

support for her through her teachers. After a formal referral, the school psychologist was the first member of the team to work with Becky. She displayed little eye contact and fell asleep during a structured assessment. She was awoken only to nod off shortly afterwards. The psychologist and school social worker visited with Becky's mother and learned that she often fell asleep even during highly stimulating activities, like swinging in the swing in her backyard. Becky was referred and soon seen by a neurologist and determined to have narcolepsy. Medication for her condition resulted in rapid improvement in her attention and academic skill growth. It's difficult to retain friends and stay up with coursework when sleep is overwhelming, and now that didn't happen. Becky's mother had few financial resources and no support system. The school social worker had many contacts in the community and was able to secure volunteer treatment of Becky's acne from a highly skilled dermatologist, who provided the consultation free of charge. With treatment, Becky's complexion improved radically. The social worker also made arrangements to have Becky's hair professionally cut as her mother's financial situation had not allowed that luxury. Meanwhile, the special education consultant provided pre and post evaluation of Becky's academic progress from the beginning to the end of the school year. Becky had been placed on an IEP at the beginning of the year but quickly demonstrated she could catch up with targeted instruction. She was staffed out of special education within one year. The combination of medical treatment for Becky's narcolepsy and skin condition, services of a cosmetologist to help Becky with her hair and make-up, and academic assistance, resulted in a dramatic change in Becky's life. Other students discovered she was fun to be around now that she was alert and engaged in her surroundings, and Becky's popularity surged. The school counselor maintained close contact with Becky, all of her teachers, and her mother to ensure strong support continued. Stories of this level of pronounced success can occur and are celebrated. Many skilled hands working together can change a life for the better and forever. They did just that in this situation. This illustrates how wraparound services can be coordinated to the benefit of a child, school and family.

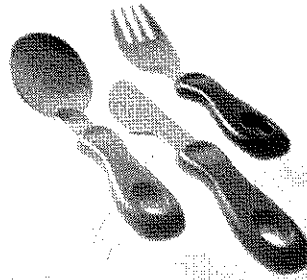
School districts willingly welcome all students into their doors with no reject policy based on specific behavioral parameters. A vast majority of students exhibit little appropriate behavior other than the normal growth pains of maturing and learning how to fit into the world. But that is not to say there are not students who need help. There are students that are distressingly shy that need compassionate support, like the example above. And on the other end of the continuum there are students who demonstrate outright disruptive behavior that requires intensive assistance. Next we will address those students who have significant challenging behavior.

*Challenging Behavior.* Challenging behavior was addressed earlier in this text in the Decade of the 1980s in the section on Assisting Students with Behavioral and Mental Health Issues, and in the Decade of the 1990s in the section on Building Systemic Capacity for Behavioral Support. In the 2000s challenging

behavior supports are connected to MTSS. Early efforts to coordinate challenging behavior for Iowa was lead by Sue Baker, with an exemplary clinic and training site lead by David Wacker at the University of Iowa, and DE coordination by Barb Rankin. These leaders provided support for professionals statewide in AEAs and local school districts to enhance their important efforts with children and schools. Sean Casey currently coordinates challenging behavior efforts for the Iowa DE and consults and trains educators across the state. Sean is creating capacity and sustainability by taking challenging behavior training to the professional staff in the field. He has trained teams in all nine AEAs and trained teams in nine of the largest districts in Iowa, for a total of 18 teams and 95 individuals. Collectively the nine districts hold 23% of the student population in the state. In addition to discussing the challenging behavior and intervention possibilities at all three tiers of MTSS, Sean is targeting those students requiring the most intensive support at the very top of the tiered system of support. Sean calls this area of intense need the Tippy Top.

The most frequent challenging behaviors at the tip of the Multi-Tiered System of Support (MTSS) are aggression in the school setting, disruption in the classroom, and self-injurious behavior such as head banging. These three behavior categories are problematic to be sure, but there are other concerns that rise to the top of the pyramid that are just as serious and can be life threatening or life altering if not ameliorated at an early age. Feeding disorders are just such an example. Let's take a look at a case illustration of a child with a feeding disorder.

- ▶ Sean described a two-year-old male child, we will call Cedric, who was not eating and whose body weight was below the first percentile. The boy took in 639 calories a day (60% of needs met) before the treatment plan. Prior to Sean establishing a behavior intervention plan the medical community ran numerous tests to be sure there were no medical reasons for Cedric's lack of feeding. These tests included checking for allergies, constipation, ability to safely swallow, and many others factors. Once it was established there where no ongoing medical complications, Sean met with the parents to outline the behavior plan. Sean then went to the child's home to eat dinner with the family every night for 15 consecutive days. This allowed Sean to model and run the protocol for shaping Cedric's eating behavior and directly collect data. At the conclusion of the 15-day treatment Cedric was eating 1021 calories a day, which was 100% of needs met. An incredible success story.



Feeding problems are not necessarily the first thing people might think about when talking about challenging behavior and the tip of MTSS, but it is a critical behavior that must be shaped without delay and with a high level of skill. The incredibly rapid brain growth during the early years of life make finding children and treating them especially important.

Challenging behavior at the "Tippy Top" is not something that is readily responsive to PBIS, nor is it a mental health issue. It requires a great deal of expertise. And building that level of expertise across Iowa is exactly what Sean Casey is doing. Iowa thanks you, Sean.

It can appear difficult to tell the difference between individuals who exhibit maladaptive behavior and those with serious mental illness. But it's highly critical to understand the specific difficulty the individual is experiencing. Determining the difference between the maladaptive behavior and true mental illness makes a substantial difference in how the problem is addressed and who might be involved in providing assistance. When behavior issues rise to the point of being a disability, they are most appropriately addressed through the use of a Behavior Intervention Plan (BIP), based on a good Functional Behavioral Analysis (FBA) within the IEP. Mental health issues, by their very nature, are more difficult to diagnose and treat.

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*Mental Health.* In the movie, *As Good As It Gets*, Melvin Udall is a novelist with a sharp tongue and obsessive-compulsive disorder (OCD). At first his bizarre antics and verbalizations are entertaining, but quickly become annoying. The viewer begins to cringe at his self-defeating rituals and feel sorry for the confined life he certainly leads. Over the course of the story he works to control his OCD, but acknowledges that it is a lifelong battle he must continually address. Some mental illness can be similar to a physical illness like diabetes, in that it never really goes away, but a person can learn skills to minimize the illness's effect on their life. People with mental illness may require therapeutic support and medication to maintain a healthy life and acquire self-acceptance and self-advocacy. Because of its insidious nature, mental illness can go undetected and deeply hidden. In some cases the mental illness only becomes apparent when the individual strikes out with seemingly unpredictable violent acts.

In schools, shy and withdrawn students may be overlooked because they are quiet and don't disturb others. Other students may exhibit outrageous attention gaining behavior as a way to mask the genuine mental illness they are suffering. In these cases, these individuals need help. School-based mental health practitioners such as school psychologists and school social workers can provide assistance with determining if the student will benefit from therapeutic intervention in the community. Some students can benefit from short-term counseling in the school setting, while others require more rigorous long-term therapy and pharmaceutical support from outside services. Working with students' parents to determine appropriate courses of action is an important

# The Evolution of Special Education in Iowa

*As Told Through the Voices of  
Those Who Created It*



By Jeff Grimes and Jim Stumme ■ 2016