Student Characteristics Things students may do:	**Diagnostic area**	**Positive interventions**
+ Edginess + Muscles are tense + Mind going blank + Irritability + Problems sleeping + Fear of going places or being alone + Worry about speaking or reading in front of others + New experiences are frightening + It may be free-floating - a generalized feeling rather than attached to one fear or situation	**Anxiety** We have many theories and little evidence that pushing students or forcing them helps. Instead, a sense of safety actually allows most of us to try again.	• Give time to adjust when trying a new skill or doing something worrisome • Counseling • Consistency and ritual with few surprises really helps • Breathing exercises may help • Teach self soothing • Give the student opportunities to set a schedule that is consistent and supportive • Use exercise to calm tension • Utilize art, music, dance as therapy
+ Pounding heart + Shortness of breath or chest pain + Dizziness and trembling + Tingling sensations + Fear of dying + Worried about losing mind + Feeling like "out of body" at times + May experience nausea during attack + Avoidance need may be so strong that school attendance is poor + Fears need no rational basis and may include specific concerns, like germs, others coughing on them, losing a pencil, or generalized -- just things going wrong, living in a nightmare + May be result of PTSD - post traumatic stress syndrome or disorder	**Panic** This is very frightening for the student. If not handled well, the situation can spill over to other fears and activities. Do not force the student to "get over it." They do not choose it!	• Never use timed tests. • Allow student to select a mutually agreeable peer to walk with, sit near. • Teach self soothing, like breathing exercises, a worry stone, a key chain with a favorite stuffed animal. • Teach calming, affirming self talk. • Consult with doctor if family panic history exists and to reassure student of health. • Find out what triggers the attacks and avoid the stimulus. • Take notebook everywhere and as soon as the process begins, have student make notes of everything occurring to find triggers and change the brain flow. • Get the student counseling support.
+ Rituals appear necessary - ordering, counting, recopying, labeling + Repetitive behaviors of mental acts + May have difficulty being satisfied with assigned work including, writing, neatness, content + Obsessing or looping on an idea or thought	**Obsessive - compulsive** Forcing a student to stop usually makes this worse. **Be kind!**	• Try to support rather than prevent the obsession -- hand sanitizer for cleanliness, own sharpener if needs that, etc. • Use of a computer may minimize recopying. • This is very likely to be a bio-chemical issue and medical referral is recommended. • Suggest and support counseling.
+ Involuntary vocal sounds and tics + Sounds include humming, grunting, coughs, clearing throat, barks, curses + Tics may include grimacing, licking, blinking, shrugs, jerking, stretching + Over half also have ADD/ADHD + Much more common in boys	**Tourette Syndrome** ***It is not a choice*** the student makes for the student wouldn't choose it!	• View this as involuntary, like a seizure. • Lessen pressure and allow the storm of activity to "show and blow" since holding back often makes it worse and letting it occur often results in a time of peace. • Stimulants, like coffee, prescription meds, may help.

+ Gain or loss of weight (changes in eating behavior) + Difficulty making decisions + Falls asleep often + Activities are often passed on - little interest or sounds like feels no hope + Discouraged, gives up without trying + Doesn't seem to "think" about things + Little energy, slow shuffling gait + Bent shoulders, sighs, sad face + Puts self down when addressed + Low esteem, being and doing + Inattention (sometimes misdiagnosed as ADD/ADHD) + Irritability and stomach aches + Veiled bids for attention	**Depression** Most of the time this is unnoticed. Please be alert to youth who need support and understanding. If suicide is a concern, get help for the youth and do not tackle this alone.	• Increase peer interaction. • Give the student errands and tasks that involve higher activity level and communications with others. • Provide service options to actively work at community organizations helping others. • Exercise helps. • Music, art, dance and active forms of therapy are beneficial. • Assess, with competent support, the suicide risk, and if student states they are, get help and act as though it is possible. • Listen by increasing positive discussion rather than whining, melodrama, pity party. • Look for ways to refer for counseling.
+ The symptoms of depression (above)alternate with extreme high energy, including: . excessive activity . poor judgment . impulsive behavior . denial of a problem . grandiosity or self greatness, entitlement, messenger from 'God' . racing thoughts . little need for sleep . indulges self in excesses - constant shopping, talking, sexual appetite . loud inappropriate giggling . rejection of others, including a sense of paranoia, grudges . delusional thinking may exist	**Bi-polar** This is seldom diagnosed before an adult episode, nearly always includes genetic pre-disposition, and should be used only if the swings are long term -- over six months. It is not the same as mood swings.	• This set of symptoms requires medical support, especially since the thyroid may not be functioning correctly. • Students can thought stop and find different ways of looking at feelings or occurrences. • Students may not realize how human they are and may try dangerous feats without recognizing the potential for getting hurt. • Keep close check on medications, since the drug effects dull the "feel good" energy. • If student seems to be out of touch, saying things that are worrisome, that suggests psychotic symptoms, have a contact person who can help the student on short notice. • Counseling is essential.
+ Substances usually have an odor associated with use. + Appearance and tracking of eyes is usually altered. + Likely to smoke and most likely to use alcohol (40%) or marijuana (17%) + Argue about legalization, age of use, or defensive about drugs + Often strut involvement, taunt about it + Alteration of appearance + Mood swings and attitude change + Withdrawal from responsibilities + Associate with peers who use	**Substance abuse or addiction** ***This student needs help.*** ***Do not look away or ignore this!***	• Get help from the nurse, the office, the school drug officer. Step in and care. • Assume change is possible and give the student a sense of hope, your concern, your belief that they matter. • Avoid arguing legalization, etc. Model appropriate citizenship and restraint. • Using correct protocol, let parents know. • Develop clear guidelines as a school community and help enforce them. • Believe the problem can be addressed and that teachers/students have power to aid.

+ Does not respond well when bossed. + Argues with adults + Refuses to comply with requests. + Blames others + Vindictive + May be aggressive + Angry - and sends out feelings of anger or rage, especially when thwarted in any way + Deliberately thwarts and annoys others + Task avoidance or off-task frequently	**Oppositional Defiant** **Success = NO POWER STRUGGLES!**	• Use consistent structure. • Provide effective consequences. • Work on building trust, understanding. • Teach conflict resolution and problem solving techniques when thwarted. • Offer effective and inviting curriculum focused on student interests. • Support self control and monitoring • Give choices rather than commands. • Model self-control and anger stopping.
+ Seems to enjoy hurting the helpless, including children and animals. + Intimidates others, including bullying + Deceitful with intention of deceiving + Break into homes, the school, lockers to destroy and ruin + Serious violations of the rules + School truancy + Running away, breaks curfew + Fire setting from early age + Violates basic rights of others with no apparent feeling of sorrow or actual recognition that others have rights + Forces sexual acts on others + Likes and uses weapons + Steals while confronting the victim, often with use of a weapon and physical aggression - mugging, etc. + Presents well, but unsavory issues and behaviors emerge over time + Often likeable at first + Completely unable to recognize or understand another's point of view	**Conduct Disorder** Some children are under socialized. Their choices are not blatant disregard as much as obvious inattention or awareness of the needs of others. It is easy to lose heart with these youth because we feel hurt and see them hurting others with little apparent conscience.	It is true that some people do not care and do not appear to be able to learn to care. There are two exceptions that need our vigilant support -- ***children*** who have not learned to trust or bond due to early childhood experiences (and you cannot assume all is well because a family is rich, well known, in politics, or presents themselves well to the community). ***children*** who have not been taught about expectations, the needs of others, ways to care. • Break respect for others into practices that can be taught and teach/model them. • Reduce frustration points and help the student learn to manage anger, irritation. • Work to build relationship - one on one at first, showing and sharing how to see what others feel, need. • Teach ability to read nonverbal messages. • Teach conflict resolution skills. • Get counseling immediately - not insight therapy, but a skilled practitioner with a long history of work with troubled youth. • Do not leave unsupervised.
+ Student mannerisms mirror other gender + Student may profess love or affiliation with same sex teacher + Questions about sexual identity are expressed in poetry or essays + Student enjoys cross dressing + Student relates belief of being gay + Student is unhappy about sexual identity	**Gender Identity issues** These commonly emerge during adolescence. If the student is not upset, it is not considered EBD	• Suggest that student get support in making a decision. • Provide non-judgmental place to talk, and do not suggest or detract from concerns and decisions. • Help student recognize social limits and boundaries to avoid exhibition or "outing" self before certain of identity. • Watch for suicidal behaviors if the student is upset about potentially being gay.

Categories of IDEA '97 ---***NOT EBD***, but may have some similar or unexpected student actions:

Student Characteristics Things students may do:	**Diagnostic area**	**Positive interventions**
Students may + Use repetitive phrases + Repeat the phrase spoken to him/her + Speak almost in sentences, but omit "I", "Me", "Yes" + Answer questions or statements with unrelated ideas + Use very literal language with symbolism missing + Be startled and upset by unexpected or loud noises + Respond inappropriately or aggressively to being touched + Be hypersensitive to visual stimuli + Prefer to be alone, play in isolation, not interact with others + Engage in self stimulating activities + Show little emotion that reflects empathy or affection + Engage in repetitive motions and sounds, non-stop	**Autism** There is a broad range of symptoms and seriousness in autism. Some youngsters never overcome the separation between self and others. Some go on, as Bill Gates and Temple Grandin have, setting up a model for using the gifts rather than being weighed down by the limitations. Each student is an individual and will need special accommodations , goals, plan	• Focus on communications and ways to make connections. • Structure activities and the day in highly consistent manner and maintain that pattern. • Let the student know before the bell rings, or when loud noises are about to occur, when possible. • Develop curriculum to coincide with student interest -- often singular focus, like the ocean, space, but a fertile area to provide thematic learning unit and activities that are motivating. • Use highly structured, direct approach. • Focus part of instruction on life skills and socialization. • Involve the parents and honor things they have found useful. • Prevent outbursts rather than using behavior mod after eruptions.
+ Executive functioning difficulties potentially including working memory, recall, impulsivity, self-talk that does not support socialized responses; low tolerance of frustration; + Noise, color, high stimulation situations tend to overload impulses + Students have trouble comprehending what is read + Cannot memorize isolated facts + Have trouble organizing thought to write them or produce creative written work + May have difficulty listening, especially if must also hold body still + Irritable and argumentative quite often but sporadically + Begin but do not complete assignments or remember to go back and finish if interrupted. + Ability to organize is compromised, making recall of homework instructions, due dates, material required for class, locker combos, lunch, notebooks, elusive + Impaired sense of time + Low tolerance for being thwarted with quick temper, flashes of anger, impulsivity + Difficulty initiating work	**ADD/ADHD** Remember, this is a very trying condition for a youngster and is probably part of neurological impulses and ways the brain functions. ***It is not a choice*** the student makes for the student wouldn't choose it!	• Simple interventions are best, especially if student developed. • Wide variety of teaching activities. • Utilize activities in all learning styles and intelligences to support lessons. • Increase number of hands-on lessons. • Offer many visual lessons. • Reduce written work -- give evens or odds, frequent. small screening exams • Help student learn to self monitor • Use colored overlays, graph paper, different colors of paper to find best. • Provide consistent structure • Minimize changes in classroom appearance and dangling, too colorful over decorated "rainforests," etc. • Coordinate "peak" meds effectiveness and crucial learning activities. • Give individual nudges and support throughout the day. • Model skills for students • Provide key points prior to the lecture and guided lecture notes so student can follow if lecture (least effective way for most of us to learn) is used. • Help student make cue cards on key items s/he is likely to forget • Use webbing and mind maps

Short term memory

Evidence that immediately forgetting instructions or concepts is an issue:

- Student is very distractible and seems to lose focus during discussion.
- Directions don't get followed if they are complex, and in fact, the student may do the first or last thing and not all the other things they were asked to do.
- Student offers to answer a question and then has forgotten the answer just in the time from raising a hand and being called upon.
- May not be able to discuss something that was just read aloud.
- Cannot take notes during a lecture. They may be able to listen and report on a couple of sentences, but cannot stay with the flow.
- Forget what they just got in trouble for and go back to doing it with no intention of being disruptive or disobedient.
- Though quite intelligent, may not be able to do number problems in their head.

	Remember a time when others were speaking a language you did not know well? No matter how hard you tried, things went too fast, and your ability to share how you were feeling was mostly filled with frustration? Did you try to keep up only to lose the continuity, feel like things were rushing by you? Sometimes you would get one glimpse of what was being said, only to lose the next paragraph or set of ideas. It is similar to the every day, moment after moment experience of the youth with short term memory issues.

Solutions

- Simplify learning materials to focus on one task or learning opportunity at a time.
- Help the student take small chunks and consolidate them before going on.
- Visual, auditory and tactile presentations need to be a part of new concept building. The more memory traces, the better the chance for recall.
- Use existing ideas and "hook" the new ideas to them to improve the chance of recall and understanding.
- Using a more kinesthetic approach to recall -- putting the mind in automatic mode -- is likely to help the student access memory traces, even if they cannot name the steps.
- Minimize pressure so blood flow to higher levels of the brain is at maximum.
- Stop frequently and perform kinesthetic drills or activities to make natural separations between new concepts.
- Use a white board - response process so student has time to make a personal response without trying to be the first one with an answer. Remember too, that by the time most students with short term memory issues raise hands and get called on, there is no recall or the original question or answer.
- Notes need to be taken by a peer or as a fully complete set of organized ideas with blanks to be filled in rather than asking student to listen, write and then recall. Concepts will be lost in the frustration of trying to get things organized and flowing, transferring ideas from auditory input to cognitive input and then into writing.
- Use games directly following instruction to make practice more fun and to include kinesthetic opportunities for rehearsal. Examples - Hop Scotch to learn multiplication facts; Playing cards to add and subtract rapidly.