



## **The ARISE Program Succeeds with Youth Who Have Behavior Issues and Special Needs Because...**

ARISE curricula and staff training have been designed specifically for those working with troubled youth. ARISE group lessons are interactive and promote an unusually high degree of open and supportive participation, resulting in a positive acceptance, especially in those youth with learning disabilities. ARISE lessons are ideal for youth with varying achievement levels and learning needs, so they are perfect for frustrated, bored or hard-to-handle youth. The activities propel learners to use their imagination and natural creativity; they build on passions and interests, not on neat handwriting and spelling ability. The ARISE group lessons foster discussion, debate and personal expression, so that every participant can contribute, learn and experience success. Handwriting and spelling are never issues in ARISE groups; participation is key.

We've included the information below to provide insight into the needs of the youth for whom ARISE materials were created, especially those with learning disabilities and Post-Traumatic Stress Disorder.

### **A Look at the Statistics**

Learning disabilities have been identified as an important risk factor that contributes to failure in school and to entry into the juvenile justice system. An estimated 50 to 80 percent of all confined juveniles are eligible for services designed to address learning disabilities. (Jessica Portner, "Jailed Youths Get Shortchanged on Education," *Education Week*, October 2, 1996.)

From the Blueprint Commission Meeting, Florida Department of Juvenile Justice, September 25-26, 2007, Jacksonville, FL

- 1 out of 5 youths in the Florida juvenile justice system has a mental health disorder.
- 90% of the youth in detention reported having one traumatic incident.
- The prevalence of Post Traumatic Stress Syndrome (PTSD) is 8 times higher for youth in the juvenile justice system than for youth in general.

Studies have estimated that as many as 50% of all teenagers in juvenile facilities have Attention Deficit Hyperactivity Disorder (ADHD).

An estimated 75 percent of children in the Texas juvenile system have behavioral health issues.

## ARISE-Trained Staff Is Provided With Tips, Tactics and Strategies for Motivating Youth with ADHD/ADD and Other Learning Disabilities

### In ARISE group activities:

- Give simple one-step directions.
- Give both verbal and written instructions.
- Have learners repeat directions to be sure they understand.
- Always repeat instructions in a calm, positive manner when needed.
- Maintain eye contact when giving instructions.
- Help learners get started on an activity and then encourage them to complete the activity on their own.
- Realize they may need extra time to complete a lesson.
- Use activities that allow and encourage movement. Let the ADHD learner distribute and collect materials or erase the board.
- Hyperactive behaviors when seated are a release for the hyperactivity. It's best to ignore them unless they are distracting other learners.
- Let them doodle; it helps them focus and pay attention during quiet activities.
- When you ask a question, give them time to think about the answer.
- If reading aloud, for example, frustrates them, do not ask them to do it.  
(Richard LaVoie, *The Motivation Breakthrough*, Touchstone Press)

### Behavior strategies:

- Always react calmly. Understand that learners with ADHD may do and say things they don't mean.
- Encourage rather than criticize.
- Focus on positive behavior. Catch them doing good things and compliment them immediately. Praise and reinforce *all* good behavior: not interrupting, being patient, remaining in seat, cooperating, participating in group activities.
- Praise specific behaviors. Rather than "Good job," say
  - "I like how you wrote down your assignment correctly."
  - "I like how you waited your turn to speak."
  - "You followed that instruction perfectly."
- Be sure they understand that it's okay to ask for help.
- Tell them what you want them to do, not just what *not* to do.
- Move closer to them when you want to get their attention.
- Have them sit near you (but not apart from the other group members), and away from distractions such as windows, doors, or air conditioners.
- Have them sit up front with their backs to other learners.
- Show them (model behavior you want) how to gain other's attention appropriately.  
(Richard LaVoie, *The Motivation Breakthrough*, Touchstone Press, and the ADD ADHD Information Library at <http://www.newideas.net/>)

## What Is ADHD/ADD?

ARISE has designed its curricula and staff training to be used specifically with youth suffering from behavioral health issues.

“‘Attention Deficit Hyperactivity Disorder’ is a [neurological disorder](#) that impacts individuals in four main categories:

- **Attention** - causing people to have problems paying attention, focusing on a task, or finishing tasks, especially if they are not very interesting tasks.
- **Impulsivity** - causing a lack of self-control. Impulsive behaviors, or choices, can cause havoc in relationships, work, school, or life.
- **Hyperactivity** - Many (though not all) with ADHD are “bouncy” and hyperactive, always “on the go” and restless.
- **Easily Bored** - Unless the task is very stimulating, like a video game or TV program or outside playing, those with attention disorders are often easily bored by a task - especially bored by homework, math tests, balancing checkbooks, or doing taxes, and many of these tasks just never get done.” (from the ADD ADHD Information Library at <http://www.newideas.net/>)

## What Is Post Traumatic Stress Disorder (PTSD)?

According to a 2005 study by the Harvard Medical School, the University of Michigan and Casey Family Programs, former foster children are twice as likely to suffer from Post-Traumatic Stress Disorder (PTSD) as Iraq war veterans.

“All children and adolescents experience stressful events which can affect them both emotionally and physically. Their reactions to stress are usually brief, and they recover without further problems. A child or adolescent who experiences a catastrophic event may develop ongoing difficulties known as posttraumatic stress disorder (PTSD). The stressful or traumatic event involves a situation where someone's life has been threatened or severe injury has occurred (ex. they may be the victim or a witness of physical abuse, sexual abuse, violence in the home or in the community, automobile accidents, natural disasters (such as flood, fire, earthquakes), and being diagnosed with a life threatening illness). A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s).

Following the trauma, children may initially show agitated or confused behavior. They also may show intense fear, helplessness, anger, sadness, horror or denial. Children who experience repeated trauma may develop a kind of emotional numbing to deaden or block the pain and trauma. This is called *dissociation*. Children with PTSD avoid situations or places that remind them of the trauma. They may also become less responsive emotionally, depressed, withdrawn, and more detached from their feelings.” (The American Academy of Child and Adolescent Psychiatry, Fact Sheet, Posttraumatic Stress Disorder (PTSD) No. 70; Updated October 1999 [http://www.aacap.org/cs/root/facts\\_for\\_families/posttraumatic\\_stress\\_disorder\\_ptsd](http://www.aacap.org/cs/root/facts_for_families/posttraumatic_stress_disorder_ptsd))

## **Additional Resources**

### **ADHD/ADD**

National Institute of Mental Health

(<http://www.nimh.nih.gov/health/publications/adhd/complete-publication.shtml>)

Children and Adults with Attention Deficit/Hyperactivity Disorder (<http://www.chadd.org/>)

National Resource Center on AD/HD (<http://www.help4adhd.org/>)

### **PTSD**

The National Center for Posttraumatic Stress Disorder

([http://www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_children.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html))

PTSD Support Services (<http://www.ptsdsupport.net/childptsd.html>)

Dr. Bruce Barry, M.D., Ph.D. of the Child Trauma Academy ([www.ChildTrauma.org](http://www.ChildTrauma.org))

The American Academy of Child and Adolescent Psychiatry (<http://www.aacap.org>)