10 Tips for Clinicians Working with Students Receiving Special Education Services

1) Obtain a copy of the student's Individual Education Plan (IEP) to gain knowledge about the student's cognitive functioning and current reading levels. This will give insight as to what interventions a student will better respond to. For example, if a 7th grader is reading at a 2nd grade level and has a reported IQ in the "borderline range", worksheets and protocols geared for higher functioning students will most likely not be a good fit.

During the assessment phase, be sure and investigate academic frustration as a root of negative behaviors. Often, disruptive behaviors displayed in the classroom have the goal of avoidance. Students who deem material too difficult and/or fear ridicule from other students will act out in the hopes of being removed from class. Simple strategies in the classroom, including a modified workload, repetition of instructions, or a more dynamic lesson may significantly reduce negative behaviors. Ignoring this aspect of treatment may leave a clinician wondering why the concepts and skills learned in treatment sessions are not transferring to the classroom.

3) Students with reading difficulties, poor expressive/recessive language skills, and/or low cognitive abilities are often visual learners. The use of illustrations, movement, and simple metaphors may be helpful. For example, a "feelings thermometer" anchored with picture icons chosen by the student to identify anger levels (ranging from "0" being low to "10" being high) is an idea for working on affect identification and regulation. For active and creative techniques, Ed Jacob's book, <u>Creative Counseling Techniques</u>: An Illustrated Guide, is a great tool.

4) Speed and repetition are key in working with students with learning differences. Be comfortable with covering less material in sessions and, and be prepared to review and possibly re-teach concepts and skills more than once. Maintaining a positive outlook and being



flexible is important to overall success. What is typically identified as resistance in students without learning differences, may be a sign that a student with a learning difference is having difficulty grasping materials presented in session but is uncomfortable saying so.

5) Do not assume that a student is receiving the appropriate services at school that he/she needs to be successful. If a question about a possible need arises during treatment, bring it to the school team's attention. For example, if a students shows a pattern of difficulty responding to questions by using words or phrases that do not fit the context of conversations he/she may have poor receptive/expressive language skills. A speech evaluation may be necessary to determine if the student has a significant need and may benefit from speech services.

6) Communicate with parents. Joining with caregivers is important when working with all students, yet parents with students receiving special education services have additional responsibilities and stressors. Many parents are not clear about information in their child's IEP or knowledgeable about important special education laws. Providing information and explanation empowers parents to be active members of their child's IEP team and make informed decisions.

Praise! Many students receiving special education services have experienced multiple failures and may be lacking in a number of skills their counterparts have mastered. Giving genuine praise upon the emergence of a new skill or insight is essential to their success. Verbal praise, enthusiasm, and tangible reward systems work to increase positive behaviors and to motivate students to work toward their goals.

8) Try not to get stuck in the "COD", or crisis of the day, along with other school staff. Focus on the treatment plan and link the current negative behaviors to what you have already been working on. For example, help students make the connection between behavior and consequences and use a problem solving protocol that has already been introduced to work through a current issue. This allows the student to learn from the situation without feeling as though the clinician is part of the disciplinary process and promotes long-term success.



Be a support to the school staff. Provide teachers and staff with information about mental health disorders and best practice behavioral interventions. Teachers are often not provided with strategies and guidance on working with students with special needs. Therefore, they become overwhelmed and resort to tactics that may escalate negative behaviors. If provided with information or directed to easy to use websites, they are more likely to try new strategies. Also, being available to model what those strategies are in the classroom can make a world of difference! If a teacher observes a clinician working with a disruptive student successfully by using a calm voice, offering choices, and praise, the teacher may instantly buy into a new way of working with that student. The Iris Center out of Vanderbilt University has a great website with two training modules titled "Addressing Disruptive and Noncompliant Behaviors."

Http://iris.peabody.vanderbilt.edu/resources.html

Be an advocate for students. Although a clinician does not have the role of a compliance specialist, sometimes it is necessary to wear that hat. Be knowledgeable about key special education laws and state school discipline plans for students with identified disability codes. Parents will often ask clinicians compliance questions, especially if a trusting relationship has been established. Deferring a parent to the appropriate school resource may be warranted, yet answering simple questions help empower the parent to advocate for their child. For example, schools must follow unique guidelines when suspending students with identified disabilities. For further information regarding special education law, check out Wright's Law at www.wrightslaw.com.

