Try to redirect the student's behavior. This works better than using consequences.
- Allow the student to do assignments such as oral reports in writing.
- Allow the student to receive full credit for late work.
- Allow the student to redo assignments to improve scores or final grades.
- Consider a Functional Behavioral Assessment (FBA). Understanding the purpose or function of the student's behaviors will help you respond with effective interventions and strategies. For example, a punitive approach or punishment may increase the student's sense of insecurity and distress and increase the undesired behavior.
- Post the daily schedule in a highly visible place so the student will know what to expect.
- Using diplomacy and with the student's consent, educate the student's peers about OCD.
- Keep transitions to a minimum and prepare the student for them when possible. Allowing time before and after transitions will help the student regain concentration.
- Consider the use of technology. Many students struggling with OCD will benefit from easy access to appropriate technology, which may include applications that can engage student interest and increase motivation (e.g., computer-assisted instruction programs, CD-ROM demonstrations, as well as videotape presentations).

Oppositional-Defiant Disorder: Children with oppositional defiant disorder (ODD) display extreme resistance to authority, conflict with parents, outbursts of temper and spitefulness with peers.

- Remember that students with ODD tend to create power struggles. Try to avoid these verbal exchanges. State your position clearly and concisely.
- Not all acts of defiance must be engaged—know which ones to overlook.
- Establish a rapport with the child who has ODD. If this child perceives you as reasonable and fair, you'll be able to work more effectively with him or her.
- Give two choices when decisions are needed. State them briefly and clearly.
- Establish clear classroom rules. Be clear about what is nonnegotiable.
- Post the daily schedule so students know what to expect.
- Praise students when they respond positively.
- Make sure academic work is at the appropriate level. When work is too hard, students become frustrated. When it is too easy, they become bored.
- Avoid "infantile" materials to teach basic skills. Materials should be positive and relevant to students' lives.
- Pace instruction. When students with ODD have completed a designated amount of a non-preferred activity, reinforce their cooperation by allowing them to do something they prefer or find more enjoyable or less difficult.
- Allow sharp demarcation to occur between academic periods, but hold transition times between periods to a minimum.
- Systematically teach social skills, including anger management, conflict resolution strategies, and how to be appropriately assertive. Practice self-calming strategies (when the students are calm) for students to use when they feel their anger rising.
- Provide consistency, structure, and clear consequences for the student's behavior.
- Select material that encourages student interaction. Students with ODD need to learn to talk to their peers and to adults in an appropriate manner. However, all cooperative learning activities must be carefully structured.
- Minimize downtime and plan transitions carefully. Students with ODD do best when kept busy.
- Maximize the performance of low-performing students through the use of individualized instruction, cues, prompting, the breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
- Allow students to redo assignments to improve their score or final grade.
- Structure activities so a student with ODD is not always left out or picked last.
- Ask parents what works at home.

Post-Traumatic Stress Disorder: is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. People who have PTSD may feel stressed or frightened even when they are not in danger.

- Try to establish a feeling of safety and acceptance within the classroom. Greet the child warmly each day, make eye contact, and let the child know that he/she is valued and that you care. You can make a tremendous impact on a child by what you say (or don't say); a child's self-perception often comes from the actions of others.
- Don't hesitate to interrupt activities and avoid circumstances that are upsetting or re-traumatizing for the child. For example, a move or assignment about a natural disaster may trigger memories of the traumatic event the student has been through. Watch for increased symptoms during or following certain situations and try to prevent these situations from being repeated.
- Provide a consistent, predictable routine through each day as much as possible. A regular pattern will help re-establish and maintain a sense of normalcy and security in the child's life. If the schedule does change, try to explain beforehand what will be different and why. Consistency shows children that you have control of the situation; they may become anxious if they sense that you are disorganized or confused. However, allow children choices within this pattern wherever possible. This will give them some sense of control and help to build self-confidence.
- Try to eliminate stressful situations from your classroom and routines: make sure your room arrangement is simple and easy to move through; create a balance of noisy versus quiet activity areas and clearly define them; and plan your day or class period so that it alternates between active and quiet activities (being forced to maintain the same level of activity for too long may cause the child to become restless and anxious).
- If a child wants to tell you about the traumatizing incident, do not respond by encouraging the child to forget about it. PTSD symptoms may be a result of trying to do just that. This request also minimizes the importance of the trauma and children may feel a sense of failure if they can't forget. Just listening can be very assuring.
- Reassure children that their symptoms and behaviors are a common response to a trauma and they are not "crazy" or bad.
- Incorporate large-muscle activities into the day. Short breaks involving skipping, jumping, stretching, or other simple exercises can help relieve anxiety and restlessness. For young children, you can also use games like London Bridge or Ring around the Rosy.
- For some students, any physical contact by a teacher or peer may be misinterpreted and result in an aggressive or emotional response.

Reactive Attachment Disorder: is a disorder caused by a lack of attachment to any specific caregiver at an early age, and results in an inability for the child to form normal, loving relationships with others due to early neglect and mistreatment.

- Consider a Functional Behavioral Assessment (FBA). Understanding the purpose or function of the student's behaviors will help you respond with effective interventions. For example, a punitive approach or punishment may increase the student's sense of insecurity and distress and consequently increase the undesired behavior.
- Be predictable, consistent, and repetitive. Students with RAD are very sensitive to changes in schedules, transitions, surprises, and chaotic social situations. Being predictable and consistent will help the student to feel safe and secure, which in turn will reduce anxiety and fear.
- Model and teach appropriate social behaviors. One of the best ways to teach these students social skills is to model the behavior and then narrate for the child what you are doing and why.
- Avoid power struggles. When intervening, present yourself in a matter-of-fact style. This reduces the student's desire to control the situation. When possible use humor. If students can get an emotional response from you, they will feel as though they have hooked you into the struggle for power and they are winning.
- Address comprehension difficulties by breaking assigned reading into manageable segments. Monitor progress by periodically checking if the student is understanding the material.
- Break assignments into manageable steps; this helps to clarify complex, multi-step directions.
- Identify a place for the student to go to regain composure during times of frustration and anxiety. Do this only if the student is capable of using this technique and there is an appropriate supervised location.

Schizophrenia: is a chronic and severe mental disorder affecting how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality.

- Reduce stress by going slowly when introducing new situations.
- Help students set realistic goals for academic achievement and extra-curricular activities.
- Obtaining educational and cognitive testing can be helpful in determining if the student has specific strengths that can be capitalized upon to enhance learning.
- Establish regular meetings with the family for feedback on health and progress.
- Because the disorder is so complex and often debilitating, it will be necessary to meet with the family, with mental health providers, and with the medical professionals who are treating the student. These individuals can provide the information needed to understand the student's behaviors, the effects of the psychotropic medication, and how to develop a learning environment.
- Often it is helpful to have a "team meeting" to discuss the various aspects of the child's education and development.
- Encourage other students to be kind and to extend their friendship.

Tourette's Disorder: individuals with Tourette Syndrome (TS) have had at least two motor tics and at least one vocal/ phonic tic in some combination over the course of more than a year. Tourette Syndrome is one type of Tic Disorder. Tics are involuntary, repetitive movements and vocalizations.

- Educate other students about Tourette's disorder, encourage the student to provide his own explanations, and encourage peers to ignore tics when possible.
- Do not urge the student to stop or stay quiet. Remember, it's not that your student won't stop—they simply can't stop.
- Do not impose disciplinary action for tic behaviors.
- To promote order and provide a diversion for escalating behavior, provide adult supervision in the hallways, during assemblies, in the cafeteria, when returning from recess, and at other high-stress times.
- Refer to the school occupational therapist for an evaluation of sensory difficulties and modify the environment to control stimuli such as light, noise, or unexpected touch.
- Help the student to recognize fatigue and the internal and external stimuli that signal the onset of tics. Pre-arrange a signal and a quiet, safe place for the student to go to relax or rest.
- Provide a private, quiet place for test taking. Remove time limits when possible.
- Help the student learn to predict outbursts and be able to request a break. Self-management techniques may be a necessary lifetime skill for the student.
- Reduce handwriting tasks and note taking. Provide note takers or photocopies of overheads during lectures and encourage computer use for composition tasks. Handwriting problems are common due to hand, arm, or shoulder tics.
- Give students with Tourette's disorder special responsibilities that they can do well. Encourage them to show their skills in sports, music, art, or other areas.
- Provide structured, predictable scheduling to reduce stress and ensure adult supervision in group settings.