

Special pedagogical approaches towards children with psychiatric diagnosis

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Message aim

- ✎ Emphasize importance of early diagnostics from pedagogical point of view
- ✎ Emphasize necessity of cooperation among health personal and teachers
- ✎ To inform briefly about approaches towards children with psychiatric problems in special pedagogy
- ✎ Point to problems of approaches towards children and pupils in contemporary general education environment

Current situation

- ✧ Every year more than 27 thousands Czech people are on state pension due to psychical disease, tendency to rise - 20% of all newly granted pensions, fastest rising cause (M.Janoušková, National Institute of Psychical Health, Psychiatry)
- ✧ Most psychical problems manifest firstly in childhood (researches: 50% of all psychical diseases before 14 years of age, 80% before 17)
- ✧ Early diagnose is often obstructed by predictions and by fear of reaction of others
- ✧ Researches: number of people with psychical diseases rise steadily
- ✧ **WHO should notice first signs?**
- ✧ Parents – often insufficient themselves
- ✧ Teacher – late, after problem is developed

Special pedagogy diagnostics (SPD)

- ⌘ *Early diagnostics of disease is very important for prevention of circle of failure, frustration and lowering of self esteem of child (Riefová, 1999)*
- ⌘ Special pedagogy diagnostics is aimed, compared to general medical diagnostics, also on **non-damaged functions**, because it builds it's correction actions on those undamaged functions and processes.
- ⌘ Part of SPD is also pedagogical diagnostics aimed specially on **subject within norm spread** and it is an important part for making an idea about **child's ability to function in regular school**.

Psychiatric problems in the field of social care system – behavioral level (Etopedy)

Every psychic problem manifest itself in behavior

Special pedagogical intervention for children with psychiatric diagnose consist mainly from **special education** and in applying **methods of special education**.

Special education = tuned set of techniques, methods of educational influences, by which positive changes are achieved in quality and quantity of erudition of individuals with special education needs.

Impact

- ✧ Impact from deficits connected with diagnosis of these children is severe:
- ✧ Sometime it prevent child form regular school attendance.
- ✧ In more severe cases it prevent schooling altogether.
- ✧ Lost of natural environment and friends.
- ✧ Falling behind in classes, early drop-out.

✧ **Students with developmental and other psychological diseases** cannot be perceived in schools just from **education** point of view, but they must be perceived from another levels:

✧ Social adaptation

✧ Social communication

✧ Physical

✧ Psychological

Multi-modal approach child psychiatrist, psychologist, special teacher, child MD, parent

Current environments in regular schools are **discriminatory** toward such students.

On one hand they are constantly confronted with prejudices, stigmatization, isolation, are target of bullying, are

Diagnosis spectrum review

☞	1year/386 students (mentioned co-morbid Dg., usually connected with social disadvantage)	
☞	Mildly severe and severe behavioral disorders socialized or unsocialized in combination with learning disorder	112
☞	Severe ADHD with aggression and beh. dis.	139
☞	Hyperkinetic behavior disorders	40
☞	LMR with aggression and beh. dis.	38
☞	Atypical severe diseases (schizophrenia, acute psychosis, bipolar disease, depression)	23
☞	ASD	17
☞	Eating disorders	6
☞	Drug usage	11
☞	No. of institutionalized students	21

Activity and attention disorders - ADHD

Passivity and low motivation

Notable disadvantage in emotions, cognition and relationships

School – emotional discomfort in class as well as in home preparation

Higher occurrence of depressions, drug abuse, pathological gaming, oppositional, aggressive and violent behavior, criminal activities



Co-morbidity with other developmental or psychic diseases (addictions)



Addictions



Bad school results
Absention
Aggression
Cyber-bullying
Gangs
Vandalism
Lying, cheating



Net addiction= addiction to virtual drugs

- ❧ Computer games
- ❧ Social networks
- ❧ Internet services (various chats)
- ❧ Viral videos
- ❧ Mobile phones
- ❧ TV, etc.



Risks of net addiction

- ☞ **Physical risks** – motoric system, visual system (neck pain, shoulder pain, back pain, small joints pain, wrist pain...)
- ☞ **RSI (Repetition Strain Injury)**, group of diseases from small repetitive movements when controlling computer – joint symptom is severe pain – inflammation of tendon wrapping and tendons, obesity, diabetes, heart diseases, epilepsy, higher tendency to risk (higher probability of injuries)
- ☞ **Visual system** – pain of eyes, burning eyes, tearing, ticks, blots in visual field, red eyelids, problems with focusing, described cases of astigmatism, on top of that - headaches

Psychological and social risks

- ✧ Time management affected (irregularity in food, lack of sleep)
- ✧ Deterioration of family and school relationships
- ✧ Decline in school results
- ✧ Increased risk of addiction not only on computers, but also on alcohol and other drugs
- ✧ Stress on neural system leads to memory problems and deterioration of communication skills
- ✧ Greater tendency to aggression, fights, bullying, hostility
- ✧ Other Behavioral problems – stealing money for buying games, skipping school, cheating
- ✧ Separation from reality (gradual disconnection from real relationships, their eventual loss, impact on perception of real consequences of own

Self harm

High risk of addiction



Eating disorders



Negative self evaluation
Obsessive thoughts of food and figure
Fear of gaining weight
Performance focused, perfectionism
Irritability and conflict seeking
After a while often depression thoughts
High risk of chronification



Depression, bipolar disorder, suicides



Sadness, hopelessness
Lost of interests
Lack of energy
Mood swings (slow-down, activity, aggression)
Somatic problems
Aversion to school, school results decline
School duties = stressor
Try to escape from unpleasant experience
Suicide

Method – Structured learning

Learning process of learning is grounded in **KBT principles**

- ✎ It is based theoretically on **Lovaasov's intervention therapy** and educational programs propagated in the frame of TEACCH programs

Suitable for children :

ASD

ADHD

children with problems with communication

children with more severe type of mental retardation

Priorities

social skills training

work routine training

communication training

Suitable learning strategies

- ✧ **Classical** learning setting with clear and repeating lesson structure – **gives feeling of security to pupils, beware of CREATIVITY!**
- ✧ **Readable teacher** (expectable and consistent behavior of teacher)
- ✧ **Clearly expressed requests** on work and about behavioral rules
- ✧ **Consistency**, insisting on finishing the work (either now, or later...)
- ✧ **Individual help** (offering, encouraging, motoric instructions)
- ✧ **To know students learning style** (ADHD bad listeners, more reliable in visual perception, from whole to details – they are better in inductive learning, **OPINION** is important for them)

Intervention

- ✧ **Students react best on intervention, which are using positive methods**
- ✧ Teacher can affect only some of factors, mostly those manifesting during class, he or she doesn't substitute psychologist, doctor, he or she will not engage in long term work – in therapy of more severe problem, teacher can be only in co-therapist's role, provides information, and if asked, **provides advice and intervention.**
- ✧ Examples :
- ✧ Disturbing in class – change of environment
- ✧ Correction of teaching method
- ✧ Prevention of triggers of unwanted behavior
- ✧ Change of our own reaction as a result of behavior

Used methodic

- ✧ **Educational conversation** (child, access to parent, agreement) **Behavioral monitoring** (class, person, traffic-light)
- ✧ **Individual training** (PU, Logo, ZTV, modified yoga)
- ✧ **Social skills training** – individual, in group
- ✧ **Crisis intervention** – SP, AP
- ✧ **Use of various intervention programs**
(KUPOZ, grapho- motoric workshop, FIE method, etc.)
- ✧ **FBA** (functional behavior analysis)

Procedures of FBA

- ✧ Description of specific problematic behavior
- ✧ Data collection
- ✧ Comparison and assessment of collected data
- ✧ Formulation of hypothesis about behavior purpose
- ✧ Draft of intervention and its implementation
- ✧ Continuous monitoring and evaluation

Case study

Boy, 13,7 years old

Family: full family with 2 children, brother M. Also in the case of DPA, father- introverted, mother – caring, protective

Personal history: distinctive expression of ADHD, immaturity, self-pity, quiet, non-independent, timid

School history: worsened social adaptability, help of elder brother in kindergarten, delayed school start, learning difficulties in Czech language, intellect normal to subnormal, disturbed concentration of attention, distinctively slowed work speed, negativistic reactions to stress, dyslexia and dysgraphia, mutism, now in 7.th grade, 4.th school, last time in dyslexia class

Dg .: Social anxiety disorder, ADHD, persistent disorder of

- ∞ **Intensity** : assumption is that boy suffers in strong intensity
- ∞ **Frequency** : very often
- ∞ **Modulating factors**: new subject, new curriculum, new teacher, new situation
- ∞ **Gains and loses** : mutism (unevaluated)
- ∞ **SP approach** :

Boy accepted into individual reeducation SPU (attention concentration training and training of weakened functions)

- Social skills training in etopedic groups, guidance to good self-evaluation
- Setting of clear set of rules and holding to them from teachers part, positive stimulation, in advance known testing questions, opportunity to choose way of testing (oral, verbal)
- For supporting self confidence give various task, which are for student doable without help. (positive motivation, enhancement of self confidence)
- According to IQ, lowering of educational requirements and choice of learning technique
- Tolerance of personal rhythm (opportunity to finish tasks in extra lesson)
- Gradual desenzibilisation – increase of frustration toleration level

Boy, 15 years old

- ⌘ Dg.: Hyperkinetic disorder
- ⌘ Neurotic reactivity with OC symptoms
- ⌘ Intellect below norm
- ⌘ Developmental disorder - disgraphia
- ⌘ **School:** Delayed schooling, adaptation problems, unpopular in group, average school results, mechanical learning (his strength)
- ⌘ **Symptoms :** socially awkward behavior, burst of laughs in inappropriate situations, farting on public, belching on public with justification that it is healthy, comments on situation and other people's conversations, inappropriate or even intrusive behavior towards adults, talking to strangers on train or in the streets, repetitive excuses for insignificant things, crying, depressions
- ⌘ **Obsession content :** mostly about dirtiness and illnesses (what if I lick a toilet, what if I ate lunch bag, what if I get hepatitis, what if my eardrum

SP approach:

- ↳ Lowering of pressure, positive motivation
- ↳ Adjusting his place at class so he won't disturb others (using of divider, in worse cases), instructions for others
- ↳ Social skills training in etopedic groups
- ↳ Using structured learning methods for organization of work at school and at home
- ↳ Training of self-control and self-evaluation
- ↳ Regular relaxation (suggested by him)
- ↳ When bigger behavior changes are observed – start monitoring the behavior (obsessions and rituals)
- ↳ Choice of free time activity – suggested Scout group
- ↳ Regular individual and group therapy
- ↳ Regular check-ins in DPA, conducted by clinician psychologist
- ↳ Prepare group, where boy will be going for his specific behavior so there will be no

Effective Cognitive-behavioral techniques for school environment

- **Positive reinforcement** – shaping desirable behavior (a praise, pocket money)
- **Negative reinforcement-** (unwanted situation will end when he finishes, after school)
- **Punishment** (after school)
- **Fading** (ignoring undesirable behavior)
- **Coupon economy** (rewards x fines)
- **Consistent arrangement keeping**
- **Behavioral contracts** (with parents and students)
- **Time out** – cutting out, recreational time
- **Copying** – modeling



Goal of special pedagogy intervention (re-education and correction)

- ✧ **Creating and strengthening of auto-regulatory mechanisms of individual (aggressiveness)**
- ✧ **Creating acceptable hierarchy of values (interests)**
- ✧ **Reinforcement of positive behavior (positive and negative reinforcement, punishment, loss and gains)**
- ✧ **Appropriate creating of behavior rituals (strategy training, communication patterns, assertive behavior)**
- ✧ **Strengthen of willpowers**
- ✧ (work in group or individually, applied CBT, game therapy, mental-exercises, occupational therapy, art therapy, music therapy, relaxation)
- ✧ **Integrative correction program (IKP)**

based on integrative therapy methods of ADHD, combines and uses methods

Legal aspect of medication

Medication – can be seen as support measure in cases, when health condition and school results of child is dependant on regular medication.

§ 29 par.2 of School law – obligation to ensure safety and protection of health of students in education

Schools are resistant to medication of students

There is obligation of written request from parents for medication in school!

Teachers' role :

- ☞ Supervision or administration of medication
- ☞ Behavior observation
- ☞ Give feedback to child-psychiatrist
- ☞ Share and consult with parents

Medication effects - Experience

☞ Positive

☞ Affect social area

- ☞ Soften rage bursts, soften verbal and physical aggression towards peers
- ☞ Lower defiance and oppositional behavior towards adults
- ☞ Improve ability to self-contained work and play
- ☞ Improve relationships in family, especially mother to child relationship
- ☞ Improve interaction between student and teacher and among students
- ☞ Behavior can be modified more easily
- ☞ Students themselves perceive medication as positive
- ☞ Problem with higher age of students – they often refuse,....“I am not crazy“...

☞ Influence on motor activity

Writings

before medication

úmorě vane i soken
vleče svéi vjezik (veskole)
veškeri videne dostavame
i chutne objedi vjeja ma
dobrou pamjet' *Kiotojad*

jenou kucniku bila mnoha
krasnick. ličick behala hladove
soken patu mnene se divala
kucniku. tam hlidal statu
dobrou. *Pravinec*

during medication

Červen
U morě vane i v horším létě
svěi ve škol. V školní jídelně
dostáváme chutné obedy.
Vicea má dobrou pamjet'.

V jednom kucniku bylo mnoha
krasnick slajic. Ličička behala
hladově kolem plotu a mléni se
divala ke kucniku, ale tam hlidal
statu. *Duben*

Improvement of work performance and results

Medication

**Strengthen of self confidence,
Lowering of frustration,
Starting the change**

**Overall calming,
Improvement of attention,
Lowering of hyperactivity**

Improvement of communication among students and student to teacher acceptance of group

Change in School law

- ✎ On 27.th August 2014 Czech government approved proposal of change in School law, which, among other, change approach to children with special education needs.
- ✎ It abandon separation of students by cause of disadvantage (ZP, ZZ, SZ)
- ✎ It puts into action system of supportive measures as specific and targeted action for each student with special educational needs.
- ✎ In school practice

Catalog of support measures (PF UP Olomouc)

Level of disadvantage – 5 levels of support

General part + 7 other parts aimed at description of measures for 6 basic health diseases and disadvantages (mental, physical, visual, audio, social communication skills impairment, and autistic sceptor diseases, **there aren't special behavioral and education disorders (SPUCH)**

Separate part for children with social inclusion



“God, when will this end!”

Z.Matějček : Secret of education is to set things so that child may succeed and then praise her or him for that.“

Conditions – Are schools ready?

☞ **School culture**

☞ Respect, support, understanding, acceptance, trust, but also clear motivational and sanction RULES!

☞ **Competent staff – experts, educational requirements**

☞ Consistent leadership, knowledge of effective educational methods, personal effort, role model for children

☞ **Daily routine optimization**

☞ Regularity, foreseeability, appropriately chosen interventions, positive motivation, providing of feedback

☞ **Assessment**

possible **lowering** of educational requirements and flexibility in study load amount according to actual state of student, art of improvisation

Teachers training

in crisis intervention, in group work, in self defense, in communication

Main principles

- ☞ **The sooner, the better.**
- ☞ **Less means often more.**
- ☞ **Do, what makes sense.**
- ☞ **Do is as good as we can, professionally, and when we can't do something, we must learn it!**

Thank you for your attention

