

## Information for School Staff: A Focus on Behavior Supporting the Student Who Has Prader-Willi Syndrome

(Compiled by Barb Dorn, Consultant on PWS)

All students with Prader-Willi syndrome are individuals. Each has varying strengths and needs. This chart does <u>not</u> reflect the behavioral needs of all children &young adults.

| Common Behaviors Often Seen in Students with PWS  | Possible Management Strategies  |
|---|---|
| Rigid Thought Process It is common for people with PWS to receive and store information in a very orderly manner. There is a strong need for routine, sameness, and consistency in the learning environment.  | <ul> <li>Foreshadow changes and allow for discussion. Do this in a safe area where they can share feelings. (The student needs to time to adapt to this change)</li> <li>If there is a change -use visuals; put things in writing – lists, schedules</li> <li>If able, communicate changes in personnel ahead of time – but not too far ahead.</li> <li>Don't make promises you can't keep</li> <li>Break down procedures into concise, orderly steps. Limit steps to 2-3.</li> <li>To resolve "stubborn issues" try using "compromise". Both the student and the educator have to come up with a totally new solution. Serves as a problem-solving strategy – and diversion.</li> <li>Provide praise when being flexible</li> </ul>  |
| Perseverative or Obsessive Thinking This is the tendency to get "caught" on one issue or thought to the point where it overshadows the main theme of the learning or social event. This behavior can contribute to difficulty in transitioning from one topic/activity to another. Students often have a great need to complete tasks. It can lead to loss of emotional control.  Tenuous Emotional Control Any combination of life stressors can lead to emotional "discontrol". The result may be exhibited as challenging behaviors such as tantrums – yelling, swearing, aggression, destruction, and/or self-injury.  During these episodes, reasoning is lost.  Recovery of control takes time and is often followed by sadness, remorse, and guilt.  Because of a problem in sequence processing, students are not always able to turn what not to do into what to do. | <ul> <li>Use reflection – have student restate what you said</li> <li>Put in writing; use visuals. Carry a small notebook if needed.</li> <li>Less is best – give less amount of work at one time. Add to the work as time allows.</li> <li>Avoid power struggles and ultimatums</li> <li>Ignore (if possible)</li> <li>Don't give more information than is necessary especially too far in advance.</li> <li>Use "strategic timing" – time the activity that the student has difficulty ending right before activity he/she enjoys (snack or lunch.)</li> <li>Set limits. "I'll tell you 2 more times, then we move on to next topic. This is #1."</li> <li>Be aware of "hallway over stimulation" – especially before school begins. Have student enter the building at a less popular entrance. If possible, have arrive 5-10 minutes after school starts. Dismiss early.</li> <li>Start the day by reviewing the schedule; work through any changes. Put new schedule in writing to decrease anxiety.</li> <li>Set daily goals with the student. Limit to 3 or less. Communicate behaviors you wish to see. Make it a cooperative task that provides concrete behavior expectations. Put goals in writing. Avoid the word "DON'T" focus on the word "WILL". (EX. "Talk in a quiet voice instead of "Don't yell". When I feel frustrated, I will tell Mr. Smith or another adult.")</li> <li>Provide positive attention and praise when student is maintaining control, especially in difficult situations. Celebrate success!</li> <li>Encourage communication and acknowledging feelings. Words are important – LISTEN carefully!</li> <li>Include the student in behavior plans. Having their input elicits cooperation and a sense of support. Especially true in older children and teens.</li> <li>Be a role model. "I always say "darn" when I am angry. Let's try that for you darn, darn, darn". Practice when the student is not agitated or angry.</li> <li>Depending on the student and the situation – use humor. It is often effec</li></ul> |
|   | <ul> <li>Have a plan in place if student becomes more violent. Safety for all is a priority. Consistency in approach is imperative</li> <li>Provide positive closure. Don't hold a grudge.</li> <li>If using consequences – they should be immediate and help the student learn from the outburst – saying "I'm sorry", sending a note to say they are sorry</li> </ul>   |

## Common Behaviors Often Seen in **Possible Management Strategies Students with PWS Food Craving and Diet Restrictions** Make sure lunch is placed with a bus driver and /or an assistant on the ride to school. Educate and inform all people working with this student – including bus drivers, custodians, For people with PWS, the message of fullness never reaches the brain – they are always secretaries, lunch room personnel and volunteers. If the student states he/she has not had breakfast – call parents or caregiver before giving hungry. In addition to this craving for food, food is metabolized at a rate that causes more food. (Often times they say this to get more food.) extraordinary weight gain. Food must be Supervise in lunchroom and in all food related areas – including vending machine areas. In monitored and the individual supervised in all some cases, student may need to eat in classroom (with peer/friend) environments. Food seeking behavior can vary Many require supervision in hallways or near unlocked lockers at all times. in intensity. Avoid allowing the student to have money. Lock up all sources of money – including purses. Money buys food! Food security is the most important health and Address any stealing or trading of food in private. behavior issue that can impact learning and the Follow guidelines for treats or eating of extra food. Communication with home is very student's well being. important. Follow calorie-controlled diet. If a special calorie diet is needed and served by the school, a prescription should be obtained from a health care provider and should be a part of the student's educational plan. Don't delay snack or lunch; if this is necessary discuss ahead. Limit availability and visibility of food. Be aware of candy dishes. Avoid using food as a reward or incentive. If done should be part of calorie controlled diet. Be aware of smells – can cause agitation and extreme distraction. When going on a field trip or other outing, discuss all food-related issues ahead of time. Will you bring snack along or will it be purchased? If purchased - what will it be? Will the outing interfere with the time of a meal or snack? Obtain weekly weight by school nurse if indicated. Daily exercise is a life skill that should be a part of student's program. IMPORTANT NOTE: If a student with PWS is caught with food in his/her possession that is stolen - DO NOT ATTEMPT TO PHYSICALLY TAKE IT AWAY. Try to compromise, trade or other forms of negotiation. Do not threaten; it could result in aggressive behavior. Evaluate what happened. Institute measures to prevent reoccurrence. If it is discovered that student has had a binge episode and eaten a large quantity of food contact parent immediately. This could result in a health emergency. Encourage eating slowly – student may choke from eating too fast. Make sure staff trained in the Heimlich maneuver. Get person up and moving. Send on errand. Take a walk. **Poor Stamina** People with PWS tire more easily and may fall Schedule high energy, mobilizing activity after lunch asleep during the day. Morning is typically their Offer items /activities which stimulate large muscles and deep breathing - balloon blowing, optimal learning time, when energy level is party blowers highest. Some require scheduled rest time or a quieter activity. **Scratching and Skin Picking** Use diversion - provide activities to keep hands busy (coloring, computer time, play dough, These two behaviors are often seen in hand-held games, magazines, book...) individuals with PWS and may be worse during Keep nails short. Apply lotion liberally – it keeps skin slippery and soft making it more times of stress. Combined with a higher pain difficult to pick. Applying lotion can also be an effective diversion. threshold, these behaviors can result in tissue In extreme cases, provide constant supervision – even in the bathroom. Limit time in the damage if not controlled. Cover area with bandaide or similar covering. Don't just tell him/her to stop picking – it won't work. Apply mosquito repellant before any walks or outside activity. **Difficulty with Peer Interactions** Many do better in small groups. Benefit from verbal cues and guidance. While children want and need other children Pre-plan outings. Keep time short "Supported recess or social outings" – planned activities with a friend and value friends, they often lack ageappropriate social skills. They often face Include child in planning activities that are of interest to him/her (board games, puzzles, challenges in issues of fairness and comparing computer games...)

Students with Prader-Willi syndrome are very caring, sensitive and conscientious. They want very much to be successful, have friends and be a part of their school community. Although they face some unique challenges, with proper support and understanding ... they can play, learn, work and live successfully in our communities.

Provide social skill classes that emphasize sharing, taking turns...

Role play and practice appropriate social situations.



themselves to others, often resulting in

frustration and anger.

Clearly state and write do's and don't for social interactions w/ friends of opposite sex.