

Developing and Supporting Teachers' Ability to Prevent and Reduce Restraint and Seclusion (R/S)



Developed by
**Nancy I. Macias-
Smith, MSPP**
graduation
requirement 2012

**nancymaciasmith
@gmail.com**

Section I. Introduction 1

Section II. Definitions 3

Section III. Adverse Consequences of Restraint and Seclusion and Understanding Emotional Regulation..... 4

 Case Scenarios 5

Section IV. Roots of Challenging Behavior 6

Section V. Building upon Teacher’s Strengths 8

 Teachers as an Organizer of a Community of Learning 9

 Teachers as a Diagnostician/Assessor 10

 Teacher as an Advocate 11

 Teacher as a Collaborator 11

Section VI. R/S Prevention, Conflict Resolution, Crisis Prevention and De-Escalation 14

Section VII. Resources 17

Appendix A. Tiered Intervention List 19

Appendix B. Massachusetts Department of Mental Health Safety Tool 21

 Identifying Triggers Tools 24

 Warning Sign Tool 25

 Safety Tool..... 26

Appendix C. 2011-2012 Blackstone SST Referral 28

Appendix D. Positive Behavioral Support Plan 32

Section I.

Introduction

“Nothing else we do in life prepares us to guide a roomful of students on a learning adventure for five days of the week, nine months of the year. There are not transferable paradigms and thus there is a persistent attempt to apply old adages in an attempt to ensure survival.”¹

This guidebook is designed to inform teachers who work with young children about the different types of restraint and seclusion (R/S) used in the classroom and their effects on the child’s welfare. The guidebook also proposes alternatives to R/S that can support the teacher and improve classroom management, as it has been shown that good class management can reduce and even prevent R/S in school settings.²

From the start of their child’s enrollment in elementary school, parents already have ideas concerning how their child’s teacher should respond to their child and meet their child’s needs. Parents assume that their child’s teacher will familiarize themselves with their child through classroom observations as well as through carefully

implemented strategies to help their child to perform well and to succeed. For their part, teachers’ approaches to the children in their classroom are shaped by their pedagogical education. Teachers’ training influences their interpretations of their students’ behaviors and the strategies they choose to meet the needs of these youngsters.

In some instances, a child’s parents and teacher may have contradictory views. For example, given the social and academic demands that schools experience, children may feel the pressure associated with learning to conform to structured time. Parents may understand the need for this transition and expect the school to take time for the child’s adjustment. Time pressure and academic requirements constrain quality adjustment for children. While teachers understand the issue of adjustment, they face the demand of organizing transitions around the development of academic expectations. It is necessary to create a system of cooperation where these discrepancies can be addressed collaboratively by both teachers and parents.

¹ McEwan, E. K. (1998). *Angry parents, failing schools: What’s wrong with public schools and what you can do about it*. Wheaton, IL: Harold Shaw, quote on 136.

² Miller, D. N., George, M. P., & Fogt, J. B. (2005). Establishing and sustaining research-based practice at Centennial School: A descriptive case study of systemic change. *Psychology in the Schools*, 42(5), 553-567.

Teachers and parents share the common goal of supporting children in their academic and social development.³ Teachers anticipate that the adjustment periods for their students will vary; however, in some cases, there are students who need extra support and structure to meet the demands of the classroom setting because they present challenging behaviors that impact the whole class. Rose and Gallup write that, “Disruptive behavior in schools has been a source of concern for school systems for many years and, in fact, the single most common request for assistance from teachers is related to behavior and classroom management.”⁴

Schools use different mechanisms and strategies to manage students’ behaviors. Two of those mechanisms are the use of restraint and seclusion (R/S). A body of research shows that R/S are detrimental to the student and negatively impact those around the student.

Teachers play an important role in organizing a safe community in order to foster a healthy, respectful environment conducive to learning in the classroom. Teachers are required to be diagnosticians, in order to assess their students’ progress, and to be advocates for all their students, particularly when the teacher recognizes that a child may need additional support services. When interventions are required to support a child’s challenging behavior, teachers are also required to collaborate with other professionals who interact with the child.

In order to promote children’s prosocial behavior, prevent disruptive behavior, and reduce the number of incidents of R/S, ongoing collaboration amongst administrators, teachers, parents and support personnel should be implemented.⁵ There is a need to acknowledge that some children’s behaviors are challenging at home and at school, and these challenging behaviors can be expressed differently, depending on the environment. Children can present with challenging behaviors as a result of being exposed to trauma, having disabilities, experiencing a loss in their family, undergoing a difficult transition or for other reasons, and at those times children need to be able to access how to use prosocial behavior.⁶

³ Ibid.

⁴Rose, L., & Gallop, A. (2005).The 37th annual Phi Delta Kappa/Gallup poll of the public’s attitude toward the public schools. *Phi Delta Kappan*, 87(1), 41-54.

⁵ Miller, D. N., George, M. P., & Fogt, J. B. (2005). Establishing and sustaining research-based practice at

Centennial School: A descriptive case study of systemic change. *Psychology in the Schools*, 42(5), 553-567.

⁶ Greene, R. W. (2008). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them*. New York, NY: Scribner.

Section II.

Definitions⁷

- **Restraint** involves the “forced restriction or immobilization of the child’s body or parts of the body” as a consequence of a behavior presented by the child.
- **Manual restraint** involves applying various “holds” for immobilizing a child or bringing a child to the floor. Holds are *prone* if the restraint holds the child horizontally in a face down position, and *supine* if the restraint holds the child horizontally in a face up position; in both cases, the child will be “kept in the chosen restraint position by one or more staff person’s arms, legs, or body weight.”
- **Mechanical restraint** refers to the “use of straps, cuffs, mat and blanket wraps, helmets, and other devices to prevent movement and/or sense perception, often by pinning the child’s limbs to a splint, wall, bed, chair, or floor.”
- **Chemical restraint** is “using medication to stop behavior by dulling a child’s ability to move and/or think;” excluded are prescribed medications that treat symptoms of a disability or illness.
- **Seclusion** “involves forced isolation in a room or space from which the child cannot escape. Allowing a child to voluntarily take a break from activities is not considered seclusion.”

⁷TASH.(n.d.).*Shouldn't school be safe?: Working together to keep every child safe from restraint and seclusion in school*, quote on iv. Retrieved from <http://tash.org/wp->

Section III.

Adverse Consequences of Restraint and Seclusion and Understanding Emotional Regulation

“Each occurrence of R&S is high risk and nonconsensual, limits freedom of movement, and creates the possibility of severe physical injury and emotional trauma to the child, staff and other children in the setting.”⁸

“An emotional state is a constellation of relatively stable repeated patterns of motivational variables and patterns of self-experience characterized by specific forms of activity, cognition, affect and relatedness.”⁹

When children are *emotionally regulated*, they are under control and capable of accessing coping mechanisms even when they are under stressful circumstances because they have the ability to recall strategies that worked for them in the past. Examples of such strategies are asking for help, moving away from the stressful circumstance, expressing their frustration with words and/or crying, etc. By employing these coping strategies they are able to return to a normative emotional state with relative ease.

This “constellation” is reflected in how we act, how we think and how we feel. It supports us in our efforts to relate to others. Under stressful conditions this pattern can get deregulated. When we feel unable to cope, the ways we act, think and feel can affect how we relate with others. Students that are not regulated and whose ‘constellations’ are thrown off course by stressors can be subject to R/S. Because they are in a deregulated state, they may subsequently not be able to recall what happened to them while they were being restrained.¹⁰

⁸Kennedy & Mohr, as cited by LeBel, J., Nunno, M., Mohr, W., & O’Halloran, R. (2012). Restraint and seclusion use in U.S. school settings: Recommendations from allied treatment disciplines. *American Journal of Orthopsychiatry*, 82(1), quote on 75.

⁹Lichtenberg, Lachman, & Fossage, as cited by Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). *Collaborative treatment of traumatized children and teens: The trauma systems therapy approach*. New York, NY US: Guilford Press, quote on 47.

¹⁰Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). *Collaborative treatment of traumatized children and teens:*

CASE SCENARIOS

Restraint and seclusion affect more than just the child who is being restrained and/or secluded. As mentioned above, these risky procedures may lead to severe physical injury and emotional trauma to the child and others involved in the child's life. Below you will find realistic case scenarios that reflect the multiple ways that restraint and seclusion affect teachers, parents, and students.

Nohorita, a 32-year-old teacher, is frustrated that one of her students is leaving her classroom at the child's parents' request. The principal stated that the parents complained that Nohorita "does not control her classroom well and allows children to be out of control, and as a consequence their child goes home scared and upset." The teacher explains, "I have one student that takes all the attention for an hour or more daily, I need to attend to the child's needs and it takes away my ability to oversee the other 22 children."

Cecilia, a 30-year-old mother, is seriously considering resigning from her job in order to "home-school or do something" to support her five-year-old child, who is coming home sad, angry and confused, and at times with bruises, as the result of being restrained at school. Cecilia addressed her concerns to the principal and explained that quitting her job will put added pressure on a household that is already facing financial difficulties.

Hector, a seven-year-old boy, does not want to go to school. He cries and screams and asks his mother not to take him there. He says, "Mommy, they hit me there, they put me on the floor and they hurt me."

Section IV.

Roots of Challenging Behavior

On a daily basis, teachers must contend with a range of challenging behaviors in the classroom.¹¹ Children can have difficulty regulating their emotions or difficulty with academics. They may also have difficulty with social interactions, such as participating in a group or negotiating sharing. As a result of any of these complications, students may disrupt the classroom by making threatening gestures, insulting other students and even becoming physically disruptive.

These challenging behaviors may be a consequence of one or more stressors, such as a hidden or diagnosed academic disability, lack of social skills, traumatic experiences, or the death or significant loss of a parental figure. A child may have a mental illness such as ADHD, Autism, Depression, Anxiety, Oppositional/Defiant Disorder or other conditions. Unidentified abuse and neglect may also be the root of the challenging behavior. Lastly, unsafe environments, domestic violence and verbal, physical or sexual abuse contribute to childhood stress.¹²

The document *Helping Traumatized Children Learn*, published in 2005, presents evidence showing that school and family environments that do not recognize or know how to attend to challenging behaviors contribute to the perpetuation or exacerbation of the child's symptoms. For this reason, a collection of resources has been developed to help implement school support for children traumatized by family violence. It is necessary to support all children by the use of literacy interventions, classroom accommodations and specialized instruction, as children respond well to these teaching approaches.¹³ Nevertheless, there are few resources available that are designed specifically to guide teachers in being able to optimally help these children.¹⁴

An important part of this guidebook is to ensure that teachers and parents know about the consequences of using R/S as a classroom management strategy. It is believed that improved knowledge of R/S will lead to reduced use, since

¹¹ Greene, R. W. (2008). *Lost at school: Why our kids with behavioral challenges are falling through the cracks and how we can help them*. New York, NY: Scribner.

¹² Ibid.

¹³ Cole, S. F., O'Brien, J. G., Gadd, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments for children*

traumatized by family violence. Boston, MA: Massachusetts Advocates for Children.

¹⁴ Ibid.

research has established that R/S leads to physical and psychological trauma, and possibly severe physical injury or death. The use of restraint and seclusion also affects children, staff and bystanders because it can trigger emotions such as humiliation, fear, loss of control, and anger. The use of restraint and seclusion thus has a profound impact on the quality of relationships. Research has shown that adverse effects of R/S include increased rates of aggression and violence, problematic behavior, lose-lose outcomes for everyone, and abuses.¹⁵

Our aim is to introduce an alternative approach to classroom management that values children by supporting teachers, parents, staff and administrators. The mental health system and the child welfare system share the same goal and have implemented strategies towards this end. The Massachusetts Department of Mental Health adopted the public health prevention model, a three-tiered prevention model to most effectively improve management of problematic behavior:

- Primary Prevention: preventing the need for R/S
- Secondary prevention: early intervention which focuses on the use of creative, least restrictive alternatives, tailored to the individual, thereby reducing the need for R/S
- Tertiary prevention: reversing or preventing negative consequences when, in an emergency, R/S cannot be avoided

Addressing reduction and prevention of R/S is a collaborative effort that will require systemic changes that will have an impact on workforce

development and provide additional supports in the classroom and school based services.

An important step that some schools are taking is to implement positive behavioral supports. For example, problematic behaviors are being redefined as symptoms that communicate a child's distress to those responsible for the child's care. It is then up to the teacher and the administration to design an intervention that can respond to the child's distress in a positive way.

The mental health system has demonstrated success when addressing how to understand trauma-informed care by using systemic strategies, such as the six core strategies: leadership, use of data to inform practice, full inclusion of consumers and families, rigorous debriefing (incident review), workforce development and use of seclusion and restraint prevention tools.¹⁶

¹⁵ LeBel, J., Nunno, M., Mohr, W., & O'Halloran, R. (2012). Restraint and seclusion use in U.S. school settings: Recommendations from allied treatment disciplines. *American Journal of Orthopsychiatry*, 82(1), 75-86.

¹⁶ National Association of State Mental Health Program Directors. (1999). *Reducing the use of seclusion and restraint: Findings, strategies, and recommendations*. Alexandria, VA: Author.

Section V.

Building upon Teacher's Strengths

It is important to redefine a classroom as an environment that promotes academic and social skills opportunities for all children, and is open to address additional literacy intervention, specialized instruction and classroom accommodations for children who require those services.

This new approach to classroom dynamics should be shared with students so that they can be empowered to contribute to its success. To this end, specific guidelines need to be shared with all students by posting verbal instruction and non-verbal posters to ensure that they fully understand the format within which such a classroom can effectively operate. These are outlined below.

Create a Safe and Respectful Environment

- ✓ Hitting is prohibited.
- ✓ Aggressive physical contact such as spitting, shoving, pushing and scratching is prohibited.
- ✓ Name calling is prohibited.
- ✓ Be respectful of differences among peers.
- ✓ Be mindful of offensive behaviors: avoid insulting, teasing, or making fun of others.

Encourage Organization and Responsibility

- ✓ Maintain an orderly environment: tools such as crayons, pencils, pens, rulers, blocks,

markers, toys, etc. are to be kept in place, and should be used appropriately and safely.

- ✓ Everything has a place: coats, backpacks, materials.
- ✓ It is the students' job to keep the classroom clean & orderly; after all it's their learning space and students should take pride in it.

Create an Environment with Clear Guidelines and Structure

- ✓ Everybody helps to create the classroom guidelines; everybody is part of the community.
- ✓ The schedule is posted, and everybody is familiar with what the day will look like.
- ✓ Establish consistent routines so the children know how the morning will go.
- ✓ Every classroom needs to have a special space where children can take a break.

Collaborative Efforts between the Faculty and Other Key Players

- ✓ The teacher builds a relationship with each child.
- ✓ The teacher builds a relationship with parents.
- ✓ The teacher builds relationships with other professionals (occupational therapists, physical therapists, counselors, clinicians and others).

Create an Environment That Will Support the Teacher When Additional Services and Supports are Required

- ✓ Establish a formal or informal peer support group.
- ✓ Request professional development that will support your learning in the areas of disabilities, trauma-based care and stressors that affect children’s behavior such as divorce, domestic violence, witnessing a community crisis and other environmental stressors.
- ✓ Review on a regular basis to see if prevention measures are in place, and that they are working.
- ✓ Make adjustments as necessary.

TEACHER AS AN ORGANIZER OF A COMMUNITY OF LEARNING

The teacher plays a vital role as a community learning organizer: educators provide academic instruction to students, and those students bring different levels of experience, learning and abilities in their efforts to process the new material.

Teachers accommodate the differences that their students bring to the classroom in order to create and organize a diverse community of learners.

Most children are able to manage the daily expectations of their classroom. These expectations include the demands of the academic work, the morning routine, transitions, and the unstructured times of the day, i.e., lunch and recess. They are able to perform and produce academic requirements at grade level.

Most children are able to sustain positive social interactions with peers and adults. When conflict does happen, most respond appropriately to redirection and problem solving techniques. Once the conflict is resolved, children are usually able to resume their activities and reintegrate into the classroom.

Most children play and interact with each other in a way that demonstrates connection, joy, collaboration and healthy interpersonal relationships.

The following strategies and activities will provide support for those students who are not able to engage so easily in prosocial and self-regulating behaviors:

Prevention Promotes a Positive and Safe Learning Environment

Use positive behavioral interventions and become familiar with the Positive Behavioral Interventions and Supports (PBIS) framework.¹⁷

- ✓ “A traumatized child who is unable to regulate emotional states needs a social environment that can help the child respond effectively to stressful events.”¹⁸
- ✓ Have a plan in place that includes prevention measures, response to crisis, and the ability to reconnect and rebuild existing relationships with child, peers, family and staff.
- ✓ Promote restraint and seclusion free environments that will diminish the risk of injuries for the child and staff.
- ✓ Promote alternatives to restraint and seclusion, such as conflict management,

¹⁷ OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (n.d.). What is school-wide positive behavioral interventions & supports? Retrieved from http://www.pbis.org/school/what_is_swpbs.aspx

¹⁸Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). *Collaborative treatment of traumatized children and teens: The trauma systems therapy approach*. New York, NY US: Guilford Press, quote on 96.

crisis prevention, de-escalation skills and individualized plans for children.

- ✓ Support the establishment of a coalition with parents, peers, occupational therapists, physical therapists, clinicians and leaders that regularly explore effective mechanisms to make positive changes.
- ✓ Participate in the creation of policies and procedures that support a restraint free environment.
- ✓ Participate in a PBIS framework that will build supports to address challenging behaviors.

You will find a sample intervention list generously provided by a local school in Boston, Massachusetts, the Blackstone Elementary School. Their intervention list shows the tiers of the prevention model as well as internalizers and externalizers that may help you to map your particular school and the services that they provide (Appendix A). PBIS is an approach that supports Positive Behavioral Interventions and Supports in schools. This model initially appeared in the 1997 reauthorization of the **Individuals with Disabilities Education Act (IDEA)** and was emphasized in IDEA 04. Furthermore, the U.S. Department of Education's Office of Special Education (OSEP) model made an additional effort to support it by funding a National Technical Assistance Center on PBIS.¹⁹ (http://www.pbis.org/about_us/default.aspx).

TEACHER AS A DIAGNOSTICIAN/ASSESSOR

Teachers might notice how upon their arrival to school, some children are deregulated and unhappy.

Their body language might reflect high levels of stress.

Teachers might notice if a child is consistently late, or shows other indications of deregulated or unusual behaviors. For example, a student may be consistently tired in the morning or uncooperative after lunch, a student may seem to be hungry, tired or unusually moody. When a teacher suspects deregulated behavior, it is important for that teacher to collect data that will identify patterns, such as noting the time of the day when the child has problems, and identifying whether the problematic behavior is linked to academic or social cues. It will be important for the teacher to identify whether the child responds to more or less structure. It will also be useful to do an informal assessment, for example, by drawing up an academic profile in all areas. It may also be important to conduct a critical analysis of the child's interactions with peers and adults.

You will find that the Department of Mental Health in Massachusetts developed and posted an informational crisis prevention/safety tool (Appendix B). This tool will support you to identify triggers, warning signs, and safety techniques. This resource also provides you with a description of how to use it.

Approaches May Include

- ✓ Assess body language.
- ✓ Observe interactions with peers.
- ✓ Explore body comfort: hunger, tiredness, thirst.
- ✓ Identify if environment is different: social activity, group activity, field trip.

¹⁹ LeBel, J., Nunno, M., Mohr, W., & O'Halloran, R. (2012). Restraint and seclusion use in U.S. school settings:

Recommendations from allied treatment disciplines. *American Journal of Orthopsychiatry*, 82(1), 75-86.

- ✓ Be aware of weather: too cold, too hot, or too humid.
- ✓ Does child look sick? Consult with nurse.
- ✓ Consider whether the sensory environment is overwhelming: loud noise or too many people.

- ✓ Communicate with home and explore solutions.
- ✓ Consider academic modification.

You will find a sample generously provided by a local school in Massachusetts, the Blackstone Elementary School (Appendix C). This sample may help provide information that will help identify students' strengths and assets, as well as any academic, familial or medical concerns and services in place for the student.

TEACHER AS AN ADVOCATE

Once a teacher has identified that a child needs additional support, the teacher can create a plan that addresses the matter, including the areas that need support, such as social, academic, developmental or family arenas.

The teacher can make accommodations in the classroom setting. Examples of such changes might be modifications in the curriculum, creation of an environment that promotes positive connections, strengthening the teacher-student alliance, behavior modification, and fostering a culture of tolerance and diversity in the classroom that is inclusive.

If a child deregulates and acts out by yelling, pushing, swearing, hitting, or withdrawn behavior and loses control in front of the child's peers, the teacher as an advocate can use this experience as a teachable moment, and explain to other children what happened in a sensitive manner that creates an atmosphere of compassionate support for the particular child and peers involved.

Some Alternatives May Be

- ✓ Explore point sheet levels: Create simple and helpful point sheets, a visual support instrument to help increase on target behavior and to help kids improve performance
- ✓ Individualized sensory break
- ✓ Ask for support for child: social worker or aid.
- ✓ Provide fidget toys.
- ✓ Limit social interactions.

TEACHER AS A COLLABORATOR

The teacher knows that additional support is needed for children requiring additional accommodations. The teacher consults with other teachers, occupational therapists, physical therapists, the inclusion facilitator, parents and administrators to design a plan that can support the child.

The teacher may notice that the student requires additional support because the accommodations do not seem to help or are insufficient. The teacher will consult with other teachers, the occupational therapist, the physical therapist, the inclusion facilitator, the parents and/or administrators to explore an additional plan that can support the child.

Once it is clear that further support is needed, it is necessary to pay attention to academics, social skills challenges, behavioral issues and other factors.

If an Individualized Education Program (IEP) is necessary, further evaluations will have to be scheduled. Practical restructuring of the support system, for example communicating with the student verbal cues and nonverbal cues, can serve to protect the connection between the teacher and

the student and to preserve the child's ego. Because implementing an IEP takes time, in the meantime, it will be helpful to use ongoing reminders, to identify triggers, and to use responsive classroom techniques.

Helpful Practices for Success Using a Collaborative and Preventive Framework

Work with parents or legal guardians.

- ✓ Ensure youth participation.
- ✓ Use debriefing after each incident.
- ✓ Establish if the R/S is a unique event.
- ✓ Establish if the R/S is a repeated event.
- ✓ Collaborate with OT, PT, MH and outside providers.
- ✓ Attend ongoing trainings.
- ✓ Review policies with administration.
- ✓ Reassess child and youth strengths.
- ✓ Be mindful of the classroom environment.

Putting together a system that will work for all children requires the ability to see each student as separate from the next student. In other words, a universal approach to better environments will be of crucial importance. Also necessary is the ability to identify when there is a need for an individualized support to take place involving a strategy for resolution and a specific management plan. Preventive measures such as these will avoid crisis and provide support for teachers. Having in mind the following strategies and adding the teacher's new innovative activities will support a calm and positive environment for learning.

Strategies

De-Escalation Skills

- Exercise
- Relaxation techniques
- Scheduled breaks
- Meditation
- Yoga

- Breathing exercises
- Attend to hunger, tiredness, fatigue, physiological needs.
- Self-empowerment and positive self-image thoughts and activities
- Outdoor activities
- Working and taking care of pets

Individualized Plans for Children

- ✓ Attend to learning disability.
- ✓ Attend to history of trauma. Teachers are not mental health clinicians; however, if they identify a traumatic history by parents, caretakers or by the child's disclosure, they need to refer the case to the guidance staff, school psychologist, psychiatric nurse and/or community mental health center.
- ✓ Attend to mental illness. At times, the teacher may sense that something is different about a particular child. If the child is unable to succeed with strategies that work for most children, the teacher may need to refer the child to mental health services. It is possible that the mental health staff can identify resources and ways to support a child that may be affected by mental illness.
- ✓ Attend to stressors: divorce, domestic violence, homelessness, and family members that serve in the military.
- ✓ Work collaboratively with the IEP.
- ✓ Work collaboratively with youth and family.

Inclusive Quiet Space

- In the classroom, teachers can create a special place where children can go when needing a break, when frustrated, when sad, or when tired. This friendly space needs to be safe, to have toys that calm their restlessness, positive calming books, and if

possible quiet, soothing music. Children are empowered to take a break, to choose an activity and to be respected by peers when in the quiet space. Teachers can explain and model how to use the quiet space. It is important that the space is inclusive, and that children who use this space feel both safe and connected to the rest of the classroom.

- It is important to create a classroom setting conducive to learning: think of child behavior that is both typical and atypical while organizing your classroom; a child with typical behaviors can be a distraction to a child with ADHD or sensory issues.

Collaborative Approach

- Ongoing work with a collaborative approach involves mindfully gathering parents' input, working with the parent to set joint guidelines, scheduling occupational therapy, mental health and physical therapy interventions and activities.
- Access administrators' and include facilitators' input to create a comprehensive approach that will support the teacher and the student.
- Be aware of any outside stressors taking place in the student's family and environment. Events such as divorce,

domestic violence, homelessness, mental illness, pre-deployment, deployment and post-deployment of family members, foster care situations or others will affect the student.

- Good communication and supportive coordination with guidance counselors, school psychologists and others will help the teacher to be mindful. It is well known that changes in the environment will have an impact on the child's behavior, thinking and feelings in the classroom.
- Address student's learning ability with inclusion of parental input, and ensure that all plans are linked with the goals that have been worked out for this student. Thus, strategies including restraint-free IEP, appropriate fostering of emotional regulation, and social and academic skills will be implemented in a way that is appropriate for this student.

You will find a Positive Behavioral Support Plan sample, used with permission from Dr. Ross Greene (Appendix D). The positive behavior support plan is a collaborative approach that supports children that present with challenging behaviors to find alternatives option that enriches the child and the child's environment.

Section VI.

R/S Prevention, Conflict Resolution, Crisis Prevention and De-Escalation

Alternatives to R/S are very important because they will support the physical and psychological safety and wellbeing of the child and others, reduce painful witnessing by surrounding children, increase the morale of staff because of a better and safer job environment, strengthen relationships between teachers, parents and administrators and increase the capacity for effective behavior in children. This section will focus on presenting alternatives for teachers that will encourage the use of classroom management strategies conducive to fostering a social-emotional positive environment, as an activity that supports reducing R/S.

Evidence-Based Practices in Classroom Management²⁰

1. Maximize structure and predictability
2. Post, teach, review, and provide feedback on expectations
3. Actively engage students in observable ways

4. Use a continuum of strategies to acknowledge appropriate behavior, and
5. Use a continuum of strategies to respond to inappropriate behavior

In order to help children affected by trauma and other conditions to learn, it is necessary to identify and address the relevant barriers in a way that will promote improved performance. For example, instead of viewing trauma as a problem, teachers can have a strengths-based approach. It is also important to avoid blaming the student or the parent, and to acknowledge that staff is affected by these issues and can feel helpless and overwhelmed.

Teachers need to be able to balance the student's needs with the needs of the rest of the class, and it is important for teachers to acknowledge when they do not have the skills to handle a situation.^{21, 22} The teacher should provide a structured classroom with clear rules that apply to each classroom environment, including class time, transition time,

²⁰Simonsen, B., Fairbanks, S., Briesch, A., Myers, D., & Sugai, G. (2008). Evidence-based practices in classroom management: Considerations for research to practice. *Education and Treatment of Children, 31*, 351-380.

²¹Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). *Collaborative treatment of traumatized children and teens: The trauma systems therapy approach*. New York, NY US: Guilford Press.

²²Cole, S. F., O'Brien, J. G., Gadd, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments for children traumatized by family violence*. Boston, MA: Massachusetts Advocates for Children.

recess and lunch, as well as any academic or social events.

Teachers should be mindful that the disability of a child's trauma experience goes with the child elsewhere. A teacher's role in responding to a child's trauma will be different from that of a clinician; however, teachers can contribute to helping the traumatized child by creating a stable and supportive classroom.²³

Mentoring

Experienced teachers know "tricks of the trade" and can facilitate the new teacher's journey. As well as providing valuable support to new teachers, the healthy relationship between teachers that this kind of mentoring relationship can create has a positive effect on classroom dynamics.

Peers' Support

Active listening and perspective taking from peers may enrich the teachers' viewpoint and provide space for development, insight and skills building.

Pre-Service and Ongoing Training

It is very important that teacher-training courses include education concerning classroom management. Classroom management skills should be further fostered through Continuing Education courses and opportunities to practice skills. Proper classroom management will empower educators to get closer to the goal of a calm environment.²⁴

Collaboration

Collaboration with parents, mental health clinicians, occupational therapists, physical therapists and

other professionals will ensure that the teacher sees the child as a whole person, and is able to provide additional appropriate supports.

Resource Center and Interactive Learning

Advocate for a place where teachers and parents can access information and share resources conducive to improve the communication and to learn the latest strategies to reduce and prevent R/S in school settings. Creating and sustaining an environment where parents and teachers can learn from each other about what works will promote the goal of a positive environment for development and learning for all.

Explore Your School's Resources

Explore and discuss the attached resources to learn what works in other settings and in other schools.

Work Proactively with your School Administration

Collaborate on the creation, revision and ongoing updates of policies that support reduction and prevention of R/S.

Self-Care

Teachers need to learn to take good care of themselves in order to be able to take care of a roomful of students.

"We are all cognizant of the reality that interpersonal relationships take time to build and nurture. But relationships with students are somehow not viewed through that same lens."²⁵

²³ Ibid.

²⁴ Butchart, R. E., & McEwan, B. (Eds). (1998). *Classroom discipline in American schools: Problems and possibilities for democratic education*. Albany, NY: State University of New York Press.

²⁵ McEwan, E. K. (1998). *Angry parents, failing schools: What's wrong with public schools and what you can do about it*. Wheaton, IL: Harold Shaw, quote on 136.

Simonsen, Fairbanks, Briesch, Myers, and Sugai presented a report²⁶ on classroom management, arguing it was a critical area that influenced students' performance. The report was based on an evidence-based approach rather than on available anecdotal literature generated by reports given by successful teachers. The authors developed a systematic literature search to identify evidence-based classroom management. They identified twenty practices and explored how to incorporate them into the classroom. They also developed an assessment tool in order to evaluate and enhance the practices, and they made some suggestions for future research.

Classroom management has three central components, the first is to maximize time for instruction, the second is to provide instructional activities that engage students and support achievement of learning, and the third is the practice of proactive behavioral management.²⁷ The researchers reviewed recent classroom management texts and created a list of recommended practices that were grouped into five

categories: (a) physical arrangement of classroom, (b) structure of classroom environment, (c) instructional management, (d) procedures designed to increase appropriate behavior, and (e) procedures designed to decrease inappropriate behavior.

Closing Statements

If an emergency situation arises, and the need for a R/S intervention is present despite the available considerations for support, the teacher will need to access her/his school policies on handling and debriefing these aversive interventions with the understanding that observing, documenting, informing parents and debriefing will be a positive tool to understand and to avoid repetition of the R/S event. Advocacy effort for strategies that continue to support the reduction and prevention of R/S events need to be in place.

An important document you may explore to understand current statuses of R/S in schools is *Shouldn't School Be Safe?* Available at: www.tash.org.

²⁶Simonsen, B., Fairbanks, S., Briesch, A., Myers, D., & Sugai, G. (2008). Evidence-based practices in classroom

management: Considerations for research to practice. *Education and Treatment of Children, 31*, 351-380.

²⁷ Ibid.

SECTION VII.

Resources

Assistive Technology

Assistive technology is equipment or services that help children participate in and complete school assignments and activities. Explore The Massachusetts Initiative to Maximize Assistive Technology (www.massmatch.org) and The Federation for Children with Special Needs (www.fcsn.org/index.php). Both websites inform on latest technology.

Helping Traumatized Children Learn

This is a report and policy agenda for supportive school environments for children traumatized by family violence. It explains trauma as the consequence of family and other forms of violence and connects it with the effects of trauma on learning. It helps to make the connection with educational difficulties and supports teachers to understand how and why the students may have difficulties focusing, learning, connecting with others and using proper behavior. The report provides a school-wide flexible framework that supports a public policy agenda for the development of trauma-sensitive school environments where traumatized children and their classmates can focus, behave, and learn. Available from www.massadvocates.org/documents/HTCL_9-09.pdf.

“Restraint and Seclusion Use in U.S. School Settings: Recommendations from Allied Treatment Disciplines” by Janice LeBel, Michael Nunno, Wanda Mohr, and Ronald O’Halloran

This academic article describes what are restraint and seclusion (R/S) procedures, its risks, its history and preventive approaches from other arenas like the mental health and child welfare organizations that will help schools to learn how to understand, reduce and prevent R/S, the authors present a R/S prevention framework that uses core strategies to prevent and reduce use of R/S. Available from the *American Journal of Orthopsychiatry*, Volume 82, Issue 1, pages 75–86, January 2012.

Massachusetts Department of Mental Health Informational Tool

This tool was developed by the Massachusetts Department of Mental Health for children in hospital settings; it was not developed for school settings. However, it provides ways and samples that can help teachers to learn how to identify triggers, understand warning signs and find supports to help their students. It is necessary to see this tool as a sample only, and it is suggested that schools contact the developers to consult on possible adaptations for the school setting. Available from

www.mass.gov/eohhs/docs/dmh/rsri/safety-tool-for-kids-sample.pdf.

approach empowers school, families and communities to use evidence-based strategies by accessing their step-by-step guidelines for assessment and intervention.

The Compassionate School: A Practical Guide to Educating Abused and Traumatized Children by Gertrude Morrow

The author suggests the community and educational system work together to ensure that schools promote social development that fosters respect and acceptance of all students which will foster a cooperative learning environment.

National Association of State Mental Health Program Directors

This website provides several important resources, successful stories and samples that will support school's efforts to reduce R/S. The website provides access to the 2008 Seclusion and Restraint Briefings, the Six Core Strategies to Reduce Seclusion and Restraint Use and additional relevant information concerning the national efforts by NASMHPD to reduce and prevent R/S in psychiatric and other settings. Available from www.nasmhpd.org.

National Disability Rights Network

The National Disability Rights Network continues advocating for the U.S. Department of Education to take a more active role to reduce and prevent the use of restraint and seclusion on school children. Available from www.napas.org.

Collaborative Treatment of Traumatized Children and Teens: The Trauma Systems Therapy Approach by Glenn N. Saxe, B. Heidi Ellis, and Julie B. Kaplow

This book helps teachers, families, clinicians and others to understand traumatized children affected by environmental stressors: poverty, substance abuse, and family or community violence in a system that may be unequipped to respond. Its

APPENDIX A.

Tiered Intervention List

(Sample That Uses the PBIS Framework²⁸)

TIER ONE – UNIVERSAL SUPPORTS:

- ✓ Attendance data wall
- ✓ Attendance incentives and messaging
- ✓ *The Blackstone Way* - Proper posture, Lean forward, And listen, Nod your head, Track the speaker (PLANT), Silent, Straight, and Right (SSR), voice level, hand up- noise off, “I” messages, eyes and hi’s, bathroom signal, compliments, hall passes, appreciations, cafeteria expectations
- ✓ Buddy classrooms Open Circle curriculum and meetings
- ✓ Accountable talk structures
- ✓ UBUNTU awards and award ceremonies - School core values – RESPECT, UNITY, EXCELLENCE
 - The Blackstone Principle, UBUNTU: “A person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she believes in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or repressed.” –Desmond Tutu
- ✓ PBIS school wide initiatives – in the hallways, arrival, dismissal, in the classroom, cafeteria, recess
- ✓ City Year corps member in classroom support – grades 3, 4, 5. The City Year corps is a program that encourages young people to support and help in school settings to keep students attending school regularly and to prevent drop outs (www.citycorps.org).
- ✓ Character education classes with Ms. Cooper
- ✓ Play works

TIER TWO:

- ✓ City Year attendance coaching
- ✓ City Year attendance - student focus lists
- ✓ City Year lunch buddies
- ✓ Boston Partners in Education – Power Lunch
- ✓ Big Brother, Big Sister

²⁸ OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. (n.d.). What is school-wide positive behavioral interventions & supports? Retrieved from http://www.pbis.org/school/what_is_swpbs.aspx

- ✓ South End Community Health Center - individual counseling
- ✓ South End Community Health Center – group counseling
- ✓ Generations, Inc. 1:1 mentoring
- ✓ Student Success Team (SST) – *See A. Hart for more information
- ✓ Functional behavior assessment – FBA
- ✓ Student specific behavior modification chart
- ✓ Afterschool program with character education components
- ✓ Coaching and classroom observations
- ✓ Parent/caregiver meetings
- ✓ Cool down classroom

TIER THREE:

- ✓ South End Community Health Center – individual counseling
- ✓ South End Community Health Center – group counseling
- ✓ Functional Behavior Assessment (FBA)
- ✓ Student specific behavior modification chart
- ✓ SST – *See A. Hart for more information
- ✓ City Year attendance – student focus lists
- ✓ Parent/caregiver meetings
- ✓ Individualized Education Program (IEP)

APPENDIX B.

Massachusetts Department of Mental Health Safety Tool²⁹

This tool was developed by the Massachusetts Department of Mental Health for children in hospital settings; it was not developed for school settings. However, it provides ways and samples that can help teachers to learn how to identify triggers, understand warning signs and find supports to help their students. It is necessary to see this tool as a sample only, and it is suggested that schools contact the developers to consult on possible adaptations for the school setting.

Suggestions/Guidelines for Using Safety Tools

Descriptions:

- **Triggers tool:** A one page document of pictures and words to help the child recognize triggers or situations that create fear, sadness, anger, etc. The triggers tool is divided into sensory categories to help staff and children identify circumstances that create upset more easily.
- **Warning sign tool:** A one page document of pictures and words to help the child make the “cause and effect” connection between triggers, their reaction to triggers and how the situation physically affects their body.
- **Safety Tool:** A two page document of pictures and words to help the child identify sensory-based calming (coping) tools. Blank spaces are included to add personalized tools not included on the list.

Initial Safety Tool Use:

- Tools should be filled out within the first 24-48 hours of admission.
- Information for the tools should be obtained from the child and their family/people who know the child best; though not necessarily at the same time.
- Safety Tools can be completed in more than one session. Collaborative process: youth-centered, constructed with the family and the teacher.

Important History:

²⁹ Available from www.mass.gov/eohhs/docs/dmh/rsri/safety-tool-for-kids-sample.pdf

- Understand the child’s trauma history to be sure Safety Tool interventions are not re-traumatizing: it is necessary for teacher to work with mental health clinician. For example, has the child been locked in bedrooms or closets; has he/she been abused by specific objects that may invoke re-traumatization.
- Have the child identify the least traumatizing style of containment based on their history. (Face-down, face-up, empty space, cushioned space, etc.)
- Does the child have a history of asthma, a recent fracture or pre-existing medical condition that may be further impacted by the use of restraint or seclusion?

Staff Training:

- Protocols should be in place to train staff on the implementation, integration and communication of the information obtained from the Safety Tools.
- Consistency of terminology must be used for safety/calming tools, treatment plans, coping strategies, etc. so that staff, family and consumers have a similar understanding of what different tools and strategies are and how they are being utilized.

Integration on the unit:

- Provide copies of the Safety Tools to each child
 - Hang copies on the child’s room door (with consent of the family and child)
 - Post calming strategies on bulletin boards and highlight skills that are utilized during the day
 - Create laminated pocket size Safety Tool cards for children to carry with them
 - Incorporate personalized Safety Tools on the back of the child’s daily schedule
- Revise and update Safety Tools on a frequent basis
 - At the end of the day, have children identify to their “check in person” a Safety Tool strategy that they tried that either worked or did not work
 - Provide time for the Safety Tool information to be reviewed from shift to shift
 - During individual treatment sessions and in collaboration with mental health clinician, assist children with the integration of triggers, warning signs and sensory-based coping skills.
- Groups and program integration
 - Offer groups that incorporate a variety of sensory-based Safety Tools to help calm and organize the child during transitions
 - If your school has an occupational therapist on board, consult with the OT person. He or she will help you to assess sensory needs/deficits and teaching sensory intervention, as OTs are the experts in this domain. If your schools do not have an OT in place, is necessary to inquire how to access and solicit a consultation for assistance in this area.

- Incorporate sensory-based activities after sports or active groups to calm and ground children prior to their next group. It is necessary to use a collaborative approach with the school's OT if possible.
 - Provide role-play situations for children to practice using identified Safety Tool strategies
 - Provide environments (quiet room, unit, corners, etc.) with sensory-based activities to foster exploration and incorporation of Safety Tool strategies into daily experiences
- Education
 - Educate children about the importance of Safety Tools and the use of the Safety Tool information to assist with calming, grounding and organizing themselves on a day to day basis
 - Educate child's family members about the Safety Tool information and how it has been useful to the child. It is necessary to use the collaborative approach with mental health clinician and/or psychiatric nurse who can support the training for families. Educate the treatment team and staff at potential discharge settings about Safety Tool strategies that were useful (and not useful) in helping the child feel safe
- Discharge
 - Promote carryover of the skills the child has learned and used by providing a copy of the Safety Tool to appropriate community-based clinicians working with the child and family
 - Every child should receive a copy of their up to date Safety Tool to take with them upon discharge
 - Parents/guardians should receive an updated copy of the child's Safety Tool
 - If a child is being transferred to another treatment program, a copy of the Safety Tool should be clearly identified and attached to the transfer paperwork.

IDENTIFYING TRIGGERS TOOLS

What makes you feel upset?

(Circle all that make you feel sad, mad, scared or other feelings)

Touch



Being touched

Hear



Loud Noises

Others



Missing someone



Being sick



Too many people



Yelling



Being left alone



Certain time of year

See



Darkness



Thunderstorms



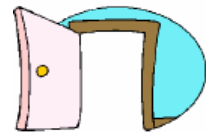
Being surprised



Having a fight with a friend



Certain time of day/night



Having my bedroom door open

Anything else that makes you feel upset? _____

NOTE: The following are general triggers for people

Being told what to do rather than asked;

Being told no rather than being given choices.

WARNING SIGN TOOL

What happens to my body when I am angry, scared or upset?

(Circle all that apply)



Cry



Clench teeth



Loud voice



Red/hot face



Laughing/giggling



Being mean or rude



Swearing



Racing heart



Breathing hard



Wringing hands



Clenched fists



Upset stomach



Shaking or tapping



Jumping up and down
or stamping feet



Rocking



Hyper



Running or pacing

SAFETY TOOL

What helps you feel better?

(Circle all that help you)

Touch



Writing



Fidget tools



Games



Toys or blocks



Bath or shower



Stress ball or clay



Special blanket or cloth

Any other objects you touch or hold that help you feel better? _____

See



Reading



Watching TV



Looking at pictures



Using a computer

Any other objects you like to look at that help you feel better? _____

Movement



Using a rocking chair



Swinging



Dancing



Sports
(kickball, basketball,
soccer, etc.)

Any other movements you like that help you feel better? _____

Hear



Talking on the telephone



Listening to music



Singing or humming



Quiet place



Counting to ten

Do you prefer music that is: Loud or Soft
 What type of music do you prefer: _____
 Any other sounds or noises that help you feel better? _____

Pressure touch



Hugging a stuffed animal



Sitting in a bean bag chair



Using a weighted blanket



Climbing on a jungle gym



Exercise



Sitting on a therapy ball



Getting a hug

Any other activities that help you feel better? _____
 (Examples: blowing bubbles, deep breathing, etc.)

Smell

Any smells that help you feel better? _____
 (Examples: peppermint, popcorn, cookies, flowers, etc.)

Taste

Any certain tastes that help you feel better? _____
 (Examples: chewy, crunchy, salty, sour, spicy, etc.)

Are there times that it is important or helpful for you to eat? _____

APPENDIX C.

2011-2012 Blackstone SST Referral

(Sample That Uses the PBIS Framework³⁰)

Student Name: _____ Referring Teacher: _____
 Grade: _____ D.O.B: _____/_____/_____ Age @ time of referral: _____ yrs. _____ mo.

What others teachers/staff work with this child?	Parent/Caregiver Information	Parent/Caregiver Information
1.	Name: _____	Name: _____
2.	Phone #: _____	Phone #: _____
3.	Phone #: _____	Phone #: _____
4.	e-mail: _____	e-mail: _____

- Language spoken at home: English Spanish Other: _____
- Date of parent/caregiver contact about SST referral: _____/_____/_____
- With whom did you speak? _____ What number did you use? _____
- What school did the child previously attend? _____ When? _____
- Have you contacted his/her former school/teacher? YES NO
- Has he/she been presented to SST before? YES NO Where? _____

Briefly describe the student's strengths and assets:

³⁰ Ibid.

Student's strengths and assets: ACADEMIC/BEHAVIORAL/SOCIAL-EMOTIONAL/FAMILY. Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> High achievement on tests/quizzes | <input type="checkbox"/> Hands in homework consistently | <input type="checkbox"/> Participates in class |
| <input type="checkbox"/> Resilient when facing setbacks | <input type="checkbox"/> Has goals for own future | <input type="checkbox"/> Motivated to do well |
| <input type="checkbox"/> Has clear personal talent/skill | <input type="checkbox"/> Has positive sense of self | <input type="checkbox"/> Follows directions |
| <input type="checkbox"/> Leadership qualities | <input type="checkbox"/> Responds to feedback | <input type="checkbox"/> Is friendly / outgoing |
| <input type="checkbox"/> Manages conflicts with peers well | <input type="checkbox"/> Verbalizes needs appropriately | <input type="checkbox"/> Creative thinker |
| <input type="checkbox"/> Extracurricular sports/clubs | <input type="checkbox"/> Home/School Partnership | <input type="checkbox"/> Extended family |
| <input type="checkbox"/> Involved in other positive activities (e.g., athletic, creative arts, faith community) | | |

Briefly describe the student's challenges:

Data Snapshot: (AS OF _____/_____/_____) (Write N/A when appropriate.)

- ❖ Number of tardies: _____
- ❖ Number of absences: _____
- ❖ Number of red level infractions: _____
- ❖ Number of yellow level infractions: _____
- ❖ Number of suspensions: _____
- ❖ ELD level: _____ (k-5)
- ❖ MCAS: _____ Math _____ ELA (3-5)
- ❖ ANET: _____ (3-5)
- ❖ 2010/11 DIBELS +Rdg. Level:

_____ BOY _____ MOY _____ EOY

- ❖ DIBELS:

_____ LNF(k)	_____ ORF(1-5)
_____ ISF(k-1)	_____ TRC(k-2)
_____ PSF(k-1)	_____ F&P(3-5)
_____ NWF(1-2)	

- ❖ Fluency is: at or above | below | far below benchmark (WPM _____)
- ❖ Reading level is: at or above | below | far below benchmark (Level _____)
- ❖ Math skills are: at or above | below | far below benchmark

From your perspective, what is the reason for this SST referral? Circle all that apply.

- | | |
|---------------------------|--------------|
| Academic | Family |
| Behavior/Social Emotional | Attendance |
| Health/Medical | Other: _____ |

➤ Best times for someone to observe the student:

Monday _____ - _____, Tuesday _____ - _____, Wednesday _____ - _____,
Thursday _____ - _____, Friday _____ - _____,

PLEASE CIRCLE ALL THAT APPLY

ACADEMIC CONCERNS –

- Grades declining
- Poor reading skills
- Poor writing skills
- Poor math skills
- Disorganized
- Slow rate of work completion
- Does not work independently
- Does not work well with others
- Little retention of new learning
- Does not follow directions
- Gives up easily
- Poor study skills

FAMILY CONCERNS –

- Sick caregiver/loved one
- Death of caregiver/loved one
- Unemployed parent/caregiver
- Isolation – limited access to resources
- Language barrier
- Homeless/transient
- Divorce – recent/in process
- Addiction
- Domestic violence
- Other: _____

HEALTH/MEDICAL CONCERNS –

- Body odor/poor hygiene
- Uncoordinated/clumsy
- Evidence of self-mutilation
- Frequent visits to the school nurse
- Complains of nausea or vomiting
- Appears sickly
- Dental issues/poor dental hygiene
- Vision difficulties
- Hearing difficulties
- Health insurance issues
- Agitated/nervous
- On medication _____
- Smells of smoke/alcohol
- Falls asleep in class
- Other: _____

Please reflect on the following: (Use separate paper if necessary.)

What concerns has the child's parent/caregiver shared with you, if any?

What would you like to see happen for this student?

Is there any anecdotal information that would be helpful to know about this child?

What is in place already?	Date begun	Point person	Comments
TIER TWO + THREE:			
City Year attendance coaching			
City Year attendance – student focus list			
City Year lunch buddies			
Power Lunch			
Big Brother, Big Sister			
SECHC – individual counseling			
SECHC – group counseling			
Generations, Inc. 1:1 mentoring			
Functional Behavioral Assessment - FBA			
Afterschool program			

APPENDIX D.

Positive Behavioral Support Plan³¹

SELF-REGULATION/SELF-MONITORING

When Student shows an inability to self-regulate/evaluate he can demonstrate the following behaviors: “this sucks”, talking to others during teacher instruction, not following specific instructions (put your folders away and take a seat)

STAFF REACTION:

Preventative

- Remind Student of the self-regulation/self-monitoring strategies he is working on
- Review his targeted strategies when upset/frustrated
- Positive Practice of self-calming strategies daily (i.e. deep breaths)
- Show him visual break schedule (currently: before math, before dismissal, after snack/recess, and then 2 others that he will ask for as needed)
- Have both mandatory breaks and “as needed” breaks. Mandatory breaks should be scheduled prior to a disregulating/anxiety producing activity (discern this through data). We want to keep his anxiety at a low rate through the day (anxiety is like pain – need to take Tylenol every few hours or pain becomes debilitating – anxiety is the same)

In the Moment

- Label his emotion and point to the visual on the emotional thermometer (“you seem frustrated” tell him how you know: your face is scrunched, you are saying “this is boring”)
- Use Alert program metaphor in addition to emotional thermometer (“how’s your engine?”)
- Do a “body check”: Student I am noticing....(list examples of disregulated behavior)
- Coach in vivo. Remind Student that he has strategies for when he’s frustrated/upset – point to a visual (this way you’re not problem solving for him, but coaching him to find the solution):“you’re frustrated. What strategy are you going to use”.
 - Deep breath
 - Ask teacher for help
 - Use his words (functional communication)

³¹ The Collaborative Approach, used with permission from Dr. Ross Greene (www.livesinthebalance.org)

- Empower him. Remind him he has had success (i.e. remaining calm and following directions) before and that he is capable (give the specific example without too much language)
- Use concise language: too much language may escalate and overwhelm him
- Use anxiety management techniques (keep his anxiety level down: mandatory breaks, as needed breaks, previewing novel or difficult tasks, emotional thermometer (“you’re feeling anxious, what can we do), preview novel or difficult tasks first thing in the morning and start the first problem with him (then he won’t react with resistance when he is introduced to it later in the day- do this with homework as well)

After

- Label and praise use of self-regulation strategy: “you were able to use a strategy and stay calm”, “you were able to go to work in a separate room because you knew it would be hard for you to concentrate”.
- Have Student fill out self-rating sheet (see attached)

Curriculum/Methodology

- Michelle Garcia Winner – social thinking lesson sequence
- Cognitive Behavior Theory techniques
- Alert program
- Brain Gym
- ABC data analysis

INCREASING EXECUTIVE FUNCTIONING SKILLS
--

When Student shows an inability to take perspective he can demonstrate the following behaviors: sits and waits for teacher to approach, “this is boring”, “Ugh, what the heck, get out of my way”

STAFF REACTION:

Preventative

- Use a daily visual schedule with time labeled and review it with him in the a.m.
- Use an “oops” board for any unexpected change in schedule
- Present gestalt goal of the lesson/unit when introducing it
- Preview new materials/activities
- Review the components necessary for an novel activity in the following parts: Time, Sequence, Materials Needed, People
 - Example:
 - **Time:** use visual clock/timer, tell him in the amount of time allotted what is expected and then what would be “bonus”
 - **Sequence** (go to the bathroom before fieldtrip)
Use an individualized schedule or social story– have him sequence it, including smaller steps like bathroom and transitions.
 - **Materials Needed** (notebook, pencil, etc.)
Outline the supplies he needs, especially for novel activities.
 - **People** (may need teacher to check my work)

In the Moment

- Stop and Read the Room

Student may have difficulty walking into a room and organizing himself. He “misses” a lot of information, such as everyone is quietly reading so therefore I will walk in quietly and get out my materials as well. Or he may “miss” the directions written on the board and start doing something he likes rather than following directions, even if all the kids are doing the correct thing.

When Student walks into a room, he should be taught to “read the room” before he enters and “make a plan” as to what the appropriate action will be when he enters.

- Make a Future Picture

In order to “plan” Student needs to see a visual in the head of what the expectation is. For example, he needs to picture “cleaned up” in art means all the paints are away and on the shelf and the brushes are washed, etc. Student may have incorrect forethought, such as picturing “cleaned up” means lining up holding the picture he made.

He needs to predict (space, time, objects, and people) and create an accurate forethought. This is why organization during transitions is difficult: he can’t foresee the next step accurately.

- Use Visual Schema Strategy – take a picture of what cleaned up looks like in art and give it to him. Then say, “match the picture”, instead of giving him a checklist or a list of verbal prompts.

- Label the whole then identify the parts

- Break up tasks into small parts: only present one problem at a time, or modify visual representation of material to less overwhelming

- Rephrase emotional language with the fact

Ben: “This history book is boring”

Teacher: “So, historical fiction has lots of details to get through?”

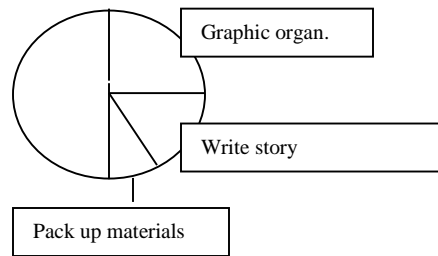
- Use Declarative language: Instead of “pick up your notebook please”, say “your notebook – hmmm” (Others: “I’ve noticed that, how do you know when)

- Use transition warnings: see cognitive flexibility section

- Use organizations tools for writing such as a graphic organizer

- Open-ended writing assignments – use pictures, books, photos to help his initial thought and sustain his thinking about details.

- Use a visual clock with different tasks lay out as to the actual time it SHOULD take.



After

Give him tangible sense of completion: look you’ve now read 5 out of the 10 books we have this week. (show him graphically)

Curriculum/Methodology

- Cognitive Behavior Therapy techniques
- Executive Functioning techniques (Sarah Ward)
- Child lead “embedded” and explicit instruction

INCREASING COGNITIVE FLEXIBILITY

When Student shows cognitive inflexibility he can demonstrate the following behaviors: “this sucks,” “That’s not fair...why does he get to...” “I’m not reading that.” Difficulty with new concept (looks non responsive, unfocused, engaging in alternative behavior),

STAFF REACTION:

Preventative

- Understand he is uncomfortable and something doesn’t make sense or has changed without his expecting/understanding it.
- Use declarative language. “I notice that...”, “Seems like you would like a turn...humph”. This will promote his awareness and independent problem solving (instead of giving him directives like “ask for a turn nicely”).
- Promote awareness of space, time, objects, and people important in behaving appropriately (i.e. “**read the room**”, prior to walking in so he gains information important to act appropriately).
- Provide instruction on flexible thinking explicitly
- Provide support around judging and planning time
- Teach strategies for when he is frustrated: role play, review daily
- Give him controlled choices when needed. Instead of telling him to “get in line”. Ask him if he wants to get in the front or the back of the line.
- Avoid yes/no questions when he’s escalated. More likely to say “no”.
- Provide transition support

- Visual schedules – to be reviewed early (before he has decided on a schedule) – this will help him cognitively shift during transitions
- Transition warnings (give him a concrete “end” to an activity before he starts it, i.e. stop on page 15 or three more minutes), as well as give him a warning about the start of the next activity (5 more minutes)
- Visual representation of time elapsing for non-preferred activities
- Transition sponges: give him a structured task during the “down time” of transitions (while waiting for people to clean up lunch and line up, have him put notices in mailboxes).

In the Moment

- Student will use his emotional thermometer to identify his “gray area” emotions before they get too big (with support) or the Alert program (How does your engine run). He will be assisted to use the corresponding strategies.
- Label his emotion if he doesn’t. Student you are frustrated/upset right now what can you do.
- Promote accurate episodic memory in vivo. Rephrase any negative or emotional statements with facts (i.e. “math is boring”, rephrase “multiplication requires a lot of memorizing”)
- Cue him with metaphors (if he’s accepting): he is acting like ROCK BRAIN (describing inflexible thinking from Superflex curriculum) but we are asking him to try to be SUPERFLEX (describing being flexible from Superflex curriculum).
- Give him non-verbal directions with visuals (put a note on his desk that says, “please stop banging your pencil”, instead of verbally interacting. Then don’t give eye contact and move away. This will prevent him from reacting verbally (arguing).
- Empower him. Remind him he has had success before and that he is capable of being flexible (give him a specific example without too much language)
- Use concise language: Too much language may escalate and overwhelm him.
- Narrate for him what is happening in the moment: “we are having fun-you are laughing”, “wow, you finished quickly”, “30 minutes goes by fast”. This will help him gain an accurate episodic memory of the event (30 minutes isn’t the longest period of time on the planet, he doesn’t always hate math (he was laughing), he isn’t stupid).
- Coach in vivo. Remind Student what his strategies are when he’s frustrated/upset:
 - Deep breathing
 - Ask for help
 - Use his words (functional communication)
- Coach him to **Self-talk**
- Use Collaborative Problem Solving language/techniques

Curriculum/Methodology

- Michelle Garcia Winner – social thinking
- Responsive Classroom
- Cognitive Behavior Therapy techniques
- Executive Functioning techniques

- Child lead “embedded” and explicit instruction
- Collaborative Problem-Solving

INCREASING PERSPECTIVE TAKING

When Student shows an inability to take perspective he can demonstrate the following behaviors:
 “You don’t know that.”, “You only got three right”, Saying answer before other student has chance to answer, “No you are not suppose to shoot it like that.” Physically moving peer out of way. Talking over peers during play or group activity.

STAFF REACTION:

Preventative

- Understand that he is misunderstanding/not taking into account the point of view of the other individual/s
- Non-contingent reinforcement- Random acts of kindness toward the student, such as “here is a sticker because I like you” as opposed to “here is a sticker for sitting quietly”. Over time, Student will learn to associate the reinforcement with who he is, not what he did (increase self-esteem).
- Use high affect when talking with him
- Use declarative language. “I notice that...”, “Jimmy can’t seem to reach that pencil, humph”. This will promote his awareness and independent problem solving.
- “Tempt” him to ask others perspectives. “I have an opinion about that...”
- Provide functional communication training “I’m frustrated/confused” and teach alternative strategies: when I’m frustrated I can...
- Rules need to be set prior to playing a game. Student is reminded that one can’t change the rules of the game once started.
- Use high affect when talking with him
- Teach explicit social thinking skills: whole body listening, staying on topic in conversation, the need to comment/ask a question to a peer after they have spoken
- Provide explicit perspective taking instruction weekly
- Practice perspective taking with a small group of peers weekly (taking turns in conversation, commenting/asking questions after someone has shared, staying on the topic the speaker has chosen, whole body listening, etc.)

In the Moment

- Label the problem for him. “Student we have a miscommunication”, or “sounds like Sam is saying he was here first”.
- Remind him. Sometimes people think differently than you.
- Cue him with the terms “expected/unexpected”. Student your reaction was unexpected....
- Cue him with the terms of “thought bubbles”. Student (during the game) Samantha is thinking _____ in her thought bubble.

- Promote accurate episodic memory in vivo. Rephrase any negative or emotional statements with facts (i.e. “I hate Miss _____”, rephrase “when you are reminded or rules it is frustrating”).
- Empower him. Remind him he has had success before and that he is capable (give him specific examples without too much language)
- Use concise language: Too much language may escalate and overwhelm him

After

- Process after the incident with comic strip conversations and the terms “thought bubbles/talking bubbles”, expected and unexpected behavior. Literally draw out what happened from a neutral perspective.
- Narrate for him what is happening in the moment: “we are having fun-you are laughing”, “Sarah chose you as a partner”, “Sam laughed at your joke”. This will help him gain an accurate episodic memory of the event (people like him and he has friends).
- Have him fill-out “**Taking Responsibilities of My Actions**” after each incident of inappropriate/unkind comments to peers/adults

Curriculum/Methodology

- Michelle Garcia Winner – social thinking lesson sequence
- Responsive Classroom
- Comic Strip Conversation – Carol Grey
- Social stories – Carol Grey
- Role play
- Thinking maps
- Cognitive Behavior Therapy techniques
- Executive Functioning techniques
- Child lead “embedded” and explicit instruction