

Paper: Supporting Students with Mental Health and Behavioral Concerns: The Challenge and Importance of Inclusion

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Introduction

As advocates for people with disabilities, we all work to promote a society that is inclusive to people with disabilities. We can see progress in many places, such as children who use wheelchairs playing with able bodied peers on the playground, or a student with Down Syndrome helping out with a science experiment in a general education classroom. Yet there is one face that is still often missing from the portrait of inclusion that may not be even noticeable at first glance—that of a student with a disability that adversely impacts behavior and social skills.

Over the past few decades, there have been several incidences of school violence that have horrified the country, most recently, the shooting in Newtown, Connecticut. Often, in the interest of an answer why such things occurred, simplistic, and often disability related ideas are put forward in the media, such as that the Columbine perpetrators were isolated loners taking revenge on popular kids, or that Adam Lanza was a withdrawn student with Asperger's whose mother had difficulties with the school. School shootings have been the genesis for "Safe School" Acts, and zero tolerance policies for very good reason, an attempt to minimize the likelihood of such events.

However, such policies have resulted in a high degree of segregation of students eligible for special education under the category of emotional disturbance, as well as the segregation of some students with autism and traumatic brain injuries who have difficulty regulating their emotional reactions. In The Ability Center's seven county service area, 23 school districts are out of compliance with state guidelines which recommend having no more than 3.6% of students receiving special education being served in educational programs housed at separate facilities than schools. (District Level Performance Report, 2010-11). While some counties within our service area still have separate facility programs for students with multiple disabilities, which contributes in part to this statistic, the majority of students in separate facility programs are children with behavioral challenges. In some programs, the students receiving special education are served alongside students who may not have diagnosed disabilities, but who are considered delinquent. This serves to reinforce the idea that the purpose of such facilities is to remove "problem" students of all varieties from the general population.

This statement is not meant as an indictment of separate facility programs. There are some excellent separate facility programs in our area, staffed by highly qualified teachers and licensed therapists, who work with students to help them develop skills to help them be successful in mainstream settings. As advocates, we have worked with students for whom placement in a separate facility, either on a short or longer term basis, truly is the best choice. The point is that when choosing how to serve special education students and the needs of students who may display troublesome behavior but who haven't been identified as needing special education, we need to look at how their needs can potentially be met in less restrictive settings. Removing these students may create a sense that we have created a safer environment for everyone else, but if the students don't learn how to navigate successfully within a typical sphere during the time they are in school, we are setting them up for failure in their time outside of the school day and as they mature into adults.

Problem Behavior: Not a Simple Matter of "Choice"

One of the key components in this endeavor is for both school staff and families to have a clear understanding of the disability at hand. It is not enough just to know that a student qualifies for special education under the label emotionally disturbed. Staffs need to understand what diagnosis contributed to the behavior that resulted in this eligibility. Depression and anxiety are very different than bipolar disorder and schizophrenia. A diagnosis may result from a chemical imbalance which may or may not respond well to medication, or it may result from a traumatic event. Too often, staff unfamiliar with the complexities of mental health issues, or who may not have been informed of a diagnosis because of the stigma around mental illness, just see a student willfully choosing not to do what the other students are expected to do, either socially, or in terms of task completion. In fact, the student may not be able to comply within the expected manner or timeframe, but could be successful in class if the teacher understands the underlying cause of the noncompliance, and helps the student find another path.

Danger vs. Social Misunderstanding and Frustration

Along those same lines, it is important that school staff be familiar enough with students' disabilities to distinguish between potentially psychopathic students and those who are not very good at self-regulating. Students with autism and traumatic brain injuries, or fetal alcohol syndrome may talk about wanting to hurt someone when they are frustrated, i.e., "I want to kill ...!" or, "I wish the school would burn down!" not because they actually have a well formulated plan, means, or even a desire for this to occur, but because they are unable to process their frustration, and quite often lack the executive function filter that says to those of us who are more neurotypical, "Hey, if I say that, someone may take me seriously and I could get in

real trouble, and is it worth getting taken away because I'm mad?" Yet in the days of zero tolerance, it is often just such statements that earn challenged students time out of school, because even if the teacher or administrator understands the child doesn't mean it, if the behavior is witnessed by other parents or students, the school runs the risk of being accused of not taking appropriate action to keep everyone else safe. This is a quandary that is hard to avoid, but it can be addressed proactively in a few different ways.

Proactive Steps for Schools

School staff should receive training in how to accurately assess if a potential threat exists, such as asking if students have a plan, or access to weapons. If the student is receiving outside mental health treatment, the lines of communication should always be open between providers and school officials to determine risk and work together on strategies. For example, it may help a student to journal frustrations instead of saying them aloud. However, if teachers find violent writings, they may feel compelled to turn them in to administration, thus starting the disciplinary chain. However, in ongoing consultation with a school counselor or external mental health provider, it may be determined that the student may write certain things as a form of venting, as long as they are not shown to others beyond the counselors, and are thrown away promptly. If the school thinks there may be a mental health concern, the school should follow up with the parent to make referrals to supports, not just take disciplinary action.

For students whose disabilities are well known to have a social/emotional regulation component, explicit instruction in social skills and self-regulation strategies, such as using the Incredible 5 Point Scale (Dunn Buron & Curtis) to monitor feelings and prioritize worries, should occur throughout the school setting. Depending on the student and the disability, social training may need to be as explicit as, "In x setting, you may say a, b, or, c, when frustrated, but if you say d or e, there will be x consequence." Students may need frequent refreshers on social and problem solving skills, and may need to have cueing materials on what to do in certain situations with them at all times. Additionally, use of such models as peer mediated instruction can provide very natural supports in school. In peer mediated instruction and intervention, peers who are willing to serve as coaches receive specific trainings in classmates' disabilities and how to support them and teach them how to fit in. (Neitzel, J., Boyd, B., Odom, S. L., & Edmondson Pretzel, R. 2008) Advantages of this model include peers having a better knowledge of what is socially acceptable within the peer group than we as adults might (e.g. , farting on demand is considered awesome if you are a 9 year old boy in the cafeteria, but likely to get you in trouble during math class). It also encourages peers to take an active role in

helping someone fit in rather than just avoiding making fun of them. This can create a better sense of community, and can be the seed to genuine friendships as opposed to just tolerance. While isolation and having been a victim of bullying can be an oversimplification of why violent acts against self or others occur, it is undeniably a factor of which we need to be aware. It is not enough to say a school doesn't tolerate bullying; schools must actively promote building positive relationships.

If students are provided with coaching and support from their teacher, peers, and as needed, additional adults in the classroom, they can benefit from the full spectrum of courses and options that a general education setting affords typical students. Most students who qualify for services under the label "emotional disturbance" have average to above average cognitive skills. Technically, students in self-contained classrooms should each receive instruction at his or her level. However, because these classrooms serve multiple grades, and students with multiple skill levels, it is not practical for each student to get an individualized lesson in each subject. Group lessons are important, because they help students learn to follow the norms they will encounter in a larger class setting, but a group lesson for a variety of students in terms of age and function requires a teacher to aim for the middle, so to speak. Many teachers do that well, but if students are not receiving grade level instruction at all times, they are not necessarily well prepared to integrate into the mainstream even if they have developed better social and emotional regulation skills.

For these reasons, rather than focusing on an "emotional disturbance" class being a place to serve students with emotional issues, with the potential of a few mainstream classes a day, schools should have an infrastructure in place to support students with their typical peers as much as possible. This can be achieved through having enough staff trained to support students socially and emotionally, and peer training, but also through provision of "safe areas", where children who need to be removed from a setting and afforded the opportunity to regroup without having to be sent home for the day. Often schools send students to separate facilities because they claim the resources aren't present to have rooms where students can decompress safely, or access items to meet their sensory needs, or access a counselor who is well versed in behavioral disabilities. Again, while some of the separate facilities in our area are excellent, we are moving past the days when schools can cite not having wheelchair accessibility or sign language interpreters at a particular school as a reason why such students need to go to another school or class. Students with behavioral concerns are entitled to segregation as a last resort just as much as students with any other type of disability. A student's rights are limited somewhat when a direct threat to the safety of others is established as a

matter of fact, but they are still entitled to reasonable accommodations to their disability that allow them to participate as fully in the mainstream as possible. The cost to send students to separate facilities is in the range of \$30,000 to \$50,000 annually, and the costs to place children outside of their neighborhood in schools with designated “emotional disturbance classrooms” is not negligible either. As such, schools must consider, is the issue really that they can’t afford to put supports in place at every school to create safer social and emotional settings for all, or are they also motivated by the idea that segregating these particular students helps to make everyone else feel safer?

The Importance of Community Teamwork

As mentioned above, schools must maintain good relationships with community service providers. Some schools in our area have implemented programs with trained mental health counselors on site in typical schools. This can be an excellent step, but if a district doesn’t have the resources to do this, another alternative is having an open door policy to community mental health providers or behavior specialists from community agencies who work with students at your school. Too often, contractual restrictions designed to protect the role of the school counselor have resulted in qualified external providers not being able to provide guidance and problem solving directly in the school setting. Community agencies, however, must play their part as well. Agency staff must understand school considerations and be able to work well as part of a team for a student. A challenge for communities as a whole is to fund mental health services adequately so that there are not lengthy waiting periods for assessment and provision of services. Additionally, child welfare entities must more readily acknowledge the role their policies may play in exacerbating mental health disorders, e.g. the stress and trauma that come from the removal from a parent, changing foster placements, and attempts at reunification that may or may not go well. Reunification as a concept is an excellent goal, and a great improvement from the early child welfare days when parents were deemed unfit and children were placed in orphanages permanently. However, in the quest to protect the rights of the adults involved, child welfare agencies need to make sure that the child’s need for mental health support and as much stability as is possible is at the forefront of planning, and be willing to work as a team with schools and mental health providers.

Parental Responsibility and Support

Within the home, parent vigilance is vital as well. When tragedies happen, the public often asks, “Why wasn’t this parent aware of what her child was capable of, and why didn’t she get help?” and parents often blame themselves after the fact. These are natural, but not productive, responses on both parts. However, there are

ways to be proactive. Although mental illness does carry a stigma, it is extremely important that parents be aware of warning signs of depression or psychopathic behavior, and not just pass concerns off as “all teenagers are moody” “all boys like violent video games,” etc. These generalities can be very true, but failing to see when something typical develops into an obsession or mood disorder that affects function can also be dangerous. If you have concerns, it is better to take your child to a qualified mental health provider and be assured their behavior is not cause for concern than to assume otherwise, and be proven wrong the hard way. Similarly, even if you are a responsible gun owner, if your child has a mental health disorder or tends toward violent interests, part of being a responsible gun owner is making sure your child truly doesn't have access to weapons under any circumstances. If you as a parent, need help navigating service systems, contact disability advocacy agencies in your community, your county mental health board, and your nearest chapter of the National Alliance on Mental Illness. Not only are therapeutic services for your child vital, but these organizations can provide support and guidance for you as well. Many of these ideas are perhaps easier said than done, especially for an advocate outside the systems in question. Advocates too, have a responsibility to help implement the ideas we suggest. If service systems and advocates for people with disabilities work together, we can make sure that the portrait of inclusion is complete