



Each and Every Child

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'What is wrong with that child?'

Dubuque schools work to rid old notions of what drives bad behavior

DUBUQUE – The Dubuque Community School District is one of several districts statewide that is taking mental health issues head on.

But make no mistake. It is a deep chasm to ford, not the least of which is changing educator minds about students who act up.

"We are working to get everyone from thinking 'what is wrong with that child' to 'what has been done to that child,'" said Kari Bappe, a school psychologist.



Photos by Iowa Department of Education's Deborah Darge

Back, left: Ashley Caldwell, Angie Birdsall
Front, left: Kari Bappe, Chris Singletary, Sarah Bechler

The work began when the district hired what now comprises the Social Emotional Intervention Team, a five-person group with a two-prong focus: Evaluation and interventions on the individual level, and behavioral programming for the district.

"Behavior programs often were a function of special education," Bappe said. "But we have been using research-based and best practices to intensify our work. Our task is big: improve behaviors in the gen. ed. classrooms. What good behavior looks like in gen. ed. is what it should look like in special education."

The efforts began three years ago when the district saw a need for additional support around social and

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emotional behaviors.

"We now offer the teachers the materials and PD (professional development) to do a good job," Bappe said. "It improves the academic outcomes, which historically have been pretty low."

"The district used to handle behavior issues in a more traditional resource room where kids would come in to receive their services," said Ashley Caldwell, a school social worker. "It was more reactive than proactive."

"It wasn't truly shaping their behavior," Bappe added. "They were telling the kids what not to do, but not telling



Ashley Caldwell

them what to do instead – which is expectations within the classroom and life."

Historically, clinicians have been thought of as the "911 for behavior," Bappe said. "But when we would leave, nothing would change. We decided we had to incorporate a coaching model. We as a team cannot do it all for the entire district. We needed to be building capacity."

To build capacity, or the ability to expand the program district wide, the

team had to examine the district's current practices.

One particular concern was that most teachers were not trained at all in handling behavior challenges.

"Part of our PD plan is to introduce it to all teachers, not just SPED teachers," Bappe said. "And then we also have done a lot of work in understanding mental health with kids, and the different diagnoses."

Caldwell believes that too often, students displaying behavior challenges end up in special education. Currently, about 73 percent of the Dubuque team's time is spent focused on behavior issues in special education, with the remainder in general education.

"We want it to be the other way around," she said.

"We have to strengthen what we are doing before kids end up in special education," Bappe said. "Eighty-five percent of the kids should be able to get their mental health needs addressed in

the general education classroom. It's probably half that right now."

Approaches to behavioral challenges are characteristically put into two categories: incorporating strategies for conduct disorders such as Oppositional Defiant Disorder (ODD) and giving therapeutic programs for kids with disorders such as depression.

"The work we do on the evaluation end is focused on getting a clear understanding of the individual needs of the student, and the function of



Chris Singletary

their particular behavior," Bappe said.

The team has found that it's difficult to facilitate change when challenging traditional paradigms.

"Many people remain more reactionary rather than the proactive," said Sarah Bechler, behavior coach. "Behavior analysis is new to people, and it is difficult getting beyond that these kids are not simply 'naughty children.' There is a function to the behavior."

"Teachers are not always aware how their behavior influences the students," said Angie Birdsall, board certified



Sarah Bechler

behavior analyst. "Sometimes we use strategies that inadvertently trigger the behavior. For instance, if they act up and are sent out of the room, the student is taught that that is how he can get out of class."

Approaching an educator who may not necessarily be on board requires tact, said Chris Singletary, another behavior coach.

"Mostly I will go in and ask them what they need assistance with instead of saying 'this is what you need to do,'" he said. "Get an understanding of what they want and then develop a strategy for each individual. Try



Kari Bappe

to change their mindset. Why is the child acting a certain way? If you have an understanding of that, then you truly can tackle how to best work with that child."

The team sees progress in the district.

"I have seen the teachers and the paras at all levels getting a better understanding of behavior," Birdsall said. "They are starting to understand why we are engaging in behavior. Everyone is getting better understanding what needs to be done."

"It's difficult trying to get past the thought that adverse behavior must result in punishment," Bappe said. "We have found that as soon as you show the staff what to do, they do it. As we give teachers more skills, they use it and are extremely grateful for it."

Dubuque's approach appears to be a natural capacity builder.

"Something we have seen when we focus on one child and give a teacher specific interventions is that she is more likely to use that intervention on another kid before she calls us," Caldwell said. "The more success the



Angie Birdsall

teachers are seeing, the word tends to get out."

Some districts might cringe at the expense of hiring several clinicians. The Dubuque clinicians say that is a short-term view.

"Some districts think, 'how can we afford clinicians,'" Bappe said. "But think about it, you start truly tackling ongoing problems by having a reduction in truancy, the number of kids being expelled and suspended, and improved education outcomes. My question is, how can you not afford it? In the end, it is an investment in your community."

When a fix isn't a fix

If child doesn't improve, reassess the diagnosis

EPWORTH – What happens when you misdiagnose a behavior and apply the wrong intervention? Nothing, absolutely nothing.

And it was nothing that a 5-year-old was receiving in Epworth Elementary School in northeast Iowa in terms of daily instruction last year. That's because the child, on the autism

spectrum and nonverbal, exhibited destructive behavior.

"He caused many safety concerns for himself and peers," said his teacher Kara Steffen. "He was aggressive towards adults and children and for a period of time he was not able to be in the same area of the classroom as others, or leave the classroom to go to

go the gym, lunchroom, playground, or library due to aggressive acts and attempts to leave the school building."

It wasn't as if Steffen, a preschool general and special education teacher in the Western Dubuque School District, didn't already have her hands full.

"I had an inclusive early childhood



Kara Steffen



Emily Hosch

classroom consisting of eight typical students from the grant-based preschool program, five at-risk students and three special education students," she said. "Most years I have two paraprofessionals but last year I had four because I had one that was 1:1 with him and another who was hired to make sure he didn't elope from the school building."

He was displaying behavior issues up to 26 times a day.

The child had been receiving private services, but those were canceled when Medicaid saw no improvement in the child's behavior. He went from three hours of service each day to none.

And the Epworth staff knew they were ill equipped to handle it.

That's when they turned to Keystone Area Education Agency and made a referral to their Behavior Resource Team and Autism Resource Team.

"Originally the school thought he would engage in behaviors to gain attention," said Emily Hosch, a social worker and part of the Keystone behavior and autism team. I asked the school staff to collect some information for me as the behaviors were happening. The information that they gave me

still indicated attention, but then we did more formalized assessments where I actually pulled the student out of the classroom and conducted a functional analysis (this is an assessment where I am able to control certain

variables within the environment to test out a particular function). It turned out his function was tangible – getting immediate access to his I-pad – and there was evidence of escape as well – he would engage in behaviors to get out of work."

Thus, the strategies for improving his behavior had to change.

"With the tangible and escape functions and diagnosis of autism, the school staff put into place visual routines for him. For example he would have an arrival routine that would visually show him through pictures exactly what he did needed to do when he came into the school; like put book bag in locker, put lunch box in the refrigerator, etc.," Hosch said. "We structured his entire day in this manner."

When the boy would produce desired work and behaviors, he would get a reward: access to his I-pad. Using a visual to-do list, the student needed to complete as many as three tasks before his three- to five-minute I-pad break. He does very well with this system. He knows where everything

is, he knows what to do, and he knows when he is done he gets a break with his favorite toy. When we give him access to an I-pad, it also is giving him his break from work, which addresses the tangible and escape functions. This is how the school staff is reinforcing those good behaviors.

"When teaching the student how to communicate through a picture exchange for requesting the Ipad, instead of engaging in problem behavior he figured out this relationship quickly," Hosch said.

"Instead of using problem behavior to get what he wants, he learned to give me a picture of the I-pad."

It became evident he can learn new things pretty quickly. And his acting up? It went from a median of 17 times a day down to 2. His behavior improved so much that he was able to join his classmates for an end-of-year field trip.

"Make sure you know what the real issues are facing the child," Hosch said. "If you don't know why a child is exhibiting problem behavior, it is impossible to know how to address it correctly."

