

The Invisible Disability in the Classroom - Nurturing Students with Learning Disability

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- This session focuses on how administrators, teachers and parents help children with invisible disabilities inside and outside the classroom setting.
 - Warning signs and signals should be identified for an immediate psychological assistance.
 - Children with invisible disabilities often have several related signs, and these persist over time.

- The signs of learning disabilities vary from person to person.
- Common signs that children may have learning disabilities include the following: difficulty with reading and/or writing, problems with math skills, difficulty remembering, problems paying attention, trouble following directions, poor coordination among others.
- These signs alone are not enough to determine that a person has a learning disability. A professional assessment is necessary to diagnose a learning disability.
- Each learning disability has its own signs. Also, not every person with a particular disability will have all of the signs of that disability.

- Mental health as “a state of complete physical, mental and social well-being, and not merely the absence of disease.
- Mental health has essential part of children's overall health.
- Mental health has a complex interactive relationship with children’s physical health and their ability to succeed in school, at work and in society. Both physical and mental health affect how we think, feel and act on the inside and outside

Barriers to Learning:

1. **Academic barriers** that may be impeded by academic or cognitive ability such as the presence of a learning disability whereby a child demonstrates significantly lower academic performance in one or more subject areas (e.g., mathematics or reading) than would otherwise be predicted by his or her cognitive abilities.
2. Factors in students' **out-of-school environment** may also serve to nurture or impede their academic development.

3. ***Non-academic barriers*** to learning may include mental health issues, environmental stressors, low self-esteem, low self-efficacy, or limited social support in the school or at home.

- affect students' motivation and engagement in the school curriculum, which are essential for academic success.
- students who face environmental stressors such as poverty may not benefit fully from the school curriculum.

4. School environment

Signs of distress may include the following:

1. **Academic difficulties** (e.g. cannot comprehend the lessons)
 2. **Behavioral/Emotional dysregulation** (e.g., overly sensitive, crying, seemingly unprovoked emotional outbursts and may lead to depression)
 3. **Social difficulties** (e.g., loneliness, withdrawal), or behavioural difficulties (e.g., aggression, frustration, defiance)
- Untreated mental health conditions often become more severe and difficult to treat over time, and this increase in severity may be largely attributed to the development of additional co-occurring mental health conditions.

- Academic difficulties may lead to Emotional and Behavioral Disorders in the Classroom.
- "***Emotional and Behavioral Disorder***" is an umbrella term under which several distinct diagnoses (such as Anxiety Disorder, Manic-Depressive Disorder, Oppositional-Defiant Disorder, and more) fall.
- These disorders are also termed "emotional disturbance" and "emotionally challenged."

According to the Individuals with Disabilities Education Act (IDEA), children with emotional and behavioral disorders exhibit one or more of these five characteristics:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
3. Inappropriate types of behavior or feelings under normal circumstances.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

Behavioral Disabilities

There are two categories of behavioral disabilities: oppositional defiant disorder and conduct disorder:

1. Oppositional defiant disorder is characterized by extreme non-compliance, negativity, and an unwillingness to cooperate or follow directions. Children with this condition are not violent or aggressive, they simply refuse to cooperate with adults or peers.
2. Conduct disorder is much more severe. This disorder is characterized by aggression, violence, and harm inflicted on self and others. Students with conduct disorder typically need to be taught in special education classrooms until their behavior has improved enough to allow contact with the general education population.

Techniques on how to address visible and invisible signs of Mental Health Problems in the Classroom:

1. Planned ignoring

Behaviors that are exhibited for the purpose of seeking attention and do not spread or interfere with safety or group functioning are most effectively extinguished through planned ignoring. This technique should never be used with aggressive behaviors. The class may need to be taught to do this as well. Peer attention can be even more powerful than adult attention for some students.

2. Signal interference

If a student is calm enough to respond, has a positive relationship with the teacher, and is free from uncontrollable pathological impulses, a nonverbal signal may be all that is necessary to assist him or her in regaining focus.

3. Proximity and touch control

Moving closer to a student in distress or placing a hand on the shoulder can be effective in showing support in a nonthreatening way. When using this technique, refrain from pointing out inappropriate behavior. Comment positively on any move toward compliance.

4. Interest boosting

Change the tempo or activity, comment on the student's work, or inquire about a known interest related to the assignment if a student shows signs of restlessness. Do this before off-task behavior occurs.

5. Hypodermic affection

Express genuine affection for, or appreciation of, a student to assist the student in regaining self-control.

6. *Easing tension through humor*

Humor can often stop undesirable behavior if it is used in a timely and positive manner. Sarcasm, cynicism, and aggression are not appropriate uses of humor.

7. *Hurdle help*

Before a student begins to act out, assist the student with a difficult section of an assignment or task.

8. *Regrouping*

Change the seating arrangement or the small-group assignments of students to avoid specific problems. Do this in a non-punitive and, if possible, undetectable way.

9. *Restructuring*

If an activity is not successful, change it as quickly as possible. It is important to always have a backup plan. Sometimes it is best to move from an interactive game to something like Bingo that requires no interaction. This can be done smoothly and nonpunitively when a group is becoming overstimulated. At other times, offering a choice might be more effective. Students could choose to cover information orally through discussion, or copy notes from an overhead, for example.

10. Direct appeal

If a student or group has a positive relationship with the teacher, it is sometimes effective that this behavior should be stopped, due to the problems that it is creating. No consequence or reward is intended or implied. This is a simple, straightforward request from one person to another.

11. Antiseptic bouncing

Remove a student from a distressing situation before inappropriate behaviors occur. Be careful not to inadvertently reward a student who is instigating a problem.

12. Support from routine

Schedules and routines are often overlooked by adults when considering behavior management interventions. Knowing what to do and when to do it provides structure, security, and predictability in the lives of students who may not experience such support in other areas of their lives.

13. Limiting space and tools

Rather than taking away items that distract or create potential harm after a student is engaged with them, keep them out of sight and reach from the beginning. This is especially important when tantrums might escalate to unnecessarily dangerous or reinforcing proportions, if too many items are available for throwing and breaking.

Effective Strategies for students suffering anxiety in the classroom:

1. Allow flexible deadlines when they find a particular assignment worrisome.
2. Encourage accountability and follow-through, but not in ways that promote stress and discomfort.
3. Provide choices for assignments and help them feel like they have some control over their environment.
4. Ensure they write down assignment instructions correctly.
5. Post the daily class schedule so students would know what to expect.
6. Encourage involvement in extra-curricular activity to help alleviate some anxiousness through exercise and a sense of social belonging.
7. Model calmness and self-control.

Warnings Signs for Children with Mental Illness:

1. Feeling very sad or withdrawn for two or more weeks.
2. Seriously trying to harm or kill yourself, or making plans to do so.
3. Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing.
4. Involved in multiple fights, using a weapon, or wanting badly to hurt others
5. Severe, out- of-control behavior that can hurt yourself or others.



7. Not eating, throwing up or using laxatives to make yourself lose weight.

8. Intensive worries or fears that get in the way of daily activities.

9. Extreme difficulty in concentrating or staying still that puts you in physical danger or causes school failure.

10. Repeated use of drugs or alcohol.

11. Severe mood swings that cause problems in relationships.

12. Drastic changes in your behavior or personality.

Professionals who could help the children with Disabilities in the Classroom:

- 1. Teachers/Special Education Specialists***
- 2. Guidance Counselors***
- 3. Psychologists***
- 4. School Medical Health Professionals***
- 5. School Administrators***



Thank you!