A magazine for professionals serving children and youth with behavioral needs.
For the 36th year, the Midwest Symposium for Leadership in Behavior Disorders will address cutting-edge issues of interest to professionals working with students with emotional/behavioral disorders and autism spectrum disorders. Our comprehensive, three-day program starts with workshops on Thursday followed by keynote, breakouts, posters, exhibits and more.

**KEYNOTE | Friday, February 23 | 8:30 a.m. – 10:00 a.m.**

**RELATIONSHIPS!**

Active Ingredient, or Minor Sidelight to Success

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Supervisor MTSS-B  
Omaha Public Schools, Omaha, Nebraska

Terrance Scott, PhD  
Professor, University of Louisville, Louisville, Kentucky

**A TRIBUTE & CELEBRATION OF THE LIFE OF RICH SIMPSON!**

**When** - Thursday February 22, 2018, 8:15pm to 10:00pm or as long as participants wish to continue...

**Where** - Empire Room, Sheraton Kansas City Hotel at Crown Center, 2345 McGee Street, Kansas City, MO 64108. Phone 866-932-6214.

**Program** - There will be a brief informal program hosted by Jason Travers, President of the Midwest Symposium. There will then be an open microphone for anyone attending to share their thoughts about Rich, his life, & his work (one minute time limit). A cash bar will be available at the event.

**Who Can Participate?** - This celebration is open to anyone! Although the event is being held as a part of the Midwest Symposium, you do not need to register for the conference to participate in this event. Please share this announcement with others who you think would be interested.

**Information?** Info about Rich and Memorials can be found at: http://mslbd.org/who-we-are/remembering-rich-simpson.html
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Remembering Our Colleague and Friend

Just prior to the release date of our first issue we were shocked and sad to learn of the death of our long-term friend and colleague, Rich Simpson. It is indeed difficult to express the many personal and professional contributions Rich made to the field of behavioral disorders/autism and our community of the Midwest Symposium for Leadership in Behavior Disorders (MSLBD).

Rather than delaying the first issue and adding a brief note of Rich’s passing we decided to take time to devote significant attention to Rich’s legacy in this second issue. In the interview contained in this issue you will see the passion and heart that Rich brought to our field. Driven by his memories of the lack of options for his sister with mental illness, Rich describes how these memories sparked his desire to make a significant contribution to bettering the services and outcomes for youth with significant emotional or behavioral disorders. And indeed, he did. Rich could have led a successful career solely focusing on his university career. Rather than doing this, he devoted many hours to the vision of MSLBD and the support of professionals who are entering our field. And, we are all the better for it.

However, for those who knew Rich, what we will miss the most is his “presence”. He was thoughtful, but had the ability to add acerbic comments regarding almost any topic, a great ability to wisecrack, and had a sparkling quick wit. Let’s hope that we can absorb, and continue to express in ourselves this “presence” as we move forward with our own work!

The Editorial Team
When thinking back on my career there is one student who changed me with one single word. This student is my most memorable student and the one who first inspired me. I was about twenty-one years old when I was allowed to begin my internship at Duke University’s Department of Child Psychiatry. They had a school where I had volunteered as an undergraduate in psychology. So, I was familiar with the school and had a sense of what I was headed into. At least until the night before, when I panicked. I grabbed every relevant book in the library and I managed to stay up all night so that I would be well prepared for my first day of teaching. I didn’t find much help in those textbooks, maybe because I read them all the night before in a panic.

Of course, I did not sleep all night and realized at about 7:00 a.m. the next morning that I had left my hard contact lenses in all night. This resulted in a visit to the Emergency Room. I was discharged with not one but two eye patches to begin my first day of teaching. It was quite a challenging day, as you might imagine. I tried to take my eye patches off. My eyes watered. I looked terrible. I was in pain. It was quite a morning, and I knew then that I was not going to be asked back. My crying with scratched corneas just made everything worse.

At the end of the day, I was sitting at my desk sort of holding it lovingly, thinking, “Wow this was really going to be such a great career. I don’t know what I’m going to do now, but it’s over.” A child came back into the room. He said the word that changed my entire life when he stated, “Teacher.” I turned to him, having never been called teacher in my life, and I said “Yes.” He said, “Will you be back tomorrow?” I said, “No, son,
I won’t be back tomorrow. But they’ll get you a really good teacher and it is going to be great. I know you’re going to do well, and I sure did have fun with you today. We had a good time and you are a good student.” He listened to me and then turned and walked out of the room.

In a couple of minutes, he reappeared at the doorway. “I bet if you keep coming back every day, you will be a good teacher, too.”

I made a decision right then and there. They were probably going to kick me out of Duke University’s graduate program, but I would apply to any program on earth. I would claw and scratch my way to get back into this field because that’s what I wanted to do.

Mary Margaret Kerr, University of Pittsburg, Pittsburg, PA, mmkerr@pitt.edu

We are certainly a richer field because Mary Margaret Kerr came back every day and still does.

A graduate of Duke University and American University, Mary Margaret Kerr is Professor and former Chair of Administrative and Policy Studies, Professor of Psychology in Education, and Professor of Psychiatry at the University of Pittsburgh. Also licensed as a superintendent, Dr. Kerr has worked in urban school districts throughout her academic career. In the Department of Psychiatry, Dr. Kerr initially directed school-based research and training programs. Taking a public service leave from the University, Dr. Kerr served Pittsburgh City Schools as Director of Pupil Services. In 1995, Dr. Kerr was appointed by the federal court in California to serve as Consent Decree Administrator for the Chanda Smith special education case in LAUSD, where she worked for nearly a decade to reform all special education services for over 82,000 students. Returning to the University, Dr. Kerr directed training services for the University’s youth suicide and violence prevention center, STAR-Center, which provides crisis response services, training, and policy consultation to school districts and agencies across Pennsylvania.

Dr. Kerr currently teaches undergraduate and graduate students and consults with teachers. Her research team studies the experiences of children who visit and correspond with the Flight 93 (9/11) National Memorial, the Pentagon Memorial, and other such painful heritage sites. Her second area of research explores the emotional lives of teachers and students in K-12 schools.

Dr. Kerr is the recipient of the Jean Winsand Distinguished Woman in Education Award, the University of Pittsburgh Chancellor’s Distinguished Teaching Award, the Provost’s ACIE Award for Innovation in Education, and the Department of Psychiatry Teaching Award.

1 This story is a part of the Midwest Symposium for Leadership in Behavior Disorders video series: “My most memorable student”, which allows educators to talk about their most memorable students. The Kerr video is available at: https://archive.org/details/MaryMargaretKerr346. Over 40 other stories of memorable students can be found at: http://mslbd.org/what-we-do/educator-stories.html.
My Most Memorable Student

Three-Inch Stilettos and Cowboy Boots

By Jessica Nelson

When I think of my most memorable student, the first thing that comes to my mind is that back then I still wore high heels to work. Not the small short heels, I wore three-inch stilettos. Picture me walking around my elementary school in my stilettos when my most memorable student challenged me to a race down the hallway knowing this wasn’t a race, it was a chase. He wanted to see if I could catch him. Next thing I knew I was running down the hallway. There we were, both of us breaking the rules. I wasn’t happy about that. As Ben kept running he started to laugh at me, making me even madder. I continued to chase him and started yelling to people in the hallway to stop him.

Young Teacher Lesson #1. Never chase a manipulative/attention seeking student down the hallway.

When I finally caught up to Ben, he was still laughing at me. I grabbed him. He tried to get away from me, screaming at the top of his lungs “STOP, you’re hurting me!” In new-teacher fashion, I calmly tried to talk to Ben and coax him to sit down with me. When that didn’t work I begged and pleaded.

Young Teacher Lesson #2. If talking doesn’t work, begging and pleading won’t either.

I finally struggled him into my resource classroom where I told my para-educators to clear the room so Ben could calm down. Eventually, he was lying in the corner of the room calming down, I thought. So, I walked over and sat down next to him. Just guess what happened next? Yep, Ben tackled me. Not just a “hey, let me hug you” tackle but a full-on “knock me over backwards” tackle.

Young Teacher Lesson #3. Avoid getting tackled.

My reaction was to restrain him in a basket hold because, at that time, that was all I knew how to do. Picture me sitting on the floor, with still-upset Ben in a basket hold against my chest. Let me describe Ben to you. Ben was in first grade at the time with the bluest eyes and blondest hair you have ever seen. Seriously cute! When he smiled, people would say, “Look at that smile! How can he have behavior problems?” If you walked into
my room at that moment you would have seen just how cute the two of us looked.

Ben was leaning against my chest and I was repeating, “When your body is calm, I will know you are ready to talk.” Within a minute, Ben’s body was calm (or so I thought). Then I thought, “Look at me, I am teacher of the year! Ben followed my directions and now he is sitting calmly.” I relaxed my hold and put my hands down at my sides.

Young Teacher Lesson #4. Things are not always what they seem.

What came next was hands-down the most memorable part of my career to this day. You see, Ben had a fascination with cowboys and loved to wear cowboy boots. He wore them with shorts and with pants. He wore them in the fall, winter, and spring. He always wore cowboy boots. When I let my guard down, Ben swung his leg from the floor to my forehead. Before I could even react, the tip of his cowboy boot hit me smack in the middle of my forehead. Ben did not stand up and swing his leg. Oh no, still sitting against my chest, Ben brought his leg up and over his own head to kick my forehead. To this day I have not seen such flexibility, even on the gymnastics circuit.

Young Teacher Lesson #5. Don’t underestimate flexibility.

I was so shocked and amazed, I just sat there in silence. After everything I tried, this silence is what broke him. In a few moments, Ben gave me the biggest hug, apologized over and over, and begged me not to tell his grandma. Ben and I went on with our day. However, I cannot tell you how many people asked me about the bruise on my forehead.

After that incident and many more during that school year, Ben was moved to a more restrictive placement. I do hope Ben received the help he needed to become a successful student and I wish I knew where he was today. He should be in high school now but I have not seen his name on the high school roster. I assume his family has moved out of our school district.

In our scuffle, Ben apologized to me, but today I would love to see Ben and be the one to apologize to him. I had no idea how to work with students with challenging behavior at that time. He was the first of many students who made me realize that I needed to grow in the area of behavior management. Since then I have obtained certification in the area of behavior analysis. I would love to turn back the clock and help Ben with the knowledge I now have. One of my current goals is to help pre-service teachers build their knowledge and skills to help students like Ben. I want them to avoid learning the young teacher lessons I’ve shared plus one more.

Young Teacher Lesson #6. Leave the stilettos at home.

Jessica Nelson, Kansas State University, Manhattan, KS, jessnelson@ksu.edu
One Family’s Experience with Transgender: It Needs to Become Not a Big Deal

By Mike Paget

On January 29th, 2017, 16-year-old Aaron and his mom, Shanna, were having a somewhat typical end-of-the-day check-in, just catching up on things when Shanna asked her normal “mom question”, “Is there anything about your day (life) that I don’t know about...that I haven’t thought to ask?”

Unlike the typical day, this night, Aaron replied “Well, actually Mom, there is...”

But, it wasn’t just a yes. Aaron started taking deep breaths and Shanna could tell this was something really, really big. Really important. Shanna quickly ran through her mental checklists as to what this could be about and prepared herself to take the next few words seriously.

“I... I... I’ve realized that I’m transgender.” Aaron said.

This wasn’t on Shanna’s checklist, but she knew Aaron, now Kallie, was speaking her truth so Shanna said, “Okay... tell me more.” And so began this family’s journey along the complicated path of gender identity.

Shanna and Matt Haun have two children, a twenty-year-old daughter, Mackenzie, and sixteen-year-old Kallie (previously Aaron, who for most of this article I will use the name she selected for herself when she came out as transgender). They live in a comfortable suburban neighborhood near Kansas City, where the children have attended public schools. Matt and Shanna both work full time, Matt as a customer relationship manager, Shanna as a yoga and fitness trainer/instructor. The family
is active in their faith tradition, with Matt and Shanna having held leadership roles in their local Jewish congregation. Mackenzie was in her senior year in college, while Kallie was starting her junior year in high school at the time of this article.

Sexual orientation and gender identity issues have been part of the American cultural discussion for decades. It seems that in the area of civil rights, the trend has been towards removing stigma and ensuring equality for all. But the trends evolve slowly, with legal and cultural dissonance, sometimes moving towards greater understanding, and sometimes retreating into periods of confusion and tension.

As is the case with many civil rights issues, sexual orientation and gender identity have made their way into schools. As local administrators, faculty, and policy makers come to terms with how to manage these issues, schools often find themselves navigating caring for the student and responding to challenges from the local community.

The purpose of this discussion is to describe this one remarkable journey, in hopes that it will provide insight or even a model for how the journey of others might be handled.

Kallie’s Story

At least as far back as age eight, Aaron struggled to understand how he fit in. With the support of his family and friends, Aaron showed both remarkable talents and clear preferences early on. He has always been intelligent, and has never followed stereo-typed roles for boys and girls. Often preferring to play alone for hours on end with Legos and other creative toys, Aaron never liked the rough-housing that sometimes is a favorite activity of “boys”.

Aaron was diagnosed with Asperger’s (high functioning Autism Spectrum Disorder) and Crohn’s Disease at age eight. Perhaps that provided some type of answer to the ever-present sense of just being different from other kids. But whatever was going on, Aaron’s family did all they could to handle the challenges, while continuing to raise their child to be happy and successful.

On January 29th, 2017, Aaron came out as a transgender 16-year-old woman, Kallie. Though all of the “research” Kallie had done getting ready for this moment suggested she should expect the worst, her family went into reflection and understanding mode. It might be accurate to say that they went on a “family retreat”, talking, thinking, feeling...and supporting the complex path their daughter was on.

Kallie’s story clearly differs from some of the stories reported from other schools.

There are many remarkable aspects to their story. As a family, they embraced their daughter’s identity. Together, they made plans for revealing this significant development, first to close friends and family, then to extended friends, then to the greater community. At each stage of the revelation, the predominant response was an outpouring of support.

Part of their journey has been Kallie’s decision to directly address the issue with her school. She made this decision because she wanted to speak her truth and not feel that she was living a secret. The family met with key school personnel, including an administrator and school psychologist, to explain Kallie’s desire to share with her peers. Kallie wanted to talk to each of her classes and announce who she is. The school supported her decision, ensuring that an administrator would be present in each class as she delivered her statement. And, in every class, all day long, the
response was the same. Kallie received applause, and an overwhelming gesture of support from her peers. All her teachers have been very supportive and accepting, quickly adapting to using Kallie’s preferred name.

The title of this article, “It Needs to Become Not a Big Deal,” reflects the supportive response that Kallie received from her school. It just hasn’t been a big deal. Life has continued, teachers and classmates have been supportive, and the administration has respected the wishes of Kallie and her family. A recent example was when Kallie, and several other students, were asked to report to the office. The school wanted to offer new student ID cards, using the students’ preferred names. The students had not made this request; the school simply was being proactive.

Kallie’s story clearly differs from some of the stories reported from other schools where intense conflict has been created. In the words of the school principal at Kallie’s school, there are three guiding principles in how the school is run. First, academics are the reason the school exists, and the school creates multiple opportunities for student learning and success. Second, every student needs to feel safe at school, including no tolerance for harassment or bullying. One tool the school uses to maintain safety is an anonymous online reporting system. When a parent, student, or teacher enters a concern, that information immediately goes out to all school administrators and to the school resource officers. The school personnel go about discreetly investigating, taking any action necessary. The third guiding principle is that the school wants all students to have fun at school, to value learning, and to have healthy and satisfying relationships with peers and adults. An example of how that principle is implemented is in the creation of a constantly evolving list of school clubs and interest groups. One group pertinent to this discussion is the Gay-Straight Student Alliance. Kallie participates in this alliance.

Certainly there will be (and there have been) moments when the support is neither clear nor evident. While school leaders didn’t expect any negative reactions based on experience and the culture that the high school tries to foster among the students, they did tell Kallie that all the staff was there to support her and introduced her to particular people to seek out if there were any issues. With the base of understanding and support of her family, friends, and school, Kallie is going to thrive.

I spent two evenings talking with the family. In their immense generosity, they wanted their story to be heard by others. I encourage you to take time and listen to their words in the recorded interview. And, as Shanna says, “…this just needs to be not a big deal.” You can also follow more of Kallie’s story on Facebook via the Highly Adaptable page.

Thank you to the Haun family for extending their kindness to others in sharing Kallie’s story. An audio recording of the interview (approximately 37 minutes) is available here: https://www.dropbox.com/s/2zw32m6r526ms9t/Mike%20Paget%20Haun%20Family%20Interview.m4a?dl=0

Mike Paget. Consultant, Overland Park, KS, mcpaget@gmail.com
It is with heavy heart that the Janus Oral History Project shares part of the rich history and wealth of knowledge that our friend and colleague Rich Simpson has left with us. Rich’s unexpected passing last November gives us cause to pause and reflect on the mission and focus of his professional life and his many contributions.

Richard Simpson was Professor Emeritus of Special Education at the University of Kansas (KU). Dr. Simpson’s responsibilities at KU included roles of staff psychologist, teaching associate, assistant professor, project director, associate professor, professor, and chairperson for the Department of Special Education. Rich directed numerous KU and University of Kansas Medical Center demonstration programs for students with autism and other disabilities. He authored many books, articles, and assessment instruments on a variety of topics related to students with disabilities. Simpson was the senior editor of Focus on Autism and Other Developmental Disabilities. He was a frequent presenter at regional, national, and international conferences, meetings, and workshops throughout his career. His professional contributions and leadership were recognized and honored with numerous awards, including the Council for Exceptional Children Research Award, Midwest Symposium for Leadership in Behavior Disorders Leadership Award, Autism Society of Kansas Leadership Award, and the Gene A. Budig Endowed Teaching Professorship of Special Education. Rich was one of a small group who conceived and founded the Midwest Symposium for Leadership in Behavior Disorders, and he played a central leadership role in the organization throughout its history.
Rich’s tremendous energy, keen intelligence, leadership abilities, collaborative skills, and engaging nature have guided and supported many people in their work. The foundation upon which a field is remembered and guided could find no better icon than Rich has been for many of us. What follows is drawn from the transcript of a Janus Project conversation with Dr. Simpson in 2014.

How did you end up working with children who have some very unique challenges?

Simpson: The backdrop of all of this is that I had an older sister. She had a pretty significant emotional/behavior disorder and was in and out of psychiatric hospitals the entire time I was a child. I saw my parents struggle dramatically with this. On one hand, I was interested in behavioral sciences and it was sort of a natural thing to find myself interested in. I have to tell you, I did not have a lot of respect for the people that were working with kids at the time. I was watching my parents struggle. Being in school and not responsible for things, I think it was a little easier to be distanced. I didn’t have to deal with the phone calls. My sister - this was pre-1994 - was out of school and spending so much time at hospitals and psychiatric facilities.

were you in Kansas?

Simpson: I was. I grew up in the Kansas City area and my father was a business owner, so we were a middle-class family. We were not without resources, but I saw my parents struggle. I saw the work that was being done and I had so little respect for the therapists. It was at a time when one of the primary things that was done was shock therapy and some pretty draconian, almost barbaric things.

On one occasion, a therapist came to our house and led a family meeting because my sister was coming home from the psychiatric hospital and was being phased back into our home. I was probably a junior or senior in high school, and I thought these are the most uninformed, lack of common sense thoughts and ideas that I ever heard in my life.

So, that’s sort of the backdrop. When I started seriously looking at what I was going to do with my life’s work, I went from [studying] animals to school psychology, and then I kind of had an epiphany moment where I realized that schools are where the action is. I felt heartened by that and it made sense to connect with school settings.

What do you think has had the greatest positive impact on the field in general?

Simpson: I think one of the strongest movements is a willingness by policy makers at the federal level to pass legislation declaring all kids need an education and that as a society we have an obligation to serve people with special needs. It’s baffling to me that it took us so long to get there. Kind of tracking back to my childhood and seeing my parents struggle with the questions like, “What are we going to do? Where are we going to send our daughter?” There wasn’t anything and the things they tried to do to support her were, stick her in a state hospital, stick her in a private hospital, and let them do these really bad things to her.

That was an era when it was a little bit of fend for yourself. In my mind, clearly, it was the policy makers who had the perspective that humanity is important enough that we’re going to provide these opportunities. I think we’ve done that. Without that, I don’t think that many of the things that we now struggle with would even be on the radar screen. We’re talking about things like evidence-based practices, full integration and inclusion. Well, that’s far, far down the path from where we began. We have far to go, but we’ve made progress.
What would you consider to be the most negative impact on the field?

Simpson: I think there are several. One of the movements that I find somewhat distressing and that I would love to see change, is a reliance on generic training models.

I think one of the things that’s happening is that we have moved away from categorical and specified training models to training models where we expect every educator to be able to be successful in working with kids with disabilities and every special educator to handle every type of disability. In some ways like with high incidence disabilities, generic-training models may make some sense. The caveats are kids with emotional/behavioral disorders and kids with autism.

Are you saying they need certain kinds of skills that they just aren’t going to get in general education settings?

Simpson: Specialized teachers are few and far between and so, politically, there has been a movement to have generic licensure. I think that has eroded some of our capacity. When I look back on some of our training approaches, I think we were learning lots of things and we had some folks that came into the field and were committed, trained and dedicated to particular types of groups of kids. Now, the people that come to this [MSLBD] conference, they’re still there. They’re still working with EBD kids and kids with autism, however, it’s much, much more difficult for them to be strong people for a particular group of kids with which they have expertise.

Another issue that comes to mind for me is the lack of integration between mental health services and educational services. It’s very difficult. We have the DSM [Diagnostic and Statistical Manual] lexicon, we have IDEA [Individuals with Disabilities Education Act] protocol and it’s a challenge to integrate those two and sort out responsibilities. Integrated services clearly are the solution, that’s the easy part. But the fact is that 20% of our school-aged population is in need of mental health services. We’re serving a tiny percentage - 1 to 2% - of those kids. Our prevalence is way up and our services in the schools are way down. We’re under-resourced. I think that has been a drag on our capacity to move forward.

Frankly, we have incredibly talented and dedicated people. I’m just amazed at what people are doing, the progress they make. I don’t work in a public school, but I know from hearing the stories that these folks are not getting all the reinforcement and the support in the world. They’re kind of doing this out of the goodness of their hearts and by the skin of their teeth, too. There’s room for improvement.

One of my hopes for the future is that we have the foresight to pull out some high-need areas where particular expertise is required and create systems that will permit us to have expertise, specifically with kids with emotional/behavioral disorders.

What do you see for the future of the field?

Simpson: One of my hopes for the future is that we have the foresight to pull out some high-need areas where particular expertise is required
and create systems that will permit us to have expertise, specifically with kids with emotional/behavioral disorders. To me, that would be the future I hope is coming down the pike. I would love to see a greater connection between mental health and schools and to have more integrated programming. I think the 3-tier model as a platform very much makes sense, so I think we have a foundation to build on. It's not like we’re starting totally fresh or need to start totally without any sort of capacity existing.

I would also love to see more attention - sort of a movement - to be able to work with criminal justice and the judicial system on behalf of our kiddos who are on track from poor school performance to incarceration. Talk about a human tragedy! I don’t care if you’re the most conservative political individual on the planet, if you look at not only the human misery connected to the system we have in place, but also financially, it’s just a heartbreaker. Exclusion from schools - suspension and expulsions - are really the beginning of the pathway to places we don’t want our kids to go. Once they get trapped in there, it’s tough to get out.

My hope is that in the future we’re going to see more of that kind of moving upstream a little bit and try to provide programs for these kids. I’m not sure that policy makers are going to do this out of the love that they have for difficult kids, but I think we have evidence that we can do lots of things to mitigate some of those disasters and that resources will be saved if we invest in youth and youth programs. It just makes so much sense.

What is your advice to someone entering the field?

Simpson: I think it’s an incredibly exciting time. One of the bits of advice I would offer people is follow your heart. If this is the right fit, then go for it. There are just lots and lots of opportunities.

When I was growing up, my dad was an orphan. His parents died at an early age of a tuberculosis epidemic. He was raised by an uncle who was a superintendent of schools. My dad grew up in an educator’s family and everybody had teaching as a profession. My dad, much to the horror of his family, dropped out of college and bought a gas station. He turned out to be a very successful businessman, owned a business in town and throughout the Midwest had stores. My dad was like the black sheep of the family because he didn’t go into education. Then he had a daughter, my sister, who had horrible experiences in school and was treated, I think, pretty shabbily as was typical at the time. The take away of this is that I remember when I went away to college, my dad said, “Do anything you want. This is your opportunity. Go for it. This is your ticket to a higher quality of life than you’d have otherwise. But my
advice is, stay away from the school of education because I grew up in those families. I know what it’s like. Do you want to be painting houses during the summer for the rest of your life?”

I remember thinking that’s probably pretty good advice, but that’s where my heart was and it felt comfortable. So I would say to young folks, “If it feels good, even if people are telling you to get an MBA or a law degree or be a hedge fund manager, if it’s your thing, go for it.” There are so many benefits to the work that we do and so many payoffs. It sounds corny, but I encourage young people to follow your heart and passion. If this is where your passion is, these kids are very needy and their families are needy, and it’s so fulfilling when we do it right.

Perhaps Rich’s contribution is best summed up with his own words in an article in Ingrams Magazine when he was named an Icon in Education. Rich was quoted as saying, “I took great delight, in observing the positive outcomes that accrued when a well-trained multipdisciplinary staff used effective practice methods in a coordinated fashion in accordance with family need preferences, and resources.”

Following your heart and passion, focusing on teamwork, and remaining true to those for whom this work is about are all contained in Rich’s thoughtful reply. The lives of countless children, their families, and educators are better because of Rich Simpson’s life-long leadership. It was our pleasure to have shared our time with him. He will be greatly missed.

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1 This is based upon an edited transcript of a conversation with Dr. Simpson which appeared in Intervention in School and Clinic (Zabel, Kaff, & Teagarden, 2016) and an article in Ingrams Magazine in 2014.

2 The Janus Oral History Project is supported by the Midwest Symposium for Leadership in Behavior Disorders (MSLBD) for which Rich Simpson was a founding member. The Janus Project collects and shares the thoughts and reflections of leaders in the field of educating children with emotional and behavioral disorders. These conversations capture an individual’s perspectives about the past, present, and future of the field. The video of Dr. Simpson’s conversation can be viewed at: https://archive.org/details/Simpson4529. Many conversations with other educators serving students with emotional/behavioral needs can be viewed at: http://mslbd.org/what-we-do/janus-project/.

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Our school program did something quite special; and the achievements of Centennial School at Lehigh University were apparently so unique that we received many national accolades. Curiously, the accolades were not for something “we did” but for something “we did not do” — we taught students classified with serious emotional and behavioral disabilities without the routine use of physical restraint and seclusion. In the absence of these aversive and intrusive interventions, we were able to create a school culture that was safe and productive for students and teachers alike and one that brought success to some of our community’s neediest children and their families.

The Centennial School of Lehigh University is a separate, alternative day school for students, ages 6 through 21 classified with emotional and behavioral disorders (EBD). As you know from your own experience, these are students who have been described as abusive, unpredictable, quarrelsome, irritable, bossy, irresponsible, disorganized,
destructive, defiant, impulsive, friendless, and isolated from others. These behaviors were judged to be severe enough to require a special day school.

**In the Beginning – Continuous Restraints and Seclusions**

As the new administrator in the building in 1998, I was unsettled by the violence I witnessed at the school. Like many other day schools in this country, the use of physical restraint was commonplace. During the first 20 days of the school year, there were 112 physical restraints, usually basket holds involving 2 to 3 persons – loud, messy and violent affairs that effectively shut down any instruction occurring in the vicinity. Like many other day-schools in this country for students with emotional and behavioral disabilities, Centennial students who misbehaved were physically escorted to one of two locked time-out rooms – rooms that were filled from the moment the school doors opened in the morning until school dismissed in the afternoon, and on most days even longer.

Data from the previous school year showed that the 76 students enrolled that year had been subjected to 1,064 physical restraints. Other data showed there had been 31 assaults on teachers, 16 of which were so serious they resulted in referrals to law enforcement. In fact, police had been called 39 times to the school that year because of violent and destructive behaviors; and 11 students had been sent by ambulance directly to the psychiatric wards of local hospitals for out-of-control behavior that was injurious to themselves and others. In addition, 22 teachers visited emergency rooms for injuries sustained on the job.

By the end of the first 40 days of my first year at the school the number of physical restraints had more than doubled to 233. If left unabated, we would have easily surpassed 1000 physical restraints for yet another school year.

**In the End – Virtual Elimination of Restraints and Seclusions**

Within six months, with largely the same group of students and the same group of teachers, we went from conducting 233 physical restraints during the first 40 days of school to only one physical restraint during the last 40 days of school, with no physical restraints occurring during the last 20 days of school. In doing so, we broke a 20-year trend on the use of physical restraint at the Centennial School.

Today, physical restraints are rare, and the restraints of today bear little resemblance to the restraints of 20 years ago and indeed may not have even been recorded as physical restraints back then. There are no time-out rooms, so students are no longer secluded. Physical assaults on teaching staff are virtually non-existent, and police are infrequent visitors to the building. As compared to the 1997-98 school year, truancy is down by 88% and the rate of suspensions is down by 97%.

Last year, 2016-2017, with an average daily attendance of 78 students, or an unduplicated count of 14,780 attendance days, there were no physical restraints, no episodes of police involvement, and only 3.5 total days of suspension that involved four different students. I’ll admit, it was an extraordinary year. Nonetheless, the one thing that hasn’t changed over the past twenty years is the classifications and severity of students who are referred and accepted into the program.

**What Changed?**

I plan to share with you the keys to our success in this regard; “things we did” and “things we quit
doing,” and how other schools and educators can profit from our experiences with this very challenging group of students. I will share with you a different perspective, along with some effective strategies and useful hints. I believe these strategies will apply whether the services you provide are in general education environments or in alternative day-schools such as Centennial School, and suggest that this approach will work for ALL students in your schools, not just those students having emotional and behavioral problems, and will benefit everyone – students, parents, teachers, and administrators alike.

I remember interviewing the people at the school in an effort to find out why the school operated this way and what factors accounted for the level of violence I was witnessing. I was told things like, “These students and their families don’t value school.” “The students here are the worst of the worst.” “The students here can’t control their behavior and they can’t be held accountable for what they do; they are emotionally disturbed, conduct disordered, schizophrenic, and personality disordered. And because they can’t control themselves, it is up to us, the adults, to control them.” I was given other attributions as well, like poverty, illicit drug usage, neighborhoods, and so on.

Creating a Vision

It was within that chaotic context that we began a process for transforming our school environment. Where did we begin? To quote the late Steven Covey (1989), we began, “With the end in mind.” That is to say, we created a vision of what we wanted our school culture to look like in the future. We envisioned a school where faculty, students and their parents would want to come to learn new skills that would benefit them now and into the future. We talked about creating a learning community where everyone would strive to learn and be open to learning from one another, where students would engage in academic work, complete homework, and strive to attain Honor Roll. We talked about developing a safe school where students would treat teachers and one another with respect; where students could form relationships and could make friends. We dreamt about making a school where students would choose to spend their days because it would be the very best place they could to be in their day.

And where did this vision come from? It was a group activity for sure, but the majority of the elements we eventually incorporated into our vision came directly from the teachers and administrators themselves. I challenged the group to describe an ideal workplace – a school they would find satisfying and productive to work within. A school that would excite them and a school they would be eager to come to every morning for 180 days.

Once we created a vision of the school we wanted in the future, we set out to develop goals and
procedures that would help us fulfill that vision. We operationalized our vision by establishing three primary goals: to create a safe, civil learning environment, to develop an exciting and engaging curriculum, and to develop partnerships with the parents of our students. I remember saying at the time that we would know when we were successful in achieving these goals when we decreased and eventually eliminated the routine and serial use of seclusion and physical restraints from the setting.

**Key Elements in Our Transformation – Things We Did**

What were the key elements of this organizational transformation? I will share with you six features that I consider to have been the most influential.

**Element #1**

First, we changed our beliefs and assumptions about the children under our care. We began to talk about student behavior, not in terms of unalterable psychological and environmental conditions, but in terms of skills. Skills students had or did not have, meaning skills that could be taught, just like we teach reading or math skills.

We began to speak about our students as individuals who could learn to control themselves, who could manage their own behaviors, and as students who could learn to make good choices, if we took the time to teach them to do so. And once they had learned right from wrong, we could hold them accountable for their behaviors.

Mindful of the Rosenthal studies on expectancy effects conducted in the 1960s, we acknowledged the notion that our beliefs and assumptions about students largely determine the goals we choose for them, the interventions we devise for them, and the outcomes they will eventually achieve. Consequently, we began to talk about our students not as the failures they had been in the past but as the successes they would be in the future, largely because of our efforts.

**Element #2**

Second, we developed and taught clear expectations. Here we adopted the approach of School-wide Positive Behavior Supports, and developed and taught clear school and classroom expectations for student behavior under five monikers: Be There Be Ready, Be Respectful, Be Responsible, Mind Hands and Feet, and Follow Directions. I will describe for you two noteworthy features of the system that we put into place at the Centennial School.

The first has to do with the frequency we review and teach the expectations with our students. At Centennial School we review expectations before and after every period of the day. Before a class or activity begins, teachers review orally student expectations; that is, how to behave so as to succeed in that particular class or activity. Then at the end of the class period or activity, teachers fill out students’ point sheets and privately inform each student how well he or she met the 5 expectations. In doing so teachers praise and thank students for performing in accordance with the expectations during the period or activity, or teachers share specific ways students can better meet the expectations next time, if they were unsuccessful in meeting the expectations during the class period or activity.

The elementary program has 11 periods throughout the day, including recesses and lunch, so that’s 22 renditions of the expectations.
every day. If you multiply 22 by the 180 days of the school year, you get 3,960 recitations of the expectations throughout the year. Middle and high schoolers get a slight break but only because they have fewer class periods during the day. They hear the expectations for success only 3,240 times.

Teachers also use the time when they are reviewing expectations for building a readiness set for the instruction that is about to occur, and as important, for reminding students to use a coping mechanism if they become frustrated or upset during instruction. For example, a teacher might say before introducing a new concept in math, “Today we’re going to learn a new thing in math that may be quite challenging and difficult for you to grasp. I don’t expect you to know it because I haven’t yet taught it to you, so it’s okay not to know it. But remember, if you get frustrated or become upset by the material in front of you, all you have to do is raise your hand and I will be there to assist you.” For learners who have received little or no instruction in social behaviors throughout their short school lives, this type of prompt goes a long way in preventing and thereby reducing social errors in the classroom.

Element #3

Second, once we had developed expectations for our students we developed expectations for ourselves. These expectations became the standards of behavior for our workplace, or the new rules of the game that we committed to follow among ourselves. Taken together, student and adult expectations became the underpinnings of our school culture. You will hear me refer to some of these adult expectations throughout the remainder of my talk.

Rather than telling students what not to do, we tell them what we would like them to do instead. For example, rather than say, “Don’t run in the hallways,” we say, “Please walk.” Instead of asking a student to stop talking out, we remind him to raise his hand and be recognized by the teacher before speaking. Telling students what you want them to do gives them important information and
teaches them the appropriate ways to behave. Simply telling students what not to do teaches them nothing at all.

Attempting to use only positive and neutral statements proved a bit challenging at first, but with practice and a bit of lightheartedness we mastered it. Teachers now take data on one another’s use of language in the classroom, tallying oral statements a teacher makes during class into one of three columns: positive, neutral and negative. A neutral statement is something like, “Open your book to page 37.” Here is an actual example of one of those observations. In a 30-minute reading class with six elementary students, the teacher issued 117 positive statements, 37 neutral statement and 0 negative statements. Now I ask you, what student wouldn’t want to be in a class like that?

Along with using only positive statements in our school, we also expect our teachers to focus their attention on students who are following the class expectations, and ignore students who are engaging in low-level misbehavior. We define low-level misbehaviors as side-talking, pencil tapping, muttering, off-task and the like. Giving teacher attention to appropriate behaviors is simply reinforcement theory applied to the classroom. By noticing and reinforcing the positive things students do in school, we are increasing the probability the behavior will occur with greater frequency in the future.

When confronted with low-level misbehavior in class, Centennial teachers do one of two things: ignore it and re-state the expectation for the entire class; for example, “Remember, I am looking for students to...raise their hands to talk,” or “have their eyes on me,” or “remain in their seats,” or whatever the expectation might be, or ignore the misbehavior and go to the good model.

Finally with regard to language, we asked teachers to use a soft and quiet voice volume throughout the day, even during episodes of escalated behavior. We established a simple rule: praise publicly and correct privately. Although regarding the former, we first check to see if it is okay with the student to include him or her in public praise because some students don’t like that. But most do. If you were to visit the Centennial school today, you would hear a gentle murmur throughout the building, and if you listened closely, you would hear teachers using positive language only. You would never hear teachers shout or scream or raise their voices, even during “a crisis.” These techniques contribute greatly to a positive school atmosphere, one that is immediately recognizable and commented on by visitors when they enter the building.

Element #4

A fourth element that contributed to our success is our problem-solving approach to rule infractions. Rather than use Office Discipline Referrals and the traditional code-of-conduct approach to discipline we introduced a procedure we call Problem-Solving.

Problem-Solving is a language-based approach to rule infractions. The purpose of Problem-solving is to teach students new ways of handling issues that prevent them from successfully participating in class. Unlike traditional school discipline where rule infractions result in predetermined and usually punitive consequences, problem-solving
is a four-step process where students learn new responses to problematic situations.

Based on the work of William Glasser (1965), Problem-Solving assumes that students don’t know a correct social response to use in situations that are challenging for them or that they are not yet fluent in the appropriate response and need more information and practice to be successful. The process of problem-solving is done in conjunction with students and consists of four steps: problem identification, prevention, plan, and commitment. As part of the problem-solving process we ask students “What changes could you make so this won’t happen again,” and help them explore possible replacement behaviors; for example, “I could raise my hand and ask for help,” or “I could ask to take a break from the task and try to get my anxiety under control.” Although our primary focus is on the use of positive consequences to teach behavior, there are times when negative consequences are deemed necessary. The negative consequences we use are best defined as “natural consequences.” Natural consequences follow logically from a rule infraction and tend to make sense to the student when applied. For example, students who fail to complete schoolwork during class time because of misbehavior are held accountable for the work they missed during their break times.

As another example, students who deliberately and repeatedly misbehave after multiple problem-solving sessions may earn themselves a more severe consequence like a 1-day suspension out of school, accompanied by the message, “We want you to be in school and we want you to be successful here, but when you behave in these egregious ways, you cannot be here.” Because we strive to have a school that truly is the best place the students can be in their day, suspension or even the looming possibility of suspension is indeed a very powerful intervention for us. I should note Centennial School administers only one-day suspensions at a time – regardless of the offense. We surmise that the message of disapproval can be sent as effectively in one day as in multiple days; and after all, students can’t learn appropriate school and classroom behaviors or reading and math skills sitting at home.

**Element #5**

A fifth feature I attribute to our ongoing success is the quality of our academic instruction. By acknowledging the central importance of instruction, we abandoned the nonsensical notion that first you teach behavior and then you can concentrate on the teaching of academics. We believe you cannot teach behavior in a vacuum. Instead, we teach school and classroom behavior through academic instruction. Said another way, academic instruction provides the milieu for teaching behavior.
We learned that a rich and stimulating curriculum, accompanied by solid instruction, is one sure way to reduce behavior problems in schools, not just schools for students with disabilities but in all schools. We also learned that most behavior problems begin in the classroom, and that most behavior problems usually occurred as result of a mismatch between students’ skill levels and the curriculum being presented.

Element #6

A final key feature of our success and for the sustainability of the practices over time was our professional development program. We increased the time devoted to professional development from 10 minutes per week to nearly 3 hours per week. Episodes of professional development consist of collaborative, active learning opportunities. The topics focus on the fundamental strategies teachers can use tomorrow for success, and cover such subjects as the school’s guiding assumptions and beliefs, instructional strategies, data collection, behavior management, and the professional behaviors that comprise the culture of the school. We believe in repetition and practice and just like professional sports players, we go over the basics time and time again.

Things We Stopped Doing

In addition to things we began doing to transform the school, there were many other things we stopped doing altogether. Most of the practices we eliminated were simply incompatible with our vision of a positive and rewarding environment for us and for our constituents. Our most important constituents, of course, being the students.

Here are some examples of things we stopped doing. We agreed as a school faculty to...

- Stop shouting commands and directives at one another during times of crises.
- Stop raising our voices at students and using sarcasm with them.

...school cultures don’t just happen; they are created and nurtured.

- Stop the practice of telling “war stories,” that is, the retellings of students’ aggressive and sometimes bizarre past exploits within the school and community.
- Stop assuming students should know better and teach them what we expected them to know.
- Stop all gratuitous negative talk about parents and their circumstances.
- Stop talking negatively about our fellow coworkers, simply because that type of talk isn’t very helpful or productive.
- Stop physically forcing students to comply with our directives and requests, instead seek to understand better why they didn’t comply with our directives and requests through the FBA process.
- Stop the practice of having large male adults circle around anxious, agitated, and frustrated students in anticipation of a crisis; in fact, we disbanded our crisis team altogether.
- Stop grabbing students when they were agitated and escalated in their behaviors.
- Stop recognizing crises altogether; simply employ a different set of procedures when students escalate their behaviors.
- Stop using untrained one-to-one aides for seriously involved students; establish and use teacher teams instead.
- And because we had established teacher teams, we stopped using substitutes for teacher absences, and in doing so gained
greater consistency in the implementation of our procedures.

- And finally, we stopped the seemingly endless interruptions to our academic class periods by other teachers and related service personnel so that instruction, the most sacred thing we do at our school, could continue uninterrupted from bell to bell.

Success Based on Three Beliefs
Today, our work at Centennial School stands as a testament to the validity of a few simple propositions:

First, that kids – any kids – even ones with emotional and behavioral problems, do well in school if they can, and if they do not do well, it is likely because they lack the skills to respond adaptively to life’s challenges.

Second, that children and youth with emotional and behavioral problems can learn to control their emotions and make appropriate choices, they can learn to think before they act; and they can be held accountable for their behavior once we, the adults in their lives, take the time to teach them how to do so.

And third, when students learn to control themselves and make responsible choices, adults won’t feel the need to control them through aversive practices like seclusion rooms and physical restraint.

Conclusion: The Importance of Positive School Culture
A positive school culture makes a huge difference in the everyday lives of students and faculty. I’m usually at a loss when asked to define the concept of school culture. Like most of you, I know a good one when I see it. At Centennial it is manifested when a student new to the school is eager to show the adults the reasons he or she was referred, and the other students correct the new student by saying, “Hey, you don’t need to do that at this school. If you’re upset, all you need to do is ‘take a break’ or ask the teachers for help.” A positive school culture is manifested when teachers come early, stay late and even show up during the summer months to prepare for the next school year, not because they were asked to do so but because as one teacher put it, “I just like hanging out here.”

One thing I do know about school culture, it is immediately noticeable upon entry into a school building. It consists of the things we can see, hear and feel, like the relationships among teachers, staff, students, parents, and related services personnel. It incorporates the mechanisms in place for accomplishing tasks, the policies, procedures and the courtesies we extend to others. The culture of a school embodies its assumptions and beliefs about others, especially about children and the role education has in their lives. Or, as Terrance Deal (1999) succinctly characterized school culture, “It’s simply the way we do things around here.” The important lesson here is that school cultures don’t just happen; they are created and nurtured. It is our collective obligation to do so.

References


Michael George, Former Director of the Centennial School, mpgeorge11@gmail.com.
Persistent and inconvenient behaviors: I’ve got them and I bet you do too. If you have ever tried to change some of your own persistent and inconvenient behavior problems, you know just how difficult it can be. In this article, I will share what I consider the very best practices for dealing with behavior problems in the classroom. Many of them will be familiar to you, confirming what you already know. Hopefully others will be new-to-you, increasing your toolbox of what works. The goal is to use these strategies together with consistency and integrity to the best of your ability, knowing some days will be better than others.

When teachers ask me how they can best work with students with challenging behavior, my question for them is

**What can YOU do to make it easier for your students to learn and behave?**

I have found that teachers don’t typically approach behavior management by considering what they can do differently. They more often focus on what they want the students to do differently. Teachers who focus on what they can do to make it easier for their students to learn and behave approach behavior management from a problem-solving perspective with an added sense of control. They are not being controlled by challenging students. Working with students with persistent and inconvenient behavior problems requires effective management skills, a problem-solving and instructional approach, and strategies for developing individualized behavior interventions. I’ll start with my Top Ten Behavior Management Strategies.
1. Focus on preventing undesired behavior rather than reacting to it.

Since instruction is more successful without behavior problems I’ll repeat myself, “What can YOU do to make it easier for your students to learn and behave?”

- **Think ahead.** What have you and your co-workers found that works to prevent undesired behavior? Use those strategies consistently.
- **Be prepared and organized** in your content, materials, behavioral expectations, student needs, and physical environment. We all know what can happen when students need to wait.
- **Be interested** in your students, in your content, and in your position as the instructional leader.
- **Be positive, Be creative, Be caring, and Be aware/Demonstrate withitness.**

I first learned about teacher withitness from Kounin’s work in the 1970’s (Emmer & Evertson, 1981). It’s that teacher who has eyes in the back of her head, who knows exactly who did what even when she’s wasn’t looking. This skill is easier for teachers who very observant and maybe a bit nosey, who frequently visually scan the classroom, move around a lot, and position themselves and their students so everyone can see everyone.

2. Consider Why Students Behave and Misbehave

In most cases students behave well because

- They know what to do and they know how and when to do and not do it.
- They are able to do it correctly and for as long as needed.
- They are motivated to behave.

In most cases students do **not** behave well because

- They don’t know what, how, or when to use or not use a particular behavior.
- They cannot do it correctly, the way you want them to, or for as long as needed.
- They are more motivated to misbehave than to behave.

Therefore, teachers need to teach students behavior expectations and motivate students to follow those expectations. Instruction is a powerful behavior change tool.

3. Take an Instructional Approach to Behavioral Intervention

Make it a habit to view student undesired behavior as a “teachable moment.” For some teachers this is a huge shift in their thinking. When a student enters the classroom and cannot perform long division, we assume an instructional approach. We assess their current division skills, identify their errors, and make a plan to teach them how to do what we want them to do. We don’t punish them for their lack of long division skills and we don’t assume that they are old enough to know long division. Let’s view a student’s lack of behavior skills in the same way, as a “teachable moment”.

4. Establish Classroom Expectations or Rules

Whatever you choose to call them, expectations or rules, the basic steps remain the same (Jones & Jones, 2016; Scott, Anderson, & Alter, 2012).

- Set three to five expectations.
- State each one positively. “Be on time” rather than “Don’t be late”.
- State what students should do.
- Post and publish the expectations.
Teach each expectation to your students, reteach until all students achieve mastery, and reteach throughout the school year to maintain mastery. Remind your students to follow expectations. Motivate your students to follow expectations with praise, recognition, and appreciation.

In following a PBIS model (Positive Behavioral Interventions and Supports, OSEP Technical Assistance Center Website) model, many classrooms and schools develop and use a consistent set of behavioral expectations, as shown in Table 1. All teachers, staff, and students are taught and follow the same expectations for all locations of the school, thereby making it easier for students to learn and demonstrate desired behavior and for adults to recognize and reward students for desired behavior.

<table>
<thead>
<tr>
<th>Table 1: Behavioral Expectations</th>
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<tbody>
<tr>
<td><strong>BE SAFE</strong></td>
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<tr>
<td><strong>Classroom</strong></td>
</tr>
<tr>
<td>Stay in your assigned place</td>
</tr>
<tr>
<td>Use materials correctly</td>
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<td></td>
</tr>
<tr>
<td><strong>Hallway</strong></td>
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<tr>
<td>Face forward and keep head up</td>
</tr>
<tr>
<td>Allow others to pass</td>
</tr>
<tr>
<td><strong>Bathroom</strong></td>
</tr>
<tr>
<td>Report problems to adults</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Cafeteria</strong></td>
</tr>
<tr>
<td>Stay in your assigned place</td>
</tr>
<tr>
<td>Wait your turn</td>
</tr>
<tr>
<td>Clean up spills</td>
</tr>
<tr>
<td><strong>Bus</strong></td>
</tr>
<tr>
<td>Report problems to adults</td>
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5. Establish Classroom Procedures

Procedures are your methods for how something should be done in your classroom or throughout the school. Procedures include entering and leaving the classroom, using the restroom, making up missed assignments, and what to do in emergency situations. After defining your procedures, post the steps of each procedure, teach each procedure to your students, reteach often, and remind your students to use the procedures. A guide to assist you in establishing classroom procedures is available at this link: http://teachingthreads/procedures.pdf
6. **Teach Desired Behavior** (Are you sensing a theme in this article?)

Research has shown that teachers who spend time teaching behavioral expectations and procedures every day for the first two weeks of school experience better classroom behavior throughout the school year (Jones & Jones, 2016; Marzano, Marzano, & Pickering, 2003; Scott, Anderson, & Alter, 2012). There is no mystery to teaching behavioral expectations and procedures to students. The steps are very similar to the steps of explicit instruction used to teach academic skills.

- Tell Them
- Engage Them
- Teach Them
- Watch Them
- Coach Them
- Practice, Practice, Practice
- Encourage Them Throughout
- Remind and Reteach Them
- Teach in Other Settings/Situations

7. **Consider Behavioral Expectations when Planning Lessons**

Another strategy to prevent behavior problems is to consistently address these three questions when planning your lessons.

- What behavior expectations are needed for the successful completion of the lesson?
- Can my students perform these expectations? Have I observed and evaluated student performance? Or do I need to teach, reteach, practice, and/or remind them?
- Do I need to provide supports for students who cannot perform the necessary expectations so that they can successfully participate in this lesson?

One additional friendly reminder when planning lessons is this.

8. **Use Frequent Praise, Recognition, and Appreciation**

In my opinion, teacher praise, recognition, and appreciation are the best motivators. They are free, always available, unlimited in variety, require very little planning ahead, can be fun and funny, and feel good to give. While several others have written about teacher praise and recognition strategies (Jones & Jones 2016; Lane, Cook, & Tankersley, 2013), I also include teacher appreciation.

The only accurate way to determine if a student can do something is for you to actually observe them. If you have not seen your student perform a specific behavior, you do not know if they can. If you have not seen your student complete a math worksheet or attend for more than 15 minutes, then you cannot assume they could if they wanted to.
Jersha and Adam have been teaching for two years and while things go fairly well in their classrooms, they know things could be better. After reading this article they decided to work together to improve their classroom management and selected four goals.

- Prevent problems
- Increase withitness
- Teach rules and procedures
- Make teacher praise go viral

To prevent problems for their students and themselves, Jersha and Adam decided to really plan each lesson and activity beforehand and to set out all needed materials the day before. They admitted that sometimes they shortchanged their planning and made instructional decisions on the fly, which were not always the best decisions. They also knew that not having all the materials ready caused students to wait which too often led to disengagement and behavior problems.

The term withitness was new to them but both Jersha and Adam wanted to be teachers who knew what was going on in their classroom and they wanted their students to see them that way. The first thing they did was rearrange their classrooms so that there were designated spaces where the teacher would deliver instruction. Then they arranged student desks so that every student could clearly view instruction and the teacher could clearly see every student. The desks were spaced so the teacher could easily walk among the students as he/she taught and monitored their work.

During the first few days of schools, Jersha and Adam had presented the class rules and procedures to their students, but they had not explicitly taught these skills to their students. They decided not to assume their students knew what to do or how to do it and began planning lessons to teach desired classroom behavior. They began with a lesson to present and model class expectations, prepare posters, and distribute expectation info to students and parents. Each day, two or three mini-lessons on a specific expectation or procedure would be presented right before students needed to use that skill. This would allow Jersha and Adam to monitor student performance and determine which students needed re-teaching.

Jersha and Adam really wanted to make teacher praise go viral in their classrooms. They wanted to avoid those grouchy days and have more smiley days. They were determined to use genuine praise and appreciation as often as possible to acknowledge students who followed expectations, met academic goals, helped one another, and demonstrated initiative. With their cell phones in their pockets, they would make audio recordings at different times during the day to determine if in fact they were making teacher praise go viral.

Photos from Shutterstock.com
“Thanks for being prepared and ready for class today.” While it’s motivating and important to praise and recognize others for their efforts or accomplishments, extending appreciation reinforces the social nicety of saying Thank You, we often teach our children. To best use praise, recognition, and appreciation:

- State the behavior being praised, recognized, or appreciated. “Thank you for coming in quietly and taking your seats.”
- Use praise, recognition, and appreciation frequently, genuinely, quickly, with eye contact and a big smile.

While the numbers vary, research has suggested that teacher praise and recognition statements should outnumber corrective statements by four or five to one. For several years I have asked teachers to make a prediction of their behavior, then audio-record their instruction and count their praise, instructional, and corrective statements (Keller & Duffy, 2005). They are surprised at their results.

9. Use Surface Management Techniques

Surface management techniques, initially presented by Long in the 1970’s (Long, Newman, & Morse, 1996), are still effective for managing the early stages of inattention or off-task behavior and bringing students back to task (Scott, Anderson, & Atler, 2012).

- Physical proximity. We have all seen a teacher walk toward specific students, not saying a word, and quickly the students are attending to the teacher and the lesson. This also helps with teacher withitness, observation of student work and behavior, and increasing teacher availability to students.
- Signals. Teachers can use preplanned non-verbal and/or verbal signals that are taught to the students and posted as class expectations. For example, Lights off means Quiet Down and Look at the Teacher.
- Removing distracting objects. While this may sound obvious, it is sometimes overlooked.

10. Deliver More Effective Reprimands and Correctives

Even after using all of the best behavior management strategies, there will be times when reprimands, firmly stated directives, are needed. The effectiveness and positive tone of reprimands can be increased by the following guidelines (Jones & Jones, 2016; Marzano, Marzano, & Pickering, 2003; Sprick, 2012)

- Establish proximity to the student, avoid across-the-room reprimands.
- Use non-threatening, calm, and assertive tone-of-voice, eye contact, and body language.
- State what the student needs to do.
- Keep the interaction very short.
- Give the student time to comply.
• Thank the student for their compliance. Remember to view student misbehavior as a teachable moment.

• Avoid expressing sarcasm, frustration, impatience, or anger. Avoid humiliating or embarrassing the student.

Recognizing that students learn from the behavior of the adults in their world, consider what you want them to learn from your use of reprimands in the classroom.

Now that I’ve shared my Top Ten Behavior Management Strategies, let’s return to the question, What can YOU do to make it easier for your students to learn and behave? Hopefully you have several more answers than you did earlier. Since there is no one strategy that works with all students, especially students with persistent and inconvenient behavior problems, building a bigger management toolbox is essential. Effective intervention requires hard work, sound behavior management skills, an instructional approach to behavior change, information gathering and problem-solving, a focus on building meaningful and caring relationships, and an above-average interest in and desire to assist the most challenging students make better behavior choices. Add to that a flexible sense of humor and a strong dose of common sense and you’re ready. Good Luck.

References


Positive Behavioral Interventions and Supports OSEP Technical Assistance Center https://www.pbis.org


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Snow Day Announcements
The longing this time of year of educators and students alike is the elusive “Snow Day”! Principal Chadd Caddel of Union Pointe Academy in Tennessee has found a way to spread the joyous announcement of a snow day by singing a musical parody. Enjoy his parody of Garth Brooks “Friends in Low Places” at https://www.youtube.com/watch?v=jeZfVa-8ZfC, or Mariah Carey’s “Hero”, or Taylor Swift’s “Blank Space” to announce that school’s out for a snow day at the school’s Facebook page at https://www.facebook.com/unionpointeacademy/videos/2078690269027866/.
Addressing Health Literacy in Students with Disabilities

By Jacqueline Huscroft-D’Angelo and Alexandra L. Trout

Consider the last time you visited a health care provider. Recall the steps you took to make the appointment. How did you find your doctor? When were you expected to show up? What materials or information did you need to bring (e.g., insurance card, identification, payment method)? How did you determine which costs would be covered by insurance and which you would have to pay out-of-pocket?
Next, try to remember the discussion with your health care provider during that appointment. Consider what and how much information you were provided. Were you given instructions on what to do next? Were test or lab results shared with you? Were you provided a prescription that needed to be filled? Your ability to successfully complete these activities relates to your level of functional health literacy.

If, during your appointment, you found yourself uncertain about any of the procedures, paperwork, or information you were provided, you are not alone. Only 12% of US adults have proficient health literacy (Crane & Bennett, 2009). Health literacy is the ability to obtain, process, and understand the basic health information and services needed to make sound decisions about health. To demonstrate adequate health literacy, an individual must be able to listen, analyze, and make decisions across various health-related domains. This includes basic skills such as setting appointments and filling prescription medications, to more complex skills such as selecting appropriate health insurance plans. Everyone needs to understand how to manage their health, however, instruction on health literacy is typically overlooked.

Establishing proficient health literacy plays a critical role in managing short and long-term health care needs. For example, there is a clear link between low health literacy and negative social, educational, economic, employment, and health outcomes (American School Health Association, 2014). This includes lower educational achievement, increased rates of chronic health conditions, more frequent hospitalizations, less frequent use of preventative care, lower reports of overall health status, and increased healthcare costs. In contrast, proficient health literacy is linked to positive health behaviors such as high rates of physical activity, improved academic achievement, and increased self-esteem (Barros et al., 2009). Schools and educators can become key contributors to the achievement of public health goals by promoting health literacy and recognizing specific groups of youth who may be at greater risk.

**Health Literacy and Students with Disabilities**

Health literacy depends on both individual and systemic factors. Youth with disabilities are likely at increased risk for limited health literacy due to elevated risk (e.g., poor performance, poor functioning, comorbidity) in areas such as academics, behavior, family stability, and co-occurring physical health challenges (Lepore & Kliwer, 2013). The link between health and school outcomes is well established for students with disabilities such as learning disabilities (LD) and emotional or behavioral disorders (EBD). For example, it is known that students with LD and EBD experience higher rates of depression, anxiety, bullying, and isolation that may increase their risks to overall well-being and physical health (Lepore & Kliwer, 2013). Studies have also concluded that students with LD and/or EBD are at increased risk for conditions such as asthma, obesity, diabetes, epilepsy, comorbid medical conditions, and weaker immune functioning (Trout et al., 2015). These conditions result in frequent visits to health care providers, more follow-up examinations, and decreased school attendance. Unfortunately, despite the elevated health care needs, when compared to students without disabilities, youths with disabilities also demonstrate poorer health literacy (Trout et al., 2017).
Health Literacy Instruction

Achieving health literacy for students with disabilities is crucial, yet seldom is health literacy included in youth’s IEPs or transition planning. To address these key skills, teachers must have a way to evaluate youth present level of performance and systematically address skill deficits through explicit, guided instruction. While current supports to meet these two goals are limited, leading government agencies such as the Office of Disease Prevention and Health Promotion and the Centers for Disease Control and Prevention have identified the skill sets needed for proficient health literacy: health promotion, health protection, disease prevention, health care and maintenance, and health navigation (see Table 1). These key topics include example skills that could be easily incorporated into a student’s IEP and transition plan. IEP goals related to these five key topics would stress the importance of health literacy in educational planning and require monitoring of targeted health literacy skills.

Table 1. Health Literacy Topics for IEP and Transition Planning

<table>
<thead>
<tr>
<th>Topic</th>
<th>Definition</th>
<th>Example Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
<td>The ability to improve and maintain your overall health.</td>
<td>• Reading health related information online, in news articles, or magazines</td>
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<td></td>
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<td>• Understanding healthy eating</td>
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<td>• Reading nutrition labels</td>
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<td></td>
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<td>• Knowing the signs of stress</td>
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<td></td>
<td>• Creating good sleep habits</td>
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<tr>
<td>Health Protection</td>
<td>Understanding how to take care of your health and the larger community.</td>
<td>• Reading labels on cleaning products</td>
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<td></td>
<td></td>
<td>• Reading information on air quality</td>
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<tr>
<td></td>
<td></td>
<td>• Understanding health information on posters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Selecting and using products safely</td>
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<tr>
<td>Disease Prevention</td>
<td>Preventing illness by getting regular check-ups and screenings.</td>
<td>• Making appointments for screenings</td>
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<td></td>
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<td>• Reading and understanding lab results</td>
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<td></td>
<td></td>
<td>• Being able to understand graphs and charts presented by a doctor or specialist</td>
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<td></td>
<td></td>
<td>• Making follow up appointments as necessary</td>
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<tr>
<td>Health Care &amp; Maintenance</td>
<td>Establishing regular contact with your health care providers (i.e., physician, dentist, or nurse)</td>
<td>• Completing medical forms</td>
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<td></td>
<td></td>
<td>• Reading medication labels</td>
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<td></td>
<td></td>
<td>• Knowing family and medical history</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Locating reliable health related information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Managing any ongoing illnesses or diseases</td>
</tr>
<tr>
<td>Health Navigation</td>
<td>Accessing health services, health insurance, and selecting from a variety of different health services.</td>
<td>• Fill out applications for health insurance or services</td>
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<tr>
<td></td>
<td></td>
<td>• Understand statements of rights and responsibilities</td>
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<td></td>
<td></td>
<td>• Provide informed consent</td>
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<tr>
<td></td>
<td></td>
<td>• Understand all aspects of your health insurance coverage</td>
</tr>
</tbody>
</table>

Note. Topics were identified by several government agencies and health initiatives including the CDC, National Center for the Study of Health and Adult Literacy and Learning Initiative, Office of Disease Prevention and Health Promotion.
Evaluating Present Level of Performance in Health Literacy

There are several quick assessments which are appropriate for use with adolescent populations that can provide baseline and progress data on health literacy skills. The “Newest Vital Sign” (NVS) is one of the most widely used and validated measures of applied health literacy in youth. It contains only six items and is focused on the skills-based aspect of health literacy (e.g., interpreting a food label, conducting basic calculations). Students are provided with a nutrition label for ice cream and asked a series of questions in which they have to interpret information from the label. This includes understanding portion size, carbohydrates, fats, and calories. The assessment is quick to administer, does not require reading, and can be administered in both English and Spanish. (To learn more about the NVS, visit https://www.pfizer.com/health/literacy/public-policy-researchers/nvs-toolkit.)

Other measures of health literacy that are appropriate for adolescents include the Test of Functional Health Literacy in Adults – Short and the Rapid Estimate of Adolescent Literacy in Medicine - Teen. These measures require a bit more time to administer and require reading; however, provide insight into different key aspects of health literacy such as readability and comprehension of health-related information.

Instructional Approaches to Improve Health Literacy

Providing opportunities to directly apply health literacy skills in realistic activities is essential for effective instruction. Examples of instruction that can be designed to teach students health literacy include the instruction on how to understand the need for insurance cards and how to complete actual health history forms that students might encounter in a doctor’s office. Teaching students how to read and interpret health bills or explanation of benefit forms might also be included. Teachers should develop student skill levels through scaffolding, moving from guided practice to independent performance. Activities should incorporate “real world” scenarios to build skills needed by youths and adults to independently navigate health care systems and responsibilities. With permission, educators can incorporate the personal experiences and
documentation of students in instructional activities.

Many students receive additional support from various special education support staff such as occupational therapists, physical therapists, speech language pathologists, or behavioral interventionists. Each of these supports provide a unique perspective on topics related to health care. Establishing opportunities for students to engage in conversations and practice opportunities with these specialists is another strategy teachers can use to build youth health literacy. For example, students can complete interviews to learn the health-related services and benefits provided by different specialists. Students can be taught how to locate service providers in their community, and specialists can teach students how to understand, describe, and advocate for their needs. Opportunities to practice scheduling appointments, having appropriate conversations, obtaining information, and asking questions of various specialists are easy to incorporate into these activities and are critical for independently managing health needs in adulthood.

One challenge educators have with providing health literacy instruction to youths is that currently, no comprehensive, evidence-based curricula exist. To address this need, researchers from The Academy for Child and Family Well-Being at the University of Nebraska-Lincoln were awarded a grant from the Institute for Education Sciences in 2016. They created HealthyU, an online, self-paced curriculum focused on building health literacy skills in secondary students with high-incidence disabilities. Currently, HealthyU is being piloted with secondary students who have been verified with a disability. The curriculum consists of seven content modules and two evaluation modules. While engaged in the HealthyU program students watch videos, read presented material, apply skills through real-life scenarios and interact with games or activities to reinforce key concepts. Each session is designed to be completed in approximately 45 minutes and does not require teacher instruction. The HealthyU curriculum objectives include:

- Developing skills necessary for personal management of individual health;
- Increasing self-sufficiency to manage personal health-care needs;
- Improving health-related quality of life;
- Improving health-related knowledge and skills that influence employment and economic stability; and
- Identifying health-related services, resources, and supports

The HealthyU objectives are met through the scope and sequence of the program curriculum. Content is broken down into skills and applied activities to help build health literacy strategies that are intended to generalize to real-world situations. Table 2 presents examples of content and activities completed in the HealthyU curriculum.

Establishing a health literate adult population is a national priority, which is of particular importance for students with disabilities. Students need instruction to build their health literacy. The following recommendations can be applied to help students be successful in the transition to adulthood. First, recognizing the importance of health literacy in transition planning and goal setting will promote graduating students who are prepared to navigate health systems. Second, IEPs...
and transition plans that include self-advocacy and independent functioning goals, can also incorporate health literacy skills. Third, talk to your students, parents, and co-workers about the importance of health literacy skills. Finally, begin discussions with the other specialists (occupational therapists, physical therapists, speech language pathologists, or behavioral interventionists, etc.) who serve your students on ways to incorporate health literacy skills, and practice in applying those skills in various activities with the youth they serve.

References


To learn more about the topic of health literacy and the *HealthyU* program visit https://cehs.unl.edu/ccfw/health-literacy/.

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Specific United States Department of Education (DOE) offices are especially important to state and local special education officials, administrators, and teachers as these offices provide leadership, enforcement, and fiscal resources to assist states and local school districts to educate students with disabilities under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act. The U.S. DOE is made up of a number of offices, including the Office of Civil Rights (OCR), the Office of Special Education and Rehabilitative Service (OSERS), and the Office of Special Education Programs (OSEP), located within OSERS. OSERS and OSEP provide guidance on meeting the requirements of the IDEA and OCR provides guidance on meeting the requirements of Section 504 as well as fielding and addressing complaints of discrimination.

One way in which OSERS, OCR, and OSEP provide guidance is through developing, communicating, and disseminating federal policy interpretations on special education through policy letters, guidance documents, and memos. Although these interpretations do not have the force of law, they may be cited in hearings or court cases because they do have some legal authority. Guidance from OSERS, OCR, and OSEP are sometimes written in the form of a “Dear Colleague Letter” (DCL) or
“Questions and Answer” (Q&A) document. These official documents are open to the public and are very important to special education administrators and teachers because they provide official guidance and clarification on the implementation of the IDEA and, in the case of OCR, the implementation of Section 504. The Department of Education maintain websites that collect the letters of guidance. Selected guidance letters from OSEP and OSERS can be found at http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/index.html.

Selected guidance documents from OCR can be found at https://www2.ed.gov/about/offices/list/ocr/frontpage/faq/rr/policyguidance/disability.html.

In 2016, OSERS and OSEP issued an important DCL regarding the education of students with disabilities who have problem behaviors. The DCL addressed the use of discipline with students with disabilities and made it clear that IEP teams should proactively address a student’s problem behavior by including positive behavioral interventions and supports in his or her IEP. Officials in OSERS and OSEP also suggested that the use of short-term disciplinary procedures should trigger a school’s personnel to strongly consider whether a student’s IEP addressed his or her misbehavior. In the DCL, officials from OSERS and OSEP noted that when a student with disabilities experienced behavioral challenges that resulted in suspensions or other exclusionary disciplinary measures, the IEP team may need to reevaluate the student’s IEP to ensure that the IEP appropriately addresses his or her behavior so that the student receives FAPE (Free Appropriate Public Education).

The DCL also identified circumstances that, when present, may indicate that a school district had failed to provide a FAPE to a student with disabilities who was experiencing behavioral challenges that impeded his or her learning or the learning of others. These circumstances included failing to (a) consider the inclusion of positive behavioral interventions and supports in response to the student’s behavior, (b) schedule an IEP Team meeting to review the IEP to address behavioral concerns after a reasonable parental request, (c) discuss the parent’s concerns about the student’s behavior and its effects on the student’s learning during an IEP meeting, or (d) implement the behavior supports in a student’s IEP or where school personnel have implemented behavioral supports that are not included in the IEP that are not appropriate for the student. The OSERS/OSEP DCL is available online at https://www2.ed.gov/policy/gen/guid/school-discipline/files/dcl-on-pbis-in-ieps--08-01-2016.pdf).


The intent of officials at OSERS in issuing this document was to provide parents, educators, and other stakeholders with a synopsis of this important ruling and describe how the decision in the Endrew case should inform school districts’ efforts to improve academic and functional outcomes for students with disabilities. The
The document includes 20 questions and OSERS responses to these questions.

In the document, officials in OSERS examined the importance of the new higher educational benefit standard developed by the Supreme Court and reiterated that to meet the higher standard, IEP teams must develop special education programs that “provide meaningful opportunities for appropriate academic and functional advancement and to enable the child to make progress” (U.S. Department of Education, 2017, p.6). According to OSERS, IEP teams can accomplish this by focusing on the individualized needs of a student and conducting thorough and meaningful assessments of all of a student’s needs, and then focusing on a student’s academic and functional needs, the views of the student’s parents, a student’s disability, and a student’s potential for growth, when developing his or her IEP. Moreover, to ensure that a student’s IEP is reasonably calculated to enable a student to make academic and functional progress, the student’s IEP must include ambitious and challenging goals and objectives, and be revisited if he or she is not making the expected progress. Monitoring a student’s progress is particularly important because, according to OSERS, the Supreme Court’s decision in Endrew “clarified that the standard for determining whether an IEP is sufficient to provide FAPE is whether the child is offered an IEP reasonably calculated to enable the child to make progress that is appropriate in light of the child’s circumstances” (U.S. Department of Education, 2017p. 7). Officials at OSERS wrote that a student’s “parents and other IEP team members should collaborate and partner to track progress appropriate to the child’s circumstances” (U.S. Department of Education, 2017, p. 8) and also noted that local education agencies (LEAs) and state education agencies (SEAs) should provide support and guidance to school personnel to ensure that they develop IEPs that meet the new Endrew standard for conferring a FAPE.

State special education officials, school administrators, and teachers, as well as college and university personnel who prepare special educators, need to keep current of legal developments in special education. An important way to do so is to monitor DCLs and Q & A documents from the U.S. Department of Education.

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Do you have the winter blues? Are you snowed in? Here is round two of our recommendations for your listening and viewing pleasure. Topics Include working with traumatized students, mindfulness in education, the importance of connecting with students, and the difficulty students of color encounter in our educational system.

**Tips for Working with Traumatized Kids in Your Classroom** (12 minutes)

The host of *Inside the Minds of Teens and Tweens* podcast, Dr. Regina Lamourelle from Santiago Canyon College features two guests on this program. The first is Maura McInerny, a senior attorney at the Education Law Center in Pennsylvania. She and Amy McKlindon authored *Unlocking the Door to Learning: Trauma-Informed Classrooms and Transformational Schools*, a publication of the Education Law Center. The second guest is Heather Wolpert-Gawron, an award winning middle school teacher from Los Angeles, California. They discuss the need to build an environment and culture of safety within a school, the vital role the school leadership team plays in establishing this safety net, and the importance of implementing a restorative justice approach.

**Caverly Morgan and Peaceful Schools**
(29 minutes)

Mindfulness in Education is a free podcast on iTunes hosted by Daniel Rechtschaffen, the founder and Director of Mindful Education. In this podcast, Rechtschaffen interviews Caverly Morgan, the Director of Peaceful Schools located in Portland, Oregon. She tells the rather fascinating story of how she started an afterschool program at a Portland high school, which developed into the first credited class in mindful education. She explains the components of this semester class and the final project that is completed after four hours of silent meditation. She details the role of a principal who championed the cause because of the ongoing mental health issues at his school. She also discusses her experiences at two different Portland high schools and how the mindful education curriculum has impacted the students. Some of their research can be located on their website: www.peaceinschools.org/mindfulness-research/.

To listen to this podcast, go to iTunes, search iTunes podcasts for Daniel Rechtshaffen, and locate the podcast titled Caverly Morgan.

**Every Kid Needs a Champion**
(8 minutes)
https://www.ted.com/talks/rita_pierson_every_kid_needs_a_champion

Rita Pierson was a life-long educator and had a variety of experiences as a teacher, counselor, special educator, and administrator. Pierson also conducted numerous professional development seminars. This TED Talk is an excellent cure if you need some motivation and a few laughs. Ms. Pierson expounds on the fact that all learning is based on relationships and that every student needs a champion. Pierson passed away in 2013.
How Students of Color Confront Imposter Syndrome (11 minutes)
https://www.ted.com/talks/dena_simmons_how_students_of_color_confront_impostor_syndrome

Dena Simmons is a former teacher and currently the Director for Emotional Intelligence at the Yale Center. In this TED Talk, Dena recounts her personal story growing up in Brooklyn, attending a boarding school, and her years as a teacher to make her points about our educational system. It is a thought provoking ten minutes. The tag line for this episode is “every child deserves an education that guarantees the safety to learn in the comfort of their own skin.”

Marc Benedetto, Special Services Coordinator, Westside Community Schools, Omaha, NE, benedetto.marc@westside66.net

Books

Child Rearing: Does It Really Take a Village? A Review of Kevin Wilson’s Perfect Little World
By Carl R. Smith

Contrary to the contentions of many, an undergraduate degree in psychology does have benefits. This experience allowed me to explore various related fields such as philosophy, political thought, and biology. A second advantage was to just learn enough of the field of psychology to foster a life-long interest in trying to keep up with psychology trends and research findings.

During that time I was able to attend a lecture by B.F. Skinner as well as being exposed to the written words of Freud, Jung and many other leading voices in psychology. Among the more behaviorally oriented readings that I completed was Walden Two that presented B.F. Skinner’s vision of a “modern” version of the ideal society. To top this off I had an opportunity to visit Twin Oaks, a communal setting outside of Richmond Virginia that was hailed as being one of the foremost examples of the implementation of Skinner’s vision for Utopia. It was indeed fascinating to see the concept of communal living with shared responsibilities by all who lived in this quaint, small community.

When queried regarding the challenges being faced by Twin Oaks, two issues were shared. First, despite the shared responsibilities across members for the general welfare of the group, there was still the need for some members to work “outside” the commune in order to earn additional income to keep the community viable. The second challenge, pointed out as being more so than the employment issue was that it was newly
announced that a member of the community would soon be delivering a baby. While you might suspect that this would be celebrated as is true throughout most of our communities, this was not so within Twin Oaks. The lingering question was whether the parents of this newborn, particularly the mother, would be willing to give up their child for communal child rearing. Such an approach would, to many, lead to the parents stepping back from their “special” role to foster communal parents for the child.

A similar theme is visited in Kevin Wilson’s recent novel, *Perfect Little World* (Harper Collins, 2017). The main character, Izzy, has just graduated from high school, is uncertain of her future plans, and has just discovered she is pregnant from a secret affair with one of her high school teachers, whom we quickly realize is not available to help Izzy in any manner. Adding to this dilemma is that Izzy lives alone with her father, who does not have the means of providing any support. Izzy works locally at a barbecue restaurant where she does the difficult job of preparing pig parts for preparation.

Izzy is provided an opportunity to escape her fate. The mother of Izzy’s lover, knowledgeable of her son’s role, meets with her and offers an opportunity to join a scientific study. This study will bring together parents of ten children who will live together and give up individual rights to parent their children for the sake of communal child rearing. As Izzy weighs this option:

[Izzy] thought, for the millionth time, of her future as it lay before her without the aid of this project, working two jobs to make ends meet, her son in the cheapest day care she could find, so tired at the end of the day that her baby felt like an unbreakable curse, failing each and every day until the bottom fell out of the world.

What does this novel have to say to us in the field of behavioral disorders? I see several messages. First, think of the numbers of youth we serve who come from situations that may be comparable to that faced by Izzy. How do we avoid the temptation to blame the parent or pass judgment if primary parenting responsibilities are “shared” with extended family? How do we view the parent who is not married and without a partner? What about the times the parent fails to show up for conferences or meetings? Is this a rationale for determining that they don’t care? What about those situations when a parent has given up their role as a mother or father in search of a perceived better future for their child? Do we view this as an easy way out or a decision made with the child’s interest in mind? All of these scenarios challenge us to suspend judgment and seek to understand the situation faced by each parent.

As you can probably tell, I highly recommend this novel to reinforce the humility we need to seek in our work. I recently visited the website for Twin Oaks. It is still up and running and still is heavily based on Skinner’s vision of building a community and sharing day-to-day responsibilities. In regards to the child caretaking responsibilities, it looks like parents, with the support of their community members, have returned to more of a traditional role in parenting. And so it goes . . .

*Carl R. Smith, Professor Emeritus, Iowa State University, Ames, Iowa, csmith@iastate.edu*
The Good Doctor, A Review

By Jeannine Saadeh

As a special education teacher, I am naturally inclined to focus on articles, shows, and podcasts centered around students with disabilities. On my social media pages, almost everything I share is related to my field, because I am passionate about educating myself and others about all types of disabilities. I recently graduated with my masters in low-incidence disorders. My emphasis has always been on autism spectrum disorders (ASD) because of my work experiences with students who have ASD. When I heard there was a new show whose main character had autism, I knew I had to watch it! I was curious to see how the television network would portray the main character, and if the show would accurately depict what people with autism go through in their day-to-day lives. The show is called, The Good Doctor and it first premiered on Sep. 25, 2017 at 10/9 on ABC network.

Freddie Highmore stars as the main character, Dr. Shaun Murphy, a surgeon who has autism and savant syndrome, which is a condition in which a person with a mental disability demonstrates prodigious abilities beyond what would be considered “normal.” This would be a difficult role to play even for people who are knowledgeable about these conditions. Autism is a broad spectrum, and as activist Dr. Stephen Shore says, “When you’ve met one person with autism, you’ve met one person with autism.”

Prior to watching the show, I was concerned that the producers would not understand the individuality of people who have autism. After watching the first several episodes, I am happy to report that they definitely tried to make the program not just inspirational, but meaningful to those in the autism community.

The Good Doctor has surpassed my expectations in the way it portrays the main character, Dr. Murphy. He shows many characteristics that can be part of an autism diagnosis, such as using visuals, demonstrating lack of eye contact, stimming, social awkwardness, and playing with hands during stressful situations to name a few. These characteristics do not always mean that someone has autism, but it is helpful to see these
signs to give viewers a better understanding of characteristics that manifest for individuals on the spectrum. I am looking forward to see how his character evolves with time.

Exceptional Minds, a computer animation studio and non-profit animation and visual effects school and studio for young adults on the autism spectrum, worked on some scenes for *The Good Doctor*. Andrew Dugan, a 27-year-old visual effects artist at Exceptional Minds Studio, believes in shows like *The Good Doctor* because they reveal how far autism has come over the years. He states, “I would never talk about having autism before. Now, it’s okay to have autism and it’s even an advantage. Being in a group of other people with autism who share my interests and my career path, it’s made me aware of just how much I appreciate being who I am. When I learned that the doctor thought in pictures similar to how I do, I felt good knowing that the show’s producer and actors have done their homework and have a pretty good understanding of what it’s like to be on the spectrum.”

The producers and actors address common misconceptions about people with autism. One example is a scene in which Dr. Murphy was mentioned by his co-workers, which then led to a discussion about how people with autism lack empathy. The characters on the show made inaccurate statements such as, “People with autism cannot emotionally connect to others.” They asked, “How can they care for people if they don’t want to make friends?” and “How can they emotionally connect to others?” Unfortunately, I have heard this said within my own community, usually by people who have never met a person with autism. This misconception most likely spread because some people with autism have difficulty making friends or socializing with others, but it does not mean they do not want to make friends or that they do not care for their loved ones. I have worked with students who upon first meeting me, seemed shy and distant. But, as they got to know me, they expressed their love and care for me in ways I cannot quantify. Their gestures of affection came in different ways, in ways I would not have noticed had I not taken the time to understand them. I am glad that the
producers have incorporated scenes where Dr. Murphy connected with his patients as a way of dispelling this stereotype.

When Dr. Murphy was questioned about why he wanted to become a surgeon, he said it was because he wanted to help people. Viewers were shown how his traumatic past inspired him to dedicate his life to others. This scene really revealed the depth of some individuals with autism, and how they can be affected and shaped by their experiences, just as anyone else. The fact that this main character is a skilled surgeon, also shows that many individuals with autism are as capable of succeeding in life as those not on the spectrum.

I identify with Dr. Murphy in many ways. I respect his care for people, passion for his work, and attentiveness to detail. I know many of my friends with ASD watch this show because Dr. Murphy is depicted in such a positive way. It is difficult for me to notice any “flaws” about the way his character is portrayed, and it is clear that the actors, directors, writers, and producers did their research before airing the show. The only criticism I have about this show is that Dr. Murphy is portrayed as a stereotypical prodigy who happens to have autism. This, too, is another misconception that people have about autism; that the people who have it are all “geniuses.” As we know, autism is a spectrum disorder with great variability across individuals. However, the fact that the show chose to portray Dr. Murphy in this manner emphasizes that individuals with autism can have skills and abilities to offer our world. It also lends itself to the notion that we should be open to getting to know them as individuals worthy of respect, regardless of where they are on the spectrum.

Learning about autism is only one reason that viewers should tune in. Based on research from the Department of Labor, many people with disabilities in the U.S. are unemployed. Seeing someone with a disability employed as a doctor highlights the importance of including these people in our workplaces and communities.

The Good Doctor offers a unique perspective by showing the challenges and blessings of living with autism. Although Dr. Murphy struggles to live and work with those who do not understand his diagnosis, we also see how he excels in his workplace, despite the fact that he learns in a different, yet remarkable way. Dr. Murphy learns through images and it is fascinating to see how he visualizes the human body and remembers the definition of specific words. The show highlights the beauty of diversity in the ways we think and view the world.

One quote from the character, Dr. Glassman, who first met Dr. Murphy as a young boy, will forever resonate with me: “Aren’t we judged by how we treat people? I don’t mean as doctors. I mean as people. Especially those who don’t have the same advantages that we have. We hire Shaun and we give hope to those people with limitations that those limitations are not what they think they are. That they do have a shot. We hire Shaun and we make this hospital better for it.”

People are more than just a diagnosis, and it is up to us to recognize and embrace that fact. I encourage everyone to watch The Good Doctor not only because it teaches us about what it is like to live with autism, but also about what it’s like to be human. I hope that this show is only the beginning of a long awaited journey to give a voice to people with disabilities. The Good Doctor provides us with an opportunity to learn about how others see the world, and Dr. Murphy gives hope to all viewers by showing that it is possible to overcome obstacles and follow one’s dreams.

Jeannine Saadeh, Graduate Student, University of Kansas, Lawrence, KS, j769s687@ku.edu
A few years back, I retired from a 25-year career in Special Education. After 6 months at home I was bored to death and jumped at the opportunity to manage a grant-funded project for a local hospital. Walking into the building the other morning, I experienced a “face-the-facts-sweetheart” moment I won’t soon forget.

As I entered the building, I stopped at the reception desk to have a “Good Morning” chat with the greeter at the front desk. “I love your dress,” she said. “You always look so nice.” I smiled. “Well, thank you very much. What a nice way to start my day.” “You know who you remind me of?” she asked. “Do you remember that TV show, Three’s Company?” “Sure,” I said.

“You remind me of that lady who lived downstairs. You know, the one who was married to the guy that was their landlord.” “Whaaaaat??” I could feel the room begin to spin. I almost couldn’t breathe. “Mrs. Roper?” I think I may have shrieked the name. “I remind you of Mrs. Roper? Moo-moo-wearing, gold-shoed old-lady Mrs. Roper?”

She didn’t mean to upset me. She thought Mrs. Roper was a very attractive older woman. By then, I couldn’t hear what she was saying. There was a constricting vice in my chest, a ringing in my ears, and, in big bold letters, the words, YOU ARE OLD NOW stamping themselves across my brain.

That experience has given way to much self-reflection. Sadly, I must face the fact that my days of being “cute” are gone. Wearing a skirt above the knees is now officially criminal. It’s time for me to pass on any and all life lessons to those younger than me. After all, who can say how many days I might have left? With that being said, I choose to leave my first tidbits as a card-carrying member of the “Old Wise One” club to those who are new to the career that so greatly enriched my life. What do you say to someone just coming into the field of teaching and looking for ways to make it 25 years?
Below are my few bits of food for thought. Feel free to add to the list my fellow aging friends. Our new teachers (who all happen to look 12 to me by the way) can use your wise and honest mentoring. So, without further ado...

To all who choose to come into the field of education:

1. Welcome to the most important job on the planet. It will never make you rich in dollars, but the profession will bring you tremendous wealth in spirit. You will walk into your classroom thinking that you can change the world. You won’t… but you will have tremendous power and influence over the lives of countless souls during your career. Parents bestow upon you an honor and a privilege when they drop their babies at the schoolhouse door. Cherish that gift.

2. Chocolate is an educator’s drug of choice. Always keep some in your desk.

3. Spend the first week of your school year teaching every possible expected classroom behavior and routine to your students, right down to how you expect kids to sharpen their pencils. It will save you countless hours of instructional time throughout the year.

4. Down time in the classroom is the work of the devil.

5. Never ever…. EVER make the office staff, the lunchroom staff, or the maintenance staff mad. They are the people who REALLY run the show. You will need them a lot. If by chance, you upset a member of these tremendous teams, refer to #2. Share the chocolate with groveling apologies.

6. Administrators are people too. Refrain from joining the ranks of those who mumble and complain about decisions coming down from the top. You don’t live in the shoes of these individuals and I can assure you they work ten times harder than you think they do. They make difficult decisions every single day. They protectively have your back far more than they will ever let anyone know.

7. A little wine after 5 never hurt anybody.

8. Jeans with holes in them are for after hours.

9. Pray a lot.

10. Take advantage of every bit of professional development you can get your hands on. Teaching is life-long school.

11. Contrary to what some may tell you, I still believe in hugging kids.

12. Do not live in isolation. Share what you know. Help another teacher. Listen to your colleagues. You are all full of tremendous ideas. When you share, everyone is better.

13. Ask.

14. Say thank you to someone every day, including the kids! I can look back and see that the kids taught me far more than I probably ever taught them.

15. Get your paperwork in on time.


17. Be willing to throw a plan out the window. If the horse is dead, discontinue the ride.

18. Dig deeper.

19. Keep the data. It truly is your friend.

20. Every word that you say to a student matters. Many will remember what you said for the rest of their lives. Make sure your words are affirming.

So, there are my top twenty. The most important pieces of advice this old gal can give. Come on my friends. Add to the list.... May God bless you as you bless those young lives. As for me, I am going to Google the annual dues for the Senior Centers.

_____________________
Deborah L. Sisco, Retired, St. Joseph School District, St. Joseph, MO, dhammersisco@yahoo.com
Mary Jane “Mae” West (1893-1980), was an American actress, singer, comedian, and sex symbol, known for her witty quips. These might help understand our student behavior, or our own behavior.

“Anything worth doing is worth doing slowly.”

“When I’m good, I’m good. When I’m bad, I’m better!”

“Whenever I am caught between two evils, I take the one I’ve never tried!”

“Too much of a good thing is wonderful.”

“I generally avoid temptation unless I can’t resist it.”

Disordered Definitions

Totally real definitions you totally won’t find in your textbook...

**Bass-drum-line** (noun) - The pounding sensation in your head when you are trying to figure out how to collect baseline data.

“Manuel couldn’t focus on the data sheet he was creating. His attention was impaired by a serious case of bass-drum-line.”

**Individual Education Planet** (noun) - That place you visit when your whole world seems to revolve around getting ready for IEPs.

“Ugh, I’ve got three IEPs this week, so I spent all day Saturday on Individual Education Planet.”

**Misbehaviorism** (noun) - The scientific study of how to push your teacher’s buttons in the most precise and effective way imaginable.

“Judging by my daily stress level, I’d guess my middle school students all have PhDs in misbehaviorism”
Save the Date
for the First Annual
Richard L. Simpson
Conference on Autism!
OCTOBER 4 & 5, 2018
Edwards Campus • University of Kansas, Overland Park

This conference will honor our friend and colleague who has been a leader in working with children and youth with autism!

Open to all educators who serve children and youth with autism! Sessions and speakers will focus on improved understanding of evidence-based practices in school contexts for serving students with Autism Spectrum Disorders.

Keynote Speakers! Workshops! Half Day Workshops!

Sessions!
Breakout Sessions with topics – final titles and descriptions to be announced!

Augmentative and alternative communication: Jennifer Ganz
Evidence-based practices in ASD: Paul Lacava & Stephen Crutchfield
Social skills: Jeannine Steichter
Executive functioning: Lisa Robbins and Kaye Otten
ABA and discrete trial teaching in school settings: Sonja de Boer
Teaching academic writing to learners with ASD: Rob Pennington
Paraprofessional training, management, and support: Jessica Nelson
Play-based instruction: Terry McGill
Employment training for transition-aged youth with ASD: Leslie Bross
Assessment & evaluation for instructional programming: Lee Stickle & Brooke Young
Skillstreaming for youth with autism: Ellen McGinnis-Smith
Early childhood peer-mediated interventions: Jose Martinez
Social thinking: Theresa Kemper and Theresa Earles-Vollrath

Watch for announcements!
Go to http://mslbd.org/
Email: manager@mslbd.org.

Sponsored by the Midwest Symposium for Leadership in Behavior Disorders and The Kansas Technical Assistance System Network (TASN)

Keynote Speakers!
Matt & Brenda McNiff
Brenda Smith Myles

Workshops!
Full Day Workshop
Verbal Behavior for Teachers:
Mary Beth Patry & Stacy Martin

A Special TASN Workshop
for administrators of school programs for learners with autism.

Half Day Workshops and Topics:
Rural Special Education:
Rob Pennington
Sexuality Education:
Jason Travers
Video-based instruction:
Paul Lacava
Functional Behavior Assessment:
Kaye Otten
Cognitive Behavioral Therapy and Self-Management:
Stephen Crutchfield
Visual Supports:
Theresa Kemper and Theresa Earles-Vollrath
LIAR

Have you ever been asked to write a letter of recommendation for someone you couldn’t really recommend? Wouldn’t it be nice if you could convey unfavorable information without having that person perceive it as such? Well weep, worry, waffle, and gnash no more. *The Lexicon of Intentionally Ambiguous Recommendations* or LIAR for short has been designed expressly for this purpose. Maybe Robert Thornton’s book is for you!

<table>
<thead>
<tr>
<th>Recommendation Statement</th>
<th>Real Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am pleased to say that this candidate is a former colleague of mine.</td>
<td>I can’t tell you how happy I am that she’s moved on.</td>
</tr>
<tr>
<td>When this very intelligent young man left our employment, we were quite hopeful he would go a long way with his skills.</td>
<td>We hoped he’d go as far away as possible.</td>
</tr>
<tr>
<td>You won’t find many people like her.</td>
<td>In fact, most people couldn’t stand her.</td>
</tr>
<tr>
<td>He takes a lot of enjoyment out of work.</td>
<td>And he ruins it for others too.</td>
</tr>
<tr>
<td>It was a pleasure working with her for the short time that I did.</td>
<td>Thank Goodness it wasn’t longer.</td>
</tr>
<tr>
<td>She worked for us for a year more or less.</td>
<td>It was hard to tell just what she was doing.</td>
</tr>
</tbody>
</table>


RETHINKING Behavior is a free online magazine for professionals serving children and youth with behavioral needs published three times per year by the Midwest Symposium for Leadership in Behavior Disorders. Access RETHINKING Behavior at: www.mslbd.org/RTB.html.

Our goals are to:

- Lend support and affirmation;
- Provide thoughtful and stimulating discussion;
- Provide a source of analysis and commentary;
- Provide current news and information;
- Present personal stories and perspectives;
- Provide unique information; and
- Offer humor, parody, and fiction.

What are you thinking?
What do you like? What should we add?
What do you take issue with? Agree with?
Did we make you think? Smile?
Send thoughts or a proposal to rethinkingbehavior@mslbd.org.

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