

An Interview with Dr. Nancy Rappaport

Nancy Rappaport
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(Interviewed on behalf of North American Journal of Psychology by)

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Nancy Rappaport, MD, is the director of school-based programs at Cambridge Health Alliance and an associate professor of psychiatry at Harvard Medical School. She is the author of *In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide*.

NAJP: Dr. Rappaport, can you tell us a bit about your education and experience?

NR: I was an English major at Princeton with the hope of being a writer and a doctor. William Carlos Williams was my inspiration, as he used to write short poems on his prescription pad. After Princeton I took an extra year to concentrate on sciences at Columbia. While applying to medical school, I taught preschool through third grade science in a school in Harlem, which is when I developed an appreciation for how rewarding and challenging teaching is.

NAJP: Now, a good deal of your work is in the schools. What do you see as the most common difficulty in the schools?

NR: I think the most common difficulty is students with challenging behavior (oppositional, anxious, sexualized and withdrawn behavior) not receiving intensive intervention early on that allows them to develop the necessary skills to succeed (whether academic or emotional). Over time, the gaps this creates between these students and their peers gets too big.

NAJP: In the schools, teachers are often asked to “bend over backwards” to help students with accommodations, modifications, and differentiated instruction and the like. Are we asking entirely too much of teachers nowadays in terms of teaching children with major psychiatric and psychological problems?

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NR: When a child is deaf or has a limb amputated, we feel compelled as a society to make appropriate accommodations for her, rather than watching her struggle. Psychological deficits, however, may not engender the same type of sympathy, particularly in children who may explode or avoid academic challenges. Their behavior is sometimes seen by educators as manipulative and can be exhausting; the teacher and administrators may not know what to do or how to put in place the necessary accommodations or differentiated instruction the child needs. When the student's behavior gets worse or seems entrenched, the danger is that school staff may stop making any demands or become distant. The challenge is to "front load" the effort, to build momentum for success.

NAJP: Could you discuss "a mindful approach" to parent conflict?

NR: Schools and parents can get locked in angry power struggles (Casoli-Rearden, Rappaport, Kulick, & Reinfeld, 2012). We encourage simple changes that can help change the atmosphere to one of collaboration rather than blame. An important one is to address the parent by name – for example, Susan, rather than "John's mom." Others include: be aware of body language, don't delay direct conversations with the parent, and provide a point person to check in with the parents.

NAJP: Let's review "The Behavior Code." What are the main points here and what is FAIR plan?

NR: I wrote this book together with Jessica Minahan, who is a behavior analyst and special educator. Our approach combines an understanding of what drives human behavior with a simple yet systemic framework focused on students with anxiety or oppositional, withdrawn, or sexualized behavior. A key aspect is learning to see behavior as a form of communication - rather than trying to ask "why is he acting this way?" asking "what is he trying to communicate?" A FAIR plan is a behavior plan that takes into account the function of a behavior (what the child is getting out of it) and then uses appropriate accommodations and modifications, interaction strategies, and responses to the behavior. We wrote an article (Minahan & Rappaport, 2012a) that gives more details about our approach.

NAJP: In your work, you often refer to students who live in a foster home, a group home, and a supervised living situation. Do you feel teachers need some additional training to work with these kids, who for whatever reason are living away from parents?

NR: Students who are living away from their families have usually experienced some type of trauma (neglect or abuse) that caused them to be separated from their parents. They may have underlying anxiety that fuels explosive or disruptive behavior. Teachers need additional training to recognize the impact of trauma on the learning process and understand how to help students build skills in recognizing their emotions and to come up with constructive ways to persist when they feel overwhelmed (Casoli-Rearden, Rappaport, Kulick, & Reinfeld, 2012).

NAJP: How do teachers decide which accommodations are going to work best for various children with a wide variety of problems?

NR: Teachers first need to collect some data and look for patterns to help them identify the underlying function of the behavior (i.e., what the child is getting out of it). This will inform their decision about what interventions to try.

They may first try to enhance the child's skills, and implement accommodations while they are learning. For example, some children with emotional regulation difficulties can learn ways to calm themselves, and others may need accommodations to help prevent them from becoming escalated in the first place.

Once you implement an accommodation, you look to see if the intervention decreases the problematic behavior. It is important to remember, however, that sometimes there is a pre-learning dip or "extinction burst" when a child is learning new behaviors but then the behavior temporarily gets worse before it is eliminated.

NAJP: What do you mean by replacement behaviors?

NR: Replacement behavior is a critical concept – once you have identified that a student is, for example, ripping up his math paper to escape the task because his math skills are lagging, you then want to intensify support for him to learn the math skills and while you are doing that have him learn to have a special signal when he wants to run out of the room and needs extra help. We need to offer him a way to communicate that he doesn't want to do the assignment or needs additional time in a way that doesn't disrupt the class.

NAJP: What is "self-regulation" and how do teachers teach this?

NR: Self-regulation is the ability to calm oneself. Children learn this when they are young from a caring adult, and this skill is critical to learning. Children need to learn to recognize when they are starting to

become agitated. Teachers can describe what they are seeing to help them develop this self-awareness (“I see that your hands are clenched and your shoulders are tight!”) and help them use strategies to calm down (e.g. deep breathing, yoga, distraction, calming box).

NAJP: It seems that there are more and more children with “oppositional defiant disorder.” Can you provide an overview?

NR: Oppositional defiant disorder is defined by trouble following rules, persistently challenging adult authority, and being disrespectful or intimidating to peers. These children can be explosive and aggressive in school, and it’s important for teachers to work with administrators and mental health experts to create a safety plan. Teachers can also learn to recognize the “warning signs” that the child shows before exploding and intervene by helping him to use a self-calming strategy.

These children have often learned that “might is right” and keep adults from getting close by acting confrontational. Teachers need to use some strategies that can seem counter-intuitive, such as “catching a student being good” (Kazdin, Bass, Siegel, & Thomas, 1989), investing time to build a relationship with the student, and giving breaks throughout the day where the child can be “in charge.”

NAJP: What about anxious children? Are there other things than anti-anxiety medication?

NR: As a child psychiatrist who prescribes medication, I would encourage mainly alternatives *besides* medication, and that’s why I co-wrote *The Behavior Code*, to help teachers be prepared to employ critical strategies. A few of the strategies we suggest that can help anxious children are scheduled breaks during the day to practice self-calming strategies, previewing the day, and having lunch or recess in alternative setting if this is an anxiety-producing (Minahan & Rappaport, 2012b)

NAJP: What are some of the factors involved in school avoidance?

NR: A variety of factors can contribute to school avoidance. These include cultural factors such as feeling that school isn’t a safe place or experiencing a language barrier; family factors like being needed at home to watch younger siblings, frequent moves, or abuse; bullying; and neurological or psychiatric disorders including social phobia, OCD, ADHD, or learning disorder (Olweus, 1993).

NAJP: Separation anxiety- how much is real, and how much is concocted in mother's mind?

NR: While a child may have separation anxiety and become distressed at leaving home to go to school, parents often inadvertently reinforce their child's avoidant behaviors. Because of their own anxiety, parents may have difficulty tolerating their child's distress and be unable to motivate their child to attend school. If a family member or friend takes the child to school, this can help the parent to get some distance from the situation. The school can help by taking on the role of a supportive partner for the parent by setting clear limits and consequences with the child while reassuring the parent that their child will be closely monitored at school. When parents are struggling to get their child out the door, it needs to be made clear to the child that attending school is not a choice that anyone, especially their parents, has control over.

NAJP: Some kids avoid school because they are bullied, made fun of- or they have some special need or exceptionality. Let's take a child with Aspergers-peers do not understand it, so the child is mocked and ridiculed- should the child get counseling, medication, or be placed in special education?

NR: Children with Asperger's syndrome may need support to manage their anxiety, additional counseling to help them master social skills, and/or additional special education services. Accommodations that can help include anxiety management breaks, alternative lunch or recess, support during transitions, and previewing. Schools more often systematically address the social skills part for children with Asperger's disorder than for those children with social skill deficits due to trauma or oppositional behavior, who also need this support.

On a systemic level, schools must create a culture that does not tolerate the targeting of children who are socially vulnerable. Students need to understand what it is to be a passive bystander and how important it is to make an effort to help other students who may be awkward but deserve fair treatment (Kazdin, Bass, Siegel, & Thomas, 1989).

NAJP: So, what's a teacher to do if a child has "school avoidance"? Or, is it up to the principal?

NR: School avoidance is best addressed by a team, including the teacher, parents, and other school personnel. The team can work together to create a plan to get the child back "in the door" and to support the

child once he is back in the classroom. Understanding and addressing any underlying mental health or learning issue is key to being able to do this. Setting up appropriate accommodations can decrease the child's anxiety and make him feel supported. These may include modifications to the child's schedule or workload, a pass to take a break during class, or a separate lunch setting (Kazdin, Bass, Siegel, & Thomas, 1989).

NAJP: Can you tell us a bit about your books with other scholars?

NR: In *The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students* we provide the conceptual background and practical strategies for 'breaking the code' of what we believe are the four most challenging types of students in the elementary school classroom: students with anxious, oppositional, withdrawn and sexualized behaviors. We provide a framework for a different kind of behavioral intervention plan that we call the FAIR Plan. Unlike typical behavior intervention plans, which don't take mental health into account, FAIR takes our deep clinical understanding of mental health and our knowledge of multidisciplinary research and best practices for these students and applies it within a behavioral construct (Minahan & Rappaport, 2012b).

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