

#318 – Understanding Problem Kids with Nancy Rappaport MD

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Announcer: Shrink Rap Radio Number 318, *Understanding Problem Kids* with Nancy Rappaport, MD.

It's Shrink Rap Radio, all the psychology you need to know, and just enough to make you dangerous—it's all in your head. And now, here's your host Dr. Dave.

DVN: Dr. Nancy Rappaport, welcome to Shrink Rap Radio.

NR: My pleasure.

DVN: Well, it's good to have you on Shrink Rap Radio having previously interviewed you for my Wise Counsel podcast about your 2010 book, *In Our Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide*. And now we're into a very different kind of book.

NR: It's definitely a very different kind of book. That one was a memoir written for a very personal experience, and this is drawing on my experience of working with schools for 20 years.

DVN: Yes, and you have a co-author, Jessica Minahan, and you have this 2012 book out about working with problem kids. What led to the writing of this book?

NR: I had recognized that there was a gap in the literature, and teachers and parents were looking for more direction around concrete strategies that they could implement in the classroom. I had a student that I had—I'm an Associate Professor at Harvard and I written an article about a *From Zero to One Hundred in a Split Second: Understanding Aggression in an Eight Year-Old Child*—and I'd asked experts around the county to kind of weigh in on it. But the person who made the difference was Jessica, because she's a behavior analyst and was working in the classroom providing support to the teachers and I thought if I'm going to create a partnership—many times when I work in schools I'm asked to do safety sessions after a child has exploded or has done something aggressive to a teacher or another student—and I really wanted us to be able to strengthen how schools can support kids who may have challenging behavior before they get to point where there's a question about whether they need to be in a more restrictive setting.

DVN: I was a little surprised to encounter the term 'behavior analyst' as a role at a school. I didn't know that existed. I know what behavior analysis is I think, but what can you tell us about that?

NR: I wish my co-author was here to do justice to it, but why we were complimentary is when you're a psychiatrist you're often thinking about whether there is an underlying diagnosis. Is there an attention deficit, is there depression or is there oppositional behavior, and what are the kinds of setting events that might have caused it—a parent dying or a child's disposition. A behavior analyst is trained to really scrutinize the behavior and look for the antecedents—the things that are going on prior to the behavior, and then hone in on how we can shape our response to a child's behavior. I think our approach is complimentary because I worked hard in our discussions together to try to make the narrative of how we were describing the intervention not have people think we were trying to turn students into mice, but to really appreciate the kinds of changes that you can make in the environment that can significantly enhance how a student

functions in the school. And behavior analysts or school psychologists and social workers have increasingly been asked to become more sophisticated in looking at the behavior and trying to modify the environment because of some of the special ed law changes in relation to not resorting to suspensions and detentions in schools, but trying to modify the environment.

DVN: That's interesting. The title of this book is *The Behavior Code*. What's behind that name? It seems as though it might imply something.

NR: It's not like the da Vinci code, but in some ways it's meant to highlight a lot of times when a child acts up in school you'll find educators saying, "Why did he do this?" Sometimes you may end up—and I have tremendous respect for teachers and educators—but they may resort to thinking of a child as being manipulative or sort of being a bad kid that wants to come to school to undermine their authority. And this is meant to say to really invite parents and educators to be curious about why a behavior happened and not to make assumptions, because that's when you can get into trouble. And the behavior code is meant to say—instead of saying, "Why did he do that" to say "What is he trying to communicate?" That really shifts I hope, how you begin to piece together an appropriate response.

DVN: It sound like it's and attempt to be less judgmental, to focus on the behavior rather than 'this is a bad kid.'

NR: Yes, I guess a little bit of both—to be less judgmental but to be more effective. So many times when I have gotten what are called Incident Reports from the school, which are write-ups about what's happened with a child becoming explosive, the major emphasis is on when the child exploded, and what's really important in the aspect of the behavior code is to really put a magnifying glass on what was going on prior to the explosion, because that's usually where you want to do the intervention. And parents may have a good sense of that, say for instance when you go to the mall with your four or five year-old kid they may have a significant temper tantrum and what you want to think about is 'how do I manage my child around the transition around leaving the store' rather than focusing on how to manage the outburst once the child is leaving the store.

DVN: It's almost too late at that point.

NR: Exactly. Once you have a meltdown you're really playing catch-up.

DVN: Yes. You and your co-author developed what you call the FAIR Plan, and I'm thinking it might be an acronym.

NR: It is, and partly because educators love acronyms. We thought about misspelling 'fair' so we could get in all the aspects of it, but we really developed that acronym to help teachers and parents remember the steps involved in deciphering behavior and developing an effective plan. So 'F' is for understanding the function of the behavior, 'A' is for accommodations, 'I' is for interaction strategies and 'R' is for responses. What we chose to focus on and designed the FAIR Plan for was for student who had anxious behavior, oppositional behavior, withdrawn behavior or who had sexualized behavior, because there are the students that most often experience failure and who are misunderstood in school.

DVN: What can you tell us about the function of the behavior?

NR: There's a behavior psychologist Mark Duran, who outlined, and I think this is super-useful for parents and teachers-to look at the possible functions of behavior. The categories are to get attention and to get something tangible – in a sense—is it to engage in sensory activities or to get attention? Looking at behaviors this way describes the benefits a student can get from the behavior—a benefit they may not even be aware of, and then help us to intervene to help the student change the behavior. Just to give you an example of escape mode of behavior—if a student tends to avoid a task, situation or person—say for example, you have a student who runs out of the class during reading—that's fairly obvious that he might be trying to escape from reading. But sometimes it can be less obvious. For instance, if a student or a child starts to argue to get out of activity that makes them anxious what happens is they can get a time out or be sent to the principal's office, and this can accidentally reinforce escape-motivated behavior because the student learns if they end up getting in an argument—and it's not always conscious—that they're going to get exactly what they wanted, which is not have to do the activity that they didn't want to do.

DVN: Yes, that makes sense. Much of this seems directed to the teacher in the classroom setting. Am I right though, that the practices you describe would be equally applicable in home for parents of difficult children?

NR: They are really for educators, so it could be a school setting, so it could be a school psychologist or a social worker or teacher, and definitely it's been utilized for parents who may have children who are oppositional or anxious and want to be able to be informed about what are reasonable expectations to want from their teachers in working with their children. It's also a cheat sheet for them—a lot of these suggestions are adaptable to their own their own children. For instance, one of the things we have with an oppositional child is they're going to want to debate with you everything you're going to ask them to do so one of our suggestions would be to write a note on a sticky note and put it in front of the child and walk away. Don't make eye contact. And how that can be helpful is it gets you out of the verbal debate and it gives the child a certain amount of time to regroup, and it doesn't end up giving the kind of attention that can happen when you're in a verbal debate with your child. So that's an example of a very concrete suggestion of just trying a sticky and seeing if that works. Another one is a delay in asking a child to do something, so it's not about "You have to do it now," which frequently when things are escalated the demands from the adult can be fairly pressured, but if you give them a few minutes—"I'll need you to pick up everything within ten minutes before we head to the library," it avoids the power struggle.

DVN: These kinds of concrete tips make me think of the TV show *Super-Nanny*.

NR: Maybe we should rename the *Behavior Code* the *The Nanny's Tips for Parents and Kids*.

DVN: She must be getting coached by somebody. She seems to bring cutting edge tip and tricks into her interventions. Do you know who her advisor is?

NR: I don't. Another thing she does use is humor, and that's one of the other important things to use when you're struggling with a child. You don't want to use humiliation and taunting, but somehow being able to lighten the mood a little bit so it doesn't seem as much like high stakes, but you're creating an expectation.

DVN: Now, you use this on four kinds of problem kids. What are the four types, and why those four instead of some others?

NR: The first one we discuss is the anxious child, who may be easily frustrated, startled or upset. She or he may have difficulty creating work, have somatic complaints of the stomach or be irritable or angry. We felt these students were really important to highlight because as children who may have anxious behavior coupled with being explosive, what is usually very puzzling to both parents and educators is when we were talking about antecedents in behaviors and consequences, often with kids with anxiety with explosive behavior, it's not always consistent-patterned. And that's often a tip-off that it may be anxiety. So one day you can make a demand on them and they're perfectly cooperative, and the next time they have an explosion and if you don't get that it's an underlying problem with anxiety, it can have you chasing your tail. So what we say is with an anxious child, here are some concrete tips that may be useful with children with anxiety, and talk about interaction strategies that are useful. Scheduling regular breaks can be useful, helping to develop the skill of self-calming practices such as deep breathing or muscle relaxation in or out of the classroom or at home, helping the student create a self-regulation chart about 'what to do when I feel x'—those are things that a lot of times kids with anxiety, what may happen with teachers and parents is they stop making demands because they're so worried about the explosions. You can have a kid sort of slip through and it get to be sixth grade where it's really difficult then to make the interventions. So we're really encouraging identifying those kids with anxiety early.

DVN: What are the other three things?

NR: The other one that we briefly mentioned is the oppositional child, which sometimes can be a kid who's anxious, but those are kids who have frequent tantrums and angry outbursts and will argue and question rules and often blame others for his or her mistakes. What's important there is to embed choice, such as allowing the child to pick the order of assignments or materials to use or the place to sit and work. It's kind of like when you have a toddler and you say, "Do you want the blue chair or the red chair?" And sometimes with these kids you might have to have an alternative recess with fewer students with more structure and it sounds counter-intuitive, but you really want to avoid power struggles. At the same time sometimes adults will end their requests with an oppositional kid with, "Okay?" when making a demand, and you don't want to do that because with an oppositional kid they're going to say, "No, it's not okay." The other thing is to really try to set limits that are enforceable, clear and simple and that can be a challenge.

The next category that we have is with the withdrawn child. That may be someone who has low energy or motivation to work and can be irritable, may refuse to go to school or act clingy with the teacher or feel something bad is going to happen. Some older children may sulk or act bored. But it's appropriate if you have a child that's withdrawn to have them have a buddy system during recess that might be facilitated by an adult or use interests to help a student think of a topic that they might like for a short story and helping them in positive thinking skills. And trying to figure out with the student positive feedback that they are comfortable with—sometimes when you give a child who's withdrawn too much positive feedback they'll shut down. The last thing is to help with sometimes being able to highlight when they're having positive social interactions, because sometimes the withdrawn child will tend to magnify the times when they're isolated and you want to help them with that.

DVN: Yes, help them reframe it and understand it.

NR: Yes. So you can see how this is building on what we know as clinicians. With the withdrawn child they may think on the down side—they might magnify the negative. But we're saying how do you integrate that in a really practical way.

DVN: Okay. Is there a fourth?

NR: Yes, sexualized behavior. That may come from kids with poor social skills who may have Asperger's or autism, kids who have problems with impulsivity or kids with trauma.

DVN: If we pull back a little bit to the social context, in the book you point out that about ten percent of kids in school—about nine to thirteen million students—struggle with mental health problems. What are some of the psycho-social stressors that kids face today? What's going on with this particular generation? Are they under more stress than kids use to be?

NR: That's a good question, and probably a sociologist would be better at addressing that, but what I can say is that it's similar to the debate about Asperger's. Are we becoming better at refining our diagnoses and picking up those children that are struggling and that's partly why we have a significant number of children that may be struggling in our schools? And another aspect is many of these kids may not have made it in school, and had to leave or been in separate school settings. That's an aspect of why there may be more challenges in the general education at this point. And that's partly why another aspect is a lot of teachers don't get a lot of support around—they get terrific instruction on how to teach reading—but not as much direction around how to manage the challenges around kids who may be struggling with anxious behavior, oppositional behavior. There's nothing that makes a parent or a teacher more frustrated than when they want success and are confronted with the limitations of their approach, and that's why we wanted to provide something that could jumpstart them.

DVN: What can you tell us about medication? We have the impression today that so many kids today are on medication.

NR: That's a hot debate, and I'm of two minds. I am a child psychiatrist and I do prescribe medication, and I think there is a role for medication for children who are significantly impaired by an underlying diagnosis such as attention disorder or major depression, where medications can significantly help with a child's function and address the underlying deficit of a neurotransmitter. I want to highlight the reason why I teamed up with a behavior analyst is I think that as parents and school educators we have a responsibility to maximize our support of students, both around understanding and environmental interventions that can help a kid. And where we may end up getting kids who receive medications and may not always benefit is around those students who are oppositional, and they may look like they're distractible and unable to concentrate, but it's just that they're defying authority and a stimulant may not make them look better. So I think there's a role for medication. You want a good, thorough diagnostic evaluation and not a quick fix, and we want that to be complimentary to other kinds of support.

DVN: In relation to not a speedy quick fix, one of the things that you point out is that many times professionals reach out too quickly for psychiatric medications before trying other kinds of interventions that you write about.

NR: Yes, I've seen both things happen. I've seen parents wait and exhaust all options and by that time a child has a major history and if they're a child with a strong family history of Attention Deficit Disorder and you wait until they're in sixth grade before trying a medication trial because you're really worried about the impact of it, you sometimes have kids who have a really developed identity of the class clown or they don't do well in school, when it's really that they're impulsive and they've been in constant trouble. So I've seen that and I've seen the other side where sometimes you have the medication without the other important interventions that teach kids skills. That's what we really want to do, and sometimes you'll have educators who will say

“That’s not my responsibility,” and I’ll say “Well, then there’s a school social worker. Reach out to them and see if you can think together what are the skills that need to happen.” We wrote this so that at the end of each chapter there’s a checklist that a parent could bring to a meeting they’re having around their child’s individual education plan if they’re a special education student. And they could say, “One of the things my child has trouble with is calming down and I was hoping we could introduce some emphasis for him learning skills for self-calming.” That to me would be a really exciting development to have happen in our schools routinely.

DVN: Yes. You mentioned the class clown. I could almost see that as being a fifth category. Is one of the four you mentioned sort of fall under the class clown?

NR: That’s a good question. My guess would be it would be somewhere around oppositional. If you’re a class clown and you make everyone laugh then nobody really cares. It’s when you’re a class clown and you’re derailing the momentum of the class that it becomes more oppositional where a teacher may be thinking is it attention-seeking and how else can the student get attention?

DVN: Which kind of behavior to teachers most dread having in class?

NR: Oppositional. I think explosive kids. I think anxious and oppositional because it’s unpredictable and they’re not always sure how to help a student who’s anxious, and the kind of assurance they might do doesn’t always work with really anxious kids. They have to do some more skill-building for them, and I think oppositional kids are just exhausting because you have to ask them to get in line and maybe they get in a fight when they get in line because they have problems with waiting. But if you shift it and say we need to figure out why it is that this little guy or this little girl has problems with waiting. What can we concretely put in place to help with him or her with waiting? Jess has been in situations with kids who are really escalated who will actually have like a bag of waiting toys that they’ll use where a paraprofessional is standing next to them. Basically, what you do is to accommodate what the child isn’t able to do, and then teach them a replacement strategy. So that’s a key aspect that you first want to eliminate the outburst by hook or by crook. And you may make accommodations that you’re not going to keep long-term, while you’re getting them to be able to function better.

DVN: Your mention of waiting reminds me again of the Super Nanny, and she has parents do a timeout, typically putting them on the ‘naughty step’ or the ‘naughty chair’ or the ‘naughty corner,” and she gauges the time by their age so that a three year-old sits on the naughty step for three minutes and the four year-old would be four minutes so there’s some recognition of a developmental capacity to wait.

NR: Is that the way that she’s trying to teach them about waiting, or is that just a short—I’m not familiar with that aspect of her show.

DVN: This is the way she does it. I think it’s interesting that she recognizes different stages of chronological development—that there are limits to what you can ask of a kid in terms of waiting or other kinds of behaviors. And a time-out is basically a kind of waiting.

NR: What I meant is what if you have a child that every time they go take a bath the child hates the bath and starts to throw things around the room and put them on the ‘naughty step’ –which I think I would probably re-name, what you may be inadvertently doing is reinforcing the behavior because what the child learns is he/she hates taking a bath and if they have a temper tantrum they get to put it off for four minutes. So that’s the thing we’re talking about with our readers. You really want to be detective, and if you’re doing the ‘naughty steps’ every night then there’s

something wrong with your intervention. You want to step back and think whether you're reinforcing that behavior even though I think I'm using a way to change it.

DVN: You mention that sometimes teachers lower the academic bar just so that they don't have to deal so much with explosive students, but you suggested that there are maybe other choices that can be made.

NR: I think partly what happens is if you have a child who every time you place a demand on them they explode you're going to think I just don't want to have to deal with Mary right now and sometimes what parents might think is what do I need so that my child can function with a one-on-one aide. They'll get in knock-down battles with school systems to try to get a one-on-one aide. I'm really cautious about introducing a one-on-one aide because it doesn't necessarily mean that the child is going to learn the skills that they need to function in the classroom. It may mean that the child might be off in the corner with the one-on-one aide managing behavior, but really having reduced expectations about what that's going to produce. So I would much rather have a teacher find small, incremental steps that a student can achieve and move them along to expanding the expectation. Let's say we have a child who's explosive because they're anxious because they might not be able to do it. Then it would be around previewing the assignment prior to it being started in the classroom, and maybe even having the child do the first problem in the beginning so they have the confidence that they can actually do the problem. Then when it's introduced in the classroom you don't have the child crumpling up the paper and throwing it across the room or something like that.

DVN: The fourth category you mentioned--sexually provocative—and many people would make the assumption that a child who is sexually provocative would have been sexually abused or over-exposed at home. But you say that's not always the case. Tell us about that.

NR: Yes, that is important to me because I've done safety sessions and psychiatric assessments where schools will be poised to file against the family, and you certainly want to consider the possibility of sexual abuse, but there are times when that's not the case and you have the parent and the school pitted against each other in a way that's really unfortunate. So when you have kids who may have sexualized behavior in our schools, it could be children who have personal social skills deficits--so children with Asperger's or autism who have impulsivity or exposure to trauma certainly would fall into the category you're talking about. But with impulsivity it could be children with early-onset bipolar disorder or who have attentional difficulties where they're uninhibited, and for those children with interpersonal skill deficits it may stem from lack of understanding what's okay to say and do, and what isn't. More importantly, when we talked about the four types of Duran's types of behaviors, when you talk about escape, attention-seeking or tangible-sensory, if a child with interpersonal skill deficits learned that if he/she says something like "armpit" or whatever body part you want to insert in there, that it gets a quick and swift response from a peer or an adult they may end up repeating that because they're craving attention. Other times it may be a way to express frustration and anger, and students have learned that sexualized comments are taboo. So that's one, and for students who are really impulsive and may act before they think, they can often say things they know are inappropriate but they just don't stop to think before blurting it out.

DVN: So each case has to be evaluated on its individual merits.

NR: Yes, and what we found—and what was fascinating to me—was when we did research almost nothing had been written on how to respond to kids with sexualized behavior, which was what I thought was sort of equivalent to the elephant in the room because if you ask seasoned

teachers, and certainly teachers who are just beginning or parents what is the most troubling kind of behavior, it's these kids who have this kind of sexualized behavior. It can really be unsettling.

DVN: Well again, we don't have a sociologist in the room, but I have to wonder about the things kids are exposed to in the media and there's an awful lot of sexualized material in the media these days. I'm thinking particularly of television and movies and all kinds of innuendo and inside jokes that supposedly children aren't going to get, but it seems like there's a lot of evidence that children get exposed to a lot and understand a lot of the insinuation.

NR: I agree that that's probably an accurate analysis and at the same time this is focusing on—I'm trying to take pity on the teacher or the parent—we can't modify some of these, but you don't want to end up having is a teacher or particularly the parent—they have more control—about what their child sees on TV or is exposed to—but if a teacher says, "What's a teacher to do because there's so much rampant sexualized material out there that kids are being exposed to," that's a problem because as school educators I want to be thinking about how we help with self-regulation and self-monitoring--what are our interactions and response strategies going to be to students who make such sexualized statements? How do we help with students who consistently invade peers' personal space? I think it's accurate to say there might be multiple contributions to sexualized behavior and this is a beginning of tapping the surface to support teachers, educators and parents when they're being confronted with this kind of challenging behavior.

DVN: You give some examples in the book—mini case history types of examples, and one that you write about is a misunderstanding of handling a kindergarten girl who screams at another student to get off a bean bag. And the point that you make is that often we make the wrong assumptions and that's a bit running with our conversation that we can make some assumptions about what's behind a child's behavior and what can get in the way of effectively addressing the problem.

NR: In that kind of situation you can have the teacher give them a lecture about how they need to wait their turn and they need to better at sharing. And it's possible that the student is struggling with sharing. It could also be that they are rigid and inflexible and they are predicting that they are going to need that chair because that's the chair they always sit at when they do their math. So what you want to be able to do is come up with an alternative with the child and come up with an alternate plan-- and that you all thought about it together so that she doesn't panic in the moment that she might not have the coping mechanism that she might have had when she's faced with a challenging situation.

DVN: You say it's really important for professionals to stay curious in order to find good solutions.

NR: Again, that goes back to the beginning about what we talked about around the behavior code and the title of the book, because what we're trying to say is that you may make an assumption that a child is not being able to share. Here's another example. A child with limited social skills may be trying to get another peer's attention, so may yell loudly at the student and elbow them, and you could definitely tell them that they need to be respectful of the student's boundaries. But if it's truly a social skill deficit the way you're going to avert that happening again is by helping them learn appropriate ways to make a friend and try to initiate the conversation. There is some wonderful curriculum that Michelle Garcia Winner has around social skill building, and we've really tried to build off of many curriculums that are out there, like Classroom Interventions. Say, when you have children who are really struggling and explosive how do you ramp up with complimentary emphasis for these kids?

DVN: Do you have any tips for parents who have children who are argumentative and have a short fuse?

NR: I think what's important first is to embed choice, whether it's around--one is safety—that's one of the non-negotiables. Whether they sit in the front or the back seat or eat apples or bananas or do they want to use the crayon or the pencil—trying to introduce choice can be very important, and avoiding yes or no questions and power struggles. And as we talked about before, moving away and avoiding eye contact. Another common thing I see with a lot of parents is they use way too many words when they're negotiating with their kids. Really try to have concise questions.

DVN: That really makes a lot of sense, and Super Nanny says that, too. I'm giving her so much play here.

NR: I'm glad. Super Nanny figured out—which is what I wanted to do—I wanted to get out to parents and educators and be able to provide them quick, thoughtful ways of approaching, so if she struck a chord with you, that's good.

DVN: I really recommend the show if you have a chance to check it out. Somehow she keeps coming up with a variety of concrete, helping tools like special games or materials to hang on the wall. Who knows what the long-term affects are. TV, "reality TV" isn't necessarily reality.

NR: The Golden Rule.

DVN: Yes. There's a lot more that is in your book that we could cover, but I think maybe we should begin to wind down here. Are there any final points that you would like to make before we do?

NR: One would be that if there are parents who want to help teachers, instead of getting them a mug get the *Behavior Code* as a way of supporting their teachers being able to reach kids. They can either get them from Harvard Press or Amazon. We would love to have any of your listeners have a chance to take a look. And to particularly emphasize that anxious kids, oppositional kids, withdrawn kids and children with sexualized behaviors, if we can arm ourselves with helping them to learn the skills they need that kids would behave if they could, and part of our jobs as parents and educators is to be thoughtful with ourselves with what children are trying to communicate and teach those skills about how to get the need met, whether it's for attention or for something tangible, without interfering with their ability to function. I hope they enjoy our book. Jessica and I spent a fair bit of time to get it into a readily accessible way of practical suggestions.

DVN: I think you succeeded, and I give a hearty endorsement of your book and of your recommendations. Dr. Nancy Rappaport, I want to thank you for being my guest today on Shrink Rap Radio.

NR: My pleasure, and if anyone wants to contact me it's www.NancyRappaport.com, and I would be happy to continue the conversation.

Nancy Rappaport, MD is a graduate of Princeton University and Tufts University School of Medicine. A board certified child and adolescent psychiatrist, Dr. Rappaport is Associate Professor of Psychiatry at Harvard Medical School where she teaches undergraduates, medical students, and residents about child development and supervises child psychiatry fellows in local

schools. Her research, teaching, and clinical expertise focus on the collaboration between education and psychiatry.

After graduating from Princeton, Dr. Rappaport worked as a science teacher at an innovative elementary school in Harlem, New York. In this economically disadvantaged neighborhood with many children hindered by poverty and other issues at home, Rappaport advocated for support for struggling families. The Children's Storefront, a documentary of her work in Harlem, was nominated for an Oscar for best documentary in 1988.

Dr. Rappaport's life-altering experiences in Harlem inspired her to enter medical school and would help launch a robust career.

Graduating from Tufts School of Medicine in 1993, Rappaport completed an internship in pediatrics and a residency in adult psychiatry at Massachusetts General Hospital, before completing a fellowship in child and adolescent psychiatry at Cambridge Hospital. It was during this fellowship that Rappaport forged a longstanding relationship with the Teen Health Center at Cambridge Rindge & Latin School (CRLS), where she is still employed today.

From 1993-98 Rappaport designed and implemented an advising program at CRLS that focused on the mentoring role of teachers and how student motivation and academic engagement is increased with mentoring. This successful program was institutionalized at CRLS and became a model for similar programs across the country.

Rappaport has worked with the Cambridge public schools as an attending child and adolescent psychiatrist for more than 18 years. She has designed numerous courses for teachers on psychopharmacology, adolescent development, and instructional strategies for disruptive students. She has worked at the national level with the American Academy of Child and Adolescent Psychiatry. With several publications in peer-reviewed journals and multiple invited presentations, she is often called upon for her expertise at both the local and national levels. She received the American Academy of Child and Adolescent Psychiatry's Sidney Berman Award for the School-Based Study and Treatment of Learning Disorders and Mental Illness in 2012.

*Dr. Rappaport also authored the memoir *In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide* (Basic Books, September 2009), winner of the Boston Authors Club's 2010 Julia Ward Howe Prize. In a starred review, *Publishers Weekly* called the book "Fearless, a stunning narrative of perspective, profound sadness and unrelenting hope." Her newest book *The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students*, (Harvard Education Press, April 2012), written with behavioral analyst Jessica Minahan.*