The Special Challenges of Neurological-Based Behavior

Use people first language

- Students are real people living with a condition, not defined by the condition.
  
  "A child with dyslexia"  
  not  
  "a dyslexic child"

Introduction to Neurological-Based Behavior

- All students misbehave at times; for some it is beyond their control
  
  - Some erratic or inconsistent behavior is inexplicable and unresponsive to standard discipline strategies
  
  - Behavior could be due to compromised cerebral functioning

Compromised Cerebral Function

- Can be due to
  
  - Chemical imbalance, congenital brain differences, brain injuries, or brain diseases
  
  - Students can exhibit:
  
    - High degree of inattention, hyperactivity, impulsivity, emotionality, anxiety, inconsistent emotional responses, unpredictable mood swings, withdrawal, or episodes of rage

Identifying & diagnosing...

- Difficulties identifying typically cause lag between onset and diagnosis
  
  - Without formal diagnosis, students untreated
  
  - Brain, not background, causes difficulties

Major characteristics of Neurological-Based Behavior

- Inconsistency
  
  - Unpredictability
What are some mental health diagnoses that are prominent in the literature?

- Attention-deficit hyperactivity disorder
- Affective disorders
- Anxiety disorders
- Posttraumatic stress disorder
- Conduct disorder
- Oppositional defiant disorder
- Autism spectrum disorder
- Fetal alcohol spectrum disorder

Students by the numbers...

- 1 in 5 have a mental health condition that affects behavior
- 1 in 10 suffer from serious emotional disturbance
- 1 in 5 who need help get treatment
- 1 in 20 are diagnosed with ADHD
- Suicide is
  - 3rd leading cause of death in 15-24 year olds
  - 6th leading cause of death in 5-14 year olds
- Treatment can reduce symptoms by 70-90%

Brain Injuries

- Traumatic
  - Blows to the head from events
    - Sporting
    - Accidents
    - Assaults
- Nontraumatic
  - Disrupted blood flow to brain (stroke)
  - Tumor
  - Infection
  - Drug overdose
  - Other medical condition

Indicators

- Behavior difficulties
  - Can be atypical, inconsistent, compulsive
  - Immune to typical behavior management
- Language difficulties
  - Problems in understanding, processing, or expressing information verbally
- Academic difficulties
  - Memory can be compromised
  - Could have difficulties with motor skills, comprehension, language/math that add to problem

Sensory Integration Dysfunction

- Sensory integration
  - the ability to take in information, organize it, interpret it, and react to it
  - Any disruption is SID
  - SID could be a cause of
    - Hyperactivity
    - Inattention
    - Fidgetiness
    - Impulsivity
    - Inability to calm down
    - Lack of self control
    - Disorganization
    - Language difficulties
    - Learning difficulties
  - Excess information is overwhelming

Keep room neat and tidy, quiet, minimize distractions, simplify.

Common pediatric/adolescent mental health diagnoses
Attention deficit hyperactivity disorder (ADHD)

- Characterized by
  - Short attention span
  - Weak impulse control
  - Hyperactivity
- Cause is unknown
- 3 to 5% school age population
- XY > XX; XY also exhibit hyperactivity

Often comorbid with other conditions

Oppositional defiant disorder

- Excessively uncooperative and hostile
- Symptoms
  - Frequent temper tantrums
  - Excessive arguing with adults
  - Active defiance and refusal to comply
  - Belligerent and sarcastic
  - Deliberately annoy or upset others
  - Blame others for mistakes or behavior
  - Touch/ easily annoyed
  - Speak hatefully when upset
  - Vengeful
- 5-10% have ODD

Bipolar disorder

- Affective disorder
  - Cyclic depression and mania
    - Silly, goofy, giddy, or disruptive
    - Irritable, angry, and easily annoyed
  - Cause unknown
  - Often misdiagnosed as ADHD, ODD, etc.
  - Can be treated with drugs, therapy, and counseling

Learning Disabilities

- Neurobiological disorders
  - Affect students of average or above average intelligence
- Dyslexia
  - Difficulty processing language
- Dysgraphia
  - Difficulty with handwriting and spelling
- Dyscalculia
  - Difficulty with basic math
- Dyspraxia
  - Difficulty with fine motor skills

Bipolar disorder

- Students exhibit
  - Hysterical laughter for no reason
  - Belligerence and argumentation followed by recrimination
  - Jumping from topic to topic in rapid succession when speaking
  - Blatant disregard of rules because they do not pertain to them
  - Arrogant belief in superior intellect
  - Belief they are superhuman
  - Can be tired from lack of sleep; sometimes performing better in afternoon
Learning Disabilities

- Indicators
  - Inability to discriminate between/among letters, numerals, or sounds
  - Difficulty sounding out words, reluctance to read aloud, avoid writing or reading tasks
  - Poor grasp of abstract concepts; poor memory; difficulty telling time
  - Confusion between left and right
  - Difficulty being disciplined; distractible; restless; impulsive; trouble following directions
  - Say one thing but mean another; respond inappropriately for situation
  - Slow work; short attention span; difficulty listening and remembering
  - Poor eye-hand coordination; poor organization

Special testing is needed to confirm

Autism Spectrum Disorder

- Includes Autism, pervasive development disorder, and Asperger syndrome.
  - Various abnormal development in verbal and nonverbal communication, impaired social development, restricted repetitive and stereotyped behaviors and interests
  - Varies in range of intelligence and language development
  - ~1.5M in US

- Indicators
  - Self-stimulation, spinning, rocking, and hand flapping
  - Obsessive compulsive behaviors, such as lining up evenly
  - Repetitive odd play for extended periods
  - Insistence on routine and sameness
  - Difficulty dealing with interruption of routine schedule and change
  - Monotone voice and difficulty carrying on social conversations
  - Inflexibility of thought and language

Autism Spectrum Disorder

- Varies in intensity across spectrum
- SID often comorbid
- Some need around the clock care

Fetal alcohol spectrum disorder

- Leading cause of mental retardation in western world, though most have normal intelligence
- Group of disorders
  - Fetal alcohol syndrome (FAS)
  - Alcohol related neurodevelopmental disorder (ARND)
  - Partial fetal alcohol syndrome (pFAS)
- 1% in US population
- Ranges from mild to severe
- Behavior can differ drastically even with same condition
- Compromised social and adaptive skills

Rage

- Not neurological but behavioral
  - Exhibited by some NBB students
  - Traumatic for all
  - Student has little control
  - Rage cycle consists of five phases
Rage
- Phase I
  - Precedes rage and trigger
- Phase II
  - Triggering Phase
- Phase III
  - Escalation - can be mild or rapid
- Phase IV
  - Rage
- Phase V
  - Post-rage event

Rage-Phase II
- Recognize rage is coming and you may not be able to prevent
- Understand this is neurological, and is not intentional or personal
- Stay calm, quiet, non-adversarial
- Use short, direct, and emotionless language
- Do not question, scold, or be too wordy
- Be careful of body language
- Be empathetic verbally, do not make it personal
- Be calm, quiet, and succinct - use logical persuasion to provide alternative

Rage-Phase III
- Stay calm
- Ensure safety of others
- If threatened, walk away
- Calmly direct to safe place
- Use short, direct language
- Use care in body language
- Use empathy to acknowledge students feeling
- Calmly provide student with alternative
- Praise student if they respond
- Do not address language or behavior for now.

Rage-Phase IV
- Allow student space
- Do not restrain unless threat
- Do not bully, question, or otherwise escalate
- Do not try to make student understand
- Support other in room

Rage-Phase V
- Reassure the student that all is OK now
- Do not talk about consequences
- When student is ready help to put language to event
- Help the student plan action plan for next event
- Take care of yourself - this was stressful

Medications for Students with Behavioral Issues
- Most NBB are treatable with medication
- Be aware of school policies on medication
- Vyvanse
- Adderall XR
- Concerta
- Daytrana
- Focalin XR
- Metadate CD
- Ritalin LA
Summary

• Be proactive in dealing with NBB
• Establish positive and nurturing environment
• Modify environment to be more friendly
• Provide calm structured environment
• Add structure where needed
• Use humor
• Use eye contact carefully; do not challenge or threaten
• Think before you react
• Always provide a choice