



Building a Teacher's Toolbox
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Prepared by:
Robin C. Letendre, M.Ed

Adult Education
State of New Hampshire
Learning Disabilities Consultant, Mentor Teacher,
Reading Specialist

The Mentor Team and I have been working on research related to job embedded staff development, or JEPD, and our meeting this month is going to focus on this. One of the research articles that I found covered this topic in depth. At our Mentor Meetings, we talk a lot about what teachers would like in professional development and how we can best serve their needs. We plan the state conferences and other workshops that are offered at the state level with these ideas in mind.

In the research that I looked at, among the information regarding JEPD, one research article looked at the way teachers' were learners. The researchers categorized teachers into five ways that they themselves are learners. It was quite fascinating. The researchers looked at three domains:

- a.) Formal systems, which include courses, workshops, coaching or supervision.
- b.) Informal systems, which include exchanges with other teachers and professionals.
- c.) Personal activities, which include reading and leisure activities.

The researchers posed five categories of teachers:

1. Omnivores: teachers who "actively use every available aspect of the formal and informal systems available to them".
2. Active consumers: teachers who keep busy in one or more of the domains or systems.
3. Passive consumers: teachers who go along with professional development opportunities that arise but do not seek them out.

4. Entrenched: teachers are suspicious of change and take courses only in area where they already feel successful; they may actively or surreptitiously oppose new ideas.
5. Withdraw: teachers are actively opposed to engaging in one or all three domains.

This week's blog question relates to this. What would be your ideal for professional development?

My address to my blog is: <http://nhldnews.wordpress.com>
Please join me and see what I think about this. Again, if you are not comfortable with going out to my blog, please email me and let me know what you think and I will get back to you via email, and with your permission I will post what you said to me.

You can also access my blog from the Adult Education website, which is: www.nhadulted.org

Within the newsletter, you will find the conclusion of information for **conduct disorder**. You can find that information on **pages 3-5**.

On **page 6**, you will find this week's activity to try, which is, "I'm All Done With My work" poster. Let me know how it goes and how you used it within your class.

Lastly, Doug Cullen who works at Pinkerton Academy by day, and Adult Ed by night, sent me this information that he uses with his students. It can be found at: www.kudernavigator.com

To quote Doug, "Students take three online assessments (Interests, Skills, and Work Values) then use the e-portfolio to look up occupational information, post-secondary options, etc. The real advantage with this population is the ability to "store" Bureau of Labor Statistics occupational data from www.bls.gov inside the student's e-portfolio. This radically reduces the amount of time a student spends on research and helps complete the attached document." I hope that you find this information helpful, and if it is something of interest, please let me know. In speaking with Doug, there is a small fee, about \$3 for each user, but he has been able to set up scholarships for users and is willing to help readers through the process.

If anyone else has anything that they would like to share, please send it along to me, and I will pass it along.

Conduct Disorder

Signs and tests

Some of the common signs of conduct disorder are:

- Bullying
- Fighting
- Staying out at night without concern for curfew or other limits

These children often make no effort to hide their aggressive behaviors and have difficulty making close friends. The diagnosis is made based on a history of these kinds of behaviors.

Treatment

Successful treatment requires close involvement of the child's family. Parents can learn techniques to help manage their child's problem behavior.

In cases of abuse, the child may need to be removed from the family and placed in a less chaotic environment. Treatment with medications or talk therapy may be used for depression and attention-deficit disorder, which commonly accompany conduct disorder.

Treatment of children with conduct disorder can be complex and challenging. Treatment can be provided in a variety of different settings depending on the severity of the behaviors. Adding to the challenge of treatment are the child's uncooperative attitude, fear and distrust of adults. In developing a comprehensive treatment plan, a [child and adolescent psychiatrist](#) may use information from the child, family, teachers, and other medical specialties to understand the causes of the disorder.

Behavior therapy and psychotherapy are usually necessary to help the child appropriately express and control anger. [Special education](#) may be needed for youngsters with [learning disabilities](#). Parents often need expert assistance in devising and carrying out special management and educational programs in the home and at school. Treatment may also include [medication](#) in some youngsters, such as those with [difficulty paying attention](#), impulse problems, or those with [depression](#).

Treatment is rarely brief since establishing new attitudes and behavior patterns takes time. However, early treatment offers a child a better

chance for considerable improvement and hope for a more successful future.

Many "behavioral modification" schools, "wilderness programs," and "boot camps" are sold to parents as solutions for conduct disorder. These may use a form of "attack therapy" or "confrontation," which can actually be harmful. There is no research support for such techniques. Research suggests that treating children at home, along with their families, is more effective.

If you are considering an inpatient program, be sure to check it out thoroughly. Serious injuries and deaths have been associated with some programs. They are not regulated in many states.

Expectations (prognosis)

Children who have severe or frequent symptoms tend to have the poorest outlook. Expectations are also worse for those who have other illnesses, such as mood and drug abuse disorders.

Research shows that youngsters with conduct disorder are likely to have ongoing problems if they and their families do not receive [early and comprehensive treatment](#). Without treatment, many youngsters with conduct disorder are unable to adapt to the demands of adulthood and continue to have problems with relationships and holding a job. They often break laws or behave in an antisocial manner.

Complications

Children with conduct disorder may go on to develop personality disorders as adults, particularly [antisocial personality disorder](#). As their behaviors worsen, these individuals may also develop significant drug and legal problems. Depression and bipolar disorder may develop in adolescence and early adulthood.

Children who exhibit these behaviors should receive a [comprehensive evaluation](#). Many children with a conduct disorder may have coexisting conditions such as [mood disorders](#), [anxiety](#), [PTSD](#), [substance abuse](#), [ADHD](#), [learning problems](#), or thought disorders which can also be treated.

Calling your health care provider

See your health care provider if your child:

- Continually gets in trouble
- Has mood swings
- Is bullying others
- Is being victimized
- Seems to be overly aggressive

Prevention

The sooner the treatment for conduct disorder is started, the more likely the child will learn adaptive behaviors and prevent some of the potential complications.

This activity idea, “**I’m Done With My Work Poster**” is taken from:
“Differentiating Instruction in a Whole-Group Setting: Taking the Easy First
Steps Into Differentiation”

By Patricia Pavelka
Husky Trail Press, 2009
Page 86

This poster can be used with any topic or content area that you teach.
Learners are applying what they are learning in the material presented at
hand.

I’m Done With My Work Poster

List Them

Use Them

Write About Them

Give Examples

**Made Diagrams and
Visuals**

Have Fun With Them!