

WHY SCHOOL CLIMATE IS FOUNDATIONAL.

“For Georgia’s reform strategies aimed at improving education to take hold and succeed, students must be engaged and excited about going to school. School climate is the **foundation** of a successful school and positive educational outcomes for all of our students.”

—Georgia Partnership for Excellence in Education

How Might We Create a Positive School Climate? Language as the Missing Link



Garry McGiboney, PhD
Deputy Superintendent, Office of School
Safety and Climate
Georgia Department of Education

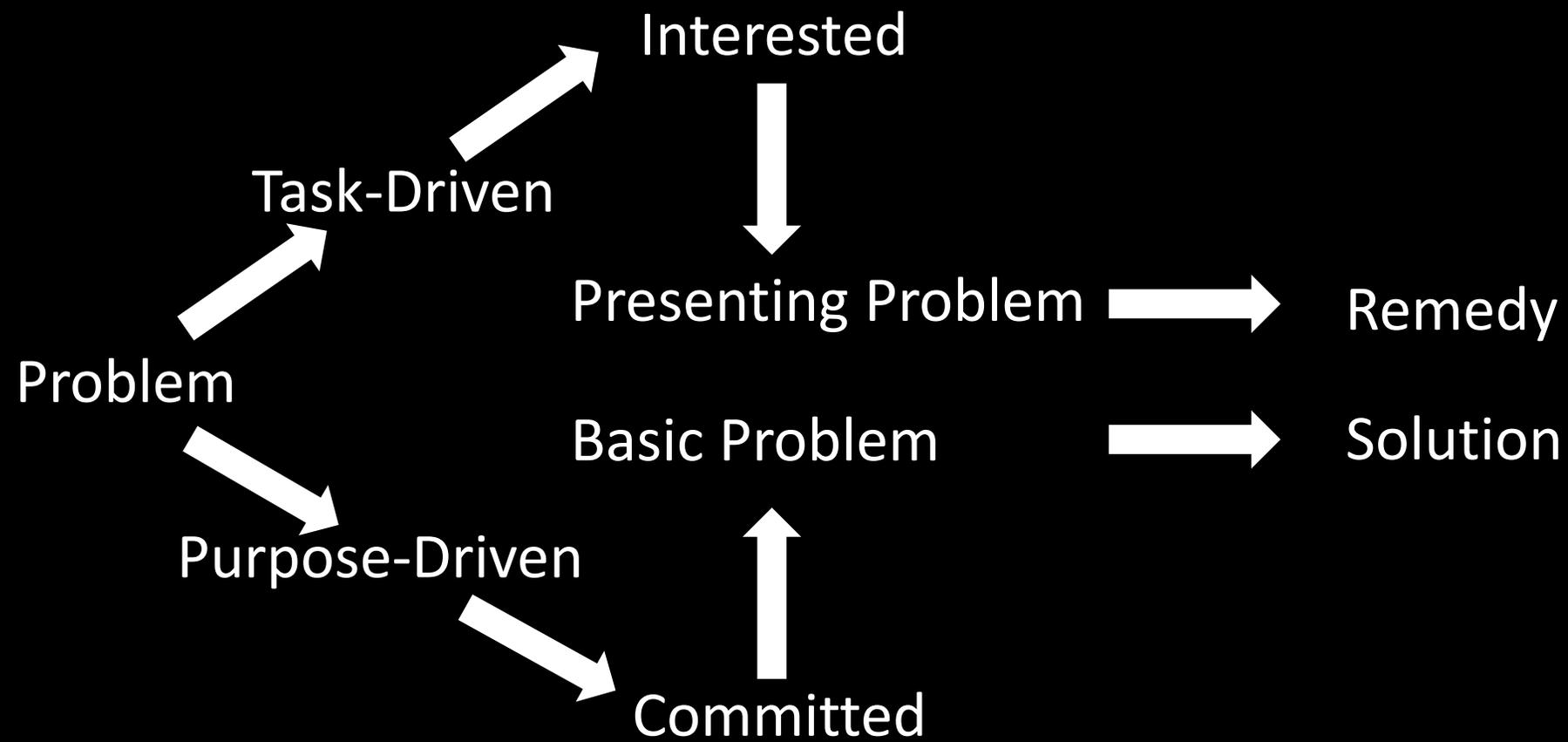
Arianne B. Weldon, MPH
Strategic Innovation Manager
Strategy, Innovation, and Engagement Team
Georgia Family Connection Partnership

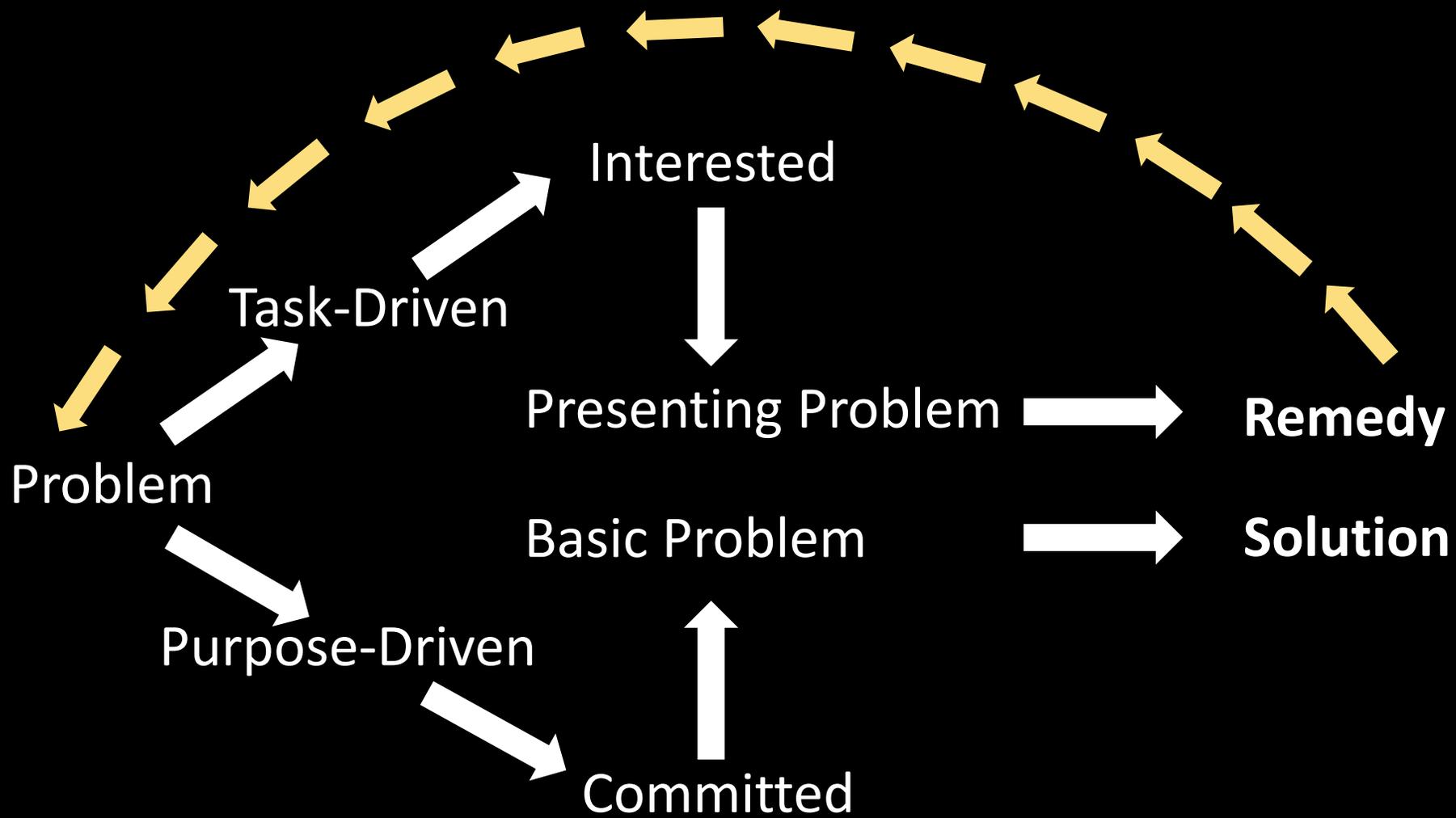


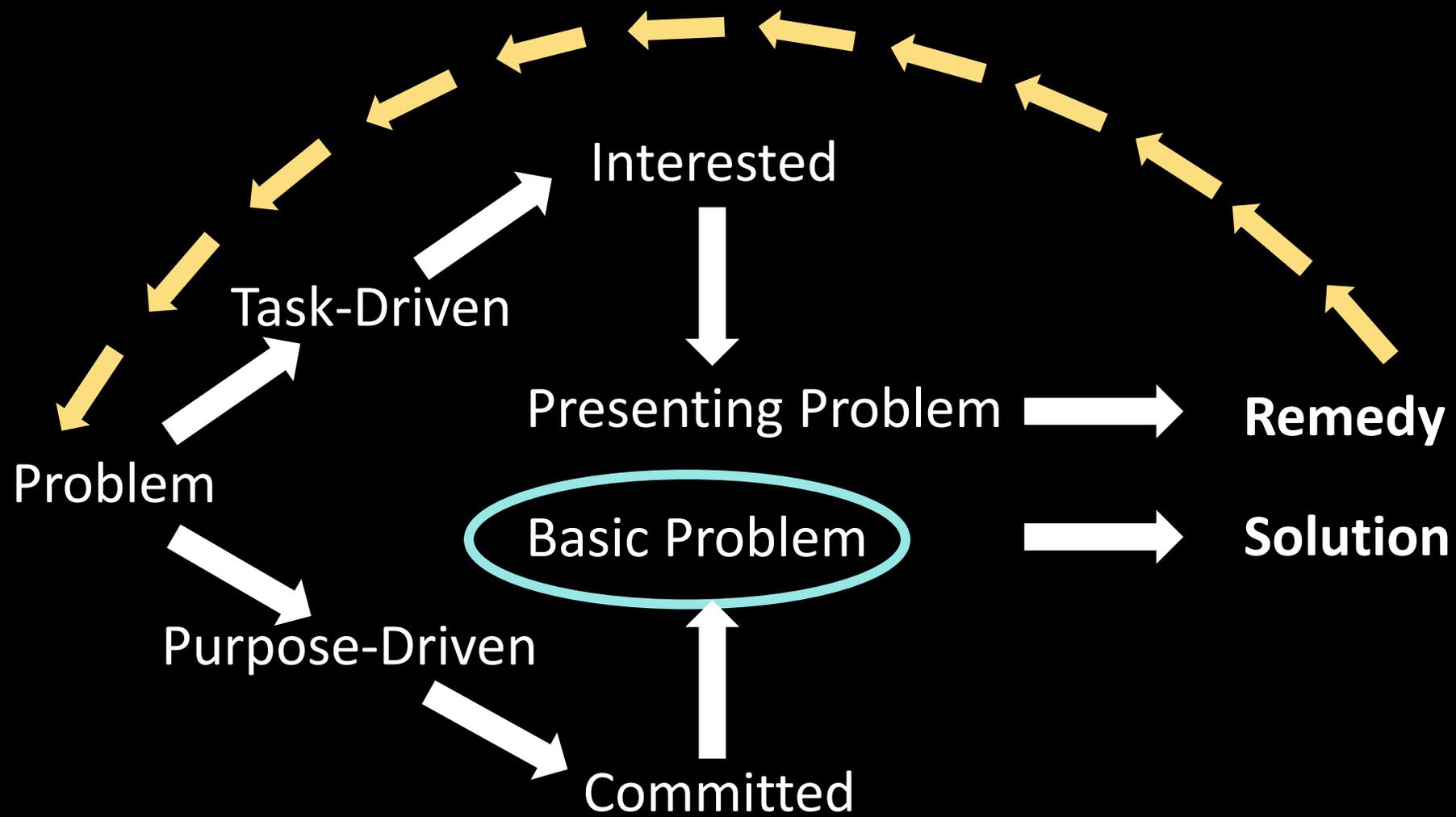
You never change things by fighting the existing reality.

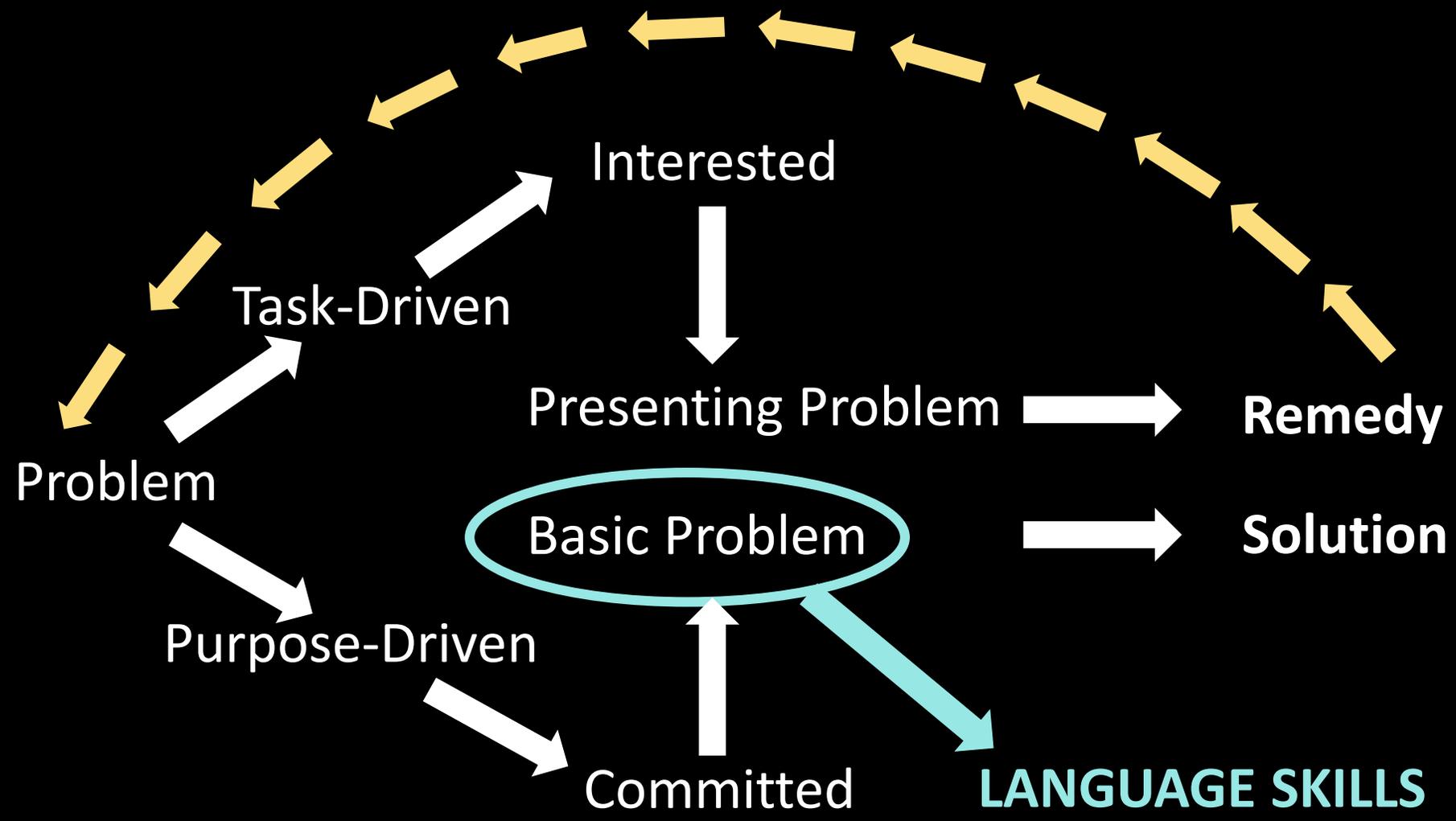
To change something, build a new system that makes the existing system obsolete.

—BUCKMINSTER FULLER











In some cases children do not know how to appropriately channel their frustrations, **do not have the language skills to express themselves or clearly understand** what is going on around them, and act out in anger as a form of release.





In other words...



“When children don’t have language,
their behavior becomes their language.”

—Judge Peggy H. Walker
Douglas County Juvenile Court

A Common View from the Existing System





“That’s the story on this kid. Right there.”

The numbers and files can't talk back.

But what if they could?

What if they told us that we got the story wrong?

And that our remedy is not a solution.

HOW DO WE MOVE FROM
REMEDIES TO SOLUTIONS?

Look at the System from an Epidemiological Perspective

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DISEASES

Do not occur by chance—
there are always
determinants for the
disease to occur.

Are **not distributed at**
random. Patterns of
determinants **provide clues**
to inform solutions.

Look at the System from an Epidemiological Perspective

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DISRUPTIVE BEHAVIORS

Do not occur by chance—
there are always
determinants for the
behavior to occur.

Are **not distributed at**
random. Patterns of
determinants **provide clues**
to inform solutions.

In other words...

There is a crack in everything.
That's how the **light** gets in.

—Leonard Cohen

A lit candle with a flame, symbolizing light and knowledge. The candle is positioned in the lower center of the frame, and its flame is bright and glowing. The background is dark, making the candle and its light stand out prominently.

And language is that light for children.



The **ability to communicate** is fundamental to a child's social, emotional, and cognitive development.

Language is the vehicle by which children:

- communicate their needs and ideas
- develop and maintain relationships
- solidify their understanding of concepts



SPEECH

Speech skills are about producing sounds accurately.

Examples include articulation disorders, fluency disorders, and voice disorders.

LANGUAGE

Language skills deal with meaning.

Children and youth with a language deficit may have trouble communicating thoughts and feelings – **expressive language**.

Or they may have trouble understanding the meaning of what's being said – **receptive language**.

PREVALENCE

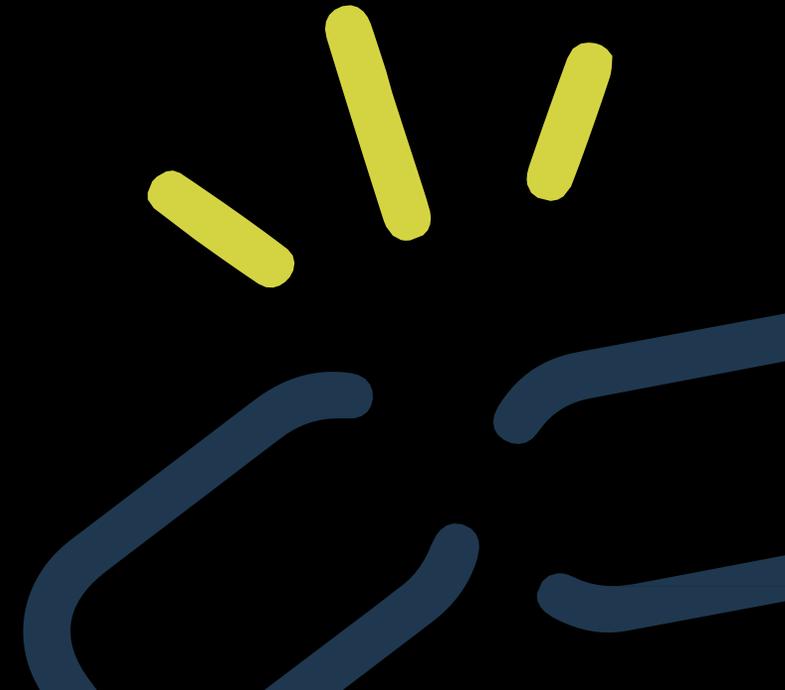
At least **12% of children** entering school have language difficulties that hinder their social development and educational progress.

Language skill deficits significantly predict problems with:

- behavioral,
- mental health, and
- academic outcomes.



The role of language skill deficits as a “**missing link**” for children with behavioral problems has been considered only recently.



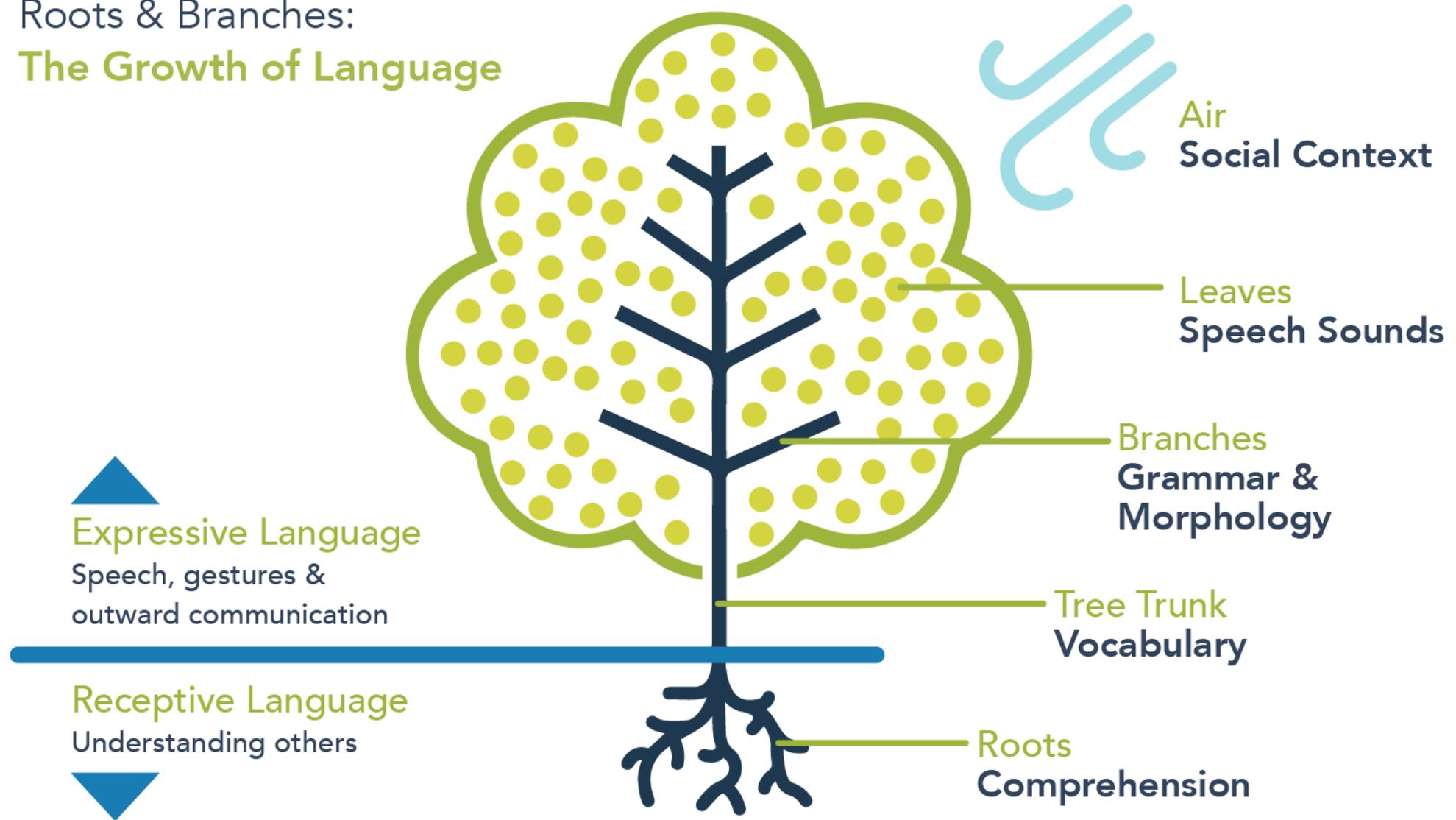


Elements of Language Skills

The Elements of Language



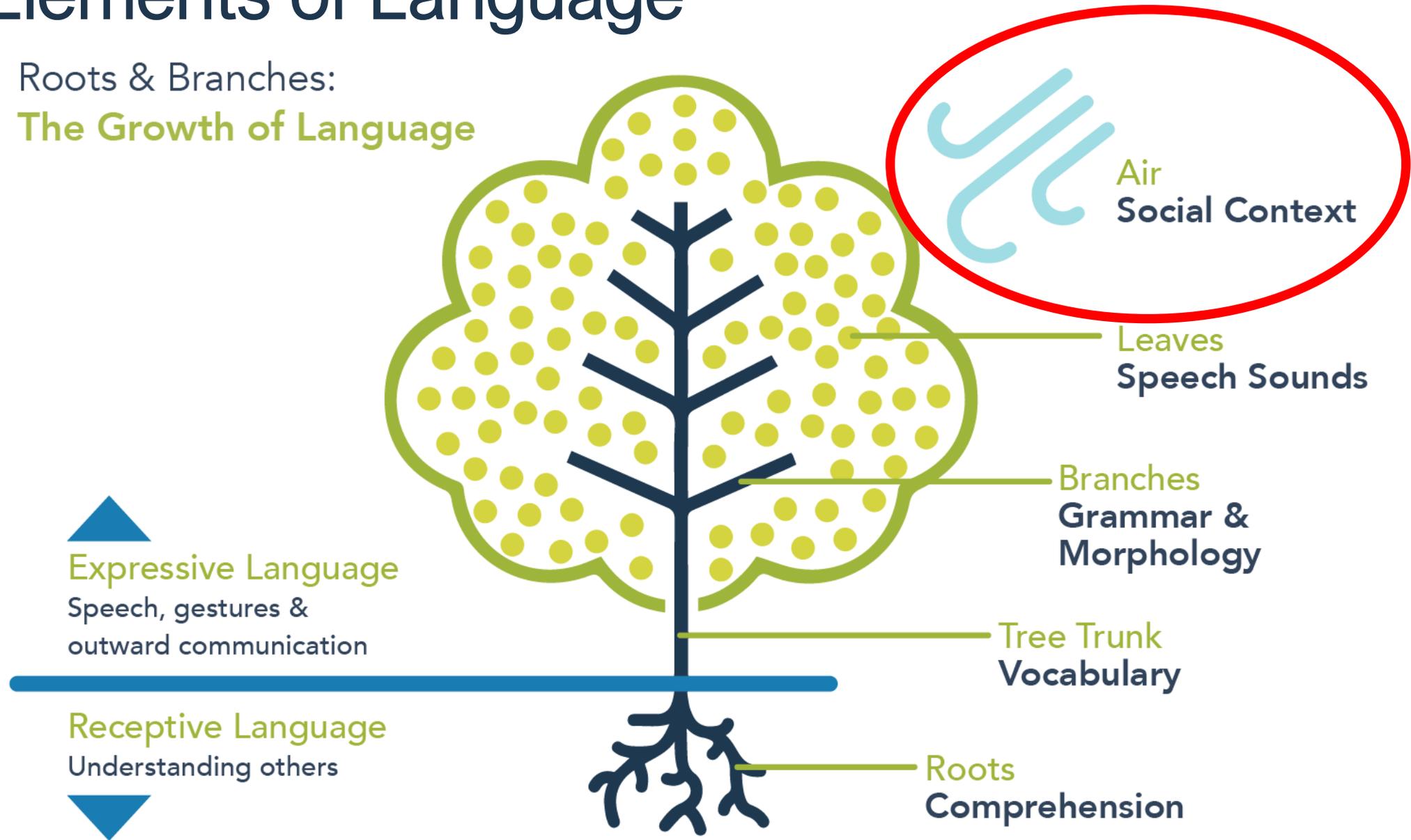
Roots & Branches:
The Growth of Language



The Elements of Language



Roots & Branches:
The Growth of Language





WHY DOES THIS MATTER?



Higher language skills are linked with higher rates of **academic engagement.**

Lower language skills are linked with higher rates of **aggression.**



In fact, aggression may be the **symptom** (presenting problem) of a language deficit (basic problem).

Children with lower receptive language skills are more likely to experience **peer rejection** than children with higher receptive language skills.



Language skill deficits are the most frequent developmental problems among children and youth, yet they are the least identified.

REMEDY or SOLUTION

EARLY CLUES
&
IMPACTS



Language skill development starts early.

The number of loving words a baby hears in the first three years of life makes a big difference in their language development.

Rapid brain development begins prior to birth, extends throughout a child's first years of life, and is **shaped by caregiver engagement** which is essential for language learning.

If this developmental process is disrupted by preterm birth (<37 weeks), problems with language development are likely to occur.



Parents/caregivers can be supported by hospital staff — from the time they enter the neonatal intensive care unit (NICU), in how to engage with and read to their baby.



2 in 3 language-delayed
3-year-olds have
behavior problems.



Children with underdeveloped language skills at age 2 are up to **5X more likely** to have language delays when they enter elementary school.



A longitudinal cohort study — following 19,000 children from birth — observed that the **most important factor in reaching the expected levels in reading and math** at age seven was a child's language skill at age five.

The language skill factor was **greater than the link** to poverty or level of parental education.

IMPACTS INTO ADULTHOOD

Another cohort study following over 11,000 children from birth to adulthood found that those with **poor language skills at age five** are:



4X more likely to have **reading difficulties**

3X more likely to have **mental health problems**

2X more likely to be **unemployed**



WHAT DO LANGUAGE SKILL DEFICITS
LOOK LIKE?



CHILDREN AND YOUTH WITH EXPRESSIVE LANGUAGE DEFICITS:

- Have a **low vocabulary level** compared to their same-age peers.
 - This leads to **problems using words** to express their ideas, thoughts, and feelings.
- Leave words out of sentences when talking.
- Use tenses (past, present, future) incorrectly.
- Struggle to put words together into a sentence or may not string together words correctly in their sentences.



CHILDREN AND YOUTH WITH RECEPTIVE LANGUAGE DEFICITS:

- Struggle to **follow directions** that are spoken to them.
- Experience **difficulty understanding** what people say to them.
- Have **problems organizing their thoughts** for speaking and writing.
- Act out or withdraw **when they cannot understand** their social environment.



Language deficits include the **inability to process and understand everyday language**, including the idioms and metaphors that we use to “spice up” everyday interactions.

For example we say,

“She gave me the cold shoulder.”

“The homework is a breeze.”

“Nothing is written in stone.”



The presence of **behavioral difficulties can blind adults** to the existence of language deficits.

We then **assign “cause” to the behavior and react to the “cause”** instead of the language skill deficit.



How we characterize behavior often determines how we react to the behavior.

ATTRIBUTION

How we respond to someone's behavior has more to do with why we think they did something than what they actually did.



What happens when we attribute the
wrong cause to the behavior?

FUNDAMENTAL ATTRIBUTION ERROR



“That student is lazy, just says ‘I dunno’.”

Does the student receive extra help?

Does the student have the language skills to request the help they need?

“That student doesn’t care.”

Does the student receive more information?

Does the student receive an explanation using words they comprehend?

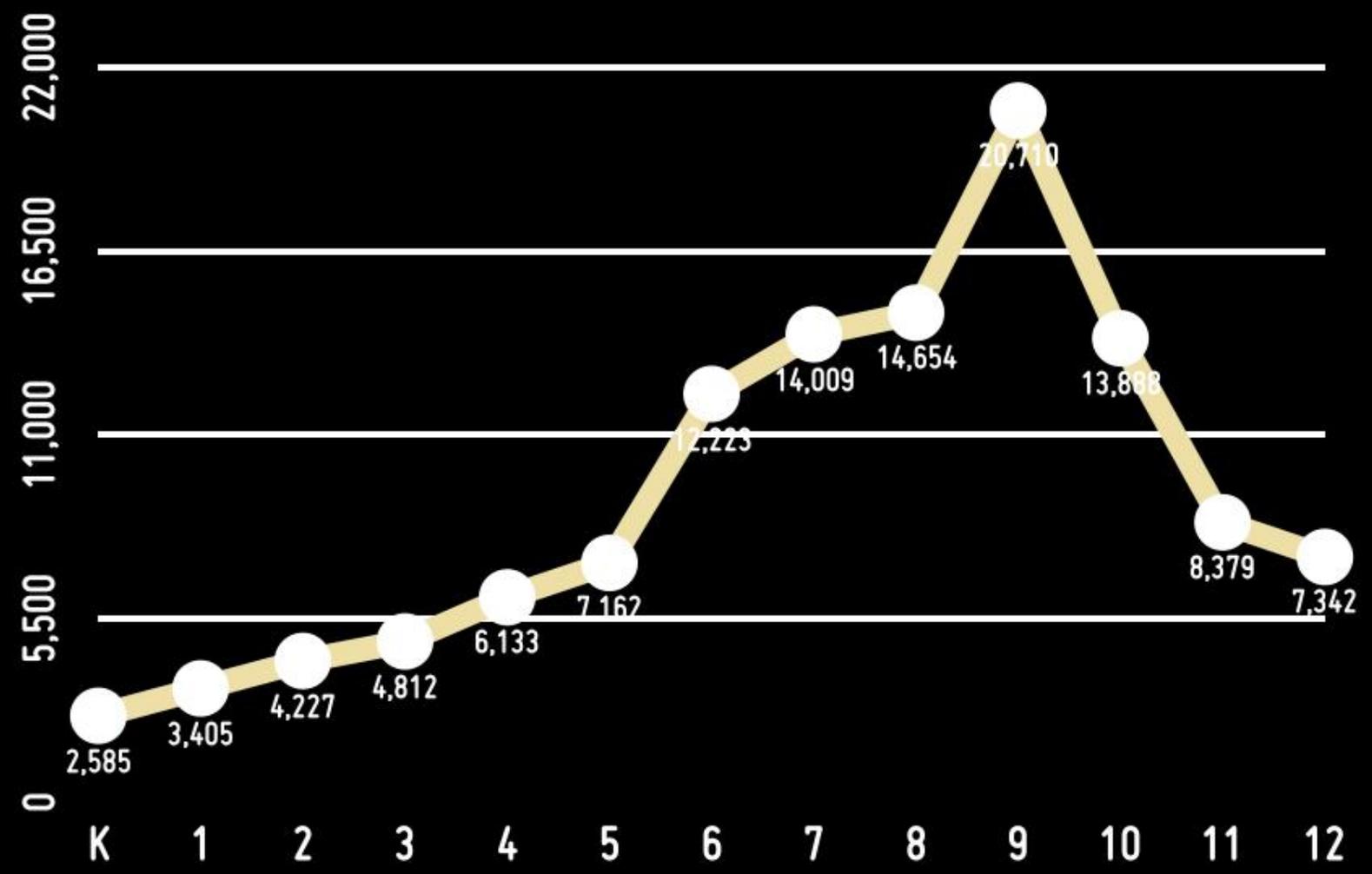
“That student has an attitude.”

Is the student given an opportunity to express himself or ask questions?

Does the student have the language skills to express their thoughts or ask questions?

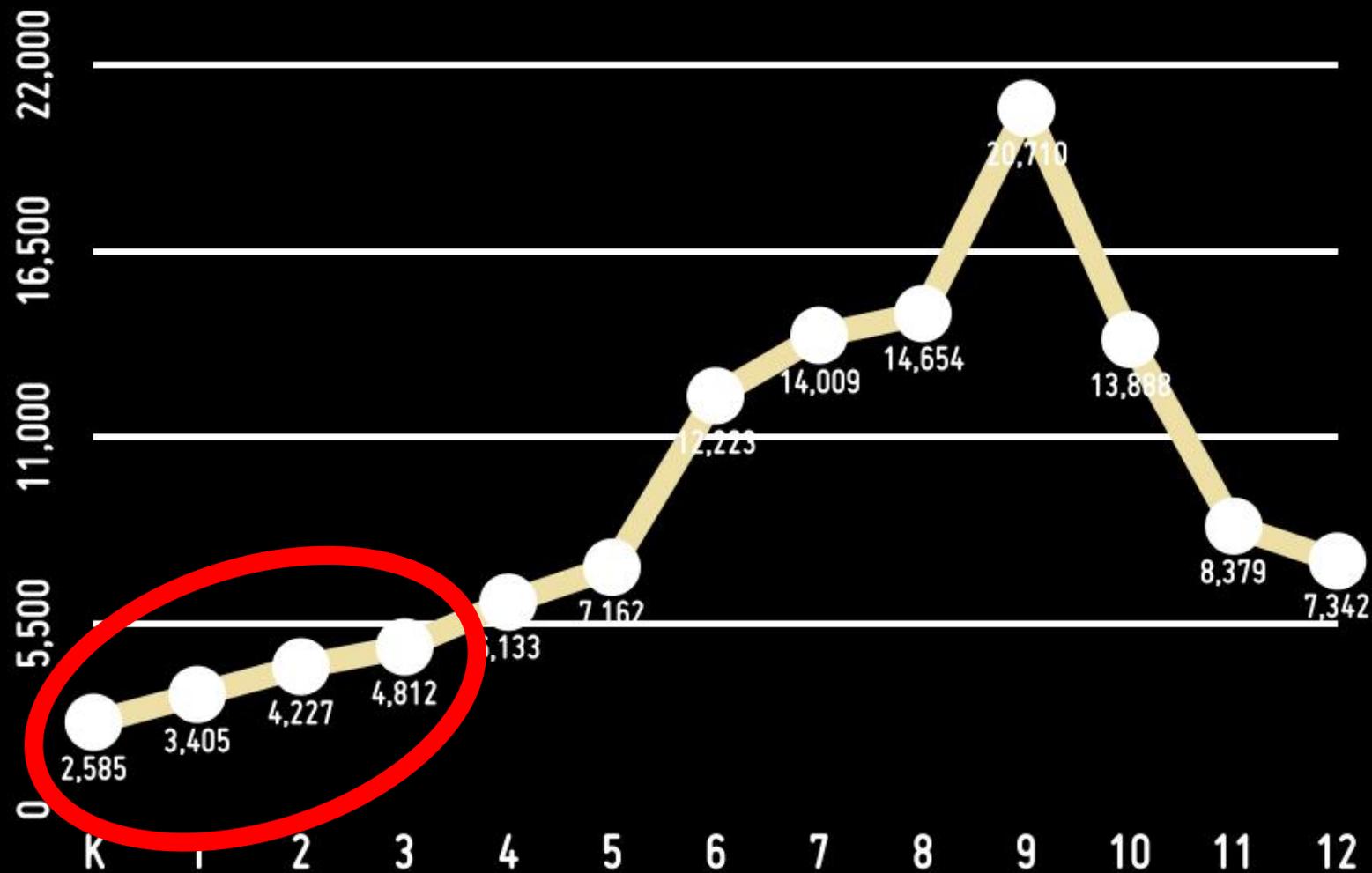


GEORGIA OUT-OF-SCHOOL SUSPENSIONS

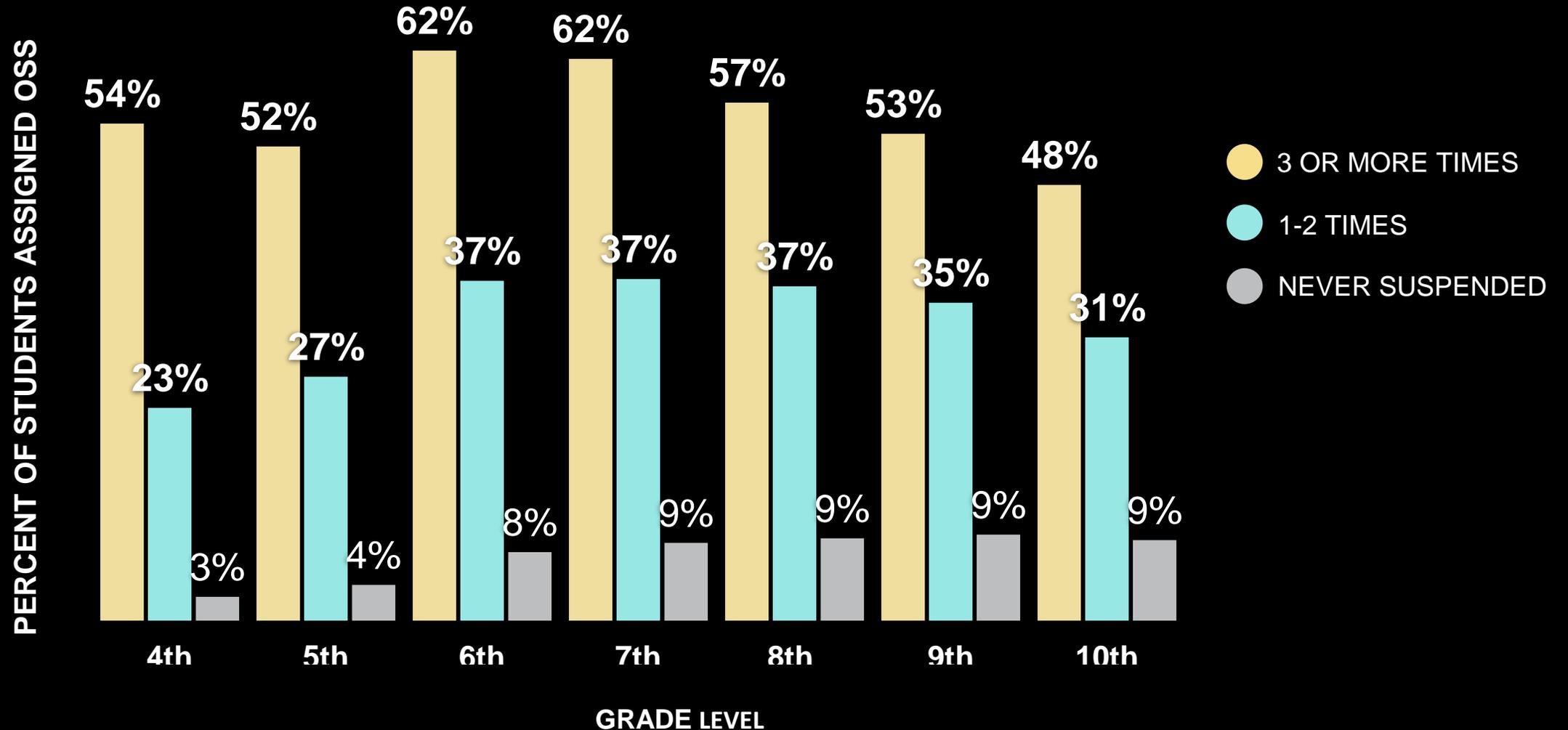




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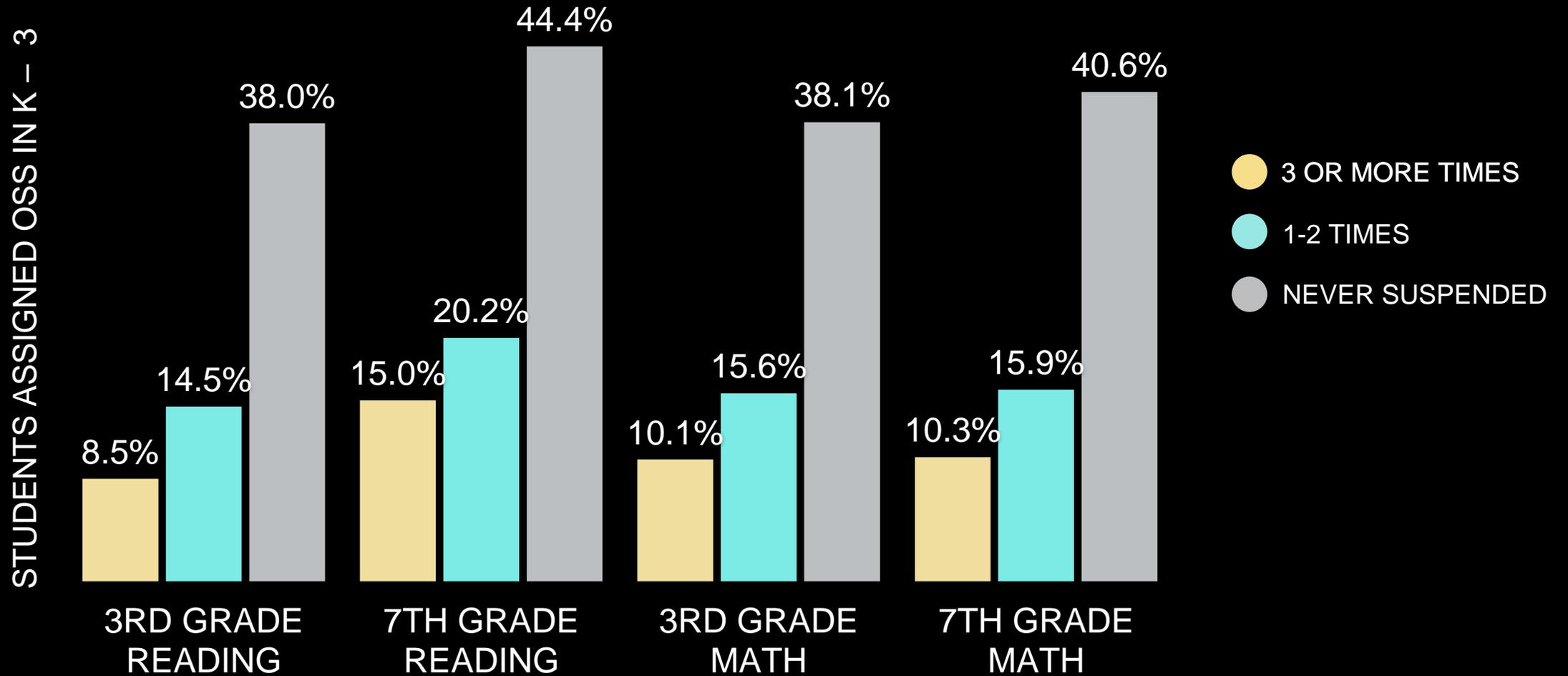


STUDENTS ASSIGNED OSS IN K-3 ARE SIGNIFICANTLY MORE LIKELY TO BE ASSIGNED OSS IN 4TH - 10TH GRADE.



Longitudinal analysis of 130,801 students; 9,487 of whom were assigned OSS during their K-3 years.

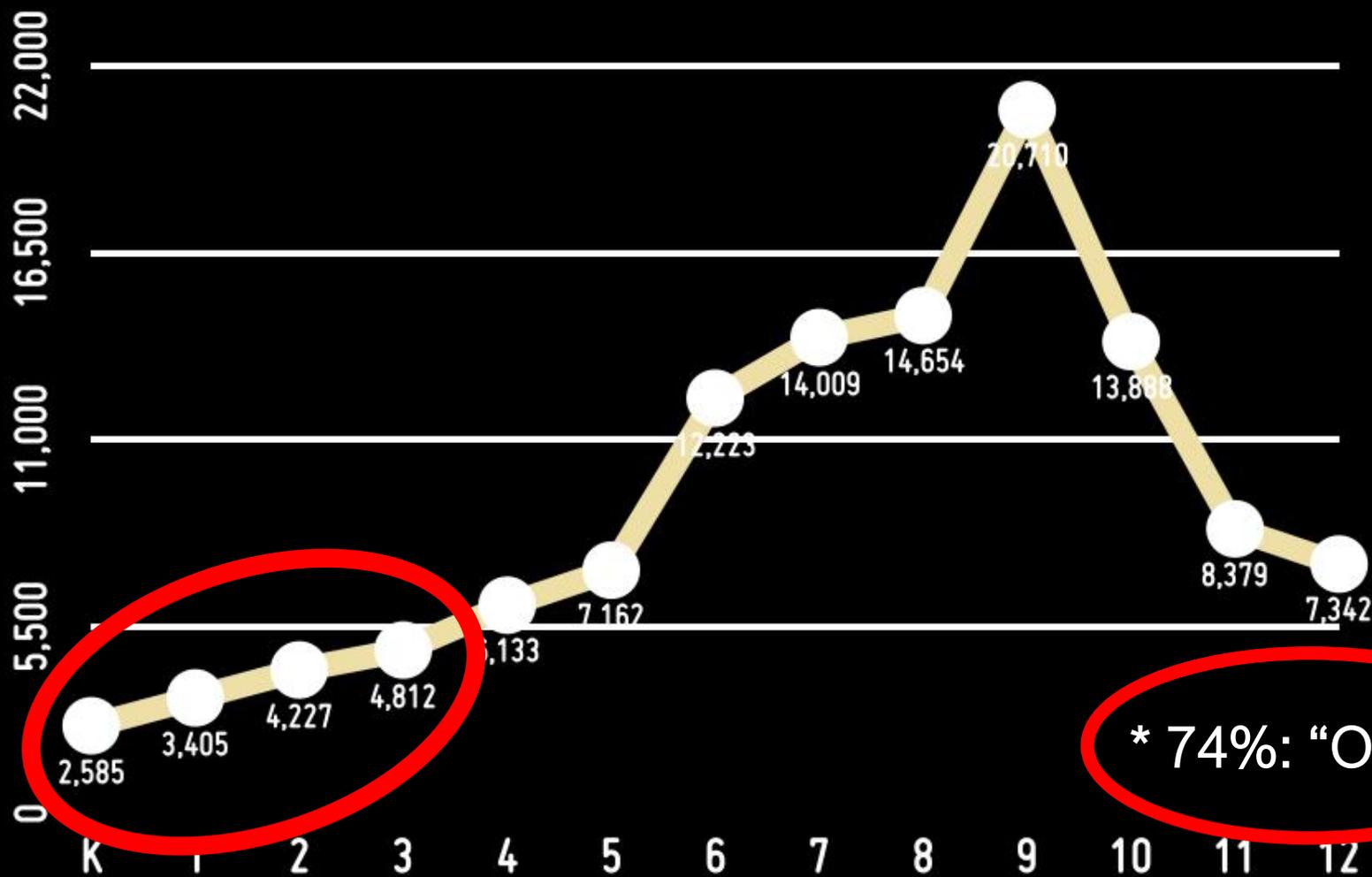
3RD AND 7TH GRADE READING & MATH EXCEEDS BY K-3 OUT-OF-SCHOOL SUSPENSION



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GEORGIA OUT-OF-SCHOOL SUSPENSIONS





Unidentified language deficits are often misinterpreted and **mischaracterized** as rudeness, disinterest, poor motivation, and a lack of willingness to engage.

REMEDY or SOLUTION



It can help to **re-conceptualize behavior problems as skill deficits**, and keep in mind that behavior itself is often a form of communication.

This represents a shift from
REMEDIES to SOLUTIONS.

HOW DO LANGUAGE SKILLS LINK TO MENTAL HEALTH?



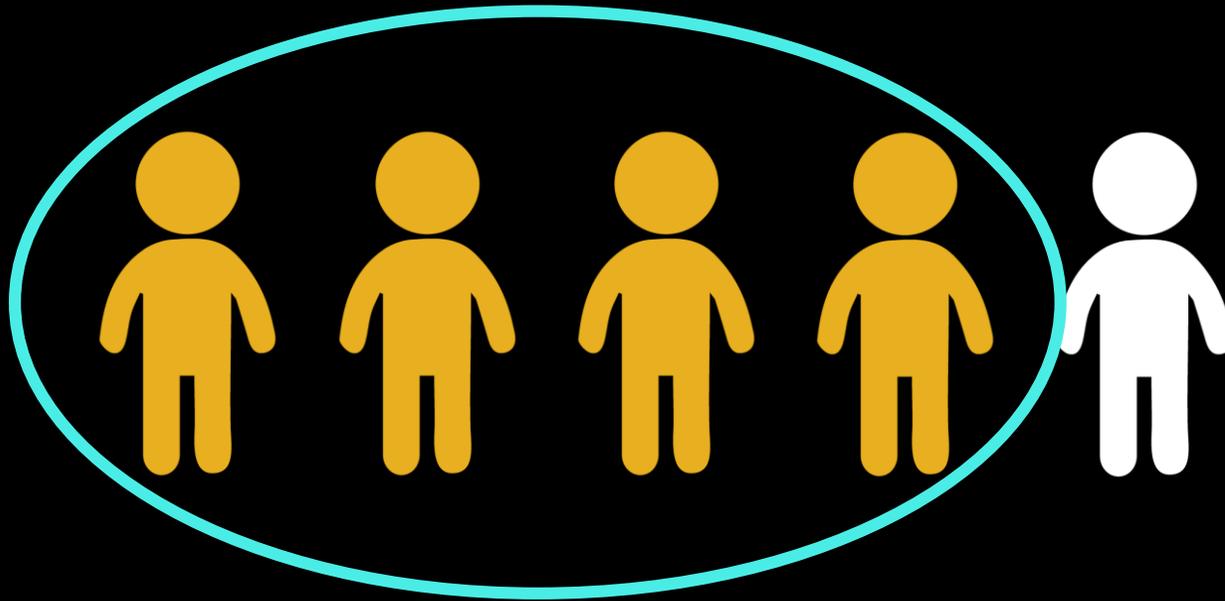
Problems with development of language skills are **linked to problems with mental health development** during the transition from childhood to adolescence.

DIRECTION OF EFFECT

Studies of children and youth ages 2 to 13 show that **language deficits predict later behavior problems** more strongly than behavior problems predict later language deficits.

This suggests that language skills may be a **useful target for both prevention and treatment** of behavior problems.





The prevalence of previously unidentified language deficits in children ages 5 to 13 determined to have emotional and behavioral disorders is **81%**.

“Children with language deficits are **10 times** more likely to **present** antisocial behaviors than their peers.”

Identification of language deficits is complicated by the fact that they are often **attributed** to other diagnostic conditions.

For example, the **diagnostic criteria for ADHD, oppositional defiant disorder, and conduct disorder** share many characteristics with language deficits:

- difficulty listening when spoken to,
- difficulty following instructions,
- talking excessively,
- blurting out answers,
- interrupting, and
- waiting for turns in conversation.

Negative Emotion Differentiation (NED)

The ability to make distinctions between different, negative emotions by applying **precise words** to describe negative emotional states.

Children and youth with language deficits have low NED and typically **refer to their emotions in general terms** such as “bad” or “mad.”

Children and youth with strong language skills have high NED and can **use more granular terms to describe their emotions** — “I feel frustrated” or “I feel ashamed.”

Compared to their peers with low NED, children with high NED have a greater ability to regulate emotions, cope with problems, and are **better protected against depression.**



WHAT DOES THIS MEAN?



Operating at the surface level when the situation requires a deeper understanding of a child's emotional state can result in a young person being judged as selfish or uncaring.

Consider instead **the possibility** of language skill deficits.

A **BASIC** PROBLEM — NOT JUST A **PRESENTING** PROBLEM.



Psychotherapy for children and youth is often based on the assumption that their **language represents their thoughts and feelings.**

For children with language deficits, such a situation is not only likely to be ineffective, it may also be confusing and stressful.



Understanding a child's language skill deficit will not only influence the diagnostic process, it will also **help determine the most appropriate response.**



For example, a 10-year-old boy was referred with a diagnosis of psychosis based on his peculiar responses in testing. During therapy sessions, he was extremely active and talkative. Questioning and problem-solving approaches often led to inappropriate and peculiar verbal responses.



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A language assessment identified a receptive language deficit. When the therapist lowered his expectations of high-level verbal responses and added visual cues (pictures and drawings), the child's activity level decreased, and he was able to work with the therapist.



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He was able to draw pictures of the problem situation (i.e. being teased by peers) and then draw alternative ways of dealing with frustration and anger.

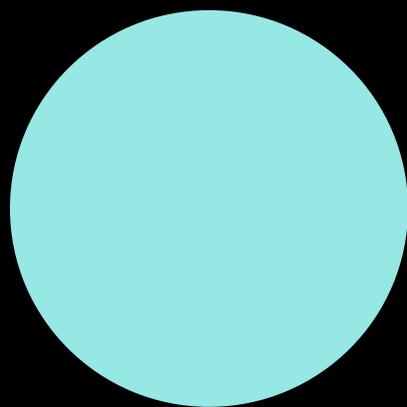


In another example, a five-year-old student had temper tantrums every time the teacher instructed the students to move from one activity to another.



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The teacher, because of her training, noticed that the student did not appear to understand the instructions. Therefore, she gave the student a stuffed animal to take with him during any type of transition; the temper tantrums ceased.



The Dot Story

HOW DO LANGUAGE SKILLS
LINK TO CHILDREN WHO
EXPERIENCE TRAUMA?

LANGUAGE-TRAUMA LINK

Children and youth who experience **trauma** are often literally “out of touch” with their feelings, and **frequently have no language** to describe their internal states.

It is estimated that between 35% and 73% of children in foster care suffer from language deficits.

- That is **3 to 5 times** the prevalence rate of the general population.

In a review of studies examining maltreated, **school-age children**, the researchers found that **86%** had significant language deficits.

Children in foster care—who are in talk-based behavior therapy and case planning, are effectively in a “**second language**” environment if their language skills are deficient and have not been considered.

Children in foster care with language deficits have **longer stays in care** than their peers without language deficits.

Children in foster care who have language deficits are more likely to experience:

- Problems with resilience, health, and well-being—including mental health;
- Poorer overall educational attainment;
- Challenging behavior; and
- Problems with behavioral and mental health interventions.

Child A's Story

Prior to her present placement, a 15- year-old girl had 20 previous placement breakdowns. With a history of aggressive behavior—including being verbally and physically abusive, she had several police charges pending. **She had previously been identified as having no obvious difficulties with her ability to communicate, but that she would communicate emotion by her behavior.**

Following staff concern about her language skills and inability to understand information, a full language assessment was conducted and revealed a range of unidentified language and communication needs. After the assessment, the foster care staff and family were briefed on how to create a language-rich environment and increase the girl's opportunities to learn and use language.

As a result of the language skill enrichment and support, Child A's communication, social skills, and behavior improved significantly, and the charges were dropped.

Her social worker said: "What I have experienced is her improved confidence in expressing herself, listening, and understanding. This has been an invaluable part of the progress she has made in placement and has allowed her greater opportunities to make meaningful relationships with adults and peers alike."



ARE LANGUAGE DEFICITS LINKED
TO DISRUPTIVE YOUTH?

Youth involved with juvenile justice are **five times more likely** than their non-offending peers to have language deficits.

HOWEVER

Most young offenders are not given a language assessment.





DO LANGUAGE DEFICITS IMPACT INTERVENTIONS?

ORAL LANGUAGE DIFFICULTY	MANIFESTATION IN A RESTORATIVE JUSTICE CONFERENCE
Reduced expressive vocabulary	<p>A lack of emotion-related words, such that expressing remorse and saying things that convey authenticity and genuineness—even if these are felt and intended—can be difficult.</p> <p>“Yep,” “nope,” “dunno,” “maybe”—all minimalist responses aimed at avoiding having to speak, but potentially conveying resistance to engagement in the process.</p>
Receptive language difficulty	<p>Appears to understand what is being said – and may nod in agreement – but misses important nuances.</p> <p>Difficulties processing figurative language.</p>



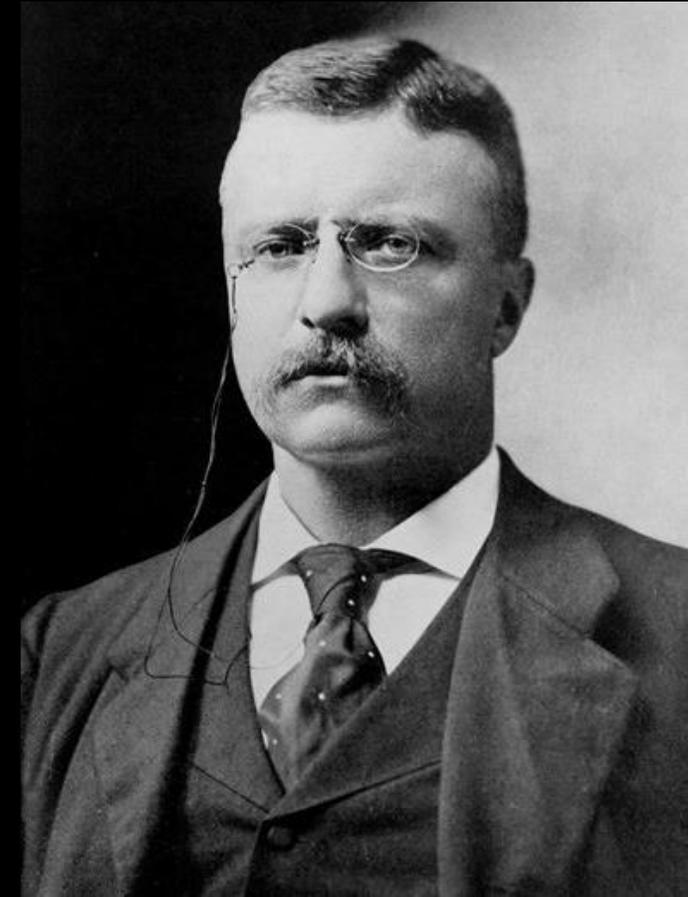
Successful expression of **remorse** requires substantial language skills.

In other words—not only must the words be correct, but the delivery, tone of voice, and facial expression must match.



“Complaining about a problem without proposing a solution is called whining.”

—Teddy Roosevelt



WHAT CAN BE DONE?

Include language skills as a well-being indicator—similar to other skills essential for engagement and learning.



Health Barriers To Learning

- 1) Uncontrolled asthma
- 2) Dental pain
- 3) Unaddressed hearing problems
- 4) Behavioral & mental health problems
- 5) Persistent hunger
- 6) Uncorrected vision problems
- 7) Lead exposure
- 8) Language skill deficits*

Include Language Nutrition coaching training as a practice among workforces that already reach nearly every parent and baby, including:

- **nursing**
- **child care**
- **WIC**
- **foster parents & CASAs**



Provide parents of infants admitted to a Neonatal Intensive Care Unit (NICU) with support in how to engage and share reading experiences with their babies.



Individual therapy by
a certified speech-
language
pathologist (inc.
teletherapy).

STEP 2: If indicated,
student support staff—nurses,
social workers, counselors—
screen for potential language
delays or disorders (PLS-5,
CCC-2, CELF-5).

STEP 1: Train **ALL** school personnel to recognize
signs indicating problems with language skills.

STEP 3: Apply screening results to enhance and/or adjust
classroom practices & instruction.

Screening Tools

PLS-5: Preschool Language Scales | Fifth Edition

- Age range: Birth – 7 years and 11 months

CCC-2: Children's Communication Checklist-2

- Age range: 4 – 16 years and 11 months

CELF-5: Clinical Evaluation of Language Fundamentals-5

- Age range: 5 – 21 years and 11 months



Provide **training for teachers** to monitor development of language skills throughout **ALL** grade levels and illustrate to teachers how to create a language-rich classroom while also being aware of their own use of words.

SUCH AS...



Enhance language and learning through engagement strategies.*

These include:

- Using visuals to ensure a students' prediction of the sequence of activities and steps within activities
- Using strategies embedded in activities to sustain student engagement
- Recruiting students' interests with hands-on material, embedding real-life application and students' interests.
- Pairing verbal language with visuals, gestures, role play, and real-life materials.
- Verifying that the students understand your language.

*Emily Rubin (Social Emotional Engagement-Knowledge and Skills, SEE-KS)



Therapists, Case Workers, Judges, and Others

Listen to yourself – how are you communicating with children and youth?

Is that working well? How do you know? Verify that children and youth understand you.

How are children and youth communicating with you? Are you doing all or most of the talking?

Is there anything you can change to make communication easier and more effective for children and youth (and their parents)?

Assess language skills — using a valid and reliable language assessment (e.g. PLS-5, CELF-5) — as part of all evaluations and re-evaluations for Individualized Education Programs (IEPs).



Utilize the policy change in Georgia that added certified Speech-Language Pathologists to the list of Medicaid provider types who may provide services via telemedicine.

Implemented April 2017



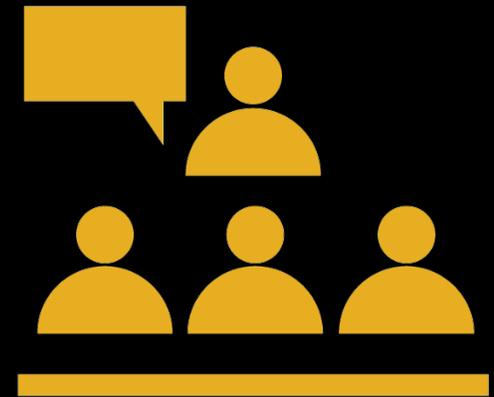
Screen and assess the language skills of all children & youth in foster care and juvenile justice—including at the point of the competency assessment prior to adjudication, to inform appropriate interventions.



Screen and assess language skills as part of the **Comprehensive Child and Family Assessment (CCFA)*** process along with guidance for how to apply the results to develop and implement appropriate plans of care.

* The CCFA is a detailed assessment conducted for children entering foster care to support service planning and decision-making regarding the safety, permanency, and well-being of children, youth, and families.

Provide training to increase awareness and understanding of the relationship between language skill development and mental health development so that appropriate responses are provided that meet the child's needs.





SIGNALS

WEBINAR SERIES

Designed to equip educators, families, and other stakeholders with:

- An understanding of what can be missed when reacting to the presenting behavior without considering underlying developmental and other indicators that are driving the behavior.
- The impact of missed indicators on social engagement skills and emotional and mental health development.
- **New employee orientation, group lunch and learns, etc...**

Webinar 1: Language & Attribution Theory

Webinar 2: Misdiagnosis & Missed Opportunities

Webinar 3: Language Acquisition: Strategies for Families

Webinar 4: Language Acquisition: Strategies for Educators

Webinar 5: Language & Literacy

namiga.org/signalswebinars/

Train mental health providers to complete a language screening (e.g. PLS-5, CCC-2, CELF-5) for all children and youth referred to them and apply findings to inform the diagnostic process and interventions considered.



Given what is known about pathways into the justice system, screening and assessment of language skills (e.g. PLS-5, CCC-2, CELF-5) should occur:

- Among students **struggling to read**;
- When **behavioral problems** are first emergent;
- When a child is at **risk of suspension** from school;
- When **mental health difficulties** are apparent;
- On first **contact with the justice system**; and
- In **planning interventions** following a conviction.



Is this the
system we want
to continue?



Or is it time to
create a new
system that is
solution-based?

Solutions — not remedies.