

CHILD AND ADOLESCENT BEHAVIORAL HEALTH ISSUES

SAP K-12 Bridge Training
Module for Standard 4


Section 3: Behavioral Health & Observable Behaviors



MODULE 4: SECTION 3

4.b. Articulate the school's role, responsibility, and boundaries in addressing observable student behaviors which may indicate behavioral health concerns that may pose a barrier to school success.

4.d. List behavioral health concerns which may pose a barrier to learning, noting how concerns may exhibit themselves in students' observable behaviors.



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WHAT IS THE SCHOOL'S ROLE?

The school's role is to address observable behaviors that may indicate a barrier to academic success via the school's Student Assistance Team.

WHAT IS THE SCHOOL'S RESPONSIBILITY?

The school's responsibility is to:

- Have a SAP team comprised of staff (including a building administrator) who have successfully completed SAP training from a Commonwealth Approved Trainer.
- Identify students via referrals and the information gathering process who may need assistance with behavioral health concerns that are affecting academic success.
- Partner, in consultation with Mental Health and Drug and Alcohol liaisons, with parents/caregivers in developing appropriate recommendations for the students involved in the SAP team process.


WHAT ARE THE SCHOOL'S BOUNDARIES?

The school should...

- Establish and maintain a SAP team that practices the Pennsylvania SAP Model
- Respect the voluntary nature of SAP
- Abide by all applicable laws and regulations
- Partner with parents in the SAP process

The school should not...

- Diagnose
- Refer for treatment
- Provide treatment
- Diagnose



4.d. List behavioral health concerns which may pose a barrier to learning, noting how concerns may exhibit themselves in students' observable behaviors.

WHAT IS OBSERVABLE BEHAVIOR?

What can you see?

“John has been late for class 5 times in the last two weeks.”

***NOT* your interpretation of what you see**

“John doesn’t like my class—he’s always late.”

WHAT IS OBSERVABLE BEHAVIOR? (CONT.)

What can you hear?

“John has told me he wants to transfer out of my class because the other kids always make fun of him. I have heard students call him a ‘pig’ in the hallway.”

NOT your interpretation of what you hear

“John just wants out of my class because he’s lazy-just like his brother.”

WHAT IS OBSERVABLE BEHAVIOR? (CONT.)

What can you describe?

“John has been arriving 5 minutes late every day for the past few weeks. He has an odor about him and he has told me three times he wants a different class because the kids tease him. I have seen students pointing at him and laughing”

***NOT* your interpretation of what you can describe**

“John is very uncooperative. He shows up late and and looks terrible like he doesn’t care about my class”

FOUR DOMAINS OF OBSERVABLE CLASSROOM BEHAVIORS

- Academic
- Emotional/Behavioral
- Peer/Social
- Physical

ACADEMIC

- Drop in grades
- Lack of attention
- Sleeping in class
- Truancy
- Unusual or disruptive behavior
- Withdrawn; lack of participation
- Talking about loss of a loved one or writing about death

EMOTIONAL/BEHAVIORAL

- Outbursts (i.e. anger, sadness)
- Lack of interest
- Change in mood/behavior
- Unexplained crying
- Irritability
- Disorganized
- Talking about suicide
- Low affect

PEER/SOCIAL

- Change in peer group (younger/older)
- Disinterest in activities/sports
- Associates with known substance users
- Conflicts with peers
- Increase in violent behavior
- Suspected dating violence

PHYSICAL

- Change in weight or eating habits
- Unexplained marks or bruises
- Somatic complaints
- Frequent requests to go to the nurse or home
- Decline in hygiene
- Fatigue
- Blood shot eyes
- Suspected injurious behavior
- Frequent illness, coughing

LOOK AT....

- What the child is saying and doing
- What is happening or not happening
 - At home
 - At school
 - With friends
 - During extracurricular activities

WHAT'S THE DIFFERENCE BETWEEN NORMAL AND PROBLEMATIC BEHAVIOR?

- Frequency—how often is the behavior occurring?
- Intensity—how severe is the behavior?
- Duration—how long does the behavior last?

WHAT ARE THE MAIN CATEGORIES OF BEHAVIORAL HEALTH DISORDERS IN CHILDREN/ADOLESCENTS?*

1. Neurodevelopmental
2. Depressive
3. Bipolar and Related
4. Anxiety
5. Disruptive, Impulse Control, and Conduct

1. NEURODEVELOPMENTAL DISORDERS

- Examples include: autism, ADHD, intellectual disability, communication disorders, and specific learning disorder
- Conditions with onset in the developmental period, often before the child enters grade school
- Developmental deficits that produce impairments of personal, social, academic or occupational functioning
- Frequent co-occurrence with other disorders

2. DEPRESSIVE DISORDERS

- Examples include: major depressive disorder, persistent depressive disorder, premenstrual dysphoric disorder.
- The common feature of all of these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function.
- The difference among them are issues of duration, timing, or presumed etiology.

3. BIPOLAR AND RELATED DISORDERS

Bipolar Disorders are separated from the Depressive Disorders in DSM-V and there are several different types. The main features are:

- Inflated self-esteem and grandiosity.
- Decreased need for sleep (e.g. feels rested after only 3 hours)
- More talkative than usual or pressure to keep talking.
- Flight of ideas or subjective experience that thoughts are racing.
- Distractibility (i.e. attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
- Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
- Excessive involvement in activities that have a high potential for painful consequences (e.g. engaging in unrestrained buying sprees, sexual indiscretion, or foolish business investments).

4. ANXIETY DISORDERS

Disorders that share features of excessive fear and anxiety and related behavioral disturbances. Such as:

- Separation Anxiety Disorder
- Selective Mutism
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder

4. ANXIETY DISORDERS (CONT.)

While the terms “fear” and “anxiety” are often used interchangeably, the two responses are not the same even though they may cause very similar symptoms.

FEAR

- Emotional responses to real or perceived imminent threat--we believe something in the present *is* threatening us
- Surges of autonomic arousal necessary for fight/flight
- Thoughts of immediate danger
- Escape behaviors
- Mobilizes us for action

ANXIETY

- Anticipation of future threat—we believe something in the future *might* threaten us even though there is no apparent risk
- Muscle tension
- Preparation for future danger
- Cautious or avoidant behaviors
- Persistent – lasting 6 months or more
- Occurs more frequently in females

5. DISRUPTIVE, IMPULSE CONTROL, AND CONDUCT DISORDERS

- Conditions that involve problems in the self-control of emotions and behaviors
- Manifested in behaviors that violate the rights of others (aggression, destruction of property) and/or bring the individual into significant conflict with societal norms or authority figures
- Tend to be more common in males than females
- Some of these symptoms can be typical of normal adolescent development and/or normative for age, gender, and culture

5. DISRUPTIVE, IMPULSE CONTROL, AND CONDUCT DISORDERS (CONT.)

- Age of onset tends to be in childhood or adolescence
- Some of these symptoms can be typical of normal adolescent development and/or normative for age, gender, and culture
- Examples include: Oppositional Defiant Disorder, Intermittent Explosive Disorder, Conduct Disorder, Anti-Social Personality Disorder
- **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition 2013*

ALWAYS REMEMBER

If any observable behaviors indicate self-injury, suicide, harm to others, or harm from others, it should be considered an emergency and be referred to the appropriate school personnel *immediately*.