BERRIEN COUNTY INTERMEDIATE SCHOOL DISTRICT

PROCEDURE HANDBOOK

EMOTIONAL IMPAIRMENT

GUIDELINES FOR IDENTIFICATION AND PLACEMENT OF ELIGIBLE INDIVIDUALS

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Definition of Emotional Impairment

R340.1706 Determination of Emotional Impairment

Emotional impairment shall be determined through manifestation of behavioral problems primarily in the affective domain, over an extended period of time, which adversely affect the person's education to the extent that the person cannot profit from regular learning experiences without special education support. The problems result in behaviors manifested by one or more of the following characteristics:

- ▸ Inability to build or maintain satisfactory interpersonal relationships within the school environment;
- ▸ Inappropriate types of behavior or feelings under normal circumstances;
- ▸ General pervasive mood of unhappiness or depression; or
- ▸ Tendency to develop physical symptoms or fears associated with personal or school problems.

The term "emotional impairment" also includes persons who, in addition to the above characteristics, exhibit maladaptive behaviors related to schizophrenia or other similar disorders. The term "emotional impairment" does not include persons who are socially maladjusted unless it is determined that such persons have an emotional impairment.

Emotional impairment shall not include persons whose behaviors are primarily the result of intellectual, sensory or health factors.

When evaluating a student suspected of having an emotional impairment, the multidisciplinary evaluation team report shall include documentation of all of the following:

- ▸ The student's performance in the educational setting and in other settings, such as adaptive behavior within the broader community.
- ▸ The systematic observation of the behaviors of primary concern which interfere with educational and social needs.
- ▸ The intervention strategies used to improve the behaviors, the length of time the strategies were utilized, and the results.
- ▸ Relevant medical information, if any.

A determination of impairment shall be based on data provided by a multidisciplinary team which shall include a comprehensive evaluation by the following:

- ▸ A psychologist or psychiatrist
- ▸ A school social worker
- ▸ A teacher consultant (as needed)

Emotional impairment shall not include persons whose behaviors are due to lack of instruction in the essential components of reading, math or limited English proficiency.

R340.1706 Definitions of Terms

Manifestation of behavioral problems primarily in the affective domain

The affective domain includes areas such as emotional stability and control, interaction and response to others, problem solving, ability to work with others, and self-control (anxiety, depression, low self-esteem).

Over an extended period of time

This phrase means that the student has a history of emotional impairment (EI) symptoms or characteristics that have been exhibited for at least ninety calendar days. However, the severity of certain EI symptoms and the danger they may pose for the student and/or others when they occur, may dictate that professional judgment take precedence over this timeline. If the condition has been evident for less than three months, the multidisciplinary evaluation team must indicate a reasonable expectation that the behavioral problems will continue to exist without special education intervention.

Adversely affecting the person's educational performance

This phrase refers to those EI characteristics which interfere primarily with academic performance and/or social functioning in the school setting to a marked degree. This refers to the frequency, duration or intensity of a student's behavior in comparison to peers. The condition must be pervasive (continuing over time) and intense (overt, acute, observable). The adverse effect may be indicated by either reduced work production in the classroom or by lowered academic achievement. Private evaluations/Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R) diagnoses do not by themselves qualify a student for an educational emotional impairment.

The phrase also takes into account the general education intervention strategies that have been attempted to improve behaviors and the length of time these strategies have been attempted. See Pre-referral, Positive Behavioral Supports, Functional Assessment, and Behavior Intervention Plans (Appendix A).

R340.1706 (1)a Inability to Build or Maintain Satisfactory Interpersonal Relationships Within the School Environment

This criterion means the student does not relate to others in an appropriate manner. Interpersonal relationships refer to a student's actions and reactions to peers and adults in the school environment. Consideration of the student's developmental level is critical under this determination of eligibility. There is a wide range of "normal" due to personality differences and familial or cultural traits. Problem behaviors must be pervasive, generally affecting relationships with teachers and peers and occur over an extended period of time. (It should be emphasized that "inability" must be differentiated from "unwilling" or "lacking the social skills." Some children lack social skills or choose not to build relationships).

Students may exhibit behavior(s) similar to the following. Frequency, intensity and duration must be considered.

- ► Acts verbally or physically aggressive to other students and/or adults
- ► Withdraws and isolates physically and/or verbally from others
- ► Demonstrates fear of peers, teachers and/or adults
- ► Has no friends in home, school and/or community settings
- ► Does not maintain socially appropriate interactive behavior with others
- ► Acts emotionally unresponsive to people
- ► Exhibits inappropriate sexual behaviors
- ► Alienates others by seeking excessive approval
- ► Persistently demonstrates regressive behaviors when stressed

Students with this characteristic are very anxious in interpersonal situations and react with avoidance, fear and/or withdrawal. Students who alienate others by intensity of need for attention due to poor self-esteem or atypical ideas/behavior related to poor reality testing are also included.

It should be emphasized that the above behaviors do not include fighting in and of itself. Students may not meet this criteria, despite problems with some peers/adults, if able to develop and maintain satisfactory relationships with other peers/adults, or if fighting is a "lifestyle" issue.

R340.1706 (1)b Inappropriate Types of Behaviors or Feelings Under Normal Circumstances

This criterion means the behaviors must be markedly atypical, for which no observable reason exists. More specifically these behaviors are intrapersonal in nature. They may be potentially or actually harmful. Mere misconduct or noncompliance might not qualify a student in this category.

Students may exhibit behavior(s) similar to the following. Frequency, intensity and duration must be considered.

- ► Over-reacts to everyday occurrences (i.e. rage, regression, excessive laughter, hysterics)

- ‣ Exhibits catastrophic or panic reactions/extreme anxiety to everyday occurrences
- ‣ Demonstrates flat, distorted or excessive affect
- ‣ Exhibits self-abusive behaviors
- ‣ Exhibits delusions and/or hallucinations (auditory or visual), or thought disorders (i.e. obsessive thoughts, illogical thinking, dissociative thinking, or paranoia)
- ‣ Demonstrates extreme mood swings
- ‣ Exhibits inappropriate sexually related behaviors
- ‣ Exhibits compulsive behaviors, persistent, recurrent, and intrusive behaviors

This includes students with thoughts and/or emotions that vacillate unpredictably from one extreme to another and over which the student has no control. This criterion **does not** include behaviors which are a direct result of alcohol or substance abuse.

R340.1706 (1)c General Pervasive Mood of Unhappiness or Depression

This criterion means a student must exhibit depressive symptomatology which typically involves changes in all four areas: (1) affective, (2) motivation, (3) physical/motor functioning, and (4) cognition. A pervasive mood is one that affects many aspects of a person's life impacting behaviors and functioning within the school setting.

(1) Affective:
- ‣ Isolates self from peers, adults or family when not appropriate
- ‣ Expresses feelings of worthlessness, helplessness, ineffectiveness, or excessive guilt
- ‣ Displays extreme anger or frustration in spite of efforts to control anger
- ‣ Expresses feelings of extreme sadness, suicidal ideation

(2) Motivation:
- ‣ Demonstrates loss of interest in new/familiar activities
- ‣ Shows a decline in academic performance
- ‣ Assumes failure or refuses to attempt tasks

(3) Physical/Motor functioning (for no apparent medical reason):
- ‣ Loses appetite for long term and demonstrates significant weight loss or increased appetite/weight gain
- ‣ Experiences insomnia or hypersomnia
- ‣ Shows deterioration in appearance
- ‣ Reports or exhibits on-going unsubstantiated medical problems
- ‣ Demonstrates psychomotor agitation or lethargy

(4) Cognition:
- ‣ Experiences difficulty attending, thinking and concentrating
- ‣ Demonstrates overly perfectionistic tendencies

Suicidal intent should always be explored when the student appears depressed, threatens suicide, or expresses a death wish. While such acts do not constitute evidence of emotional impairment per se, it should be an alert to school personnel. Short-term/situational depression

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or depression would not fit this definition. A clinical diagnosis (DSM-IV-R) of depression does not guarantee eligibility for an educational emotional impairment. A student's education must be adversely affected to the point where he/she cannot profit from regular learning experiences without special education support.

R340.1706 (1)d Tendency to Develop Physical Symptoms or Fears Associated with Personal or School Problems

Before analysis of physical symptoms or fears is undertaken, information regarding a student's medical condition should be reviewed.   After consultation with a medical professional and behavior interventions have occurred, an evaluation can proceed. This evaluation should center upon the psychological/emotional factors that could be causing the symptoms that interfere with school performance. Very few students with emotional impairment establish eligibility under this criterion. The most likely example would be a student experiencing school phobia. School phobia is the persistent refusal to go to school based on some underlying anxiety.

Physical symptoms might include:

- ▸ Facial tics, twitching, rocking, head banging;
- ▸ Somatic complaints (i.e. headaches, stomach aches, racing heart, diarrhea)

Fears might include:

- ▸ Persistent and irrational avoidance of a specific person, object or situation;
- ▸ Intense, disabling anxiety often reaching panic proportions when a person, object, or situation is approached.

Under this criterion, physical symptoms are not under voluntary control. There must be positive evidence or strong presumption that physical symptoms are linked to psychological factors or conflict.

Exclusionary Factors

R340.1706 (3) "Emotional impairment does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors."

Factors To Consider

The intent of the eligibility criteria is to assure that students will be appropriately assessed R340.1702. Many factors must be considered as professionals collect information when determining if the student has an emotional impairment. A student may exhibit behaviors consistent with an emotional impairment which are primarily the result of other factors.

The Multidisciplinary Evaluation Team (MET) must consider the presence of these other factors. This determination should include screenings and follow-up evaluations by qualified

personnel. The results of the screenings/evaluations and the recommendations regarding educational programming must be included in the team's written report(s). The MET must consider and verify that the behaviors are or are not primarily the result of intellectual, sensory, or health factors.

Intellectual:
The ability/inability to understand and adapt to the expectations of the environment (cognitive ability), i.e. adaptive behavior is commensurate with cognitive ability.

Sensory:
Some examples are visual concerns, hearing concerns, or tactile defensiveness.

Health:
May include hypoglycemia, diabetes, sickle cell anemia, parasitic conditions, allergies, Tourette's Syndrome, medication reactions, or ADHD.

Social Maladjustment:
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Additional Considerations:
Assessment of the student's behavior should include consideration of the student's:
- ▸ Age/developmental level
- ▸ Cultural background
- ▸ Education/school environment
- ▸ Parents/guardians value system
- ▸ Drug or alcohol use/abuse
- ▸ Specific settings in which the behavior occurs

Behavioral differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered when behavior deviating from the norm is identified. If the culture, environment, or economic status is the sole determinant of the student's behavior, the student may not be identified as having an emotional impairment.

34CFR§300.534

(b)   "A child may not be determined eligible under this part if –
(1)   The determinant factor for that eligibility determination is –
(i)   Lack of instruction in the essential components of reading or math; or
(ii)   Limited English Proficiency

Information should be gathered regarding the following:

♦   Lack of instruction in reading or math.

♦   Continued absenteeism or truancy which significantly interferes with the

student's academic and social progress.

♦ A history of frequent school changes which may indicate sufficient reason for school integration and adaptation problems for the student.

♦ If a student has a history of excessive absences, every effort should be made to determine the reason for non-attendance (e.g., medical problems, anxiety-based reactions, environmental concerns). Intervention strategies should document attempts to address excessive absenteeism.

♦ Appropriate instructional techniques that go above and beyond regular education strategies and intervention strategies that last a minimum of nine weeks must be implemented in general education. Special education eligibility should not be considered without documented evidence expressed in quantitative data that includes the intervention strategies, duration, and results, which should be presented at the IEPT meeting. Please refer to the attached Staff/Teacher Input form for Initial Referrals (See Appendix) which includes examples of acceptable intervention strategies and a form to document present levels of performance and intervention strategies.

♦ Poor school performance, solely due to lack of student motivation or interest in school, may not be indicative of an emotional impairment.

♦ Mood, behavior, or academic problems related solely to drug/alcohol use and/or abuse may not be indicative of an emotional impairment.

♦ A student whose primary or home language is other than English, must be assessed to determine the extent of his/her English proficiency. A student with limited English proficiency must not be considered eligible for special education programs and services based solely on his/her English language skills.

♦ When returning from a structured center-based or self-contained EI program, the student needs to demonstrate appropriate behavior and emotional response for a minimum of one semester prior to considering decertification from special education.

♦ When evaluating emotional concerns in children ages 0-5 who are not in school, most situations will result in qualification as an Early Childhood Developmental Delay (ECDD) with an emphasis on behavior. Continued monitoring of emotional concerns should be documented after placement in programming.

Social Maladjustment

Overview

IDEA regulations explicitly exclude students who are socially maladjusted from eligibility on the basis of emotional impairment.

> 34CFR§300.7(c)(4)(ii) *The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.*

The term is also found in the Michigan Revised Administrative Rules for Special Education (2002) as stated below:

> R340.1706(2) *The term "emotionally impaired" does not include persons who are socially maladjusted, unless it is determined that such persons are emotionally impaired.*

The term "social maladjustment" is an educational concept that has not been defined on the federal or state level. Therefore, an understanding of this term has been left to individual school districts or local educational agencies (LEAs). A refinement of the concept is derived from a combination of educational literature and practice as well as administrative decisions and court interpretations.

Behaviors that bring a child to the point of referral are often the same whether the child is socially maladjusted and/or has an emotional impairment. The intent of the law is to exclude those children who are **solely** socially maladjusted and not those who also have an emotional impairment. This distinction is not always easy to make. It is essential for the Multidisciplinary Evaluation Team (MET) to determine if the student has an emotional impairment, is socially maladjusted, or both before making its recommendation to the IEP Team.

Definition

"Although there is no commonly agreed upon, clear definition of handicap, there is one notion that is presumably common to all definitions of this term, namely, its involuntary nature" (Clarizio, 1992). Students with an emotional impairment, therefore, are viewed as lacking the ability to control themselves. When we refer to social maladjustment, behavior is viewed as intentional, a distinguishing feature between social maladjustment and emotional impairment.

Social maladjustment is conceptualized as a conduct problem. A federal district court accepted a definition of social maladjustment as "a persistent pattern of violating societal norms...a perpetual struggle with authority, easily frustrated, impulsive and manipulative." (Doe v. Sequoia Union High School District (N.D. Cal. 1987)). Although these students are capable of behaving appropriately, they intentionally choose to break rules and violate norms of acceptable behavior. Socially maladjusted students view rule breaking as normal and acceptable. They do not take responsibility for their actions and often blame others for their problems.

Behavior for the socially maladjusted student is motivated by self-gain and strong survival skills. "...they often engage in purposive acts designed to garner attention, to intimidate others for

material gain, to control turf, or to avoid responsible behavior" (Clarizio, 1992). Most demonstrate a lack of age appropriate concern for their behavior and its effects on other. They lack empathy. Anxiety is generally not related to the misbehavior of socially maladjusted students, unless it is due to the fear of consequences. There is little remorse demonstrated for the actual misbehavior.

In addition, socially maladjusted youth display behavior which may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behavior.

Social maladjustment, an educational term, if often interchanged with different clinical terms. Features of social maladjustment are identified in certain psychiatric/psychological conditions. In a clinical view, social maladjustment includes those disorders that, by their very nature, tend to manifest in an externalized response. These are most commonly referred to as Conduct Disorders, Oppositional Defiant Disorders or Antisocial Disorders. Administrative decisions and court cases have treated these disorders and social maladjustment as the same for purposes of eligibility determinations.

In making a differential diagnosis, clinical criteria may be available to the Multidisciplinary Evaluation Team. Disorders typically viewed as internalizing, such as affective disorders, elective mutism, or separation anxiety disorder, **may** indicate emotional impairment, whereas, disorders viewed as externalizing, such as Conduct Disorder or Oppositional Defiant Disorder (ODD), **may** indicate social maladjustment. When making a differential diagnosis it is extremely important to remember that the external behavior may look the same but the etiology and intent of the behavior may be very different.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R) is a separate clinical diagnostic system. It does not include categories of emotional impairment or social maladjustment. The diagnosis provided by independent evaluations and DSM criteria does not guarantee eligibility for special education. For example, it is possible for a student who is eligible under the special education guidelines for emotional impairment and a student who is found to be solely socially maladjusted, to each have a DSM diagnosis in common such as Oppositional Defiant Disorder. It is incumbent upon the Multidisciplinary Evaluation Team to apply educational, not clinical, criteria in making the eligibility recommendation.

Differential Diagnosis

Differential diagnosis is a complex process. The most prominent characteristics of social maladjustment are:
  - ▸ Intentional behavior characterized by the violation of socially acceptable rules and norms
  - ▸ Lack of empathy
  - ▸ Failure to accept responsibility for behavior
  - ▸ Demonstration of little or no remorse for misbehavior

Students with a social maladjustment rebel against rules and regulations while demonstrating knowledge of such rules, and have the intellectual ability to conform to them. They may show a lack of interest in school programs through high levels of truancy, tardiness, and/or low school

achievement.

The existence of interpersonal conflicts or difficulties does not in itself determine emotional impairment. Students with a social maladjustment often violate the rights of others (not necessarily with overt aggression) and are in conflict with those in positions of authority. Furthermore, many of the relationships of these students are characterized by a lack of true empathy, and are viewed as emotionally shallow. In seeking to meet their own needs, such individuals tend to be egocentric and manipulative of others. They have a tendency to blame others in conflict situations.

The following chart of characteristics is designed to assist in distinguishing students with social maladjustment from those students who have an emotional impairment. A student would not need to present with all of the listed characteristics to be considered as having an emotional impairment, a social maladjustment, or both.

Table 2
Common Characteristics and Rating Scale

The characteristics listed below can also be used as a rating scale. Place a mark on the continuum provided beneath each set of characteristics to indicate which set most closely describes the student.

GENERAL AREA OF FUNCTIONING	CHARACTERISTICS OF EMOTIONAL IMPAIRMENT	CHARACTERISTICS OF SOCIAL MALADJUSTMENT
School Behavior	Seen as unable to comply; inconsistent achievement; expects help or has difficulty asking for help. _____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Seen as unwilling to comply; generally low achievement; excessive absences not due to anxiety/depression; rejects help; callous disregard for rights/needs of others.___ ☐ ☐ ☐ ☐ ☐ SM
Attitude toward school	School is a source of confusion and anxiety; often responds to structure. _____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Tends to dislike school except as a place for social contacts; rebels against rules and structure._____ ☐ ☐ ☐ ☐ ☐ SM
School Attendance	Misses school due to emotional issues or psychosomatic issues._____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Chooses to be truant. _____ ☐ ☐ ☐ ☐ ☐ SM
Educational Performance	Achievement is often uneven; attention and concentration are impaired by anxiety/depression and/or emotion _EI ☐ ☐ ☐ ☐ ☐ ⇔	Frequently avoids school achievement, even in areas of competence. _____ ☐ ☐ ☐ ☐ ☐ SM
Peer Relations	Ignored or rejected. _____EI ☐ ☐ ☐ ☐ ☐ ⇔	Generally accepted by sociocultural group._____ ☐ ☐ ☐ ☐ ☐ SM
Type of friends	Younger or no real friends. _____EI ☐ ☐ ☐ ☐ ☐ ⇔	Companions may be part of delinquent sub-culture, same age or older; may be liked by peers._____ ☐ ☐ ☐ ☐ ☐ SM
Perception by peers.	Bizarre or odd. _____EI ☐ ☐ ☐ ☐ ☐ ⇔	Cool; tough; delinquent; charismatic._____ ☐ ☐ ☐ ☐ ☐ SM

Social Skills	Poorly developed; difficulty reading social cues. EI ☐ ☐ ☐ ☐ ☐ ⟷	Well attuned; well developed. ☐ ☐ ☐ ☐ ☐ SM
Interpersonal relations	Inability to establish and maintain social relationships; avoidance of people or severely withdrawn behavior; wants friendships but cannot seem to maintain. EI ☐ ☐ ☐ ☐ ☐ ⟷	Extensive peer relationship within a select peer group; exploitive and manipulative; lack of honesty in relationships, frequently lying; may be able to exploit others with charm in order to achieve ends ☐ ☐ ☐ ☐ ☐ SM
Physical presence	Awkward; "goofy"; clumsy; may be uncomfortable with physicality EI ☐ ☐ ☐ ☐ ☐ ⟷	Coordinated/agile; could also be clumsy or uncomfortable with physicality ☐ ☐ ☐ ☐ ☐ SM
Group participation	Withdrawn; unhappy EI ☐ ☐ ☐ ☐ ☐ ⟷	Outgoing ☐ ☐ ☐ ☐ ☐ SM
Interpersonal dynamics	Often is characterized by a pervasively poor self-concept; often overly dependant or impulsively defiant; is generally anxious, fearful; mood swings from depression to high activity; frequent inappropriate affect; frequent denial and confusion; often distorts reality without regard to self-interest EI ☐ ☐ ☐ ☐ ☐ ⟷	Tends to be independent and appears self-assured; generally reacts toward situations with appropriate affect but lacks appropriate guilt (underdeveloped conscience); may show courage, even responsibility and imagination, but toward socially unacceptable ends; often blames others for his/her problems, but otherwise is reality oriented; demonstrates knowledge of social expectations in school and chooses not to conform to those expectations ☐ ☐ ☐ ☐ ☐ SM
Adaptive behavior	Consistently poor EI ☐ ☐ ☐ ☐ ☐ ⟷	More situation dependent ☐ ☐ ☐ ☐ ☐ SM
Aggression	Hurts self or others as an end EI ☐ ☐ ☐ ☐ ☐ ⟷	Hurts others as a means to an end ☐ ☐ ☐ ☐ ☐ SM
Anxiety	Tense; fearful EI ☐ ☐ ☐ ☐ ☐ ⟷	Appears relaxed; "cool" ☐ ☐ ☐ ☐ ☐ SM

Emotional well-being	Limited capacity for pleasure, rarely experiencing truly satisfied feeling; may experience depression, suicide ideation, self-mutilation and the like EI ☐ ☐ ☐ ☐ ☐ ⇔	Generally inflated positive self-concept ☐ ☐ ☐ ☐ ☐ SM
Conscience development	Self-critical; unable to have fun; guilty and remorseful _____EI ☐ ☐ ☐ ☐ ☐ ⇔	Little remorse; pleasure seeking; lacks empathy; knows right from wrong but chooses wrong ☐ ☐ ☐ ☐ ☐ SM
Reality orientation	Fantasy; naive; gullible; may have thought disorder, hallucinations and the like EI ☐ ☐ ☐ ☐ ☐ ⇔	"Street-wise" _____ ☐ ☐ ☐ ☐ ☐ SM
Developmental appropriateness	Inappropriate for age _____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Appropriate for age or above; _____ ☐ ☐ ☐ ☐ ☐ SM
Risk taking	Avoids risks _____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Prone to thrill seeking behavior_____ ☐ ☐ ☐ ☐ ☐ SM
Consequences	Responds to consequences in consistent, structured settings _____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Ability to ignore anyone who tries to alter socially unacceptable behavior_____ ☐ ☐ ☐ ☐ ☐ SM
Locus of control	Internalizing; Blames self EI ☐ ☐ ☐ ☐ ☐ ⇔	Externalizing; Blames others ☐ ☐ ☐ ☐ ☐ SM
Rules	Has difficulty understanding rules _____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Understands but chooses to violate rules; violates the law deliberately_____ ☐ ☐ ☐ ☐ ☐ SM
Motivation of behavior	Fear and flight; anxiety_____ EI ☐ ☐ ☐ ☐ ☐ ⇔	Power and control_____ ☐ ☐ ☐ ☐ ☐ SM

Adapted from: Wayne County Regional Educational Service Agency (2001). Social Maladjustment: A guide to Differential Diagnosis and Educational Options.

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APPENDIX A

General Education Interventions

Pre-Referral Process

The Berrien County Intermediate School District recommends a pre-referral process to be implemented as an integral part of the referral procedures. The purposes of this process are to:

♦ Identify a problem.
♦ Identify a student's strengths and needs.
♦ Identify potential diagnostic/prescriptive techniques.
♦ Implement those techniques with the anticipated outcome of resolving a student's academic/behavioral problems in the general education setting.

This process will help ensure that students are being educated in the **least restrictive environment** as required by Public Act 451 and the Individuals with Disabilities Act of 1997 (IDEA 97), and will reduce the frequency of inappropriate referrals to special education. It is important that appropriate educational techniques and alternatives have been attempted and documented prior to referring a student for special education services.

A student suspected of having an emotional impairment should only be referred after he/she has been provided with behavioral intervention stcategies including a Functional Assessment of Behavior and Positive Behavior Support Plan (See Appendix) appropriate to his/her age and ability levels in general education. The behavioral intervention strategies should be documented, assessed and modified if needed. Appropriate, comprehensive interventions should be implemented for a minimum of nine weeks.

The pre-referral process is most effectively conducted by a student study team composed of teachers and related service personnel operating at the local building level. Depending on the district, students will be referred to a "student support team," or "building team," "diagnostic/prescriptive team," or other team with a similar function. Regardless of the name, the committees function in a similar manner. **It is important to remember that information generated during the implementation of this process provides a source of information for the IEP Team to use in determining if special education services are necessary for an individual student.** It is appropriate for all teachers working with the student to be involved with the documentation of the student's classroom performance and the educational alternatives utilized to increase his/her ability to function in general education.

Key Elements to a Good Intervention

- ‣ Do your homework. Be sure to check with parents and teachers from previous years for suggestions of strategies which have been implemented and their respective outcomes.
- ‣ Set your expectations for students within their capabilities. A good intervention should always increase a student's likelihood for success.
- ‣ Prevent students from getting behind the rest of the class; this only reinforces their feelings of inadequacy.
- ‣ Keep good notes on the behavior in question and what you have done to remediate the problem.
- ‣ Target only one or two behaviors at a time. Focusing on more than two behaviors generally results in more frustration and confusion for both the teacher and student.
- ‣ Set reasonable time frames for intervention implementation.
- ‣ State expected behavior and consequences from a strength-based perspective; successful interventions take into account the assets of the individual; always follow through and always be consistent.
- ‣ Ensure student participation in creation of interventions and their consequences that are developmentally appropriate.

Intervention Strategies

Suggestions for dealing with a child who presents as **withdrawn, silent, or sad:**

- ‣ Don't force the child to answer if he doesn't want to, even though you know he has the right answer.
- ‣ Arrange special project times for the child in the room with a special teacher-sometimes alone, sometimes with other children.
- ‣ Try to involve the child in some small group, non-academic activities.
- ‣ Try to arrange some "alone time" for the child-even three or four minutes with you.
- ‣ Try to get one or two of the more understanding students in the class to befriend the child occasionally.
- ‣ Send the child on an errand you know he/she can handle.
- ‣ Have the child tell you what he/she did last night or over the weekend.
- ‣ Have the child listen to simple riddles; then ask him/her to answer them.
- ‣ Find out from the parents what the child likes to do at home, and work out a project he/she could do and bring to school.
- ‣ Set up a point system for a specific behavior, using a special project or special times with a favorite teacher as the earned reward.
- ‣ Give verbal rewards for being on time, handing in neat work, getting work in on time.
- ‣ Encourage oral language activities.
- ‣ Refer the student to the school social worker, counselor, or psychologist.

Suggestions for dealing with a child who presents as **nervous, worrisome, or complains of illness often:**

- ‣ Have the child sit in the front of the room near the teacher.
- ‣ Monitor the child's work; ask him/her to show you what he/she has done when half

completed; and have him explain what he/she is doing.
- ▸ Utilize an academically stable student to help monitor this child's work or to help explain directions to him/her.
- ▸ Use indoor recess to utilize many kinds of listening games to help children improve skills.
- ▸ Check the child's work frequently; don't stay at your desk while the children work; walk around and spread encouragement.
- ▸ Have the child do shortened versions of the class project.
- ▸ Have the child check with you when half the work is completed to make sure he/she is doing it correctly; compliment him/her when it is.
- ▸ Show the child how to organize his/her work; you do an example, pointing out how one should space words, skip lines between answers, etc...
- ▸ Do not allow the child to talk off topic, especially during independent work times; he can speak only of math during math time, etc...
- ▸ Say the child's name once in a while to see what he/she is doing.
- ▸ Time the child for getting started, "10 seconds to get your name on the paper."
- ▸ Adjust the assignment for the child's short attention span.
- ▸ Give visual examples, especially for math.
- ▸ Allow the child to do every other problem.
- ▸ Use short, complete sentences, especially when giving oral directions, and pause after the delivery of each idea; avoid run-on sentences.

Suggestions for dealing with a child who presents as **angry, frustrated, or irritable:**

- ▸ Have the child sit in the front of the room near the teacher.
- ▸ Isolate the child's desk, but remember that he is there when he is not being disruptive.
- ▸ Use direct eye contact whenever talking to the child.
- ▸ Give the child a special project whenever he behaves well.
- ▸ Use appropriate humor.
- ▸ Never fly off the handle; this child lives off the teacher's frustrations.
- ▸ Do not give the child an inch; always be consistent.
- ▸ Solve problem with student privately not publicly.
- ▸ Find positive consequences for the child to develop a desire to be good.
- ▸ Time out - remove to different room, setting, etc...
- ▸ State expected short-term behavior and consequences; always follow through and always be consistent.
- ▸ Use relaxation methods (deep breathing, counting to 10, visualizations).
- ▸ Use a behavior plan.
- ▸ Try to talk openly and honestly with the child about some of his/her behaviors. Venture some guesses as to how you might see it from his point of view - many times he/she will respond.
- ▸ Model strategies for the student to approach work/behavior.
- ▸ Refer the student to the school social worker, counselor, or psychologist.

Functional Assessment of Behavior

Student _____ Birthdate _____

School/Grade _____ IEP Date/Program _____

Reading/Math Instructional Levels _____

Participants _____

Describe Behavior

Describe the student's strengths:

What is the target behavior? List the challenges that impede the student's development/learning. (E.g. tantrums, aggression, non-engagement, self-abusive):

Describe other significant variables (Communicative behavior, social skills, learning style, sensory input and tolerance, medical conditions):

Collect Data

Where, when, and how frequently does the target behavior(s) occur?
Include early signs, verbal and non-verbal.

Describe the duration and intensity of the targeted behavior(s).

What are the antecedent event(s) associated with the target behavior? (E.g. time, prior event, transitions, hunger):

Describe the situational and/or environmental events that may be contributing to the target behavior. (E.g. instructions, activity, error, no attention):

Collect Data Continued

Describe the event(s) that happen immediately after the targeted behavior. (Consequences):

Under what circumstances has there been an absence of the targeted behavior(s)?

Describe the past and present interventions implemented to reduce the targeted behavior(s). Include any proactive strategies to prevent the behavior(s):

Have the interventions been applied consistently?   Yes _____ No _____
If no, explain the problem and/or difficulties:

What has been the student response?

Describe parental involvement in addressing the targeted behavior.

Hypothesis

Describe what you think the student gets from the behavior. (E.g. gain/avoid attention, increase/decrease stimulation):

Identify possible reinforcers for the student's behavior.

Describe the possible hypotheses to explain the behavior.

Functional Assessment Direct Observation

Student _____ **Describe Behavior** _____

Date/ Time	**Describe Behavior**	**Collect Data**			**Hypothesis**	
	Target Behavior e.g. tantrums, aggression, non-engagement	**Setting Event** e.g. time, prior negative event, transitions, hunger	**Antecedent** e.g. instructions, activity, error, no attention	**Consequence** e.g. end of activity, feedback, attention, punishment	**Function** Gain Something, avoid/escape, increase/decrease simulation	**Hypothesis** Positive/negative reinforcement, stimulation

Positive Behavior Intervention Plan

IDEA 97 requires that IEP teams undertake Functional Behavior Assessment Plans also known as Functional Assessment of Behavior (FAB), and Positive Behavior Intervention Plans also known as Behavior Intervention Plans (BIP) for students with emotional or behavior concerns. What is a Functional Assessment of Behavior? FAB is an assessment process for gathering information to develop student support plans. A comprehensive functional assessment identifies the consequences to maintaining behaviors and the contexts in which those behaviors reflect antecedents and setting events. It is flexible and revised as needed. The information obtained during the FAB is used to develop a Behavior Intervention Plan (BIP). The FAB and BIP can be undertaken by an individual teacher and the parent, or a team with the parent. A simple plan, initiated early by the teacher may prevent more severe behaviros, which would require a more involved plan.

Basic Beliefs Supporting Functional Assessment of Behavior

- ▸ Problem behavior serves a specific purpose or function, and can serve multiple purposes in the same setting or across setting.
- ▸ Behavior has a purpose, it does not occur randomly. Medical, emotional, neurological, sleep, or other types of problems may be the cause of challenging behavior. Problem behavior may serve as a means of communication.
- ▸ Behavior support must always protect the dignity of the person.
- ▸ The point of understanding the behavior is to teach and/or develop effective alternatives not just to eliminate undesirable behavior.
- ▸ Functional assessment is a method for looking at relationships between behavior and the environment.

When is a Functional Assessment of Behavior Necessary or Helpful?

- ▸ If a student's behavior interferes with learning or he/she is not progressing toward the written goals and objectives on the student's IEP>
- ▸ In planning a response to the behavior that results in a significant change of school placement due to expulsion or suspension
- ▸ When a student with a disability is educated in an alternative education setting due to possession or use of illegal drugs, controlled substances, or weapons.
- ▸ To successfully and thoroughly complete the manifestation determination review.

Four Steps to a Functional Assessment of Behavior and Behavior Intervention Plan

1. Describe Behavior
2. Collect Additional Data
3. Develop a Hypothesis
4. Design an Intervention

What is a Behavior Intervention Plan? It is a written, individualized, behavior support plan based on the functional assessment of the studetn's behavior. It is flexible and can be revised as needed.

Basic Beliefs Supporting a Behavior Intervention Plan

> ‣ Something you do <u>for</u> the student, not <u>to</u> the student
> ‣ A team effort
> ‣ Based on a functional assessment
> ‣ Based on data
> ‣ Driven by the hypothesis
> ‣ Directed toward skill building and environmental changes
> ‣ Comprehensive, with multiple intervention components

Comparison of Traditional Behavior Management and Positive Behavior Support

Traditional Behavior Management	*Compared to*	Positive Behavior Support
Views the person as the problem		Views the system, setting, or skill deficiency as the problem
Attempts to "fix" the person		Adjusts the systems and setting and improves skills
Emphasizes reducing or eliminating behavior		Identifies and teaches replacement skills and builds relationships
Relies frequently on negative consequences		Primarily relies on positive approaches
"Quick fix" expectations		Goal of sustained results achieved over time
Designed by "expert"		Developed by a collaborative Team
Objective: "Management of students by teacher/administrators		Objective: Student self-regulation of behavior and greater functional control of one's life. Improved student skills lead to improved quality of life

Information from this section comes from the Michigan Department of Education, <u>Positive Behavior Support for All Michigan Students,</u> February 2000

Behavior Intervention Plan

Student _____ Birthdate _____Date _____
Teacher _____IEP Date _____ Met Date _____

Participants   **Title**

_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

Target Behaviors

1.

2.

3.

Behavioral Goals (State in observable, measurable terms related to target behaviors)

1.

2.

3.

4.

Interventions: _____ **Person Responsible** _____

1. Proactive Strategies/Classroom Accommodations

2. Replacement Behaviors/Alternative Pro-social Skills

3. Instructional Based Strategies

<u>Timeline for Implementation</u>

Follow-up meeting:

Plan Revisions (Date)

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