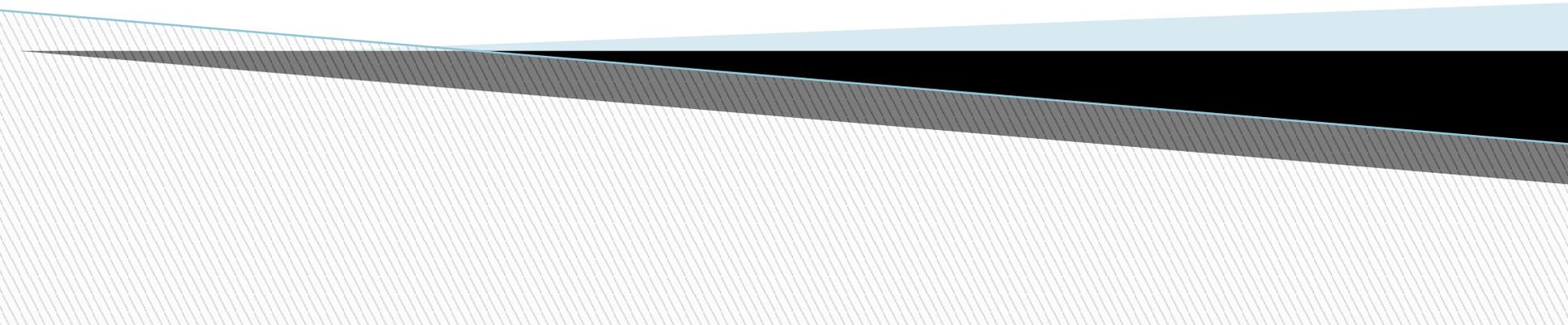


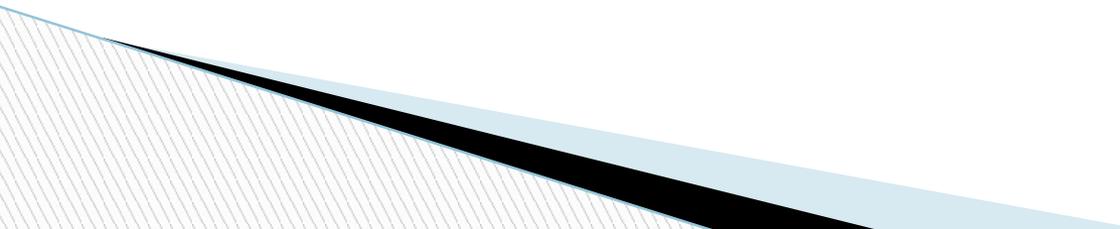
ESS

EFFECTIVE
SCHOOL
SOLUTIONS

Working with the Fragile Student



Definition of a fragile student:

- The definition of fragile is something that is easily broken or destroyed. When speaking of a fragile student, we are referring to their emotional fragility.
 - Students who are emotionally fragile experience deficits in their ability to be resilient.
- 

Factors impacting resiliency and development:

Biological Factors:

- Genetics (temperaments, family history of mental illness, etc.)

Psychological:

- Perceptions of the world, Internal vs External locus of control

Social:

- History or trauma (acute or chronic)
- These all directly impact and affect age appropriate development.

Most Common Diagnoses for Fragile Students

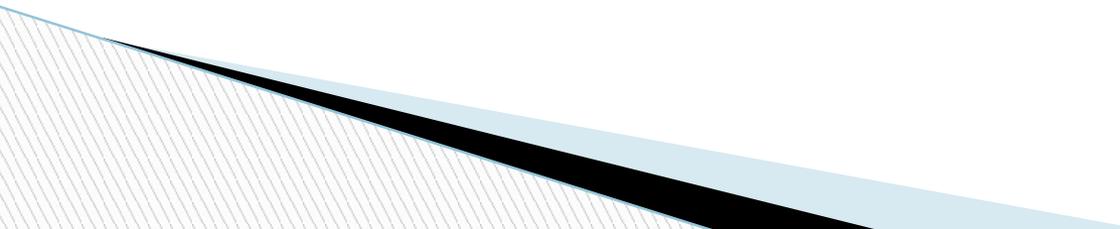
Depression

Anxiety

**Attention Deficit Hyperactivity Disorder
(ADHD)**

Oppositional Defiance Disorder (ODD)

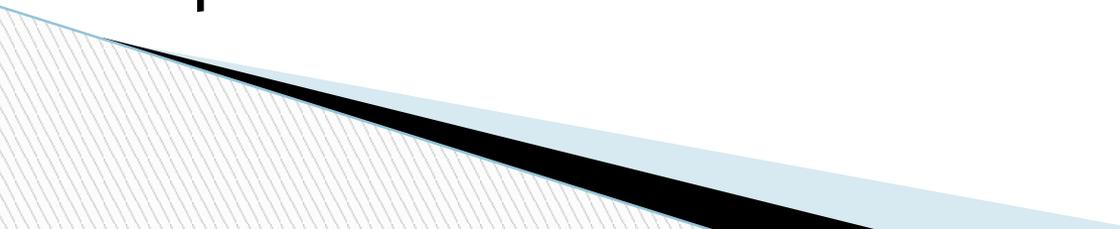
Autism Spectrum Disorder



Depression

Diagnosis: Depression

Possible Observable behaviors:

- sleeping in class
 - late for school
 - doesn't do homework
 - has an "I don't care" attitude
 - self injury: head-banging, punching themselves, hair pulling
 - presents as unclean and unkempt
- 

Depression

Observable Behavior:

- Sleeping in class

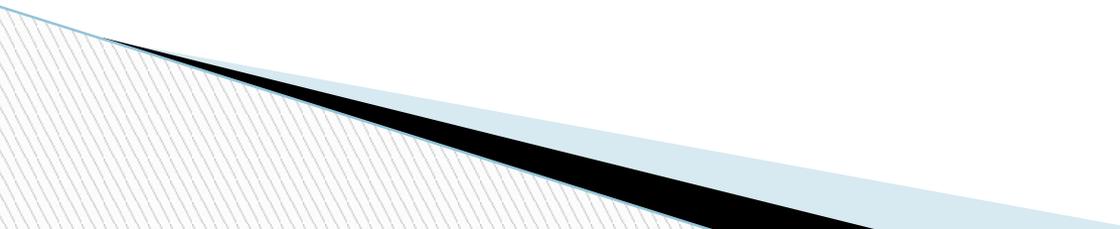
Interventions by teachers:

- **Inquire:** “Feeling ok? Sleep last night? Did you eat? Do you need anything?”
- **Acknowledge:** “I understand that it’s tough to stay awake when -----.”
- **Understand:** “I know it’s sometimes hard for me too if I have not had enough sleep”
- **Act:** Recommend the child do something physical, such as getting a drink of water; then, consult with CST, guidance or nurse.

Anxiety

Diagnosis: Anxiety

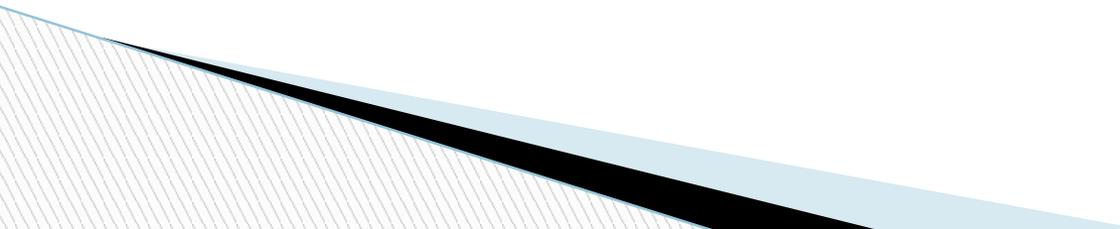
Possible Observable Behaviors:

- poor attendance
 - social isolation
 - “collapsed” body language
 - agitation
 - somatic disorders
- 

Anxiety

Observed behavior: Child is agitated

Interventions by teachers:

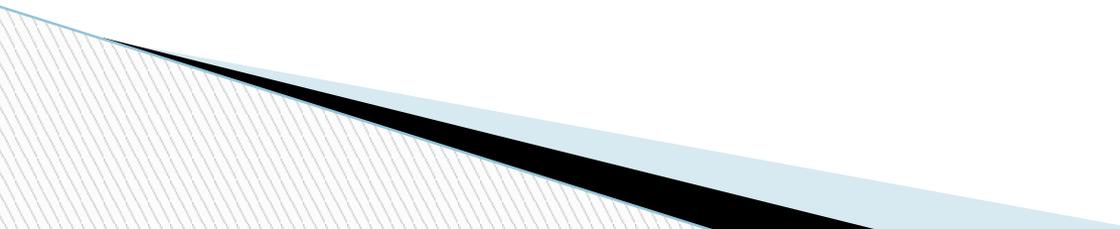
- **Inquire:** “Is there something upsetting you?” Or “Do you need anything?”
 - **Acknowledge:** “I see that you’re upset, how can I help?”
 - **Understand:** “It’s must be tough to focus when you are like this. Why don’t we try....?”
 - **Action:** Teach class while standing near student, help him/her individually. Send on errand if child needs a break; consult with CST, guidance or nurse.
- 

Attention Deficit Hyperactivity Disorder (ADHD)

Diagnosis: ADHD

- Affecting three to seven percent of the population, ADHD is one of the most common childhood behavior disorders.

Possible Observable Behaviors:

- Calling out
 - leaving seat
 - Interrupting
 - Daydreaming
 - Difficulty waiting
 - Impulsivity (aggression, destructive)
- 

ADHD

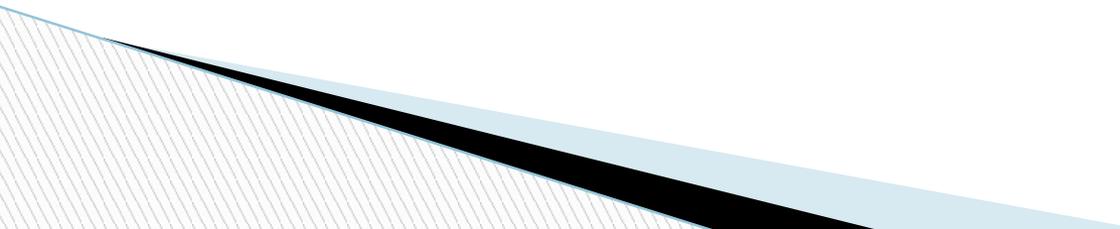
Observed Behavior: Getting up from desk during explanation of instructions.

Intervention by teachers:

- **Inquire:** “Sometimes instructions are confusing, do you know where we are now? I’m sorry, I didn’t see you raise your hand.”
- **Acknowledge:** “I know it seems like a lot, let’s go one by one...how can I help?”
- **Understand:** “Everyone has trouble concentrating sometime.”

ADHD

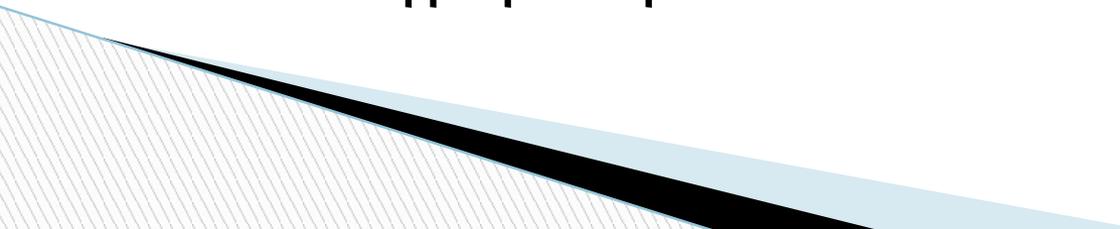
- **Action:**

- Accommodate short attention span by giving brief assignments with immediate feedback
 - Give short, specific and direct instructions
 - Rephrase material often
 - Provide opportunities for controlled, purposeful movements, such as movement breaks.
 - Acknowledge positive behavior frequently and promptly
 - Provide prompt breaks for students to regain control of their behavior
 - Give student a helping task, when appropriate
- 

Oppositional Defiant Disorder (ODD)

Diagnosis: Oppositional Defiant Disorder (ODD)

Possible Observable Behaviors:

- Negative, hostile, and defiant behavior
 - Easily angered
 - Argues with adults
 - Non compliant with rules
 - Tends to annoy people and is easily annoyed
 - Can be abrasive
 - Blames others
 - Can be spiteful at times
 - Thrives off of confrontation and an audience
- 

ODD

Observed Behavior: Throwing books onto the desk

Interventions by teachers:

Inquire: “How are you doing today?”

Acknowledge: "You seem angry, how can I help“?

Understand: It’s tough to focus when you’re angry. What can we do to get you back on track?

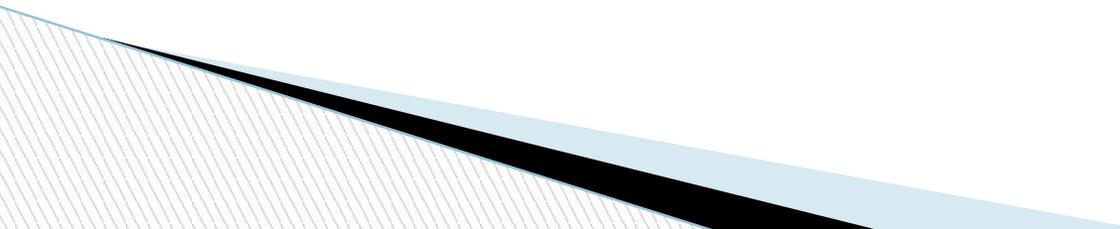
Action:

- Allow the student to “cool down” when you see signs of escalation
- Offer to speak with him/her when s/he calms down
- Ask open-ended questions
- Do not get entangled in any arguments (power struggles)
- Emphasize the positive

Autism Spectrum Disorder (ASD)

Diagnosis: Autism Spectrum Disorder (ASD)

Possible Observable Behaviors:

- Deficits in social skills/interactions
 - Deficits in nonverbal behaviors with regard to social cues
 - Rigid/inflexible thinking
 - Poor eye contact
 - Lack of facial expressions
 - Engages in parallel play instead of playing **with** others
 - Restrictive/repetitive patterns of behavior, interests or activities
 - Fixations
 - Hyper/hypoactivity to sensory input (They may overreact to small things or underreact to big things)
 - Excessive smelling or touching of objects
 - Low frustration tolerance
- 

ASD

Observed Behavior: Easily frustrated

Interventions by teachers:

Inquire – “What’s frustrating you, right now? ”

Acknowledge – “You seem frustrated, how can I help“?

Understand – It’s ok if you don’t know the answer.
That’s why I’m here.

Action:

- Allow the student to “cool down” when you see signs of escalation
- Teach class standing near student
- Emphasize the positive
- Check-in with the student at the end of class

What happens when structure, consistency and action aren't enough?

Medication is used to stabilize symptoms.

- Anti-depressants: can cause sedation, tiredness, dizziness, nausea.
- Mood stabilizers: may cause weight gain; thyroid issues leading to sluggishness, lethargy, dry mouth.
- Atypical Anti-psychotics: may cause: tiredness, foggy thinking, weight gain, “the shakes”, Tardive Dyskinesia.

MEDICATION MONITORING

- **Work closely with the school nurse, when appropriate.**
- **If the child is tired and sleepy, have a place where he/she can rest if necessary;**
- **Provide brain breaks as needed, i.e. jumping jacks, wiggling, etc.**
- **Find out if hydration is necessary. Usually a MUST for many of the medications, especially when playing outside or in hot weather.**

MORE INTERVENTIONS

- **Create “good feeling”**: expressed through tone of voice and facial expression
 - **Observe nonverbal communication/validation**: pace, timing and body movements. Head nods, eye contact, and comfort with silence
 - **Convey Mindfulness**: Being present; celebrating moments
 - **Provide Timeliness of interventions**: Using your experience to gauge when to best intervene
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