
Section 4:
Students with Behavioural Challenges

4. STUDENTS WITH BEHAVIOURAL CHALLENGES

The Five Categories

This chapter will examine in greater detail the five categories of programming interventions that can be used with students exhibiting behavioural challenges.

Students moving up this continuum have increasingly complex needs that require the specific programming interventions.

Category 1 — Students needing learning supports:

These behaviour problems can be adequately addressed by the school providing a positive educational environment that matches the students' learning styles, academic levels, and individual processing strategies. Category 1 students are those who have behaviour problems due to academic difficulties.

Category 2 — Students needing redirection and positive discipline practices:

These behaviour problems can be adequately addressed by home and/or school management and positive discipline practices. Category 2 students are those students who have behaviour problems because they are unaware of (a) the behavioural expectations of the school; or (b) the commitment of staff to have students comply with these expectations; or (c) the skills needed to function in the classroom.

Category 3 — Students requiring specialized interventions and supports:

These behaviour problems can be adequately addressed with specialized interventions that include a strong parent-school partnership and specialized support. Category 3 students with severe behavioural disorders and syndromes that create highly dysfunctional behaviours.

Category 4 — Students requiring intersectoral involvement with treatment plans or placements:

These behaviour problems can be adequately addressed with highly individualized education and treatment plans with strong interagency partnerships, that include primary care workers. Category 4 students are those with severe to profound emotional/behavioural disorders and severe neurological damage with corresponding violent behaviours.

Category 5 — Students requiring intensive coordinated multi-system interventions and highly personalized treatment facilities tailored to address individual needs:

These behaviour problems are so severe that they can only be adequately addressed with extensive modifications and comprehensive, coordinated, multi-system support services. Category 5 students often require placements outside the regular school system along with multi-system treatment plans.

Targeted Interventions Based on the Five Categories

The following sections identify programs and services required by students described in each of the five categories along the continuum. The breakdown of programming needs by category is not meant to be all-inclusive but does identify the types of services and resources that are available and/or required, and forms the basis for program recommendations. At the end of each category, a number of questions are posed for staff at the divisional, school, and classroom levels to assist them in reviewing their current procedures and interventions for students with behaviour problems.

Category 1: Students needing learning supports

Students whose behaviour problems can be adequately addressed by the school, providing a positive educational environment that matches their learning styles and academic levels.

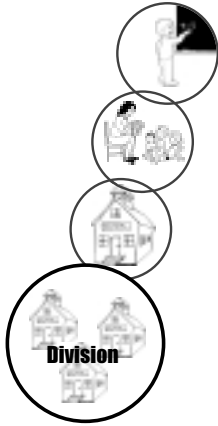
At this level, behaviour problems are largely school-based since these are primarily due to learning deficits or differences. These problems generally do not show up until the child begins school since most parents accommodate the child’s learning level and style in the home. The more formal, standardized expectations of school often highlight these problems. If these learning difficulties are not addressed, behaviour problems may spill over into the family and become a major focus of the school program. Early identification and intervention are critical.

Program Responses	Resources Required
<ul style="list-style-type: none"> • Development of a general differentiated educational philosophy in the school • Programming that matches teaching strategies with learning needs and learning styles • Assistance may be required from a resource teacher or clinician to identify unique processing needs • Collaboration between the school and the parents • Utilization of specialized teaching programs, e.g., Reading Recovery • Development of early identification and intervention programming • Provision of staff training in programming areas such as differentiated instruction and curriculum adaptations 	<ul style="list-style-type: none"> • School-based resources • In-school teams • Parental supports • External organizations • Collaborative parenting skills programs

Some questions to consider when determining the actions needed at the divisional, school, and classroom levels.

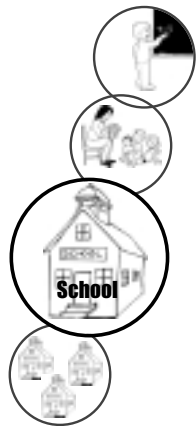
Divisional

- Are parents and community members involved in the division?
- What training programs are in place for teachers?
- What staffing levels are available to address academic issues?
- Are specialists available at the divisional level for consultation on individual students for academic programming?
- What proactive early literacy and early numeracy programs are in place?
- What intervention programs are available for students with academic difficulties, e.g., Reading Recovery™?



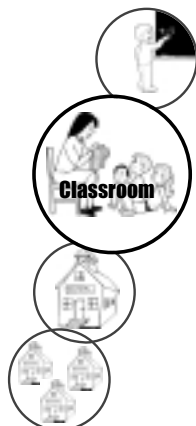
School

- Are the parents and community involved in the school?
- Has the school addressed the issue of positive learning climate?
- What programs and strategies are in place to provide extra academic assistance to students?
- Are parents involved in assisting with their child's learning progress, e.g., reading development, language development?
- Does the school have a variety of resources and books at various reading levels that teachers can use in addressing varying academic levels?
- What divisional resources are accessible to the school for students with learning problems?



Classroom

- Are teachers using differentiated instruction? Adaptations?
- Does the teacher provide lessons that are well-planned, relevant, and interesting?
- Are the teachers addressing individual differences? In what ways?
- Do teachers set high and attainable expectations?
- Do the teachers work collaboratively with parents to help their children with learning progress?



For additional information on the interventions in Category 1, please see Sections 3, 5, and 8.

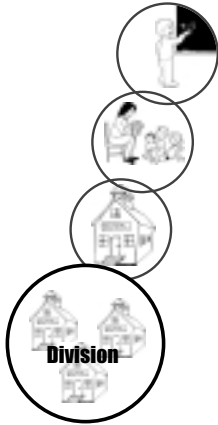
Category 2: Students needing redirection and positive discipline practices

Students whose behaviour challenges can be adequately addressed by home and/or school management and positive discipline practices.

In this category, behaviour challenges occur primarily at school. These behaviours might be a problem for the parents if the behaviours conflict with parental beliefs or values. Problems may be particularly noticeable when a child enters school, since the school represents a unique culture with expectations that may be inconsistent with the beliefs or values of the home. The behaviour problems in this category are largely an educational issue in that the students are not aware of: (a) the behavioural expectations of the school; or (b) the commitment from staff to have students comply with these expectations; or (c) the skills needed to function successfully in the classroom. Students may be confused by inconsistencies in the expectations and variations in corrective strategies taken by teachers within the school or between home and school. Students with problems in this category may respond positively to a particular teacher or management style and may not appear to have problems in these classrooms. In cases where a student’s behaviour dramatically affects the classroom learning environment and where the student will not respond to the teacher’s corrective efforts, or where they largely occur outside the classroom, the principal may need to become involved.

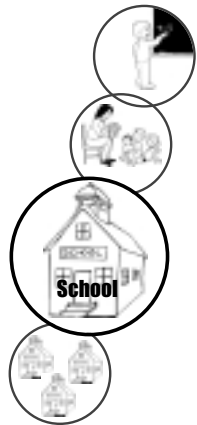
Program Responses	Resources Required
<ul style="list-style-type: none"> • Development of codes of conduct with community support • Provision of professional development activities for staff members with focus on classroom management skills • Utilization of teacher assistance teams or in-school teams to provide suggestions to teachers • Provision of programming to students on prosocial skills, e.g., Second Step, anger management • Provision of parenting programs focusing on dealing with behavioural difficulties • Utilization of school-wide positive discipline practices • Provision of school liaison workers • Work with the community to address major issues, e.g., racism, gangs • Utilization of the services of in-school supports such as counsellors or resource teachers • Development of a positive school climate <p>Program responses and resources required, from Category 1, should also be considered.</p>	<ul style="list-style-type: none"> • School-based resources • Community-based resources • Collaborative efforts at providing parenting programs • Divisional staff trained in behavioural intervention strategies

Some questions to consider when determining the actions needed at the divisional, school, and classroom level.



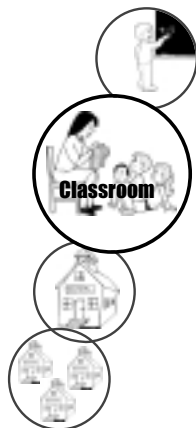
Divisional

- Has the division/district developed a Code of Conduct?
- What policies and procedures have been developed to address behavioural concerns?
- What supports are available to assist schools with behavioural challenges?
- What training programs have been provided on effective classroom management?
- Does the division have clear policies and procedures in place regarding appropriate consequences?



School

- Are all students encouraged to participate in school activities?
- Have workshops and training sessions been provided on ways to address discipline concerns?
- Is support to parents offered on behaviour issues?
- Does the school enforce school rules in a fair and consistent manner?
- Are positive behavioural interventions stressed over punitive interventions?
- Are programs in place to address behavioural issues, e.g., anger management?
- Are supports available for teachers to address behavioural problems?



Classroom

- Do students feel welcome?
- Do students from diverse backgrounds feel welcome?
- Are parents involved when students become discipline problems?
- Are students' strengths and interests valued?
- Are classroom rules developed with the students and enforced consistently?
- Are the rules taught, demonstrated, practised, and rehearsed?
- Are there consistent expectations and classroom routines in place?

For additional information on the interventions described in Category 2, please see Sections 3, 6, and 8.

Category 3: Students needing specialized interventions and supports to address specific disabilities

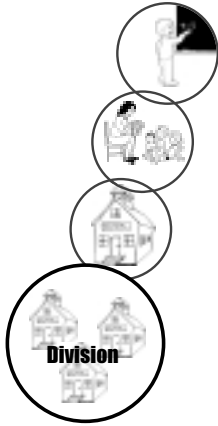
Students whose behaviour challenges require specialized interventions with a strong parent-school partnership and multidisciplinary support (e.g., Students with severe behavioural disorders and syndromes that create highly dysfunctional behaviours).

In this category, students have difficulties inhibiting or controlling negative behaviours. For some students, these behaviours may just be part of who they are. These behaviours may be related to specific disorders or syndromes of a genetic or neurological nature. This includes students with formal mental health diagnoses associated with emotional problems. These students can be quite impulsive, aggressive, and demanding. Their problems are noticeable in the home, school, and community. They can usually be identified early in the child’s life and early intervention is preferred. However, some parents may adapt to their child’s behavioural style and not recognize these problems until the child is older or enters school. Students with behaviour problems in this category require specific interventions designed to address the underlying neurological, psychological, or environmental factors that are driving these behaviours, as well as the specific needs of the child.

Program Responses	Resources Required
<ul style="list-style-type: none"> • Development of targeted intervention plans to meet the needs of the students • Utilization of medical, clinical, educational, and other community specialists on Individual Education Planning teams • Involvement of resource teachers in direct teaching on a one-to-one or small-group basis • Involvement of counsellors in prevention and postvention activities • Provision of a variety of programs and activities on social awareness, anger control, and conflict resolution • Involvement of clinicians in creating and monitoring programs to modify behaviours or teach communication skills • Utilization of medical personnel since many of these children will have a medical or mental health diagnosis • Involvement of child care workers or mental health professionals to work with the home and child • Provision of supports for family members faced with the stress of a difficult parenting situation • Utilization of parent associations and advocacy groups for important information and resources • Utilization of child care workers or early childhood behaviour specialists • Involvement of Speech-Language Pathologists at an early age to prevent the development of associated behavioural difficulties <p>Program responses and resources required from Category 1 and 2 should also be considered.</p>	<ul style="list-style-type: none"> • In-school resources • Clinical services • Individual Education Planning team • Community-based resources • Pre-school resources including parent-child centres, day cares, nursery programs • Community organizations for support and information • Community clinics that address specific disabilities

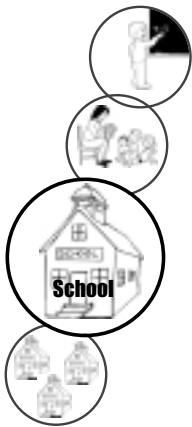
Some questions to consider when determining the actions needed at the divisional, school, and classroom level.

Divisional



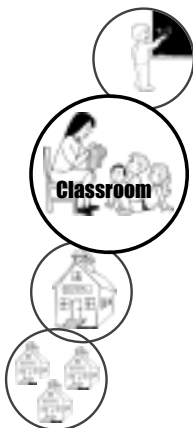
- What policies have been developed for the use of Individual Education Plans?
- How does the division involve parents in the planning process?
- How does the division work with other agencies to provide needed interventions?
- What early intervention programs for behaviour are in place?
- What early intervention screening is done to identify students with behavioural problems?
- What has the division implemented to work with other agencies to address common service needs?

School



- What specific training has been provided to staff members regarding Individual Education Planning for children with targeted disorders and syndromes?
- What interventions are used with special types of disabilities, e.g., a student with autism?
- What specialized programs and supports are available in the school to assist with severe behaviour problems?
- What small group interventions are available?
- Do parent associations and advocacy groups have a place to share information on children with specific disorders and syndromes?

Classroom



- Does the classroom teacher utilize suggestions from resource, teacher, school counsellor, and clinical staff?
- What role does the classroom teacher have in IEP development?
- How does the teacher work effectively with parents/guardians of the student with behavioural difficulties?
- Does the teacher provide feedback to support staff and external agencies on the success or failure of specific interventions?
- What supports can the teacher address to assist students with severe problems?

For additional information on the interventions described in Category 3, please see Sections 3, 7, and 8.

Category 4: Students needing intersectoral involvement with treatment plans or placements

Students whose behaviour challenges require highly individualized education and treatment plans with strong interagency partnerships including primary care workers, e.g., students with severe to profound emotional/behavioural disorders and/or severe neurological damage with corresponding violent behaviours.

In this category, students have particularly complex needs, since their experiences have helped create distorted life views and often-violent behavioural coping strategies. Many of these students live in families where they experience severe neglect and are often left to meet their own basic needs. Physical and/or sexual and emotional abuse are often part of their life experience. Their ability to trust adults is greatly affected and their need to maintain personal control may be extreme. Often, Child and Family Services has become involved before the child has entered school. Sometimes it is the school that identifies the need for involvement.

It is not always possible to ensure the child's safety or well-being without placing the child in care on a temporary or permanent basis. These students may rotate in and out of care, creating uncertainty and confusion. In some cases, the child's behaviour is so extreme that the parent is not able to provide any reasonable control and arranges placement on a voluntary basis.



Students in this category have often had such emotionally damaging life experiences that they respond to social situations with basic mistrust, fear, and intense anxiety. These intense feelings typically translate into confrontational and aggressive behaviours. In other cases, depression, withdrawal, and suicidal behaviour are involved. It is difficult to parent these children. They place such stress on families that the primary caregivers leave the relationship or withdraw emotionally from the child. This can produce chronic fear of rejection and abandonment and anger towards caregivers.

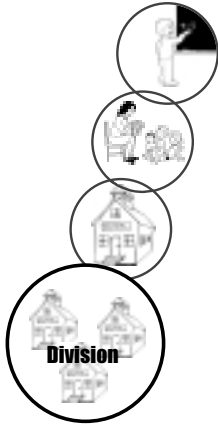
Basic mistrust of authority and issues of power and control become paramount. Even when placed in care, these students experience multiple short-term placements and find it difficult to form any emotional attachment with caregivers. Students who focus their psychological energy on survival issues often appear to have functional cognitive delays, particularly affecting language. This leaves little energy for academics and, over time, the cognitive gap increases. Some of these students may also have a significant neurological dysfunction that affects their performance. There are a number of reasons for this, including perinatal alcohol and substance abuse, malnutrition of mother or child, chronic neglect, and physical trauma.

Neurological dysfunctions may affect all cognitive skills or affect only specific areas of learning including the ability to control impulses. In some cases, brain damage may directly produce violent behaviours. This has been noticed in students where there was subtle damage to the front of the temporal lobes. This is an area of the child's brain that is particularly susceptible to brain damage, particularly by such actions as shaking the child while still an infant or toddler.

Relationships modeled and developed within the family may be quite destructive. Sometimes it is difficult to determine whether the child was a product of destructive family relationships or whether the child's behaviours were the stressors that produced such relationships. Whatever the cause, the needs of these families are beyond those provided by simple "parent education programs." These families are often in a survival mode and interventions need to respond to overall family dynamics and coping styles.

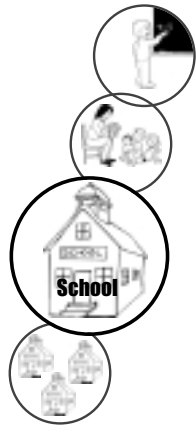
Program Responses	Resources Required
<ul style="list-style-type: none"> • Development of highly individualized education and treatment plans with strong interagency partnerships • Involvement of primary caregivers in developing as well as implementing these plans is critical • Development of interagency approaches to the problem, e.g., interdepartmental protocol agreement has mandated a cooperative working relationship when programming for these students • Development of coordinated multi-system 24-hour plans (circles of care or Behaviour Intervention Plans) • Provision of training for staff in the development of Behaviour Intervention Plans and multi-system planning • Consideration of the use of specific school-based resource centres • Community based treatment programs • Utilization of family interventions as developed by Child and Family Services; utilization of mental health initiatives and adolescent treatment programs • Involvement with Manitoba Justice in both open and closed custody and its Youth Justice committees • Development of individual transition plans when students are in these specialized programs and the need for transition planning when students are moving between systems <p>Program responses and resources required from Category 1, 2, and 3 should also be considered.</p>	<ul style="list-style-type: none"> • Early intervention programs, e.g., Baby First, Early Start, FAST • Pre-school programs, e.g., parent-child centres • In-school and community supports • Services provided by the Departments of Health or Family Services and Housing • Services provided to the home for early intervention • Coordinated services involving several agencies

Some questions to consider when determining the actions needed at the divisional, school, and classroom level.



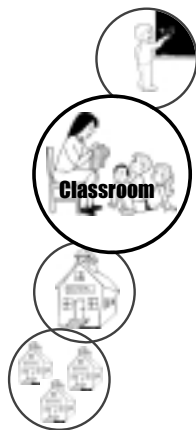
Divisional

- What policies and procedures are in place to address multi-system planning?
- How does the division work with early intervention programs such as Child Day Care, Early Start, Child Development Clinic, etc.?
- Have selected staff members received training on multi-system planning?
- How are extra supports put in place for severely emotionally/behaviourally disordered students? What type of supports?
- What arrangements are in place to access psychiatric or mental health supports?



School

- Does the school have access to external agencies or treatment facilities?
- What procedures are in place to work with outside agencies, e.g., Marymount Inc., and Manitoba Adolescent Treatment Centre?
- What procedures are used to transition students into a regular program from a treatment facility?
- How does the school coordinate a multi-system plan?
- How are students' strengths and interests taken into account in the planning process?



Classroom

- How is the teacher involved in the development of a multi-agency treatment plan?
- How does the teacher work effectively with a paraprofessional?
- What training is provided for the teacher and paraprofessional in working with the emotionally-behaviourally disordered (EBD) student?
- How are common goals established between the home, school, and external agencies?

For additional information on the interventions described in Category 4, please see Sections 3, 7, and 8.

Category 5: Students needing intensive coordinated multi-system interventions and highly personalized treatment facilities tailored to address individual needs

Students whose life experiences have been so damaging they are unable to function in a school setting even with extensive modifications and comprehensive co-ordinated multi-system support services.

In this category, students may not be in school, but remain the division's responsibility. Extreme violence and antisocial behaviour mark their behaviour. Reasons for these behavioural patterns vary, ranging from significant neurological involvement to the most extreme and destructive developmental experiences (e.g., profound neglect and abuse, multiple placements with accumulated damaging experiences, etc.). Sometimes the etiology is mixed. These students are identified very early, often before school entry. Difficulties are typically compounded once they reach school due to their lack of prosocial skills, high level of need, developmental level (emotionally and/or cognitively), and where school fits within their survival hierarchy. They differ from the students in the previous categories by the degree to which their behaviour places others around them in danger. They tend to have highly violent outbursts that endanger others. Careful evaluation and the opportunity to be viewed in a controlled environment indicate that their outbursts are neither caused by nor can be managed by their environment. Pharmacological interventions have been tried and found unsuccessful in controlling behaviour.

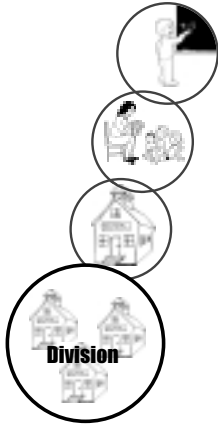
Children in this category require highly individualized and intensive programming with a developmental and family focus. It must be delivered at the earliest possible opportunity. They may require resource-intensive and protective environments in combination with coordinated multi-system planning.

Program Responses	Resources Required
<ul style="list-style-type: none"> • Utilization of community-based programs • Utilization of multi-system planning and involvement • Facilities to accommodate these individuals, e.g., custodial care, high-level group homes • Coordinated efforts at early intervention and identification 	<ul style="list-style-type: none"> • Psychiatric services and programs • Community-based programs • Coordinated services • Partnerships across systems

Some questions to consider when determining the actions needed at the divisional, school, and classroom level.

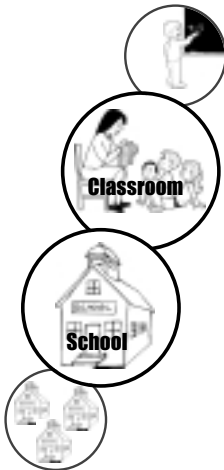
Division

- How will the division be involved in a coordinated multi-system intervention process?
- What transition procedures will be used when the student is able to return to school?
- How will the division partner with other services to provide an educational component in the programming?



School, Classroom

Students in this category are unlikely to attend a regular school or classroom, but schools may want to provide some sense of contact and have a systematic plan for safe entry when the student is school-ready.



This section has focused on the five categories of interventions utilized with students with behavioural challenges. Within each category, four main areas have been addressed: (1) the nature of the behaviour challenge being addressed, (2) the programming responses, (3) the resources required, and (4) actions that need to be taken at the divisional, school, and classroom level. It is important to remember that students will move back and forth along the continuum and that students may require interventions from more than one category.

Summary of Program Interventions for Students with Behavioural Challenges

Category	Staff Involved	Interventions
Students needing learning supports	<ul style="list-style-type: none"> • Classroom teacher • Resource teacher • Specialist teacher, e.g., Life Skills Specialist • School clinicians 	<ul style="list-style-type: none"> • Effective teaching/relevant curriculum • Differentiated instruction/adaptations/modifications • Academic supports • Specialized programming • Parent support/information groups
<p>Students needing redirection and positive discipline practices</p> <p>Students requiring specialized interventions and supports to address specific disabilities.</p>	<ul style="list-style-type: none"> • Classroom teacher • School administrators • School counsellor • Resource teacher • Community involvement <ul style="list-style-type: none"> • Classroom teacher • Resource teacher • School counsellor • School clinicians • Behaviour specialist • Psychiatric specialists • Special parent support groups 	<ul style="list-style-type: none"> • School-wide systems • Effective classroom management • Prosocial skills instruction • Prevention programs • Parent training <ul style="list-style-type: none"> • Individual student planning • Behaviour/social domain of IEP with specialized interventions • Planning team • Home and school coordination • Special parent support groups
Students requiring intersectoral involvement with treatment plans or placements	<ul style="list-style-type: none"> • Classroom teacher • School counsellor • Resource/Special Education teacher • School clinicians • Behaviour specialist • Community agencies • Child and Family Services • Treatment centres 	<ul style="list-style-type: none"> • Behaviour intervention planning multi-system approach • Home and school interventions/supports • Specialized programs with treatment focus
Students requiring intensive coordinated multi-system interventions and highly personalized treatment facilities tailored to address individual needs.	<ul style="list-style-type: none"> • Several Agencies <ul style="list-style-type: none"> — Family Services & Housing — Health — Justice • Full school/divisional team 	<ul style="list-style-type: none"> • Coordinated treatment plan with shared service goals • Multi-agency planning • Unique educational alternatives

**An IEP may be utilized at any level*

NOTES