

**Title of Session:** Special Education Forum

**Moderator:** Paul Bohac

**Title of File:** 20090511sped

**Date:** May 11, 2009

Room: Special Education Forum Group

**JeremyM** joined the room.

**BJB2:** hi, Jeremy. Welcome

**JeremyM:** thanks

**PaulDB:** Hello Jeremy

**JeremyM:** hi

**JeremyM:** so when are we starting? what are we going to be talking about?

**BJB2:** so we'll start in about 3 minutes, Jeremy ;-)

**BJB2:** and I'll announce to see if anyone else is lurking, if that's ok?

**PaulDB:** Do you have a topic you want to raise tonight, Jeremy?

**JeremyM:** oh ok

**JeremyM:** no not really

**BJB2:** then Paul will discuss what is of interest to you.

**JeremyM:** oh

**PaulDB:** I hope we can spend a few minutes talking about ESL/ESOL and ESE overlaps.

**PaulDB:** I also hope we can spend a few minutes talking about autism and speech therapy.

**JeremyM:** I don't know what ESE is

**PaulDB:** But, I am also open for any other discussion as suggested by forum participants.

**JamieB** joined the room.

**PaulDB:** ESE is the acronym for exceptional student education

**JeremyM:** oh ok

**PaulDB:** Hello Jamie

**JeremyM:** hello

**JamieB:** hello

**BJB2:** before we begin...may I make a couple suggestions?

**PaulDB:** Sure

**JamieB:** sure

**JeremyM:** ok

**BJB2:** if you are new to Tapped In, go to the Actions menu in the top right of the chat and select DETACH. That will make it easier to read the scrolling text

**BJB2:** and, Paul, how about starting with introductions?

**PaulDB:** Sounds like a plan!

**PaulDB:** I am a retired Correctional Education Administrator with a background in Special Education

**BJB2:** Welcome to this month's Special Education Forum, Jeremy and Jamie! I'm on Tapped In helpdesk and am a retired teacher in Pennsylvania

**PaulDB:** Jamie, where are you located and what do you do?

**PaulDB:** Jeremy, where are you located and what do you do?

**JeremyM:** I'm from Cleveland...a first year graduate student as an intervention specialist: moderate/intensive

**JamieB:** I am a special education teacher in Texas. I am currently doing inclusion, and redirection at the high school level. I worked at one time in the special education monitoring section of the State education agency.

**BJB2:** redirection and intervention! Sounds hopeful ;-)

**PaulDB:** Do either of you have a topic of interest you want to discuss tonight?

**BJB2** . o O ( RTI? )

**PaulDB:** Yes it does, could you explain what it means and maybe provide some examples of your work Jeremy?

**JamieB:** how about effective inclusion strategies for ED?

**PaulDB:** Works for me.

**PaulDB:** Where do you want to start Jamie?

**PaulDB:** Perhaps you would want to describe how your state identifies an ED student Jamie?

**JamieB:** I find that often, the students with whom I work use my services in an effort to avoid classroom time.

**PaulDB:** Any idea about what specifically they are seeking to avoid?

**JamieB:** ED, or emotionally disturbed students are those who have been identified by a doctor to have pervasive, disabling emotional disturbances.

**PaulDB:** In other words, are there specific classes or courses the students are trying to avoid?

**JamieB:** One of my students is quite fearful right now of successfully graduating.

**PaulDB:** That seems to be a fairly common description. However, that it is a medical diagnosis is a little different.

**JeremyM:** why is that?

**JeffC** joined the room.

**PaulDB:** Successful graduation means the youth will have to become independent.

**JeremyM:** oh ic

**JamieB:** It is generally separated from OHI by the specified diagnosis here in TX

**PaulDB:** It is possible he has not been allowed to develop the skills associated with independence.

**PaulDB:** Hello Jeff.

**JeffC** waves

**JamieB:** He is recognizing that his system of reliance is about to change dramatically. Because of his disabilities, he has used a select set of individuals almost like a second family.

**PaulDB:** For example, if the youth has been closely monitored because of a fear that he would exhibit unacceptable behavior, being on his own may represent a threat to his future success.

**PaulDB:** In what way is the "second family" engaged in the youth's life?

**JamieB:** As his body continues to grow, we have worked together as his medications lose their ability to assist in his thought processes. I seem to be his lifeline at the high school.

**JamieB:** He has one friend who recently was diagnosed with brain cancer and has been out of school. During the same time, I was out due to knee surgery. He did not take the changes well.

**JeremyM:** you know I just did a report on music therapy and its effect on the special ed population

**PaulDB:** It seems like the medication may have been asked to do too much.

**JeremyM:** do you have any music therapists at your school?

**JamieB:** We do not. This particular young man has very....dark...choices in his music and literature.

**JeremyM:** dark?

**JamieB:** very dark

**BJB2 . o O ( art therapy may benefit and give him a focus on what to talk about )**

**PaulDB:** Has the student expressed his fears to you?

**PaulDB:** Has he indicated what plans he has for the future?

**JamieB:** He has shown a definite ability with computer usage, and most of his teachers are allowing him to present his lessons using powerpoint presentations he has researched and developed.

**PaulDB:** Computer skills can be employed in a self-contained environment.

**JamieB:** Yes. He has expressed some of his fears. He has been having hallucinations and hearing 'satanic' voices lately.

**JeremyM:** not sure if a self contained enviro would be good for him

**PaulDB:** Does he foresee future training and ultimately employment in the IT sector?

**JeremyM:** schizophrenia?

**JamieB:** With our set up, he works mainly in the library.

**PaulDB:** Jamie, what medical information do you have regarding the voices and hallucinations?

**JamieB:** Yes to both. I am working closely with his mother on monitoring and reporting to her what symptoms he presents to me, and I work as something of an intermediary for him in communicating with his teachers.

**JamieB:** Very limited. He is diagnosed as schizophrenic, and I communicate with his psychologist through his mother.

**JamieB:** I know that he is extensively medicated, but he refuses to take his afternoon doses at school...he does not trust the school nurse.

**PaulDB:** At this time, is it possible for him to be independent with medication?

**JeremyM:** doesn't sound like it would be

**JamieB:** Not yet. The family plan is for him to live at home after graduation.

**PaulDB:** Do you have any idea why he does not trust the school nurse?

**JamieB:** Other than to say that he only trusts 3 people, the friend I spoke of, his mother, and me, I cannot say.

**JeremyM:** prob from his delusions

**JamieB:** We believe that his visions and voices were trigged this time by the stress of his friend's cancer.

**BJB2** . o O ( his poor family! They have their work cut out for them. Are they getting any support? )

**JamieB:** Coupled with my being out for a week, he became very stressed.

**JeremyM:** does he have any family members with a history of schizophrenia?

**PaulDB:** Okay, assuming he only trusts three people, is he willing to accept his afternoon

meds from you if it were possible for you to be authorized to administer the meds?

**JamieB:** I am not sure of the level of support that his family is able to get. His mother is a single parent, and his sister acts as if she does not know him at school.

**JeremyM:** poor guy, that's awful

**PaulDB:** So basically, the youth feels as though he has been "abandoned" so to speak.

**JamieB:** In TX, you must have at least a nurses aide credential in order to dispense medication. State law specifies that students may not even take Tylenol unless dispensed by the school nurse with documented consent of the parent.

**JamieB:** I believe so. The main reason he trusts me is that I am one of the few people who have not visibly shown fear of him when he has an episode.

**JeremyM:** if he doesn't want to take his meds, what can be done?

**JamieB:** That would be VERY SCARY.

**JeremyM:** I've never seen a schizophrenic episode

**JamieB:** He does exhibit the potential for violence.

**JamieB:** Lucky you...I currently have three students with schizophrenia.

**JamieB:** I am planning to recommend to his mother that they look into the distance learning programs for IT. I think he might be successful with telecommuting.

**PaulDB:** Jamie, I am something of a behaviorist so I read what you have written with some concern. For example, while it may be difficult to control a schizophrenic episode without medication, it also seems likely that some form of behavior management with regard to his medication might be useful.

**PaulDB:** Rather than approach it from the perspective that it is "for his own good", perhaps tying some kind of a reward to the act could be helpful.

**JamieB:** We are doing what we can at school. Part of the problem is that his mother works 40 miles away and leaves the home before he does, and does not come home until late in the evening.

**PaulDB:** Are you implying that he may need some kind of closer supervision?

**JamieB:** In TX, we do not have any control over medication issues other than to remove the student from the school should he become a danger to himself or others. Therefore, we do concentrate on use of behavior modification. That is where I come in with the

redirection and intermediation with his teachers.

**PaulDB:** What would be the consequences, both good and bad, if his visits with you were contingent upon him taking his afternoon meds?

**JamieB:** He would drop out of school. We have 13 days until he graduates. That would be disastrous.

**JamieB:** He has told me that they drew blood on the 5th. Results are not back on that yet, but they are suspecting that his chemical levels are off. He will probably be regulated in time to walk the stage.

**JeremyM:** his chemical levels are off? what do you mean by that?

**PaulDB:** So you believe that he seeks to spend time with you as a way to avoid classes in an effort to delay graduation.

**JeremyM:** is it because of the meds?

**JamieB:** We have used his visits with me to be rewards for handing in work to be graded.

**PaulDB:** Okay, that works!

**PaulDB:** What do you do to redirect?

**JamieB:** To a large extent. He has worked with me for the past 3 years. We have had greater progress this year than ever before.

**PaulDB:** So there is some recognition on his part of cause-effect relationships.

**JamieB:** The redirection takes place when one of our special education students has 'issues' in his/her general education classes, and the teacher needs assistance 'redirecting' their behaviors to enable them to succeed in their class.

**JamieB:** There is a great deal of recognition on his part. He is a very highly intelligent student. (Have you ever seen the movie A Beautiful Mind?)

**PaulDB:** Well, that is what I was trying to learn, if he is that bright, I was trying to ascertain if he was also somewhat manipulative.

**JamieB:** Definitely. That is why his mother and I learned to keep such close communications.

**PaulDB:** Medication will provide assistance but behavior provides the reinforcement.

**JamieB:** I can manipulate some too....I gave him a puppy (with his mother's

consent). This is part of why he works so well with me.

**PaulDB:** It also explains why he trusts you. You and his mother get along well and he obviously is attached to his mother.

**PaulDB:** So what does the school nurse need to do to develop the same level of communication with the youth's mother?

**JamieB:** Yes, but he tends to not be as open with her as he is with me. He recognizes how much stress she is under and he does worry about her.

**PaulDB:** More importantly, is the school nurse willing to go that extra mile?

**JamieB:** I think she has given up. His mother tends to not respond when the nurse calls her.

**PaulDB:** You are a part of his life but apart from his life. What he is able to discuss with you is not likely to affect the family constellation in the same way a conversation with his mother would.

**JamieB:** I feel like I have monopolized the discussion...

**JamieB:** true.

**PaulDB:** No, you have introduced a topic that has not been addressed previously.

**JamieB:** Working with schizophrenic youth is a different world.

**JeremyM:** can they function in society, hold careers and such?

**PaulDB:** Given the incidence of mental health issues that permeate the ESE community, yours is a good topic for discussion as it creates awareness.

**JeremyM:** are do they always have to depend on others, and medication throughout life?

**JamieB:** I think that the most important lesson I have learned from the kids is that you have to understand how they are thinking in order to meet them where they are. That is the first step in getting them where you want them to be.

**JamieB:** Yes. There is no cure currently for schizophrenia.

**PaulDB:** Just by way of comparison, the National Mental Health Association suggests that 65% of all youth in juvenile justice systems have some form of diagnosed and undiagnosed mental health issues.

**JamieB:** Sadly, that figure just reflects those who find their way into the system.

**JeremyM:** makes sense, since many of them prob come from broken families, unhealthy environments,

**JamieB:** I don't know how much we can blame the environment. Many just make bad choices...regardless of family status.

**JeremyM:** it's not really status though

**JeremyM:** its function....

**JeremyM:** and the environment

**JeremyM:** they both have a hhuuge impact on behavior

**JeremyM:** temperament

**PaulDB:** It seems likely that the youth you are working with is going to graduate provided there are no episodes that prevent such. However, once he is out of school, it would be wise to arrange for further assistance through the Vocational Education Act of 1973 and the more recent Americans with Disabilities Act.

**JamieB:** There is something at play. The numbers seem to be on the rise rather than dropping. Here, with 125 kids served, I have 3 with schizophrenia alone.

**JamieB:** At my former district, I had 5 students diagnosed with aspergers, and only 27 served...

**PaulDB:** I suspect there is an increased awareness because of the effect of IDEA and the NCLB with their emphasis on identification.

**JamieB:** Here, we also have 3-5 manic depressives, and several autistic...

**BJB2** checks the water in Jamie's town

**PaulDB:** The autistic rate is going to go up. Presently there is research to suggest that 1 out of 150 are likely to be autistic.

**JeremyM:** more people are becoming educated and aware of it

**PaulDB:** In your situation, I suspect the use of a medical diagnosis is also contributing to the increase in numbers.

**BJB2** looks at the clock on the wall.

**JeremyM:** yeah

**JeremyM:** that

**BJB2:** I recommend that you join this group if you have not done so already...

**JeremyM:** the actual number of people who are getting it prob hasn't changed much

**BJB2:** that will give you access to the group discussion board and a forum in which to contact other SPED members between monthly discussions.

**JeremyM:** that's what I'm guessing

**JeremyM:** and I echo what Paul says

**BJB2:** Paul, any suggestions for a topic for June?

**PaulDB:** No, I suspect the incidence is increasing as the ability to identify and then evaluate improves.

**JeremyM:** you mean the number of new cases?

**PaulDB:** Actually, I think we should pursue the mental health issue a little further.

**BJB2:** Jamie, although there were no definitive answers to your problem, I hope you found the discussion supportive and cathartic.

**PaulDB:** Yes Jeremy, I mean the number of new cases.

**JamieB:** I certainly did. It does help to be able to 'think out loud' about the best ways to help these students.

**BJB2:** the ability to ID new cases has increased, Jeremy...and public education

**JeremyM:** so yeah, that's what I meant to say

**JeremyM:** I'm only a first year grad...coming from music so I'm not very good at terminology

**JamieB:** My student's favorite class is his 'mental health' class. (He especially liked the section on serial killers)

**BJB2:** oh, gosh...that's scary.

**JeremyM:** !!!!

**JeremyM:** uhhh

**PaulDB:** I am glad to hear that Jamie. I think when we hear it out loud it helps us to think of other options that might not have previously considered.

**JamieB:** told you he was 'dark'

**BJB2:** . o O ( especially with the Columbine anniversary so recent )

**JamieB:** With those interests, that is part of why it is vital that I never show fear of his actions...even when he does things that do scare me.

**BJB2:** the topic for the June 8 discussion will again focus on Mental Health issues if that is ok with everyone?

**JeremyM:** ok

**PaulDB:** But serial killers act out there fantasies while the youth you are working with is able to exercise some level of self-control.

**JamieB:** Sounds great.

**JamieB:** Currently. I do worry about his future.

**JeremyM:** that's a sign of an excellent teacher

**JamieB:** He changed the desktop on one of his teacher's computers to one that depicted a teacher being chased by pyramid head zombies...it said, "Run, Bitch, Run".

**PaulDB:** Good, let us explore a variety of mental health issues that are present in the ESE population, especially among the ED, BD, and SED groups.

**JamieB:** I am new here. I take it that this is a monthly meeting?

**PaulDB:** I guess he didn't like that particular teacher? Or maybe he did not like being ignored by that teacher?

**JamieB:** He said he thought she would find it funny.

**PaulDB:** Yes it is Jamie, we "meet" the 2nd Monday of every month.

**JeremyM:** ok well is this meeting over?

**BJB2:** yes, Jamie...second Monday of the month. I twitter the daily events. If you join this group you will also get a reminder of upcoming discussions

**BJB2:** did you have something to add, Jeremy?

**JeremyM:** no

**JamieB:** Okay. Thank you. That is where I found you...on Twitter.

**JeremyM:** not really

**JamieB:** Thank you for letting me worry out loud.

**BJB2:** coolness! Someone reads my tweets ;-)

**JamieB:** lol

**BJB2:** that's what this community is about, Jamie.

**JeremyM:** well I will see you all hopefully next month

**PaulDB:** I am appreciative for the involvement this evening. It is always good when we can discuss something of importance to one of our members.

**BJB2:** Thanks, Paul, for leading the discussion.

**JeremyM:** yeah, thanks

**BJB2** waves goodnight.

**JeremyM:** take care, all of you :-)

**JamieB:** Thank you Paul.

**PaulDB:** Thank you to everyone and I hope to "see" you next month, same time, same place!

**JamieB:** BJ, how do I 'join' the group?

**BJB2:** is your chat detached, Jamie?

**JamieB:** yes...it is now.

**BJB2:** if it is, the web window is behind it. Find the web window and look in the Welcome note

**BJB2:** There is a green i in the sentence This is the group room for Special education forum

**BJB2:** click on that green i and you will see the group ID page

**BJB2:** at the top of the page is a place to Join this group. Select that and you're in!

**JamieB:** I'm just seeing collaboration groups...

**JamieB:** lol...how about the green 'join this group'!

**BJB2** smiles...that sounds good!

**JamieB:** Thanks. I'm blonde in addition to being special ed! lol

**BJB2:** when you select join this group you will see a prompt that you have successfully joined

**JamieB:** I got it. Thanks again. One more question...now, how do I leave?

**BJB2:** you can have purple hair, Jamie, for what you are able to deal with with your students!

**BJB2:** in the top right of the web window is Logout in orange

**JamieB** left the room (signed off).