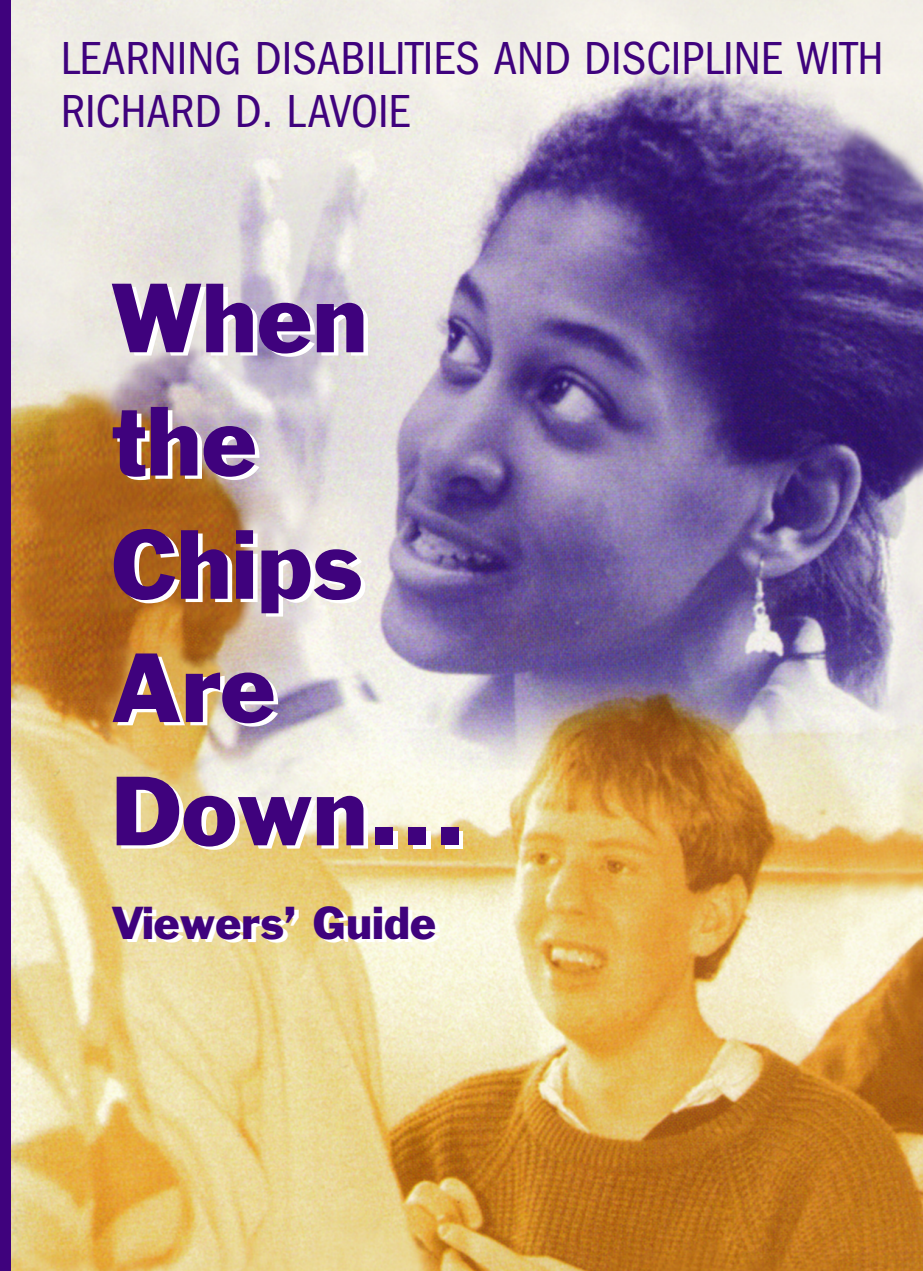




LEARNING DISABILITIES AND DISCIPLINE WITH
RICHARD D. LAVOIE

When the Chips Are Down...

Viewers' Guide



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Strategies for Improving Children's Behavior

When the Chips Are Down...

Presented by
Richard D. Lavoie

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Learning Disabilities and Discipline

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and surpasses all others.*

DEDICATION

*To Kitt, Dan, and Megg ...
my hope is not that you change the world ...
I hope that you do not allow the world to change you.
I love you very, very much.*



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When the Chips Are Down... Learning Disabilities and Discipline

AUTHOR'S OTHER WORKS

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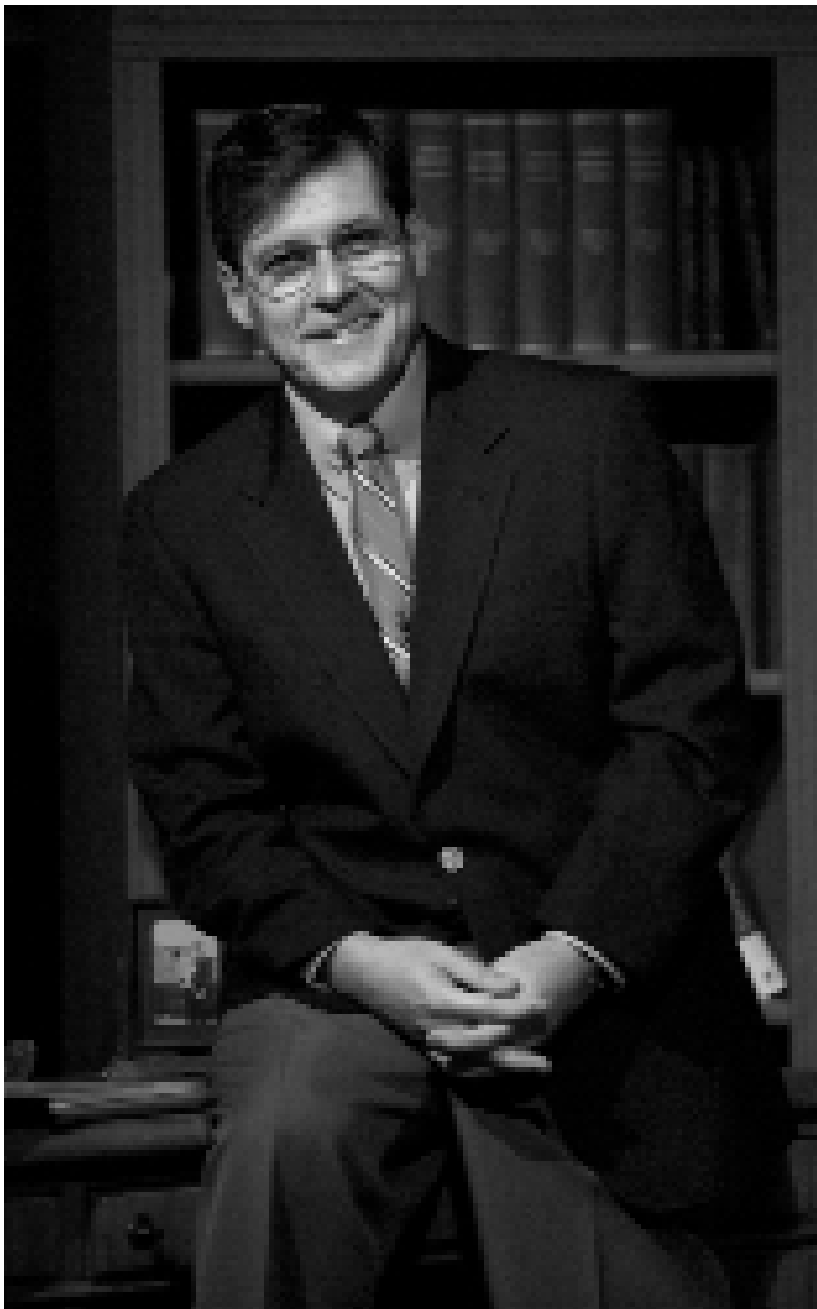
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It's So Much Work to Be Your Friend

*Last One Picked...First One Picked On: Learning Disabilities
and Social Skills*

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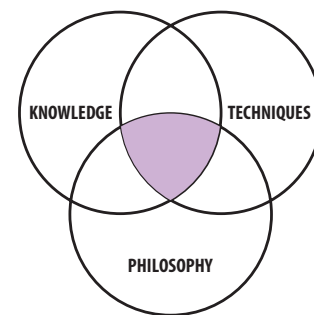
When the Chips Are Down... Learning Disabilities and Discipline

INTRODUCTION

Throughout my career as a teacher, administrator, and consultant, I have had the opportunity to meet and interact with hundreds of parents and professionals. I have met many that are extraordinarily effective at dealing with children with special needs. Conversely, I have met parents and professionals who are consistently ineffective in their attempts to assist and control these children.

Several years ago, I compiled a list of forty of my acquaintances who were consistently effective in their roles as parents and professionals. I then analyzed the list in an attempt to determine the traits or factors that were possessed by each and every one of these extraordinary people. This was a very frustrating exercise! I was unable to find any one simple trait — age, training, experience, gender, temperament, degrees, etc. — that was common to all of them! In fact, there were wide and marked disparities among all of these factors! Some of the most effective parents had several children ... some had only one. Some of the outstanding professionals had several advanced degrees ... others were fresh out of undergraduate school ... some were young ... some were old ... some male ... some female ... some were active child advocates ... others were virtually uninvolved in the "LD Movement."

Although these competent folks share no specific common trait, I was able to determine they did share a set of common conceptual factors. Each and every one of them could be found in the shaded area of this Venn Diagram:



In order to be successful in your work with special needs children, you must have *knowledge* in the field, a basic *philosophy* or belief system, and a wide variety of *techniques* at your disposal. *Knowledge* without *philosophy* renders you ineffective in that you have no conceptual framework in which to apply your knowledge. *Philosophy* without *techniques* creates an equally ineffective profile because the parent or professional is unable to deal with the countless on-your-feet decisions that the caretaker must make daily. And *techniques* without *knowledge* preclude the appropriate use of the tools of our trade.

Yes, in order to effectively teach, manage, and nurture children with special needs, you must have a solid *knowledge* base, an established *philosophy*, and a readily available repertoire of *techniques*.

This handbook will be divided into three distinct — but inter-related — chapters:

- The *Knowledge* chapter will acquaint the reader with the specific aspects of the learning disabilities profile that can cause misbehavior.
- The *Philosophy* chapter will outline some basic concepts which — when fully understood and effectively utilized — can be valuable as you develop your own behavior management plans.
- The *Techniques* chapter will present dozens of field-tested strategies that can be used to monitor, evaluate, and manage children's behavior.

The interaction of these three factors will enable you to work effectively with the special needs child in your care.



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Knowledge

Special Education is not merely an *art* — it is also a *science*. The effectiveness of a parent or professional will depend heavily upon the basic understanding of the symptomology of learning disabilities and the impact that these factors have upon the child's behavior at home and at school.

What Are Learning Disabilities (LD)?

Learning disabilities are a complex set of symptoms, behaviors, and limitations that have an intense impact upon a child's day-to-day performance. Interestingly, there is no clear and widely accepted definition of "learning disabilities." Because of the multi-disciplinary nature of the field, there is ongoing debate on the issue of definition, and there are currently dozens of definitions that appear in the professional literature.

THESE DISPARATE DEFINITIONS DO HAVE SOME COMMON FACTORS:

1. Children with learning disabilities have problems of academic achievement and progress; a discrepancy exists between a person's potential for learning and what that person actually learns.
2. Children with learning disabilities display an uneven pattern of development (language development, physical development, academic development).
3. The children's learning problems are not due to environmental disadvantage.
4. The children's learning problems are not due to mental retardation or emotional disturbance.

Most professionals use a "definition of exclusion" when defining an LD population. That is, they identify the child who is not functioning in school despite the fact that the child (a) is not mentally retarded, (b) is not emotionally disturbed, (c) is not impaired in his modalities (e.g., blind, deaf), and (d) has had an opportunity to learn not hindered by excessive absences, poor teaching, frequent family moves, etc. As a result, "LD" has become a very generic term.



The term "learning disability" was coined by Dr. Samuel Kirk in 1962. It is often referred to as the "hidden handicap" because there is no outward appearance of the disability. Children with learning disabilities appear to be no different from their peers without learning disabilities.

What Are the Primary Causes of Learning Disabilities?

Little is currently known about the causes of learning disabilities. However, some general observations can be made:

- *Maturation lag.* Some children develop and mature at a slower rate than others in the same age group. As a result, they may not be able to do the expected school work. This kind of learning disability is called "maturation lag."
- *Nervous system disorders.* Some children with normal vision and hearing may misinterpret everyday sights and sounds because of some unexplained disorder of the nervous system.
- *Brain injuries.* Injuries before birth or in early childhood can account for some later learning problems.
- *Premature births.* Children born prematurely and children who had medical problems soon after birth sometimes have learning disabilities.

- *Genetic factors.* Learning disabilities tend to run in families, so some learning disabilities may be inherited.
- *Gender.* Learning disabilities are more common in boys than girls; however, recent research indicates that the comparative incidence is far more equal than had previously been assumed.
- *Language components.* Some learning disabilities appear to be linked to the irregular spelling, pronunciation, and structure of the English language. The incidence of learning disabilities is lower in Spanish- or Italian-speaking countries.

What Are Some Symptoms of Learning Disabilities?

Learning disabilities are a *generic* set of disorders that have a wide array of behavioral manifestations. Below is listed a sampling of these specific disorders and their symptoms. When considering these symptoms, it is important to remain mindful of the following:

1. No one will have all these symptoms.
2. Among LD populations, some symptoms are more common than others.
3. All people have at least two or three of these problems to some degree.
4. The number of symptoms seen in a particular child does not give an indication as to whether the disability is mild or severe. It is important to consider whether the behaviors are chronic and appear in clusters.

SHORT ATTENTION SPAN

An inability to focus and maintain attention to the task-at-hand can cause marked difficulty for the child, particularly in the classroom setting. The child with a limited attention span is often labeled "lazy," "forgetful," "disorganized," or "unmotivated."

LOW FRUSTRATION TOLERANCE

Students with a low threshold for frustration will have marked difficulty dealing with long-term or complex assignments. They become easily impatient with repetitive drill work and have severe reactions to even simple exposures to failure and frustration. Their classroom performance and behavior often causes authority figures to view them as "high strung," "unmotivated," or "disturbed."

INSATIABILITY

Students who are insatiable require and demand immediate gratification. They are sometimes referred to as "M 'n' M kids" ... me, now, and more! They are often dissatisfied with the responses of adults. They can be extraordinarily persistent in regard to their needs and often appear to be distracted by their constant "appetite" for things and attention. They are extraordinarily "future oriented" and are chronically restless. They have little tolerance for boredom and will often "stir up trouble" to avoid boredom and create a significant level of intensity. They have a perpetual hunger for new and novel activities.

Dr. Mel Levine of the University of North Carolina draws the following useful parallel: "Imagine that you are a nine year old who has been told that a brand new bicycle will be awaiting you when you arrive home. How difficult would it be to effectively focus your attention and activity during that school day? The insatiable child faces that degree of distraction and need all day, every day!" These students are often mislabeled "trouble-makers," "spoiled," or "disrespectful."

DISTRACTIBILITY

The distractible child is at the opposite end of the "Attention Spectrum" from the child with no attention span. While the latter child pays attention to nothing ... the distractible child pays attention to everything.

This child is unable to focus his energies and attention on the task-at-hand because he is constantly diverted by the visual, auditory, or social stimuli in his environment. This causes the child to "fall behind" and lose track of the flow of a classroom discussion or demonstration. Often times, this child is accused of being purposely disruptive and disinterested.

LOW SELF-ESTEEM

Caregivers would do well to remember a simple but profound fact: "Children go to school for a living ... that's their job!" Therefore, it is quite understandable that students with learning disabilities also have difficulty with self-esteem. They have experienced innumerable failures and frustrations in school and social situations. They have also been deprived of success in these settings and have formed few meaningful relationships with adults or peers. The constant negative feedback that they receive reinforces their feelings of being "different" or "inferior." They view themselves as failures and see their

futures as bleak. This low self-esteem can result in anger, depression, and self-imposed isolation. Self-destructive behaviors can also occur. The child with low self-esteem is often labeled as "a loner," "withdrawn," "lazy," or "unmotivated."

LEARNED HELPLESSNESS

The concept of learned helplessness was introduced by Martin Seligman to explain the response of animals and humans when exposed to a number of trials in which they were unable to influence the outcome. When subjects learn that there is no relationship between what they do and their ability to impact the environment or reach their goal, they give up and respond passively. This perceived inability to influence a situation has a tendency to generalize to other situations. For example, a student who experiences repeated failure in learning to read (despite tremendous effort) begins to feel that failure is also inevitable in other settings (math, cub scouts, etc.).

Learned helplessness often leads to low self-esteem, lethargy, indifference, reduction in persistence, and reduced levels of performance. These students are mistakenly perceived as "lazy," "unmotivated," or "disinterested."

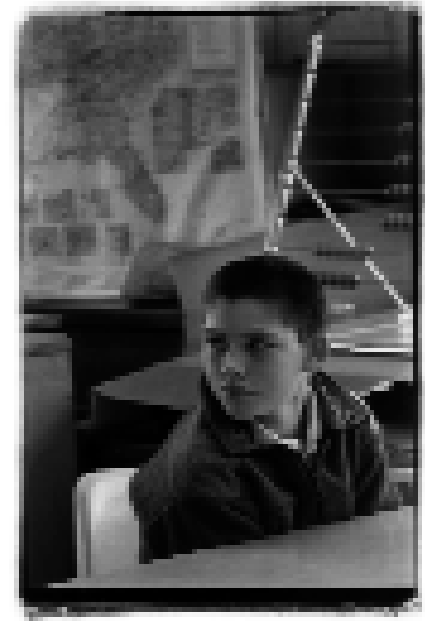
SEQUENCING DEFICITS

Many students with learning disabilities have marked difficulty perceiving or following the established sequences of basic tasks. As a result, they often appear confused and use ineffective strategies to approach assignments and experiences.

Adults will often complain that this child is "haphazard" or "disorganized."

MEMORY DEFICITS

School-aged children with learning disabilities often have marked deficiencies in long-term and short-term memory. They have great difficulty remembering and following simple directions or instructions.



Short-term memory is the ability to retain information for a brief period of time by concentrating on it. We use short-term memory constantly for such basic tasks as remembering names in social situations, using the telephone, following directions, or running errands. Long-term memory is the process of effectively storing information for use at a later time.

Children with memory deficits face tremendous difficulty in classroom and social settings. These deficits impact negatively upon their ability to comprehend, spell, follow instructions, or complete assignments.

The child with a memory deficit is often labeled as "scattered," "disorganized," or "unmotivated."

HYPERACTIVITY

Students with hyperactivity manifest rapid, erratic, excessive, and purposeless bodily movement. They are often fidgety, restless, and highly unpredictable. Their inability to participate appropriately in classroom or leisure activities often results in social rejection.

ANXIETY DISORDERS

Some studies indicate that 20% of children with learning disabilities also suffer some form of anxiety disorder (e.g., phobias, panic disorder, obsessive-compulsive disorder). These children can become overwhelmed with worry and feelings of dread. It is important to note the difference between anxiety and depression. Basically, depressed people worry about the past ... anxious people worry about the future.

Students with anxiety problems invest tremendous amounts of energy in preoccupation with upcoming events. They tend to have catastrophic thought patterns wherein they imagine and assume that the future is fraught with danger and obstacles.

Anxiety disorders are physiological in nature and are often accompanied by observable physical symptoms (e.g., sweating, trembling, shortness of breath, dizziness, chest pain, and nausea).

These students will often develop highly-ritualized compulsive behaviors wherein they develop abnormal focus upon one action or idea (e.g., constantly checking a previously locked door, fear of germs, etc.). These students are often rejected or isolated as a result of these unusual behaviors.

DEFICIENT MOTOR SKILLS

Children with learning disabilities often have difficulty completing simple motoric tasks, despite their concomitant abilities in the area of gross motor skills. Their difficulty with tasks such as using scissors, pens, or combination locks often result in their being labeled "immature," "babyish," or "uncooperative."

OTHER COMMON SYMPTOMS

In addition to the skill deficits listed above, examine the subskill disorders that are also common among children and adolescents with learning disabilities:

- poor performance on group tests
- difficulty discriminating size, shape, color
- difficulty with temporal (time) concepts
- distorted concept of body image
- reversals in writing and reading
- general awkwardness
- poor visual-motor coordination
- slowness in completing work
- poor organizational skills
- easily confused by directions, instruction
- difficulty with abstract reasoning or problem solving
- disorganized thinking
- impulsive behavior; lack of reflective thought prior to action
- excessive movement during sleep
- poor peer relationships
- overly excitable during group play
- poor social judgment
- inappropriate, unselective, and often excessive display of affection
- lags in developmental milestones (e.g., motor, language)
- behavior often inappropriate for situation
- failure to see consequences of actions
- overly gullible; easily led by peers
- excessive variation in mood and responsiveness
- poor adjustment to environmental changes
- overly distractible; difficulty concentrating

- difficulty making decisions
- lack of hand preference or mixed dominance

When the symptomology and deficiencies inherent in learning disabilities are considered, it is easy to perceive the following realities of the relationship between learning disabilities and behavior management:

1. The symptomology of learning disabilities has a significant impact upon the day-to-day behavior of the child in all settings.
2. The neurologically-based actions and behaviors of these students can often be misinterpreted, misdiagnosed, and misunderstood.



Philosophy

In order to effectively understand, manage, and control the behavior of children with learning disabilities, the parent or professional must develop and subscribe to a philosophy. This belief system must be one that you trust and believe in fully. Only with such a philosophy can one develop and implement effective behavior management strategies.

Consider: A behavior management philosophy is akin to a religious faith. It would be pointless to develop and nurture a strong religious faith ... only to abandon or discard it when you face a crisis in your life. In point of fact, a person develops such a faith for the purpose of utilizing it when crises occur. So it is with a management philosophy. You should develop a personal philosophy, nurture it, and believe in it. Thus, it will enable you to make sound instantaneous decisions when you face a crisis situation with a child.

This chapter lists and explains ten philosophical tenets for your consideration.

1. You don't work with learning disabled children... rather you work with *children* with learning disabilities.

This statement goes well beyond a bit of simple wordplay or an attempt at political correctness. Rather, it states forcefully that our students are — first and foremost — *children*. They have the same rights, responsibilities, feelings, needs, and fears of all children. As a professional or as a parent, you would do well to be ever-mindful of this tenet.

All too often, we expect the child to sacrifice his childhood or his adolescence at the altar of his disability. Tutoring replaces Little League. The caregivers must do all in their power to ensure that the child has as typical a childhood experience as possible.

2. Any child would prefer to be viewed as *bad* rather than *dumb*.

This tenet is particularly true and applicable when dealing with adolescents. When faced with a choice, most children would prefer to be viewed as disruptive, disobedient, and disrespectful than be viewed as incompetent or incapable. The key to effective behavior management, therefore, is to avoid placing the child in the position of "looking dumb."

Suppose a basketball coach is overseeing her team's practice session. She asks a player to come to center court to assist in the demonstration of a new or unfamiliar drill. On her way to the court, the player pushes a teammate without provocation. The coach should instantly recognize that the child's behavior was probably precipitated by the player's fear that she would not be able to successfully complete the drill and she would be embarrassed in front of her peers. When given the choice, the player would prefer to deal with the anger of her coach rather than face humiliation in front of her teammates.

3. Special needs kids are distinguished by their regrettable ability to elicit from others exactly the opposite of what they need.

So often a child who needs comforting and empathy will manifest this need by being disruptive (e.g., whining, demanding attention, etc.). It is important to remain mindful of this and adjust your responses accordingly.

Children with learning disabilities often do not understand or possess effective strategies to get attention and assistance. As a result, they use inappropriate — and often disruptive — strategies in an attempt to earn the attention from others.

4. The hurt that troubled kids cause is never greater than the pain they feel.

Children who are experiencing trouble at home or at school often feel powerless and hurt. Their response to these feelings is often inappropriate ... they become disruptive and disrespectful. The parent and professional must remain mindful that this behavior is rooted in the pain of rejection, isolation, and fear that they are experiencing. Therefore, the most effective strategy is to attempt to eliminate the causes of these feelings ... not to attempt to simply modify the behavior.



5. In regular education, the system dictates the curriculum. In special education, the *child* dictates the curriculum.

This concept was initially posited by educational consultant Laurence Lieberman. Parents and professionals dealing with special needs children must consistently recognize that their methods, strategies, and approaches must be child-oriented. It is the needs of the students that should determine the curriculum ... it is not the responsibility of the child to adapt to the curriculum. If kids can't learn the way that we teach ... we must teach the way that they learn.

6. Positive feedback changes behavior; negative feedback only stops behavior.

Parents and professionals often design behavior plans that consist of lists of unacceptable behaviors and the parallel consequences for each. This emphasis upon punishment is an ineffective and counter-indicated approach.

For example, if an English teacher consistently punishes a child for leaning back in his chair in class, the slouching will eventually cease ... during English class. But the behavior is very likely to occur in other classes. Negative feedback does modify a child's behavior, but the new behavior does not generalize to other settings.

Children should be praised, reinforced, and rewarded for positive and appropriate behavior. Only by using this approach will the child's behavior change, improve, and generalize to a variety of settings.

7. Reward direction, not perfection.

It is important to remain mindful of the concept of successive approximations. Reflect for a moment upon the way in which a child learns his native language. The adults in the child's environment continually reinforce, praise, recognize, and reward every new word that is uttered! This encouragement causes the child's vocabulary to increase and grammar to improve. We do not wait until the child is fluent in language before we reinforce the progress ... we acknowledge every little step in the process. This concept is equally necessary and effective when we are attempting to change a child's behavior.

Once you have selected a target behavior (e.g., hanging up his clothes), you must be prepared and willing to recognize and reinforce every minor improvement in the behavior (e.g., hanging up *some* of the clothes). Only through this process of *successive approximation* will the final goal be realized.

8. It is the squeaky wheel that needs the grease.

When a child demands attention from an adult by disrupting the classroom or the evening meal, the caregiver must be aware that the child *needs* your attention at that time. You can ignore the behavior ... but you cannot ignore the need.

9. A child's only competition should be against her own performance — recognize and reward "personal best."

A child can control the behavior of only one person — herself! Therefore, the caregiver should focus attention upon the child's personal performance and improvements. Avoid using "comparisons" in our attempt to motivate (e.g., "Why can't you put your things away like Michael does?"). Competitive activities and approaches are generally ineffective with special needs children and create the dynamic wherein some students are eager to see other students fail!

10. There is nothing more unequal than the equal treatment of unequals.

Parents and teachers must realize that, in order to be fair to their children, they must treat each child differently. We must recognize their unique patterns of strengths and needs. In the life of the family, there will be times when the needs of one family member become paramount. In order to be fair, the parent must react to those needs by investing a disproportionate amount of time, energy, and resources in that child. Parents should not become guilt-ridden about this situation but allot their energies based upon the children's needs. Parents should feel secure in the fact that the "offended" siblings will, at some time in the future, also require some extra effort in order to meet their unique needs. In summary, parents who go to great lengths to see that they give each of their children the identical amount of energy, time, and resources are probably being unfair to *all* of them. Let us celebrate the unique strengths, goals, needs, and personalities of each of our children.





Techniques

Parents and professionals working with children with special needs must develop a repertoire of specialized techniques to monitor and modify the child's behavior. The following techniques are designed to improve children's behavior by providing the structure, predictability, and support they require. However, remain mindful that these techniques will be effective only if utilized within the philosophical context outlined earlier.

These field-tested strategies are easily adapted for use at home and in the classroom. Each strategy is accompanied by a code which indicates whether the method is for Home (*H*) or School (*S*) use. The majority of them can be modified to be used in either setting.

Building Self-Esteem and Confidence

By providing special needs children with an environment in which they feel confident and comfortable, you create a place where good behavior and cooperation are more likely to occur.

- Showing a sincere interest in a child (e.g., listening intently when he speaks) is often more effective and meaningful than praise. (*H/S*)
- Decision-making is a very difficult process for children with learning disabilities due to their lack of self-esteem. Provide them with ample opportunities to make simple decisions in order to improve this skill (e.g., "You may use lined paper or unlined paper for this assignment, Sherry."). Give them reasons for the decisions that you have made and encourage them to do the same. (*H/S*)
- Shuffle a deck of playing cards and let the child select a suit. Each time he completes an academic task successfully, allow him to turn a card face up. If the card turned face up is a member of the chosen suit, let the child get a drink of water from the fountain, visit the game corner for one minute, or make some other

specific quiet movement about the room. If the child gets out of his seat without permission, require him to forfeit his next card turn. (S)

- In order to allow the child with LD to participate more often (and more effectively) in classroom discussions, try this technique:

Rachel, a child with LD, is reluctant to participate in social studies class discussions and seldom volunteers answers. The teacher deals with this by:

1. Asking several "multiple answer" questions daily, and
2. Calling on Rachel for the first response to these questions.

Example: Teacher: *Everyone try to think of five causes of the American Civil War.* (Pause) *Rachel, can you give me one?* (S)

- When a child resists new tasks, assign some very small portion of the new task (e.g., one simple subtraction problem) that must be completed before the child goes on to an old, familiar task (e.g., several addition problems). Gradually increase the ratio between new tasks and familiar tasks. (S)
- Many children with learning disabilities are reluctant to participate in group activities. If a child responds well in the presence of one other pupil, plan activities in which he has ample opportunity to do so. Then add a second peer to the group, later a third, and so on, until the group approximates the entire class. (H/S)
- Sometimes it is useful to have the child begin a difficult task (e.g., grammar worksheet) at the teacher's desk. Once he has gotten started successfully, send him back to his own desk to complete the task. (H/S)

Cooperation Over Competition

It is critically important to encourage cooperation (as opposed to competition) in the mainstream classroom. This ensures that the special needs child will be able to participate fully in class and will encourage positive traits of sharing and caring. There are several ways that you can foster and encourage cooperation in your classroom:

- De-emphasize the importance of scores and winning in competitive games.
 - Combine the points of both teams with the emphasis on getting the highest total score.
 - Don't keep score at all.
 - In games like kickball, all members of one team have their turn before exchanging sides. (S)

- Emphasize the cooperative aspects of competition.
 - In preparing for contests such as spelling bees, have participants study together prior to the contest.
 - Teach team members to be supportive of each other. Do not tolerate teammate bashing.
 - Teach students that competitive activities are actually cooperative ventures among the players. (S)
- One of the most painful activities for many children is the round robin selection of team members. The student who is selected last invariably feels hurt and unwanted. Here are alternatives to this method:
 - Meet privately with the captains who then select players from a list.
 - Have captains pick slips of paper containing classmates' names from a hat.
 - Alternate captains on a rotating basis.
 - Establish permanent, well-balanced teams and eliminate the selection process altogether.
 - When half of the students have been selected, take over the process and randomly assign the remaining students to each team. (S)

Always focus upon participation, enjoyment, contribution, and satisfaction in competitive games and activities. Emphasis should be on skill and strategy development ... not winning or losing.



Proactive Discipline

Rather than responding to negative behavior, make an effort to create good behavior. Specific problems of discipline can be avoided by anticipating difficulties, teaching responsible and effective behavior, providing structure, and offering flexibility.

- One of the key ingredients in a successful discipline model is the teacher's ability to *anticipate* problems or difficulties. If these problems are *anticipated*, they can be *prevented*. Many times students give involuntary but observable cues via body language. It is helpful to be aware of these and to take action when these symptoms are observed. (H/S)
- Help students to accept responsibility and discourage them from shifting the blame to others. When the child says, "Mom forgot to sign my permission slip," encourage him to re-word the statement to "I forgot to remind Mom to sign my permission slip." (H/S)
- All students (particularly special needs students) will participate more actively in recreational activities (e.g., recess, P.E. classes) if you participate as well! (H/S)
- Many teachers use some sort of "token economy" in their classrooms, wherein children accumulate tokens for positive behavior. These tokens can be redeemed for rewards or privileges. Be certain that each child's tokens are distinctive and unique (e.g., Bobby receives red circular tokens; Meghan receives blue squares). This reduces the temptation to steal each other's tokens. (S)
- Many children with learning disabilities have difficulty making transitions from one activity to another. This is particularly true when a child is going from an enjoyable activity (e.g., a game) to a less enjoyable one (e.g., math). In order to ensure a smoother transition, be certain to "wind down" the enjoyable activity by providing a warning signal five minutes before the game must end. As each minute passes, inform the child of how many minutes are left before the game will be over. (H/S)
- Always anticipate "worst case scenarios." Ask yourself, "What is the worst possible thing that can happen during this class/activity?" Then be ready for it. If the project seems too risky, nix it! (H/S)
- Observe a child carefully when she begins a task. See if she uses ineffective strategies (e.g., not organizing materials, not clearing her desk, etc.). Give her advice on beginning a task more effectively. (H/S)

- Some distractible children have the habit of doodling on their desks while listening to a class lecture or discussion. This may help them pay attention to the task at hand. Allow that student to cover his desk with butcher paper and allow this constructive doodling. (S)
- Post the rules for the class. State them positively ("Raise hand and be recognized before you speak;" *not* "Don't speak out in class."). Tell them what you *want them to do*, not what you *don't want them to do*. (S)
- When a seatwork task is assigned, set a kitchen timer for one minute. If the entire class has begun the task by the time the timer rings, they receive a group reward (e.g., a few minutes extra break time). (S)
- When offering instructions or directions to students with learning disabilities, be mindful of the following:
 - State commands *specifically*, using concrete terms (e.g., "Put the box down and pay attention to the lesson"... not "Do you mind?")
 - Use specific and consistent vocabulary terms to describe tasks.
 - Give "bite size" directions; avoid a long series of directions.
 - Whenever possible, accompany the explanation with a demonstration.
 - Use cueing words (e.g., "Look up here," "Listen, please," etc.) prior to giving directions. Gestures (e.g., raised hand, etc.) are also effective to gain a child's attention. (H/S)

Corrective Discipline

When behavioral problems do occur, the following techniques will allow you to stop the troublesome activity and build a foundation for better behavior in the future through respect.

- If a child begins to become disruptive in class, call on him to answer a question, read a passage aloud, point to a place on the map, or anything else you can think up. This temporarily takes his mind off being disruptive. (H/S)
- Establish a lights out signal in your elementary school classroom by turning off your room lights when you want the children to stop what they are doing and listen. (S)
- Often a troublesome behavior can be stopped by merely changing your proximity to the offending student. Say nothing, but simply move closer to him. The behavior will generally cease. (H/S)

- If a child chronically asks unnecessary or inappropriate questions during class discussions, inform him that he is only allowed to ask three questions per class. When he raises his hand with a question, remind him thusly, "Danny, you only have one question remaining for the class. Is this question important and necessary?" Let him decide. (H/S)
- If a child becomes involved in a distracting — and contagious — situation (e.g., cannot stop giggling, hiccupping, etc.) send him on "non-punitive exile." Give him books to return to the library or the list to return to the office. It is often not appropriate to punish a child in this type of situation. (H/S)
- If your class activity is getting too loud and you want things to quiet down, tell all the children to close their eyes. This quiets them down instantly. (H/S)
- Beware of "ripple effect" when scolding or reprimanding a child. When a teacher deals overly harshly with a student, the classmates often become anxious, hostile, and resentful. (S)
- A good rule of thumb to follow is this: "The bell does not dismiss the students; the teacher dismisses the students. The bell is just a reminder to the teacher that the class has ended." This prevents the 50-yard dash that occurs when the bell rings. (S)
- Many children are more likely to behave appropriately and responsibly if they first commit to the target behavior. For example, suppose Anna consistently runs down the corridor of the school after Mrs. Kyung's class. (H/S)

Instead of saying:

Anna, I want you to walk today after class!

Try this approach:

Anna, are you going to walk or are you going to run when you leave my class?

I am going to walk.

O.K., go ahead. Have a good day.

Situational Analysis

One effective strategy you can use to identify and, therefore, remediate the behavior of a disruptive child is "situational analysis."

This strategy is extremely effective for students who have occasional "bad days" for no apparent reason. Children with learning disabilities are quite environmentally

dependent. They have been referred to as "chameleon kids" because of their tendency to adapt to the "color" of their environment. When they are with younger children, they often act immaturely. When they are with adults, they act like adults, etc. Therefore, when a child has a "bad day," there is generally something in the classroom environment that is causing the problem. It is beneficial to identify the stimulus that is the cause of the problem and then attempt to eliminate it ... therefore, eliminating the misbehavior.

This four step process is completed as follows:

STEP ONE

The first time a child has a bad day, take a legal pad and record in detail every element that was going on during the class. List all the factors, no matter how insignificant.

Examples:

- Who was absent?
- What was the classroom activity?
- What was the time of day? day of week?
- Were there any significant comfort factors (e.g., temperature, hunger, etc.)?
- What demands were being placed on the students (e.g., writing, discussion)?
- What subject area was being covered (e.g., math, science)?

Once this list is completed, put it away and do not refer to it again until Step Four.

STEP TWO

The next time a "bad day" occurs, repeat all steps outlined in Step One.

STEP THREE

The next time a "bad day" occurs again, complete all steps outlined in Step One.

STEP FOUR

Now take all three sheets and carefully examine them. Look for any factor that is common for all three days. You may find a seemingly insignificant factor is triggering this misbehavior. For instance, the child may be disruptive whenever the class is doing oral reading or perhaps the child only has difficulty on days when his best friend is absent.

By isolating and identifying the factors that are causing the misbehavior, the teacher can take positive steps to remove the "toxic" factor. (H/S)

Positive Language

- Labeling is disabling! Label the behavior, not the person. "It is irresponsible to be late for class" is preferable to "You are irresponsible." (H/S)
- When correcting a child's behavior, try the four-step model designed by Haim Ginott:
 1. Recognize and acknowledge the child's wish.
 2. State the limits calmly and clearly.
 3. Point out ways that the child's wish may be partially fulfilled.
 4. Help the child express the resentment that arises when limits are imposed.

The resulting discussion sounds like this:

Adam, I know that you would like to play with your toy car now (1), but the rule in this class is "no toys during reading," and your classmates are disrupted by your behavior (2). You will be able to play with the car at recess and lunch (3). I know that you don't like that rule, but I must insist that you follow it (4).

- An effective praising technique is "indirect praise." This is done by praising a child's behavior to another (student, teacher, administrator) within earshot of the child (e.g., "Patrick, look at the beautiful job that Melissa did on this composition. Isn't her handwriting improving?"). (H/S)
- Be generous with praise. All students enjoy it and students with learning disabilities need it. When praising children, your statements should be sincere and specific (e.g., "Billy, you did a terrific job during clean-up after art today" is more effective than "Billy, you are a good boy."). (H/S)
- When reprimanding a student or attempting to correct her behavior, always tell her what you *want* her to do, not what you *don't want* her to do. "Please put the pencil in the tray and read quietly" is better than "Don't drum your pencil like that." (H/S)
- Use "I" messages, rather than "you" messages when attempting to reprimand students or correct behavior. "I cannot listen to Tucker when there is so much noise in the classroom" is more effective than "You are making too much noise!" (H/S)

Resources

Television Programs

Beyond F.A.T. City: A Look Back, A Look Ahead.

Featuring Richard D. Lavoie, 2005.

How Difficult Can This Be? The F.A.T. City Workshop.

Featuring Richard D. Lavoie, 1989.

It's So Much Work to Be Your Friend: Helping the Learning Disabled Child Find Social Success. Featuring Richard D. Lavoie, 2005.

Last One Picked...First One Picked On: Learning Disabilities and Social Skills.

Featuring Richard D. Lavoie, 1994.

Look What You've Done!: Learning Disabilities and Self-Esteem.

Featuring Dr. Robert Brooks, 1997.

To order any of these programs, please call 800-344-3337, or visit shopPBS.com/teachers.

Books

- Alley, Gordon and Deshler, Donald. *Teaching the Learning Disabled Adolescent: Strategies and Materials*. Love Publishing Company, 1979.
- Brooks, Robert. *The Self-Esteem Teacher*. American Guidance Service, 1991.
- Canter, Lee. *Assertive Discipline*. Canter and Associates, 1980.
- Canter, Lee. *Assertive Discipline for Parents*. Canter and Associates, 1982.
- Dane, Elizabeth. *Painful Passages*. NASW Press, 1990. For social workers assisting LD children.
- Fisher, Gary and Cummings, Rhoda. *The Survival Guide for Kids With LD*. Free Spirit Publishing, Inc., 1990.
- Goldstein, Sam. *Understanding and Managing Children's Classroom Behavior*. Wiley Publishing, 1995.
- Lavoie, Richard D. *It's So Much Work to Be Your Friend: Helping the Learning Disabled Child Find Social Success*. Simon and Schuster, 2005.
- Levine, Mel. *Developmental Variation and Learning Disorders*. Educators Publishing Services, Inc., 1987.
- Levine, Mel. *Keeping a Head in School: A Student's Book About Learning Abilities and Learning Disorders*. Educators Publishing Services, Inc., 1990.
- Lieberman, Laurence. *Preventing Special Education ... For Those Who Don't Need It*. GloWorm Publications, 1985.
- Miller, Nancy B. *Nobody's Perfect*. Brookes Publishing, 1994.
- Osman, Betty B. *Learning Disabilities: A Family Affair*. Warner Books, reprinted 1989.
- Osman, Betty B., in association with Henriette Blinder. *No One to Play With*. Random House, reprinted 1989.
- Silver, Larry B. *The Misunderstood Child*. McGraw-Hill, 1990.
- Smith, Corinne Roth. *Learning Disabilities: The Interaction of Learner, Task, and Setting*. Little, Brown, 1990.

Vail, Priscilla. *Smart Kids with School Problems*. E. P. Dutton, 1987.

Weiss, Elizabeth. *Mothers Talk About Learning Disabilities*. Prentice Hall, 1989.

Web Sites

LD OnLine

www.LDOnLine.org

The leading Web site on learning disabilities and ADHD for parents, teachers, and other professionals, featuring the latest in learning disabilities news, free expert advice, a comprehensive collection of the best in learning disabilities articles, a free electronic newsletter, and forums for exchanging ideas.

Reading Rockets

www.ReadingRockets.org

A continuously updated Web site with tips for parents and guidance for educators on teaching kids to read and helping those who struggle, including television shows, webcasts, and podcasts.

Colorín Colorado

www.ColorinColorado.org

Bilingual information, activities, and advice for Spanish-speaking parents helping young children learn to read in English, plus a comprehensive section for English-speaking teachers.

Richard Lavoie

www.ricklavoie.com

Information and inspiration for parents and teachers of children with learning disabilities, featuring essays and articles, Rick Lavoie's speaking schedule, and more.

Organizations

Children and Adults with Attention Deficit Disorder (CHADD)

www.chadd.org
800-233-4050
8181 Professional Place, Suite 150
Landover, MD 20785

Council for Exceptional Children

www.cec.sped.org
888-232-7733
1110 North Glebe Road, Suite 300
Arlington, VA 22201-5704

The International Dyslexia Association

www.interdys.org
410-296-0232
800-222-3123
Chester Building, Suite 382
8600 LaSalle Road
Baltimore, MD 21286-2044

Learning Disabilities Association of America

www.ldanatl.org
412-341-1515
4156 Library Road
Pittsburgh, PA 15234-1349

National Center for Learning Disabilities

www.nclld.org
888-575-7373
381 Park Avenue South, Suite 1401
New York, NY 10016

National Dissemination Center for Children with Disabilities

www.nichcy.org
800-695-0285
P.O. Box 1492
Washington, DC 20013



Beginning with Richard D. Lavoie's acclaimed F.A.T. City Workshop, WETA has made a long-term commitment to serving the LD community. We create television, radio, and online projects dedicated to improving the lives of children and adults with learning disabilities.

For more information please visit LD OnLine at www.LDOnLine.org.



When the Chips Are Down...

Learning Disabilities and Discipline

Presented by Richard D. Lavoie

During his three decades in special education, Richard D. Lavoie, M.A., M.Ed., has served as a teacher, administrator, associate professor, visiting lecturer, and author. As an expert on learning disabilities, he has shared his knowledge with educators at numerous schools and on university campuses. He has appeared on television programs such as "ABC Evening News," "CBS Morning Show," "Disney Channel Presents," "Good Morning, America," and the "Today Show." He also has been a consultant for organizations such as *Child* magazine, Girl Scouts of America, National Center for Learning



Disabilities, *New York Times*, Public Broadcasting Service, and WETA.

Lavoie has delivered the keynote address at national conferences for all three major advocacy agencies for children with learning disabilities — CHADD, LDA, and the Council For Exceptional Children.

His award-winning videos — *Beyond F.A.T. City: A Look Back, A Look Ahead; How Difficult Can This Be? The F.A.T. City Workshop; It's So Much Work to Be Your Friend; Last One Picked... First One Picked On: Learning Disabilities and Social Skills;* and *When the Chips Are Down: Learning Disabilities and Discipline* — have been distributed worldwide. He was formerly executive director of the Riverview School, a residential school for children with learning disabilities. Richard Lavoie is a visiting professor at Simmons College in Boston, Massachusetts.