

• **HOW YOU CAN HELP** •
• **A TOOLKIT FOR FAMILIES** •



heretohelp

Mental health and substance use
information you can trust



CHILDREN AND YOUTH IN THE SCHOOL SYSTEM



A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

MODULE 5

Module 5: Children and Youth in the School System

When a family member has a mental or substance use disorder, it is important to take the time to learn about the disorder. By educating oneself as much as possible about the mental or substance use disorder, family members can take an active role in their loved one's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental or substance use disorder by providing information and practical resources. This toolkit consists of five learning modules. Module 5 provides information for parents on supports and services needed to ensure that children and youth with mental or substance use disorders can work to the best of their ability in school. The other four modules in the Family Toolkit are:

- Module 1:** *Understanding Mental and Substance Use Disorders*
- Module 2:** *Supporting Recovery from a Mental or Substance Use Disorder*
- Module 3:** *Communication and Problem-Solving Skills*
- Module 4:** *Caring for Oneself and Other Family Members*

For more information on the Family Toolkit and how it can be used, please read the *Introduction to Family Toolkit* available from BC Partners for Mental Health and Addictions Information at www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos and organizations that can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

B.C. Schizophrenia Society is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners members are AnxietyBC, BC Schizophrenia Society, Canadian Institute for Substance Use Research, Canadian Mental Health Association's BC Division, Institute of Families for Child and Youth Mental Health, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program) and Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). The BC Partners are funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. For more information, visit www.heretohelp.bc.ca



Acknowledgements and Thanks

BC Partners for Mental Health and Addictions Information gratefully acknowledges the following persons and organizations who helped in the production of this toolkit. Eileen Callanan, Martin and Marianne Goerzen who so kindly offered valuable comments on early drafts. Sharon Scott, editor of the Family-to-Family Newsletter for the use of their quotes from their Fall 2003 issue. All the families who shared their stories so others would benefit. Julie Ward for permitting the inclusion of her mood charts for children. Dugald Stermer for providing permission to use his illustration "Through the Ages" free of charge. Kayo Devcic, Alcohol and Drug Counsellor, Vancouver School Board. Dolores Escudero, Mental Health Consultant, Provincial Services Division, Child and Youth Mental Health Policy and Program Support, Ministry of Children and Family Development.

"How You Can Help. A Toolkit For Families." ©2004 (Updated 2018) BC Partners for Mental Health and Addictions Information. Permission is granted to reproduce this material for non-profit educational purposes. This resource was originally developed by Nicole Chovil, PhD, British Columbia Schizophrenia Society with contributions from Keli Anderson, FamilySmart. Updates have been completed by B.C. Schizophrenia Society.

Funding for this project was provided by BC Mental Health and Substance Use Services, an agency of PHSA.

CHILDREN AND YOUTH IN THE SCHOOL SYSTEM

Problems Children with a Mental Disorder May Experience in School	5
Substance Use Disorders and School	6
Checklist of Warning Signs of Substance Use Problems for Families & Teachers ..	8
Supporting Your Child in School	12
Working with Your Child’s School	12
Parents’ Rights	14
Keeping Records.....	15
Ministry of Education Policy Regarding Children with Special Needs.....	16
Identifying Special Needs of Children and Youth with Mental Illness.....	18
Adapted and Modified Education Programs	19
What Is an Individualized Education Plan (IEP)?.....	20
Worksheet: IEP Planning.....	25
Worksheet: IEP Review	28
Accommodations for Students with a Mental Illness.....	29
Effective Behaviour Support (EBS).....	30
Worksheet: Tracking Behaviour	34
How You can Help: Supporting Learning at Home.....	35
Tools for Students, Families and Teachers	35
Thermometer	30
Daily Chart for Children	41
Rainbow Chart	42
Mood Charts	43
Tips for Teachers With Students Who Have a Mental Illness.....	45
A Student’s Perspective on Learning: Do’s and Don’ts	46
What to Say (and Not to Say) to Students with a Mental Illness.....	47

The Role of the School System in Child and Youth Mental Health

Children do well if they can. If they can't, we need to figure out why, so we can help.

~*The Explosive Child*,
Ross Green

Education plays a critical role in the development of children. Schools not only provide educational growth, but also social and emotional growth. Improving outcomes for children with mental disorders includes ensuring the provision of support and services that enable these children to participate in school and learning opportunities.

Children and youth with mental disorders are not necessarily the students creating a problem in the classroom or being sent to the office due to their disruptive behaviour. **They are often the students who should be occupying the empty seat in the classroom.**

For many children and youth with mental disorders, going to school and staying in school is the biggest challenge they face. Schools can be an extremely overwhelming environment for a student with a mental disorder. The child or youth's functioning may vary greatly at different times throughout the day, season and school year. Because of the cyclic nature of many mental disorders, students may function very well for months or years and then suddenly have difficulty.

Transitioning to new teachers and new schools, returning to school from vacations and absences and changing to new medications can be triggers that result in increased symptoms for children with mental disorders. Medication side effects can also be troublesome at school. For example, fatigue can impact a child's ability to participate in class and weight gain can result in negative comments from peers.

Families can do a great deal to help ensure that their child receives support and has a positive, productive school experience. This module will help families understand the Ministry of Education policy regarding mental disorders and how to obtain the accommodations a child or youth needs in order to receive the most benefit from their education. Tips for both parents and teachers are included.

Approximately 23% of Canadian children and youth ages 9-19 are living with a mental illness.

~ *Making the Case for Investing in Mental Health in Canada*,
Mental Health Commission of Canada

Problems Children with a Mental Disorder May Experience in School

Mental disorders can affect a child's learning, classroom behaviour and social relationships at school in a variety of ways. Below is a list of some of the ways symptoms of mental disorders can impede a child's education. This list is not exhaustive but rather is intended to illustrate the need to look carefully at how these disorders can impact children's learning at school.

- Difficulty with concentration
- Difficulty screening out environmental stimuli
- Trouble maintaining stamina throughout the day
- Difficulty initiating interpersonal contact
- Fear about approaching figures of authority (e.g., teachers, principal)
- Problems managing time and deadlines
- Difficulty focusing on multiple tasks simultaneously
- Limited ability to tolerate noise and large groups
- Extreme reactions to negative feedback
- Difficulty responding to change
- Limited ability to tolerate interruptions
- Noticeable anxiety and confusion when given verbal instructions
- Severe anxiety about tests

~ *Academic Accommodations for Students with Psychiatric Disabilities*, A. Souma, N. Rickerson and S. Burgstahler

Difficulty completing homework is a common problem. Children may be exhausted and drained by the end of the school day from the accumulated stress of school. When possible, expectations concerning homework could be modified seasonally, monthly or daily according to the child's condition. More homework could be given when the child is stable and feeling well and less when they are more symptomatic.

Episodes of overwhelming emotion, such as extreme anxiety, sadness, frustration or rage, can be a problem for both the child and those around them. To help children cope with these strong emotions, schools can establish a 'safety plan' that designates a place for the child to go and a person to talk to when they need some time to regain control of their emotions.

Different types of mental disorders impact how children function in school in different ways. Some of the effects of different disorders are outlined below.

Some children with anxiety or depression may not show any overt learning or behaviour problems and therefore may not receive the support they need. Children with depression may have difficulty concentrating, making decisions and remembering, and the quality of their school work may drop. They may miss classes or have a lot of absences from school. Reduced self-esteem may also affect their ability to reach their academic potential.

Eating disorders can negatively affect a child's school performance in a variety of ways. For example, the child may withdraw from peers and show less interest in school subjects and extracurricular activities. Their ability to focus on projects, papers and tests may be impeded. In addition, they may demonstrate increased sensitivity to what is happening in their environment and others' perceptions of them.

Children with schizophrenia may have educational problems such as difficulty

“Validate my experiences and acknowledge my challenges as well as my strengths, e.g. “I know it was really hard for you to get out of bed today, even harder to go to school. It must have taken a lot of strength to do that.”

~ *What to Expect*
- *About Youth*,
FamilySmart

Our stereotypes about mental illness can lead us to miss problems because we don't think they affect certain groups in our society. Although the majority of people who develop eating disorders are women, about a third of the people who develop eating disorders are young men.

concentrating or remembering information due to the cognitive symptoms that occur with schizophrenia. Their behavior and performance may fluctuate from day to day. Sometimes they may show little or no emotional reaction, while at other times, their emotional responses may be inappropriate for the situation.

Obsessive-compulsive disorder (OCD) can result in compulsive activities taking up so much time that the child is unable to concentrate on their schoolwork. This can result in poor or incomplete work and even school failure. Children with OCD may feel isolated from their peers, in part because their compulsive behaviour leaves them little time to interact or socialize with their classmates. They may avoid school because they are worried that teachers or other students will notice their odd behaviours.

Determining the effect a mental disorder has on a child's education takes more than a review of grades. Parents should collaborate with schools to comprehensively assess how their child's mental disorder impacts all aspects of their education. This can include grades, school work, how well they get along and work with other students, their ability to control their own behaviour, etc.

Youth who are involved in extracurricular activities are less likely to use alcohol and drugs.

Substance Use Disorders and School

A significant proportion of youth will at some point experiment with alcohol or drugs, but only a minority of them will develop problems with substance use. The consequences of substance use can be severe, therefore there is a strong focus on preventing youth from using alcohol or drugs as well as early identification and treatment for those with substance use problems.

Youth may use substances for many different reasons. They might start using a substance to experiment, to fit in with peers, to defy authority and provoke adults, or to relieve boredom. They may also take certain drugs for their effects, such as to lose weight, overcome shyness or increase their energy levels. Substance use may also be used as a way to cope with personal stress or trauma, or to deal with the symptoms of a mental disorder. Substance use can develop into a substance use problem when it starts having negative consequences on a youth's daily life.

Youth tend to use substances less frequently than adults but often use them more heavily, which can conceal the severity of substance use problems. Youth are more likely to engage in binge drinking or drug use, which refers to using a large amount of a substance in a short period of time. The use of multiple substances is also more characteristic of youth than adults. Since the brain is still developing rapidly during adolescence, youth are more susceptible to the negative consequences of substance use including cognitive impairment and risk of developing a chronic substance use problem.

Youth with substance use problems are likely to have a coexisting mental disorder. When a person has both a mental and a substance use disorder at the same time, this is known as a concurrent disorder. Concurrent disorders may develop because a youth uses substances to cope with the symptoms of a mental disorder or a substance use problem triggers the onset of a mental disorder. In other cases, both a substance use problem and a mental disorder may result from the same traumatic event or environmental stressor, or the problems may develop separately.

Most frequently, substance use disorders occur along with:

- mood disorders, e.g. depression and bipolar disorder
- anxiety disorders, e.g. post-traumatic stress disorder

Substance use can negatively impact cognitive and social-emotional development, affecting academic performance, self-esteem and social interactions. Younger adolescents typically lack physical, intellectual and emotional maturity, making them more vulnerable to the negative consequences of substance use than older adolescents.

Since substance use can impair cognitive development, it can interfere with their ability to learn, resulting in a rapid deterioration in their school performance. Serious alcohol and cannabis use among youth can have significant neurological consequences, because these substances affect areas of the brain responsible for cognition, including attention, memory, processing speed, visuospatial functioning and overall intelligence

Problematic substance use is tied to lower grades, poor attendance and increased risk of dropping out of school. Substance use may also cause youth to withdrawal from extracurricular activities that were previously important to them.

Poor functioning in school, including poor grades and attendance problems, may be a signal of substance use problems, particularly when the youth has been doing well and there is no obvious reason for the decline in performance. It is important to note however, that youth who perform well in school or do not display these indicators may still be engaged in problematic substance use.

If a parent suspects their child is using alcohol or drugs in a harmful way, it is helpful to start by talking with them about these concerns. Additional help can be provided by a family doctor or local community substance use services.

Substance use in early adolescence increases the risk of developing a lifelong substance use disorder.

~ Sensitive periods of substance abuse: Early risk for the transition to dependence, C. J. Jordan and S. L. Andersen

Risk and Protective Factors Related to Substance Use

Risk factors increase the likelihood that a youth will engage in problematic substance use. Protective factors are those which help youth avoid abusing substances.

Some risk factors

- Family problems, including conflict and family history of substance use
- School difficulties such as academic and/or and behaviour problems
- Influence by peers who use alcohol or drugs
- Personal influences such difficulty with aggression and low self-esteem or social skills
- Community influences such as availability of substances and perception of substance use as the “norm”

Some protective factors

- Sense of belonging and connection with one’s family
- Caring relationship with a parent or significant adult
- Sense of connection and engagement at school, including perceived caring from teachers
- Clear limits and consistent discipline
- Personal factors like resilience, social competence and problem-solving skills
- Involvement in extra-curricular activities

~ The Role of Risk and Protective Factors in Substance Use Across Adolescence, Cleveland et al.

Checklist of Warning Signs of Substance Use Problems for Families and Teachers

The following is a list of some of the signs of youth alcohol and drug use. These signs are organized into three stages: early or at risk, middle, and late stages. Keep in mind that this is a cumulative list such that youth in later stages will likely show signs from earlier stages. It is also important to remember that adolescence can be difficult, and many youth will show some of these signs. Youth who are having problems with alcohol or drugs will likely show several of the signs in different areas of their life.

At Risk (or Early Use Stage)

- Withdrawn**
- Aggressive**
- Low frustration tolerance**
- Disregards or openly defies rules**
- Drug-oriented graffiti on notes or clothes**
- Has no future plans or has grandiose or unrealistic future plans**
- Wants immediate gratification of needs**
- A loner**
- A risk taker**
- Easily influenced by peers**
- Believes alcohol or drug use makes a person more popular**
- Has friends who use alcohol or drugs**
- Low involvement in any type of activities**
- Lack of motivation to learn in school**
- Decreasing or low involvement in extracurricular activities**
- Family has low tolerance for problem or unconventional behaviour**
- Family has low expectations about school performance**
- Parent has little control over child's behaviour**
- Student is not willing to discuss family situation**
- Parents frequently use alcohol/drugs or have a substance use problem**
- Student has poor self-image**
- Feelings of incompetence; lack of confidence**
- Difficulty communicating**

At Risk (or Early Use Stage) [continued...]

- Low expectations of self
- Overly dependent
- Feels invulnerable (bad things happen to others, not them)
- High participation in unconventional behaviour coupled with high participation in problem behaviour
- High level of stress or anxiety

Middle Stage of Alcohol/Drug Use

- Avoids eye contact
- Frequent use of eye drops
- Sleeps/daydreams in class
- Forgetful
- Becomes less responsible (e.g., incomplete homework, or poor attendance)
- Expresses suicidal thoughts/feelings
- Change in social circle
- Hangs out with known users
- More secretive about friends and activities
- School grades begin to drop
- Conflict between school/family expectations and those of their peers
- Falls behind in or doesn't complete schoolwork
- Withdraws from family and activities
- Changed attitude about family members
- Expresses feelings of hopelessness
- Complaints from parents about their teenager's lessening responsibility
- Is caught using alcohol or drugs
- Continues to use alcohol or drugs after firm stand has been taken

Late Stage of Alcohol/Drug Use

- Abnormally poor coordination
- Glassy or dull eyes
- Smelling of pot, alcohol or solvents
- Slurred speech
- Bad hygiene—no attention paid to hair, clothes etc.
- Frequent complaints or injuries
- Persistent cough
- Frequent headaches or nausea
- Excessive aspirin use
- Lack of affect (emotion)
- Fatigue or loss of vitality
- Either hyperactive or sluggish or going from one extreme to the other
- High consumption of coffee, sugar or junk food
- Weight loss or gain
- Inappropriate dressing (e.g., not dressing warm enough)
- Trouble with the law
- Frequent fights or arguments
- Dishonesty—getting caught in lies
- Carrying weapons
- Verbally or physically abusive
- Inappropriate responses (e.g., laughs when nothing is funny, gets angry out of proportion to the event)
- Suicide attempts or actions
- Frequent fighting or arguing with friends
- Activities with friends seem to always involve alcohol or drugs
- Frequently absent from school
- Constant discipline problems at school
- Has been suspended from school
- Frequent nurse or counsellor visits
- Loss of eligibility for extracurricular activities

Late Stage of Alcohol/Drug Use [continued...]

- Continued use of alcohol or drugs after being caught
- Running away from home
- Refusal to follow rules of the family
- Uses home as a 'pit stop' only
- Overwhelming feelings of hopelessness
- Sense of identity centres around alcohol and drugs (all they ever seem to talk about)
- Selling drugs or frequent exchanges of money

~ *Assessment and Referral Checklist,*

Alcohol and Drug Programs, Youth and Family Resource Centre

Supporting Children in School

Working with a Child's School

When a child has a mental disorder, parents need to work closely with the school to ensure that their child has the opportunities they require in order to do their best. Parents play a crucial role in the planning of their child's education and benefit from being informed about school and district programs for students who need extra support.

Effective communication between a family and their child's school is essential to support a child's educational success. Communicating openly about challenges throughout the school year will help resolve problems sooner rather than later. Schools, like other formal organizations have established lines of communication. The general recommendation is to start with the person who is immediately involved in a child's learning—their teacher. Call the school and find out the best time to meet with the teacher. Parent-teacher conferences are other opportunities to exchange information and work together.

For the best outcomes, families and schools should work together as partners. While teachers and school administrators are the experts on learning, parents are the expert on their child. They know their child's strengths, abilities and challenges. Ongoing involvement and support from parents will make a positive and meaningful difference in their child's success. It is important that parents participate in decisions that affect their child's education, as they can contribute information that is critical to planning and adjusting supports to best meet their child's changing needs.

When there are concerns about a child's ability to learn in school, the teacher will typically arrange an initial meeting with the parents and possibly a school learning team as well. This team may include the classroom teacher, a school counsellor, the principal or assistant principal, a teacher assistant, and possibly a school psychologist.

When Child and Youth Mental Health Services (Ministry of Children and Family Development) is also providing services, they will work with the school to ensure that the child receives necessary support.

Families have a right to privacy but need to balance the importance of providing information that can help in planning with their right to keep information about their child confidential.

When parents are included as partners in the special education of their children, a number of positive and essential changes can occur, for instance:

Parents are less likely to reject or distrust the special education program because of inadequate information

Parents gain knowledge of their children's learning abilities and where they need help

Teachers and others involved gain important insights from the long-term experience and knowledge of the parents

When there is an atmosphere of cooperation, there is less possibility for teachers and parents to waste valuable time and energies in confrontation

Parents and teachers are able to proceed amicably and cooperatively with the real task of finding the best possible ways to assist children to learn and to grow

Dealing with the System

One way to promote success in school is to ensure that children feel 'special' about their learning. Children should be praised for even small successes. Children need to be continually afforded opportunities to be increasingly self-sufficient and to maintain high expectations for school success.

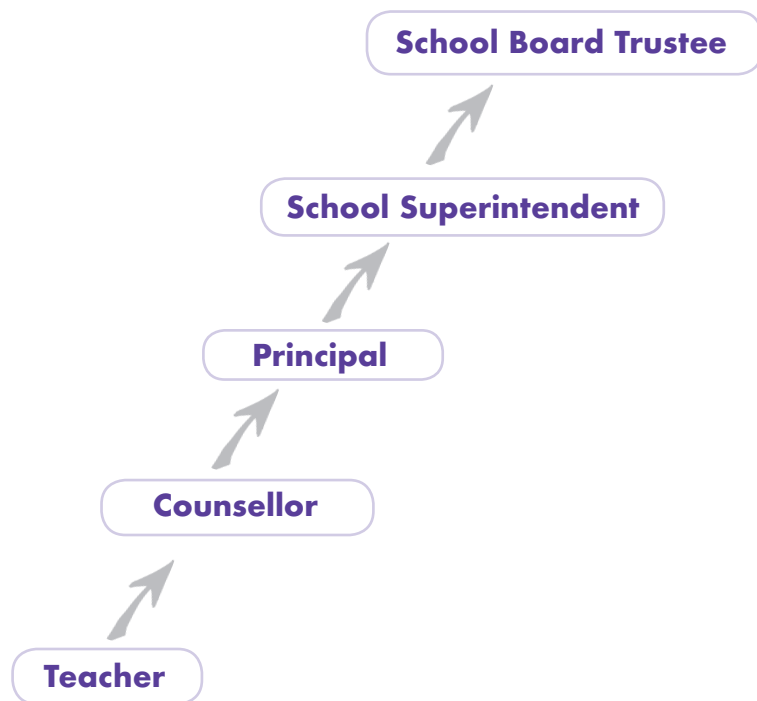
The most diplomatic way to work collaboratively with a child's school is to go through the established hierarchy within the education system. If a parent has concerns or is dissatisfied with the services their child is receiving, it is recommended that they begin with the teacher and proceed up the levels of authority if the situation is not resolved.

Questions you may want to discuss with your child's teachers:

- How can we stay in touch so that I can support the work you are doing in the classroom? What's the best way to reach you?
- Are there counsellors or learning assistant staff who could provide additional information and consultation on program planning for my child if we need it?
- What are some ways I can help my child at home? How can I reinforce skills my child is learning and using in class?

Questions you may want to discuss with your child about their school experience:

- Who helps you at school? What do they do and say that help you learn?
- When I visit your classroom, what do you want me to notice?
- What can we do at home to support your learning?



Parents can call their local school board office for contact numbers of school personnel or look for this information online. If all the school professionals listed above have been contacted and the problem has not been resolved, parents may want to consider some legal avenues:

- Office of the Ombudsperson
- Human Rights Commission
- Courts

Parents' Rights



When discussing your child's learning with school professionals, you may hear terms you are not familiar with, if any time you are unsure, ask for clarification. For example the term individualized education plans (IEPs) refers to a document developed between schools and parents that identifies supports to meet a child's specific learning needs. See page 17 for more information.

Parents have certain rights under the BC School Act. Parents of children with special needs are entitled to:

- Be informed about their child's attendance, behaviour and progress in school.
- Examine all records kept by the school pertaining to their child.
- Be consulted about the placement of their child in a special education program.
- Be involved in the planning, development and implementation of their child's special education program.
- Be involved in the development of their child's individualized education plan (IEP)
- Appeal decisions made by an employee of the school board which significantly affects the education, health or safety of a student (school boards are required to establish an appeal process).
- Request annual reports about the general effectiveness of educational programs in the school district.
- Belong to a parents' advisory council (PAC) established in accordance with the BC School Act.

Parents are advised to learn about the education system and factors that sometimes compromise a teacher's ability to provide additional attention to students with special needs.

- Ask how you can help your child's teachers to overcome obstacles and to promote positive change.
- Find out what specialized programs and supports are available in the school and school district to meet the needs of your child.
- Ask the principal and/or school district staff about options available for your child.

Keeping Records

To effectively support their child, parents may want to keep the following kinds of records organized and accessible:

- Birth records, including a copy of the birth certificate and any pertinent information regarding the pregnancy and birth
- Dates and ages of developmental milestones, such as first words and first steps
- Record of immunizations and any childhood illnesses
- Copies of their child's IEP (Individualized Education Plan)
- Copies of any letters or other documentation regarding their child's education
- Medical information, including assessments done, the diagnosis, medications or other treatments prescribed
- List of doctors (GP, pediatrician, psychiatrist) involved in diagnosing or caring for the child and their contact information
- Progress reports or report cards
- Record of educational assessments, standardized tests and accommodations
- School phone numbers, and names and titles of contact people
- Dated school correspondence
- Notes from meetings
- List of community support people, including names, agencies and contact numbers
- Research information related to their child's mental disorder and any potential interventions or strategies that might be helpful

Tips for Organizing Information

- It is often helpful to keep the information in chronological order, with current documents on top or at the front of the file, as these are likely the ones needed most often.
- Highlighting dates helps with filing and retrieving documents. Self-stick removable notes can be used to flag important documents you need to review on a regular basis or those that require follow-up.
- Keep a list of key contact names and numbers at the front of your file.

Ministry of Education Policy Regarding Children with Special Needs

The BC School Act defines a student with special needs as “a student who has a disability of an intellectual, physical, sensory, emotional or behavioral nature, has a learning disability, or has exceptional gifts or talents.”

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines*,
BC Ministry of Education

In this section, the Ministry of Education policy regarding services for children with serious mental disorders is reviewed.

Mental disorders can range from mild to serious and students may need different levels of support and intervention depending on the severity of their disorder. The Ministry of Education uses the categories *Students Requiring Moderate Behaviour Support* or *Students with Mental Illness* and *Students Requiring Intensive Behaviour Interventions* or *Students with Serious Mental Illness* to determine the level of support students require and the funding allocated to provide this support through the education system.

Students Requiring Moderate Behaviour Support or Students with Mental Illness

The Ministry of Education defines *Students with Mental Illness* as students who have been diagnosed by a qualified mental health clinician as having a mental health disorder and who demonstrate one or more of the following:

- negative or undesirable internalized psychological states such as anxiety, stress-related disorders, and depression;
- behaviours related to disabling conditions, such as thought disorders or neurological or physiological conditions.

To be identified in the category *Moderate Behaviour Support* or *Mental Illness*, students must also meet the following criteria:

- the frequency or severity of the behaviours or negative internalized states have a very disruptive effect on the classroom learning environment, social relations or personal adjustment
- they demonstrate the above behaviour(s) or conditions over an extended period of time, in more than one setting and with more than one person (teachers, peers)
- they have not responded to support provided through normal school discipline and classroom management strategies.

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines*,
BC Ministry of Education

In order for a student to qualify for Special Needs funding, the student must be appropriately assessed and identified, and have an Individual Education Plan (IEP) in place.

Students Requiring Intensive Behaviour Interventions or Students with Serious Mental Illness

Students identified in this category are those most in need of intensive interventions. These students should have access to co-ordinated school and community interventions to support their education and development.

School districts are allocated additional special needs funding for these students. The formula used by the Ministry of Education to provide funding for special needs students includes three categories. Level 3, Category H, is for students with serious mental illness or students who require intensive behavioural interventions. In 2016, the level of additional funding provided for each student was \$9,500 a year.

Students Requiring Intensive Behaviour Interventions are eligible to be claimed in this special education funding category if they exhibit:

- antisocial, extremely disruptive behaviour in most environments (for example, classroom, school, family, and the community)
- behaviours that are consistent/persistent over time.

Students with Serious Mental Illness eligible to be claimed in this special education funding category are those with:

- serious mental health conditions which have been diagnosed by a qualified mental health clinician (psychologist with appropriate training, psychiatrist, or physician)
- serious mental illnesses which manifest themselves in profound withdrawal or other negative, internalizing behaviours
- these students often have histories of profound problems and present as very vulnerable, fragile students who are seriously 'at risk' in classroom and other environments without extensive support

In addition to meeting one of the conditions above, to be eligible for special education funding, these behaviour disorders and/or illnesses must be:

- serious enough to be known to school and school district personnel and other community agencies and to warrant intensive interventions by other community agencies/service providers beyond the school
- a serious risk to the student or others, and/or with behaviours or conditions that significantly interfere with the student's academic progress and that of other students
- beyond the normal capacity of the school to educate, provided normal capacity is seen to include the typical special education support/interventions such as school-based counselling, moderate behaviour supports, the use of alternate settings, and other means in the school environment

~*Special Education Services: A Manual of Policies, Procedures and Guidelines*, BC Ministry of Education

Within the education system the mental health problems of children and youth are often divided into two broad classes: internalizing and externalizing.

The term 'internalizing problems' refers to difficulties that are directed inwards, such as anxiety, depression, social withdrawal or somatic complaints like fatigue or pain.

The term 'externalizing problems' is used for behaviours that are directed outwards such as attentional problems, rule-breaking behaviour or aggressive behaviour.

~ *Manual for the Child Behavior Checklist/4 - 18 and 1991 Profile*, T. M. Achenbach

Identifying Special Needs of Children and Youth with Mental Disorders

All children learn, but not all children learn in the same way, at the same time or at the same rate—learning is a very individual process.

~The Learning Team,
Alberta Education

Assessment

The process of identification and assessment of a student with a mental disorder sometimes begins at the classroom level, although these students are often identified in the community when parents seek help for their child from mental health professionals. When a teacher first notices a problem, they will consult with the parents and attempt strategies to manage the behaviour or support the student in the classroom. If these prove unsuccessful, the teacher may seek assistance from other school-based services or from the school-based team. A teacher or other school professional may ask that a child be assessed. Parents can also contact the child's teacher or another school professional to request that their child be evaluated. This request may be verbal or in writing. Parental consent is generally required before the child can be assessed, however some informal assessments do not require consent.

Placement

A school administrator must offer to consult with a parent about their child's placement in an educational program. It is generally agreed that, as much as possible, students with special needs should be able to learn in regular classrooms. The school board must provide a student with special needs with an educational program in a classroom where the student can be integrated with other students who do not have special needs, unless the educational needs of the student or other students indicate this is not the best option.

Parents should be aware that a modified program in the high school years will lead to a *British Columbia School Completion Certificate* (Evergreen Certificate). This certificate is not the same as a Dogwood Diploma (high school diploma).

Students with a *BC School Completion Certificate* will not be able to go on to post-secondary university opportunities.

Adapted and Modified Education Programs

An education program of a student with special needs may include an:

Adapted Program

This is a program that retains the learning outcomes of the standard curriculum, but adaptations are provided so the student can participate in the program. Examples of adaptations include assigning a ‘buddy’ for note-taking, providing technology to use or extending time for assignments and tests. Students on adapted programs are assessed using the provincial curriculum standards set out by the Ministry of Education.

Modified Program

This is a program in which the learning outcomes are substantially modified from the provincial curriculum and specifically selected to meet the student’s needs. Examples of modifications include the student being taught the same information as other students, but at a different level of complexity; or given a reduced assignment (e.g., fewer questions to answer); or the student uses a lower-level reading textbook. A student on a modified program is assessed in relation to the goals and objectives established in the student’s IEP. A student’s education program could include some courses that are modified and others that are adapted.

School-Based Teams

A school-based team is comprised of school staff who are responsible for planning and coordinating support services for students with special needs. The team usually consists of the principal, the learning assistance or resource teacher, the child’s classroom teacher(s), and the school counsellor. Parents and students (where appropriate) and other relevant people may also be included in this team. The role of the team is to provide support to the teacher, coordinate services and make recommendations about other school, district, community or regional services.



When a child is involved with Child and Youth Mental Health Services (Ministry of Children and Family Development), services are provided an integrated case management approach. Schools are usually an integral part of this process.

What Is an Individualized Education Plan (IEP)?

Individual Education Plan (IEP) refers to a written plan created for a student with special needs that outlines their learning needs, the supports to be provided and how their progress will be measured. An IEP enables a student to develop their individual potential. As each student is different, each IEP needs to be different to meet the unique needs of the student.

An Individual Education Plan identifies any additions, changes and adaptations to the regular program that should be made for each individual child, to ensure that all students have an educational program that meets their specific needs.

The Ministry of Education requires that an Individual Education Plan (IEP) be developed for each student who has been identified as having special needs.

An IEP should be updated each year and reviewed regularly. IEP planning meetings usually take place at the beginning of each school year. During the school year, meetings may be held to make sure the plan is working and to make revisions as needed. Dates to review the plan should be written into the plan.

Depending upon the educational needs of an individual student and the resources available, the IEP team may include:

- classroom teacher(s)
- school administrator
- school counsellor
- parents or legal guardians
- the student (if appropriate)
- other school-based and community support staff who are going to be involved in the delivery of the IEP

Schools are not obligated to develop IEPs:

- for students with special needs who require no adaptation or only minor adaptations to educational materials, or instructional or assessment methods
- when the expected learning outcomes established by the applicable educational program guide have not been modified for the student with special needs
- for students with special needs who require in a school year 25 hours or less remedial instruction by a person other than the classroom teacher in order for the student to meet the expected learning outcomes

One member of the team is typically designated as the coordinator for the development and implementation of the plan. This role should be assigned to the school staff who has the most contact with the student in addressing their needs, often their classroom teacher.

Parents can support the IEP planning process by offering the following kinds of information:

- family history, medical history, and health care needs
- a description of the child’s strengths, needs and wants, including social, educational, physical and emotional aspects
- a description of what the parent wants their child to learn, including both short-term and long-term goals
- supporting documents that might be helpful, including photographs that demonstrate the child’s home life showing skills or interests, or samples of past schoolwork
- methods that have been successful for communicating with the child at home, or ideas for the strategies that could help support the teacher in the school setting
- comments and feelings about any strategies or situations the parents think are appropriate and beneficial for their child
- comments and feelings about those strategies and situations parents think are questionable or problematic for their child
- information about other community services, after-school programs or other caregivers which have an impact on the child’s life

~ *Parent’s Guide to Individual Education Planning,*
BC Ministry of Education

Ideally, a child’s IEP should be reviewed in the fall and spring. However, parents can request other review meetings if they feel they are necessary. Remember—IEP meetings don’t replace report card meetings. Report card meetings give both the parent and the teacher an opportunity to discuss progress, raise concerns and address issues before they become major ones. If possible, it may be easiest to arrange meetings to discuss both reports rather than setting up two separate meetings.

In some schools, the school-based team may appoint the IEP team members; in other schools, the school-based team may develop and implement the IEP.

Placement in special education funding category H is not intended to be static from year to year, as it is expected that an intensive and coordinated approach, including in some cases medical intervention, will result in changes. Students identified in category H are required to have one IEP review a year, however most IEPs are reviewed regularly as they are working documents.

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines,*
BC Ministry of Education

Special Education Services

For students classified in the category of *Students Requiring Intensive Behaviour Interventions* or *Serious Mental Illness*, there must be one or more of the following additional services provided:

- **direct interventions in the classroom by a specialist teacher or supervised teachers' assistant to promote behavioural change or provide emotional support through implementing the plan outlined in the IEP**
- **placement in a program designed to promote behavioural change and implement the IEP**
- **ongoing, individually-implemented, social-skills training and/or instruction in behavioural and learning strategies**

The above may be complemented/co-ordinated with:

- **in-depth therapy, counselling and/or support for the student or family in the community**
- **medication treatment as prescribed and monitored by a physician**

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines*,
BC Ministry of Education

What an IEP should consist of:

- the goals or outcomes set for the student for that school year
- a list of the support services required to achieve the goals established for the student
- a list of the adaptations to the educational materials, instructional strategies, or assessment methods
- the names of personnel responsible for the implementation of the education plan
- relevant medical, social and education background information about the student
- information about the student's current learning strengths and needs
- information on where part or all of the educational program will be provided
- degree to which the student participates in the regular school program
- the period of time and process for regular reviews
- evidence of reviews, including any revisions made to the plan and evaluation of achievement in relation to the established goals
- plans for the next transition in the student's education (including transitions beyond school completion)

When writing the IEP, the following steps are suggested:

1. Identify priorities for the student
2. Determine long-term goals from the priorities
3. Break the goals down into short-term objectives
4. Determine what strategies will be used and what resources will be required to assist the student to reach the objectives
5. Establish ways of assessing student progress and dates for review

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines*,
BC Ministry of Education

Goals should:

- challenge your child's learning, but be achievable
- be relevant to your child's actual needs
- focus on what will be learned rather than what will be taught
- be stated positively (i.e., do's instead of don'ts.)

Planning for Transitions

To ensure that your child continues to receive the necessary support for their learning experience, it is important to plan for changes, like changing schools, changing grade levels or graduating from high school and then moving onto higher education or the workforce.

Always remember: An IEP is a working document.

Role of Parents in IEP Planning

- express their goals and dreams for their child
- provide information on their child's learning styles, interests, their reactions to situations and suggestions on ways to avoid potential problems
- reinforce and extend the educational efforts of the teacher
- provide feedback on the transfer of skills to the home and community
- maintain an open line of communication with the school

Role of Student in IEP Planning

The extent and way students participate in the development and implementation of their IEPs will vary according to their abilities.

Most students can:

- express goals and dreams for themselves
- indicate likes and dislikes
- make suggestions about areas of interest

Even when a student is not able to communicate their ideas and wishes at an IEP meeting, their participation at the IEP meeting can help the team members to stay focused on the students' needs and the purpose of the meeting.

Worksheet: IEP Planning

Use this sheet to help you prepare for an IEP planning meeting. Below are some questions for you to think about in preparation for your child's IEP meeting. You may wish to write down your thoughts for future reference by the IEP Team.

Student Name

Date

Parent's Name(s)

What do you feel are the strengths of your child?

What do you feel are your child's weaknesses? (e.g., areas that may be frustrating or that you feel your child has a particular need to improve in)

How do you think your child learns best? What kind of situation makes learning easiest?

Please describe educational skills that your child practices at home regularly. (e.g., reading, making crafts, using the computer)

Does your child have any behaviours that are of concern to you or other family members? If so, please describe the behaviour(s).

What are your child's favourite activities?

Worksheet: IEP Planning

What are your child's special talents or hobbies?

Does your child have any particular fears? If so, please describe.

How does your child usually react when they get upset and how do you deal with the behaviour?

Do you have any particular concerns about your child's school program this year? If so, please describe.

What are your main hopes for your child this year?

Is there other information that would help us gain a better understanding of your child?

Are there any concerns that you would like to discuss at the next IEP meeting?

IEP Reviews

Reviewing a child's IEP is critical to ensuring that their needs are being met by the school system. It is recommended that IEPs be reviewed at least once a year. The following questions can serve as a guide for preparing for a review.

- Is the IEP an accurate reflection of the child's current education program needs?
- How effective are the strategies and resources that have been selected to support the child's learning?
- How much progress has the child made toward achieving the goals and objectives set at IEP meetings?
- Do new goals need to be selected and new objectives created to more accurately reflect the child's changing strengths, needs and interests?

Decisions about resources needed in a school are often made in the spring so it's a good idea to meet with the school in February/March to ensure that needed supports will be provided for the next school year.

It is also recommended to meet with the school again early in the fall to develop a plan for the new school year. Usually the IEP meeting is scheduled at the end of September or early October, once the teacher is more acquainted with the students in their class.

Worksheet: IEP Review

Use this sheet to help you prepare for IEP review meetings.

Student Name

Date

Team Member(s)

Accomplishments (successes, personal observations)

What has helped your child?

What areas need improvement?

What do you think would help for next year? (recommended strategies, goals, support services)

What transition plans are in place? (transition refers to a change in schools or graduation from high school)

Accommodations for Students with a Mental Disorder

Below are some examples of how teachers can adapt their teaching and classroom in order to facilitate learning when a student has a mental disorder.

- Minimize distractions; if needed, move the student to a seat close to the front of class.
- Pre-arrange a cue to use if the student is distracted to refocus attention.
- Provide the student with recorded books as an alternative to reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where a student can go to regain self-control of their emotions when needed.
- Provide an extra set of books at home for homework and studying.
- Recognize small achievements.
- Audio record missed lessons for the student to review at a later time.
- Provide a notetaker (this could be a peer or someone specifically employed for this task) for lessons both attended or missed by the student.
- Stagger assessment requirements as the stress of many assignments and/or examinations within a short period of time may increase stress levels dramatically. This is especially important if the student has been or is being hospitalized for extended periods of time.
- Ensure that all of the student's teachers are aware of the student's needs so they can be consistent and realistic in their expectations and in their teaching approach. This can also help them provide support for one another and share resources.
- Form a peer network for the student to provide support and increase understanding by the student's peers.
- Provide a separate testing room for tests and exams.
- Allow extra time for taking tests.
- Reduce work load for the student.
- Provide break periods as needed for rest and taking medication.
- Give the student time within the school day when they can do homework.

note to teachers:

When figuring out the types of supports and services to put in place, it is important to keep in mind that all kids are unique with differing needs and coping mechanisms. The mental health interventions that are chosen need to be based on the individual needs of each child and be able to flex in order to provide more or less support as needed.

~Problems at School, Association for Children's Mental Health

Positive Behaviour Support (PBS) or Effective Behaviour Support (EBS)

Positive or Effective Behaviour Support is an approach for reducing behaviours that are disruptive or harmful to a child's learning or to other students, teaching more appropriate behaviour, and instilling supports necessary for successful outcomes.

Positive Behaviour Support begins by identifying the behaviours that are a concern and observing these behaviours in the situations where they occur. This process of identifying the problem behaviour and developing an understanding of what factors surround that behaviour is called a functional assessment. A functional assessment is used to develop an understanding of why and when the behaviour is occurring—the conditions or events that trigger the problem. Once the functional assessment has been completed, a behavior support plan can be developed. This serves as a guide for preventing the problem behaviour, teaching new skills to replace the behaviour and developing new ways of responding to the behaviour.

Positive Behaviour Support is a holistic approach that considers all of the factors that impact a child and a child's behaviour. This approach has been used to address problem behaviours that may range from aggression, tantrums and property destruction, to withdrawal or anxious behaviours. Instead of asking, "What's it going to take to motivate this child to behave differently? Ask, "Why is this so hard for this child? What's getting in their way? What can be done to help?"

Behaviour occurs for a reason. Children engage in certain behaviours because they are trying to fulfill their needs. To understand the reasons why some children engage in 'challenging behaviour,' it is necessary to:

- Try to understand the child's needs
- Establish how the behaviour meets those needs
- Examine what is reinforcing the child's behaviour
- Examine what other behaviours the child has in their repertoire

Once the reasons why the behaviour occurs are understood, parents, teachers or other professionals can work towards:

- Helping children engage in more effective and socially acceptable ways of meeting their needs by learning new skills
- Changing the environment, consequences of children's interactions and routines to facilitate the use of positive behaviours

Understanding what the child is trying to achieve by the behaviour can enable adults to respond in different and more constructive ways that can make the situation better for everyone. The more thoroughly the behaviour is understood, the more effectively positive strategies can be planned and implemented to teach new behaviours. These strategies are called *positive behavioural interventions*. They include strategies to control the environmental conditions that lead to the challenging behaviours and strategies to help children change their response repertoire to include more effective behaviours. The goal is to teach children how to manage their own behaviour.

Changing behaviour often requires *shaping*—rewarding any instance of the desired behaviour to help increase the likelihood it will occur again. Behaviour shaping acknowledges that not all children can do everything at 100%. If a child currently does not turn in homework, expecting that homework will be completed 100% of the time is not realistic. By rewarding small gains and reinforcing the gains as they occur, children learn how to stick with a task and to improve their skill.

Positive behaviour support involves changing the situation so that the child does not need to use ‘problem’ behaviour to get what they want. Ask:

- What can be changed?
- How are things set up?
- How do people respond to the child?
- How can the child be given new ways of asking?
- What new skills does the child need to be taught?

The goal is to prevent disruptive behaviour from serving its purpose while teaching the child to engage in behaviours that will better achieve their purpose.

Effective or positive behavior support is not just for schools. Parents can use the same ideas to create a better environment for the entire family.

~*The Explosive Child*,
Ross Greene

Behaviour is often children’s alternative to language, their loudest voice.

~*Behavior Problems*.
Baker et al.

“Tommy would destroy structures built by other children. In assessing the situation, the teacher recognized that Tommy was an excellent artist. Rather than separate Tommy from the other children when they were playing with the blocks, the teacher suggested Tommy make drawings that could accompany the block structures, such as signs or flags.”

Assess Strengths and Incorporate Them Wherever Possible

Assessment of a child’s behaviours should always include both strengths that the child has as well as areas in which they need help. Some examples of strengths are listed below.

- Lots of energy
- Willing to try things
- Ready to talk or can talk a lot
- Gets along well with adults
- Can do several things at one time
- Smart/fast learner
- Good sense of humour
- Very good at taking care of younger children
- Spontaneous
- Sees details that other people miss
- Understands what it’s like to be teased or to be in trouble so is understanding of other children
- Cares a lot about their family
- Can think of different and new ways to do things
- Enjoys helping others
- Happy and enthusiastic
- Imaginative/creative
- Articulate/can say things well
- Sensitive/compassionate
- Eager to make new friends
- Great memory
- Courageous
- Fun to be with
- Charming
- Warm and loving

Positive Phrasing

Positive phrasing lets children know the positive results for using appropriate behaviours. This can be difficult, since teachers and parents are often used to focusing on the negative consequences of problem behaviour. Compare the difference between positive phrasing and negative phrasing:

Positive phrasing

“If you finish your reading by recess, we can all go outside together and play a game.”

Negative phrasing

“If you do not finish your reading by recess, you will have to stay inside until it’s done.”

Positive phrasing helps children learn that positive behaviours lead to positive outcomes. This, in turn, can help them gain control of their behaviours.

Steps towards Changing Challenging Behaviours

- **Discuss the situation with other people involved**
Agree on which behaviour is a problem and why—What does it look like? What indicates it has started? Finished? Would it be a problem if the situation were different?
- **Start keeping records**
How often does the behaviour happen? How long does it last? When does it happen? With whom? Where? What is going on at the time? What is happening in the person's life generally: illnesses, changes, eating/sleeping patterns etc.? What do the parents do when it happens? What do other people do? What usually ends it?
- **Think about the child**
What do they like to do? What do they need in their life? What is missing from their life? What skills and strengths do they have? What skills do they need to learn? With whom do they get along? With whom do they not get along? What kind of settings do they prefer (i.e. lively, quiet, etc.)?
- **Compare knowledge of the child and their behaviour**
Look for clues about what the child might be achieving or trying to achieve with the behaviour they are demonstrating; and think about how it could be achieved in better ways.
- **Look for ways to improve the child's life in general**
This will often reduce the child's need to achieve whatever the function of the behaviour is, even if the function of the behaviour is unknown.
- **Continue to keep records**
Keeping old records helps to identify if behaviours are getting better or worse.
- **Get specialist help**
Psychologists, behaviour therapists and some specialist nurses can all help. Taking the steps outlined above will make it easier for them to help.

Worksheet: Tracking Behaviour

The chart below can be used to record both positive and problematic behaviours that occur in the home, classroom or playground.

Description of Behaviour Precursors (What happened just prior to the behaviour?)	Frequency (Times per day/week)	Duration (Mins/hours)	Seriousness* (1, 2 or 3)

* For negative behaviour 1 = Very Serious 2 = Serious 3 = Somewhat Serious

How Parents Can Help: Supporting Learning at Home

There are many ways that parents can support their child's learning at home, including talking about what is happening at school, helping their child with their homework and recognizing their child's learning accomplishments. When parents talk with their children about their school experiences, it lets children know that they value hearing about their experiences and provides an opportunity to acknowledge efforts, strengths and successes. Some topics for parents to ask about include friendships, recess activities, progress on assignments, new experiences, highlights of the day, homework, and concerns or difficulties. It is important to ask about tomorrow and upcoming events as well.

Set a homework routine and choose a regular place for doing homework away from distractions such as television and video games. Break homework time into small parts and have breaks. If a child continues to have difficulty completing their homework, it may be helpful to talk with their teacher about options such as reducing the amount of homework. This can also be discussed at a child's IEP meeting.

To help children experience success, focus on the effort they put into school, not just the grades they receive. Reward attempts to finish school work, not just good grades.

Demonstrate to children that the products of their learning are important. For example, display artwork on the fridge, design a scrapbook with favourite selections from each school year, have a special piece framed so that it is preserved forever, or send a piece of art or written project to a grandparent or other relative as a gift. Remember to celebrate small successes. Sometimes just getting to school is an accomplishment. Staying the whole day is a major success.

Tools for Students, Families and Teachers

On the following pages there are a series of charts and sheets that can be used to help manage stress and emotions of a student. The charts are helpful in monitoring mood changes, medication doses, hours slept, sleep/wake times, etc. This information is invaluable for assessing effectiveness of treatments, triggers of mood changes and early identification of negative stressors or possible relapse.

Thermometers

These charts are designed to be used by children to monitor their stress level and identify strategies they can use to calm down. Parents and teachers can help children identify how their body feels and how they behave when they feel calm, frustrated, angry and furious. They can then help children come up with a list of calming strategies. Calming strategies may need to be revised over time as children figure out which strategies work well for them and which do not work.

Teachers may find it helpful to create a “cool down” area in their classroom where students can go to take a break.

Daily Chart for Children

This chart can be filled out by the child and covers areas of mood, energy and sleep.

Rainbow Chart

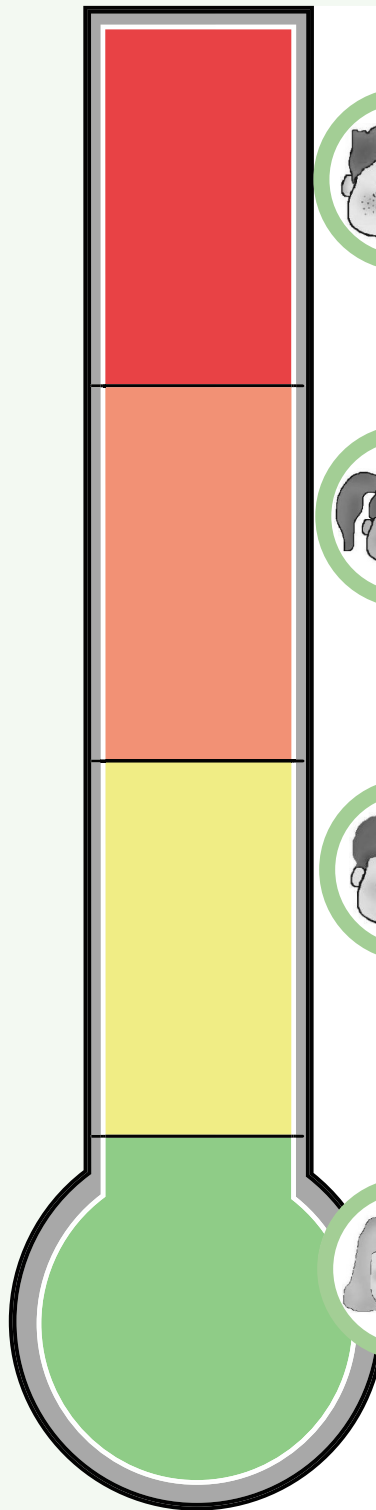
This chart is designed to track three emotions (sad to happy, angry to satisfied, and frustrated to peaceful), energy level (tired to energized) and cognition (confused to sharp-minded). The child rates their own levels from 1 to 10 on a rainbow-coloured chart three times daily. There is room under each rainbow chart for details such as medications taken, sleep disturbances or school experiences.

Mood Charts

There are two types of mood charts: daily charting and monthly charting. Daily charts consist of one day per sheet and can be kept in a journal. The information off the daily sheets can be transferred later to the monthly sheet (one month per sheet). Either the child or the parent may keep these charts.

Thermometer - Example

How Do I Feel?



Furious



I feel like I am exploding with anger. It feels like I have lost control of my body. I want to yell, swear, throw things or hit other people. I'm too upset to do work or play with my friends. Leave me alone!

Angry



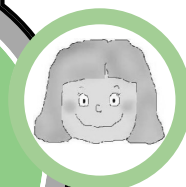
I feel mad or upset. My heart beats faster and my face turns red. I want to stomp my feet and raise my voice. I can't focus on my work or get along with friends. I say mean things or hurt my friends.

Frustrated



I feel annoyed, confused or nervous. My heart is starting to beat faster. I want to clench my fists, grind my teeth or sigh loudly. I find it hard to sit still and concentrate. It's hard to be kind to my friends.

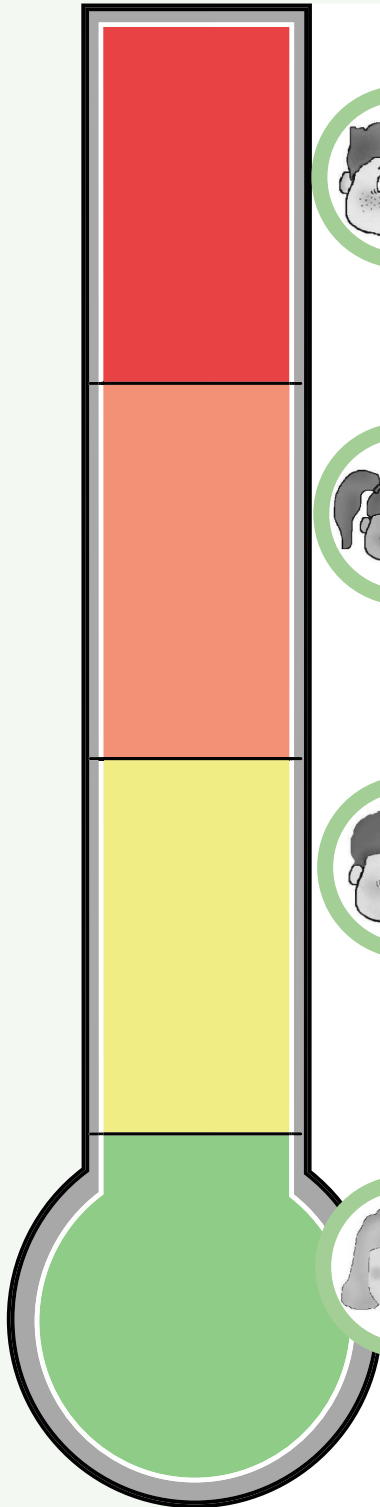
Calm



I feel relaxed and happy. My breathing is steady and I feel like smiling. I can sit in my seat and focus on my work. I am getting along well with my friends.

Thermometer - Worksheet

How Do I Feel?



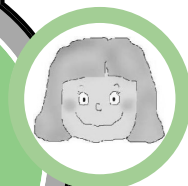
Furious



Angry



Frustrated

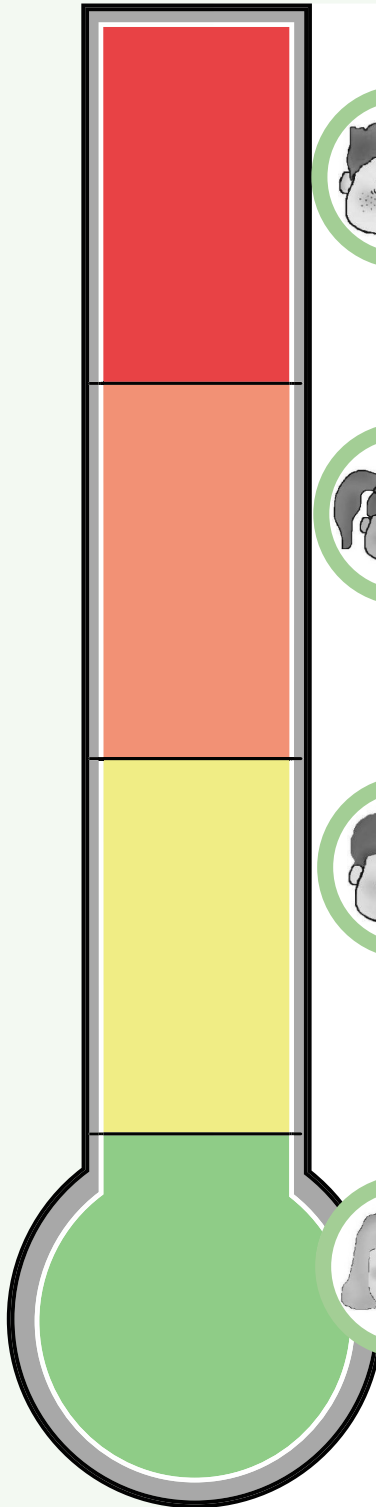


Calm

Stick a post-it on the level of stress you are feeling to let the teacher know you are feeling stressed.

Thermometer - Example

How Can I Calm Myself Down?



Furious

- I will ask a teacher to go my safe place to calm down for 10 minutes.
- I will use headphones to listen to music for 10 minutes.

Angry

- I will take 5 minutes to read a book that I like.
- I will put my head on my desk or go sit in a quiet area of the classroom for 5 minutes.

Frustrated

- I will take deep breaths and count to 10.
- I will take a stretch break and walk to the back of the classroom to read the bulletin board.

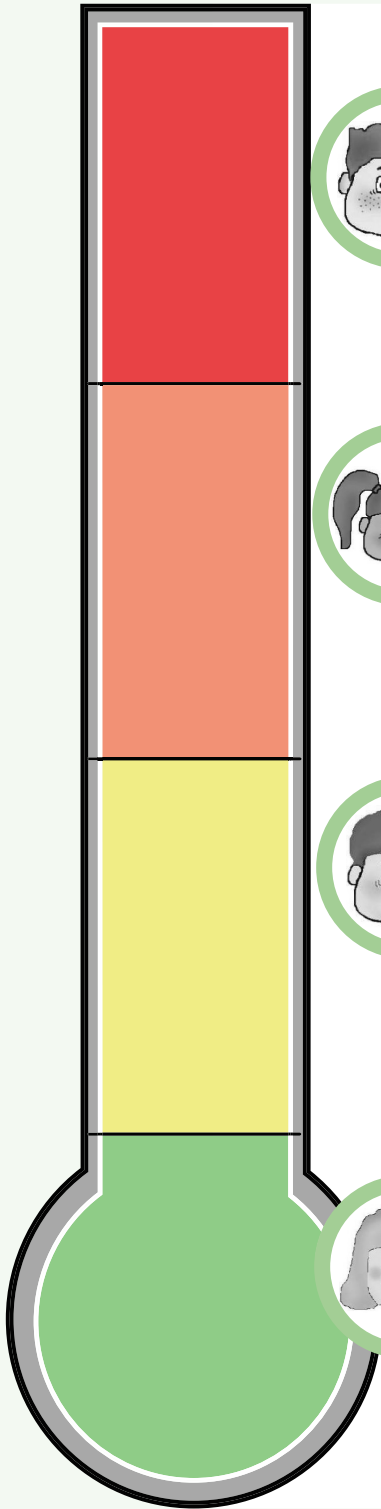
Calm

- I will tell myself that I am doing a great job.
- I will pay attention to my body and notice if I need to take a break, get a drink, or go to the bathroom.

Stick a post-it on what you're doing to let teachers know how you're calming yourself.

Thermometer - Worksheet

How Can I Calm Myself Down?



Furious



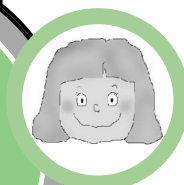
Angry



Frustrated



Calm



Stick a post-it on what you're doing to let teachers know what you're doing to calm yourself.

Daily Chart for Children

Name

Date

Mood

Circle the highest and lowest for today



Very Low



Low



Even



High



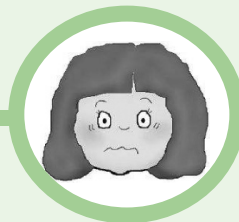
Very High

Energy

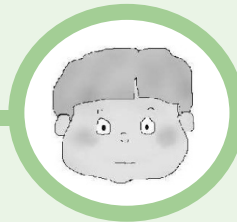
Circle the highest and lowest for today



Very Low



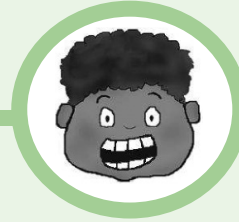
Low



Even



High



Very High

Sleep



Time I went to sleep last night

Time I woke up this morning

How I slept

Medication

Morning

Afternoon

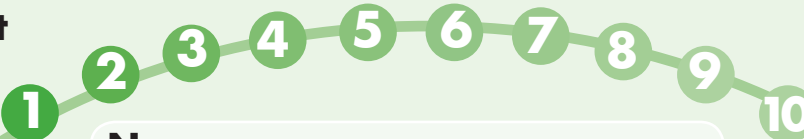
Evening

Bedtime

How school went today

How my moods affected me today

Rainbow Chart



Name

Date

Morning

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How I slept last night:

Meds:

School

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How school went:

Meds:

Evening

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

A positive social experience today was:

Meds:

Daily Mood Chart

Mood (and Energy)

Mark mood with a dot, then connect dots to see trends (If desired, mark energy with an E)

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Very High																				
High																				
Even																				
Low																				
Very Low																				

Rages Mark on 'R' for rages, write trigger beneath

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Rage																				

Medication Mark abbreviation of medication(s) given with dose:

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	

Sleep Mark a 'B' for bedtime; mark an 'X' for hours slept (day or night); mark 'W' for waking during the night

Hour	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	
Night																									
Nap																									

Copyright © Julie Ward, reprinted with permission

Monthly Mood Chart

Mood

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Very High																															
High																															
Even																															
Low																															
Very Low																															

Sleep

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Woke on Time																															
Woke Late																															
Bed on Time																															
Bed Late																															

School

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Good Day (less than 2 reprimands)																															
Bad Day (more than 2 reprimands)																															

Copyright © Julie Ward, reprinted with permission

Tips for Teachers With Students Who Have a Mental Disorder

Understanding Families When a Child Has a Mental Disorder

The following are some suggestions that teachers can follow as they build relationships with the parents of students who have a mental disorder.

- When a child is diagnosed with a mental disorder, parents understandably experience a variety of emotions such as shock, anger and grief. Eventually most families come to accept the situation and learn how they can support their child to succeed. If a parent is angry or frustrated, try to understand where that emotion is coming from.
- Be aware that parents are not the cause of their child's disorder. Parents often feel a lot of guilt and may be sensitive to any references that they are to blame for their child's disorder.
- Demonstrate appreciation of how difficult it can be for parents when a child has a mental disorder. Empathy can go a long way toward building a relationship with parents.
- Maintain open communication with parents and encourage them to be actively involved in their child's education. Parents usually hear when problems occur at school, but be sure to let parents know when improvement is observed as well.
- Teach students about mental disorders and help dispel the myths and stigma surrounding these disorders. Having a mental disorder should be nothing to be ashamed of, any more than one would be ashamed of having diabetes or asthma.
- Be sensitive to single-parent families, families with limited incomes or families of different ethnic backgrounds. These families may face unique challenges.
- Encourage parents to learn as much as they can about their child's disorder and treatment options. Express interest in receiving information if it will be useful to better help their child learn.

To learn more about the experiences of families who have a child with a mental disorder and the perspectives of youth who have a mental disorder, check out the FamilySmart Practice Tools:

- **What to Expect – About Families**
- **What to Expect – About Youth**

Available at www.familysmart.ca/resources/

**These pages
can be
photocopied
and given to
teachers.**

A Student's Perspective on Learning: Do's and Don'ts

- Do assume that I want to learn.
- Expect me to do my best.
- Ask me what modifications might help me better be able to do my work.
- Listen to my words and my behaviours—both are telling you what I need.
- Praise me when I am doing well. Be specific so I know exactly what I need to keep doing.
- Ask my parents for how we handle certain situations at home. My parents know me better than anyone else.
- Treat me with respect. My disorder is a challenge for you—and for me.
- Ask me what interests me.
- Relate academic topics to areas that I am interested in. Show me connections.
- Communicate with me often to help me keep up with how I am doing.
- If we need to discuss a problem, please do so privately with respect.
- Set up a plan that allows me to have 'down time' for cooling off after difficult situations.
- Don't just tolerate me; teach me.
- Don't be afraid of me because of my reputation or past behaviours.
- Don't expect less from me because I have a disorder that is difficult to understand.
- Don't blame my parents for my behaviour; I have a mental disorder and blame will not change who I am now or what my needs are now.
- Don't assume that my behaviour is a personal attack on you; my behaviour is often an 'impulsive reaction' that I cannot control.
- Don't challenge me when my behaviour is escalating—my impulse for self-preservation takes over and I might not respond in the most socially acceptable way.
- Don't embarrass me in front of my peers.

What to Say (and Not to Say) to Students with a Mental Disorder

Say...	Instead of...
<p>"It sounds like this is frustrating for you. Would you like some help?"</p> <p>Or</p> <p>"I know this is really hard for you right now. You're doing a good job. Maybe you need a little break."</p>	<p>"You're not trying hard enough."</p>
<p>"Remember to walk."</p> <p>Or</p> <p>"Please keep your hands to yourself"</p> <p>Or</p> <p>"Can you try that again with nice words?"</p>	<p>"Don't run!"</p> <p>Or</p> <p>"Don't hit!"</p> <p>Or</p> <p>"Don't swear!"</p>
<p>"I'm concerned with what I just saw because (why). How could you handle this differently next time?"</p>	<p>"What I saw you do was wrong and now you have to go see the principal."</p>
<p>"Hey, it looks like you need to calm down. Would you like to go to your 'safe place'?"</p> <p>Or</p> <p>"Would you like to draw or read (a favourite book) here in the classroom?"</p>	<p>"Why did you just do that? You know better than that!"</p>
<p>"It looks like you are having trouble focusing on your work, would you like to move to another seat?"</p>	<p>"Do your work right now."</p>
<p>"How can you show me you are listening?"</p>	<p>"You need to listen to me."</p>

For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at www.heretohelp.bc.ca



heretohelp

Mental health and substance use
information you can trust

mail	c/o 905 - 1130 West Pender Street Vancouver, BC V6E 4A4
phone	(604) 669-7600
fax	(604) 688-3236
e-mail	bcpartners@heretohelp.bc.ca
web	www.heretohelp.bc.ca