Behavior Management Strategies for Dually Diagnosed Special Education Students

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About the Presenter
• Daya Patton is the school counselor at Carter High School in Winston-Salem. Carter is the only school in the WS/Forsyth County School District that exclusively serves high school students with disabilities.
• Mrs. Patton is interested in educational opportunities and advocacy issues for students with disabilities. Mrs. Patton holds a Masters of Arts in Liberal Studies, a Masters of Education in Guidance and Counseling, and is a Licensed Clinical Addiction Specialist and Certified Supervisor Intern.

Presentation Overview
• It is estimated that between 30 to 35% of all individuals with intellectual developmental disabilities also have a co-occurring mental health disorder (The National Association for the Dually Diagnosed, 2017).
• Dual diagnosis refers to co-occurring intellectual disabilities and mental health disorders in individuals.
• Dual diagnosis among special education students is becoming more prevalent.
Overview

- Research has shown that negative social conditions such as stigmatization, social rejection, and lack of coping skills are key factors that place individuals with intellectual and developmental disabilities at higher risk for co-occurring mental health disorders.
- The process of deinstitutionalization, classroom inclusion, and mainstreaming have brought more attention to the challenges that students who are dually diagnosed face in the classroom setting.

Overview

- While there are numerous behavioral interventions and classroom management strategies for students who have intellectual and developmental disabilities, there are few innovative strategies for classroom and behavior management for students who are dually diagnosed.
- While educator preparation programs provide instruction on classroom management for individuals with intellectual and developmental disabilities, educator preparation programs fall short in providing strategies to manage and support students with both an intellectual or developmental disability and a mental health disorder.

Overview

- The purpose of this presentation is to provide information and insight into behavior management strategies and interventions that school personnel can use to support students with dual diagnoses in the classroom and in the community.
- This presentation supports best practices in providing behavioral health support for special education students.
Overview

• This presentation will provide a clear understanding of the classifications related to dual diagnosis and provide classroom behavior management strategies and counseling interventions for students who have dual diagnosis.

• This presentation will provide information about community resources that support students and the parents of students who have dual diagnosis.

I. Understanding Dual Diagnosis

• The most common developmental disability is intellectual disability; however, individuals with autism or other neurological impairments may also be considered dually diagnosed.

• A dual diagnosis can also include the co-existence of a mental health disorder and a substance use disorder (The National Association for the Dually Diagnosed, 2017).

• Common dually diagnosed mental health disorders include anxiety disorders, attention disorders, mood disorders, and thought disorders.

Intellectual Disability

• A working definition of intellectual disability is a condition with childhood onset that is measured by IQ and adaptive functioning.

• Intellectually Disabled Mild: IQ level 50 to 70

• Intellectually Disabled Moderate: IQ level 35 to 49

• Intellectually Disabled Severe: IQ level 20 to 34

• Intellectually Disabled Profound: IQ level below 20
Mental Health Disorder

- A mental health disorder are characterized by behavioral or psychological patterns that cause distress, impaired functioning, or disability.
- A mental health disorder may cause severe disturbances in mood, behavior or thought processes and often affects interpersonal relationships.

Dual Diagnosis Complexity

- Individuals with intellectual disabilities experience mental health disorders in the same manner as those in the general population. However, an individual with an intellectual disability's level of intellectual functioning may disguise the appearance of the mental health disorder symptoms thus making it difficult to distinguish between symptoms of mental illness or intellectual disability.

Prevalence of Dual Diagnosis

- The causes of the increased susceptibility to mental health disorders in individuals with intellectual disabilities are not easily identified.
- Stress may be a factor that makes individuals with intellectual disability more susceptible to mental health disorders.
- Individuals with intellectual disabilities often experience negative social situations and face social isolation and rejection that may contribute to excessive stress.
Possible Causes of Dual Diagnosis

- Lack of social supports and coping skills can increase stress in individuals with intellectual disabilities.
- For individuals with intellectual disabilities, lack of coping skills, language barriers, lack of social supports, and other health impairments, can contribute to increased vulnerability of developing mental health disorders.
- Additionally some genetic syndromes have characteristic behavior and emotional patterns that increase the likely of mental illness.
- Behavioral phenotypes may also contribute to the vulnerability to behavioral and mental health problems among individuals with intellectual disabilities (The National Association for the Dually Diagnosed, 2017).

II. Psychoeducation Related Dual Diagnosis

- Proper diagnosis is critical.
- Diagnostic overshadowing can hinder accurate diagnosis.
- Physicians sometimes attribute emotional and behavioral problems to the intellectual disability instead of the mental illness.
- The Diagnostic Manual Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability (DM-ID) is a guide for diagnosing mental illness in individuals who have intellectual disability.

Investigate

- Identifying whether behaviors are stemming from the intellectual disability, mental illness, or a combination of both is important.
- Medical causes that are non-psychiatric in nature are often overlooked.
- Undiagnosed medical conditions or pain such as allergies, dental conditions, constipation, or skin conditions can result in challenging behaviors.
Evaluate

- Examine all possible causes of escalating behaviors.
- Learned behaviors, sensory issues, routine changes, inability to communicate, caregiver anxiety, and environmental factors can also affect behaviors.
- Non-medical factors can also contribute to escalating behaviors.
- Investigate and evaluate.
- The evaluation process should be ongoing.

Formal Evaluations

- The Psychiatric Assessment Schedules for Adults with Developmental Disabilities Checklist (PASS-ADD) is a 25-item questionnaire designed for use by family members or care staff who have knowledge about changes in the behavior of the individuals in their care.
- The PASS-ADD helps family members and care staff determine whether further assessment of an individual’s mental health may be needed.
- The PASS-ADD can be used with groups or individuals for screening and for regular monitoring of individuals who are considered to be at risk of mental illness.
III. Classroom Behavior Management Strategies

- All behavior is communication.
- All behavior serves a function.

Four Main Functions of Behavior

- Avoidance: to avoid having to do something an individual does not want to do
- Attention Seeking: attempting to gain positive or negative attention from family members, teachers, or peers
- Access to tangible items: attempting to get a preferred item or participate in desired activity
- Sensory Stimulation: the behavior feels good

Functional Behavioral Assessment

- A Functional Behavior Assessment (FBA) is used to identify the root cause of a behavior. An FBA uses the A-B-C charting method.
- A-B-C charting identifies the target behavior, what happens before the behavior the antecedent, and what happens after the behavior the consequence.
- The consequence of the behavior can serve a negative or positive reinforcement.

Data Is Important!

- Charting behavioral data is critical to developing a classroom management strategy for dually diagnosed students.
- Data can help you identify triggers and patterns in behaviors and help you create a proactive strategy for classroom interventions.
- Data can also help you create an individualized behavior support or modification plan.
- Collecting and interpreting data is vital because it can show if more evaluation is required or if the behavior plan needs adjustment.
Classroom Management Strategies

- Set realistic behavioral goals this allows you to measure progress and outcomes.
- Address health and safety issues first.
- Be proactive learn how to recognize behavior escalation to prevent behavioral outbursts.
- Consistency is key, create a schedule all students can follow (visual schedule, social stories) and anticipate changes. Provide clear and consistent calendars and routines.
- Adapt the environment, changing the environment can often reduce episodes of behavior.

- Eliminate any barriers. (communication, classroom setup, adjust lighting, use headphones to reduce noise noise)
- Create a safe space for de-escalation and decompression somewhere in the room. Create a calming place or corner allow access to objects or activities that are calm and soothing (bean bag, music) provide breaks to regroup to help teach self-control.
- Create outlets for student expression. (sand trays, sensory items)
- Teach and practice coping skills and incorporate ways to reduce frustration and anxiety. (breathing, counting, mindfulness activities, yoga)

- Don't allow challenging behavior to serve as a way for the student to win don't give in.
- Pick your battles focus essential behaviors and skills.
- Give choices, but within parameters (first then method).
- Build in scheduled breaks, downtime, and physical activity exercise can change behaviors, decrease self-injurious behavior, and result aggressive and self-injurious behavior.
- Develop a tangible reward reinforcement system.
- Teach and practice self-regulation and de-escalation strategies.
IV. Community Resources

• Identify local agencies and resources that provide supports for dually diagnosed students and build relationships with them.
• Are there any psychiatrists, psychologists, therapists or doctors that specialize in the treatment of dually diagnosed individuals? Build your Rolodex!
• Does your school system work with local mental health providers?
• Are there Medicaid or private insurance options available?
• Host a community health fair focused on mental health services and supports.

V. Student and Parental Support

• Develop an individualized student mental health crisis plan because despite the best proactive strategies student aggression or self-injury situations can develop into crises.
• Communicate with parents regularly about changes in student behavior.
• Get signed consents to communicate with student medical doctors and therapists.
• Make referrals and consult with mental health professionals if needed.
• Identify local disability and mental health advocacy and support groups.

Resources & Useful Links

• Diagnostic Manual – Intellectual Disability (DM-ID-2): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability
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Resources & Useful Links

- The Arc: http://www.thearc.org
- Autism Speaks: http://www.autismspeaks.org
- Center for Effective Collaboration and Practice: http://cecp.air.org
- Sensory Processing Disorder Foundation: http://www.sensorycentral.org
- NADD: developmental disability and mental health needs: http://www.thenadd.org/
- Gray Center Social Stories: http://thegraycenter.org/social-stories

References


Learning Objectives

- 1. Understand the meaning of dual diagnosis, the definition, and classification.
- 2. Understand how to treat, support, and educate teachers, school administrators, staff, and parents about dual diagnosis.
- 4. Be informed about federal, state, and local resources available for students and those who serve students with dual diagnosis.
- 5. Be able to support students and parents of students with dual diagnosis.